Making Mental Healthcare Inclusive: Best Practices and Psychotherapy Adaptations for Individuals with IDD

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RISN Center

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Provides South Jersey with its first special needs primary care facility with embedded behavioral health focused on care-coordination of integral services for the special needs population

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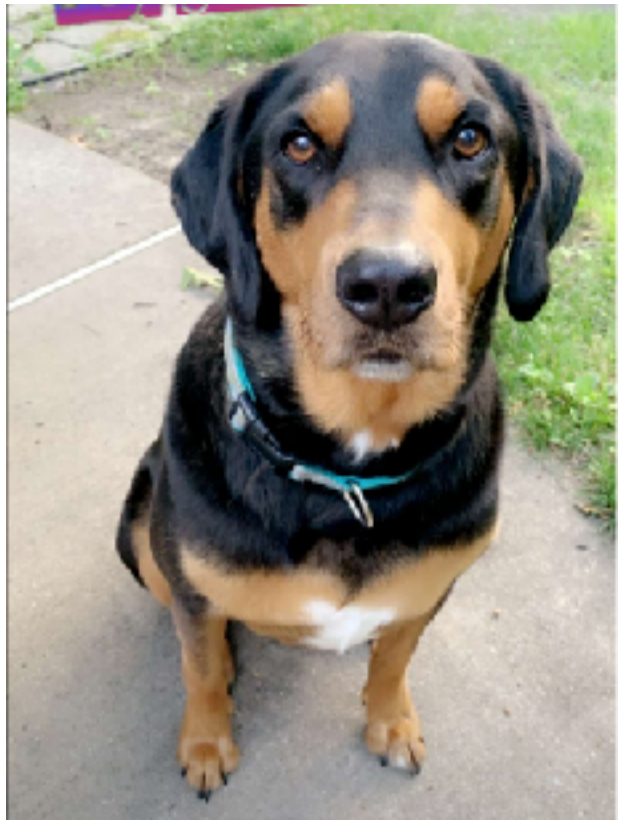
Disclosure

The author of this presentation has no actual or perceived conflicts of interest to report in relation to this presentation, and are receiving no financial compensation for this presentation.



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You will learn:

- Why an accurate diagnosis is so important to mental health treatment
- Inclusivity
- How trauma impacts people with disabilities
- About types of treatment for people with dual-diagnosis (mental health + IDD)
- The importance of mental health wellness

The Sad News…individuals with Intellectual Disabilities (ID) are

MARGINALIZED

Health Disparities

- Preventable health inequities or avoidable differences in healthcare between different groups of people

- Experienced by vulnerable populations as a result of poorer access to quality healthcare services

- People with ID experience dramatically higher rates of preventable health issues than peers without ID
  - 4x higher preventable mortality rates
  - higher rates chronic conditions
  - 3X higher rates of hospitalization
  - difficulty accessing care

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Health Disparities

People with ID remain one of the most medically underserved groups in the world and still face significant health disparities, not directly caused by their disability.

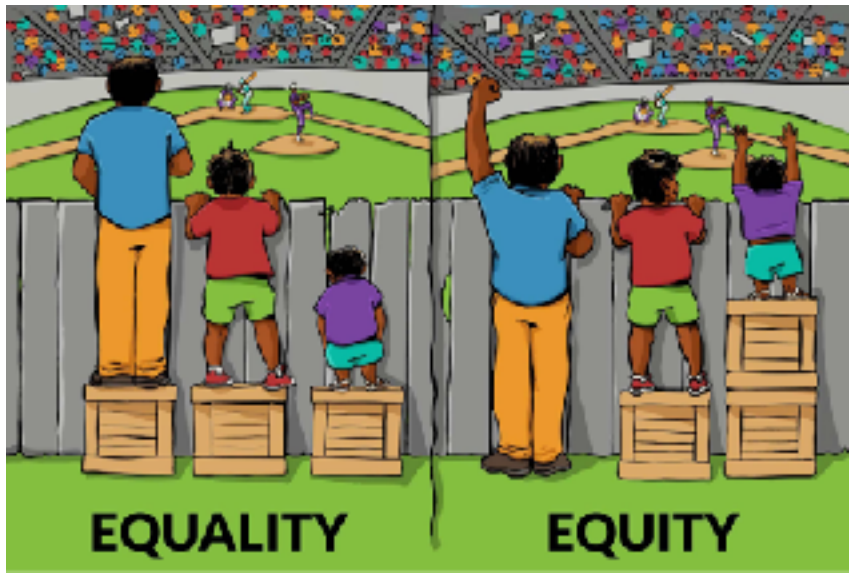
- ID does not equal poor health
- Diagnostic overshadowing – health and mental health symptoms attributed to disability
- Die earlier – Women 16-20 years earlier, men 13 years earlier

https://inclusivehealth.specialolympics.org/resources/background/health-disparities-for-people-with-id

Inclusive Health

- Address barriers impacting participation in mainstream healthcare
- Build sustainable inclusive policies
- Result in improved health outcomes for people with ID

Everyone should not have the <u>same</u> resources, but instead have the <u>necessary</u> resources to achieve optimal health outcomes.



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Intersectionality

- **Intersectionality** is an approach or lens that recognizes that health is shaped by a multi-dimensional overlapping of factors such as race, class, income, education, age, ability, sexual orientation, immigration status, ethnicity, indigeneity, and geography.
- **Gender**
- **Race**
- **Disability**
- **Gender Identity**

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There are a number of potential barriers to accessing mental health treatment for people with an ID

- factors which complicate assessment
- lack of awareness of symptoms both by the person or their caregivers
- stigma and exclusion from services
- limited practical support to access services
- inadequate training and awareness in mental health professionals
  lack of ID specific mental health services
- lack of coordination between agencies
- lack of inclusive service models and policy
- lack of data to evaluate service access

Individuals with IDD are at Increased risk due to:

- Limited language skills to express their needs or tell others about distress
- Poor or limited coping skills to deal with anxiety, stress, and hassles of everyday living
- Impulsivity
- Challenges in emotional regulation
- Limited social supports
- Difficulty in social problem solving

Increased Risk

Persons with ID are at increased risk of developing psychiatric disorders due to complex interaction of multiple factors:

- Biological
- Psychological
- Social

Increased Risk – biological factors

- Biological
  - Brain damage/epilepsy
  - Vision/hearing impairments
  - Physical illnesses (hypothyroidism)
  - Genetic/familial conditions
  - Drugs/alcohol abuse
  - Medication/physical treatments

Increased Risk – psychological factors

- Psychological
  - Rejection/deprivation/abuse
  - Life events/separations/losses
  - Poor problem-solving/coping strategies
  - Social/emotional/sexual vulnerabilities
  - Poor self-acceptance/low self-esteem
  - Devaluation/disempowerment
  - History of trauma

Increased Risk – social factors

- Social
  - Negative attitudes/expectations
  - Stigmatization/prejudice/social exclusion
  - Poor supports/relationships/network
  - Inappropriate environments/services
  - Financial/legal disadvantages

A recent study found that adults with disabilities report experiencing more mental distress than those without disabilities.

In 2018, an estimated 17.4 million (32.9%) adults with disabilities experienced frequent mental distress, defined as 14 or more reported mentally unhealthy days in the past 30 days.

Frequent mental distress is associated with poor health behaviors, increased use of health services, mental disorders, chronic disease, and limitations in daily life.

Prevalence of mental illness in IDD

- Between 30-40% of all persons with IDD are dually diagnosed with a psychiatric disorder (Cooper et al., 2007; Lunsky, Klein-Geltink, & Yates, 2013; NADD); some up to 70%
- 10-20% have challenging behaviors (self-injury, aggression, destructive behavior) severe enough to impair daily life.
- Psychiatric disorders have been shown to be three to four times higher in individuals with IDD than individuals in the general population
- Severity of IDD is related to severity of psychiatric diagnoses (Myrbakk & von Tetzchner, 2008).

Prevalence of mental illness in IDD

- Individuals with ID are 6 times more likely than peers to develop a mental health disorder
- Higher rates of psychotic disorders
- In individuals with Autism up to 70% comorbidity
  - 40% diagnosed with at least 1 anxiety disorder
  - Social Anxiety (17-30%)
  - Generalized Anxiety (15-35%)
  - Specific phobia (30-44%)
  - Obsessive Compulsive Disorder (17-37%)

Prevalence of mental illness in IDD

- Unfortunately, many dually diagnosed individuals are misdiagnosed, receive ill-informed care, or no care at all.
- Accurate diagnosis is often impacted due to atypical symptoms of mental illness in individuals with intellectual disabilities, lack of providers with specialized training, diagnostic overshadowing and provider stigma.
- People with an ID represent a diverse population with diverse needs.

Impact of Covid

- Higher fatality rate
- Grief and loss
- Loss of supports (visitors, outings)
- Change in routine
- Access to healthcare (telehealth)

Impact of Covid (2021)

- More than half of the 437 respondents (52%) to a survey examining the behavioral health of in)dividuals with intellectual and developmental disabilities (IDD) reported worsened mental health during the COVID-19 pandemic. Many individuals worried more, struggled with changes in routine, and exhibited increased self-injurious behavior.
- Losing access to services and activities correlated with declining mental health, and diminishing community support statistically significantly correlated with increased screen time, worse sleep, and needing more help with activities of daily living.
- Interventions suggested to improve behavioral health included more time with friends and family (68%), more time outdoors (61%), and access to community activities (59%).

The goals of the assessment include:

- understanding a person's strengths and weaknesses,
- appreciating the positive and negative aspects of the environment where they live
- assessing the contribution of physical health challenges
- understanding how the person deals with stresses in life.

Assessment Challenges

Diagnostic Overshadowing

Lack of instruments

Communication challenges

Difficulty understanding mood

Poor historian

Need for corroboration

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Even within mental health services and systems, individuals with IDD often encounter mental health professionals with low IDD literacy who receive little training about the needs of this population and relevant options for treatment and support.

As a result, individuals with IDD are often misdiagnosed and prescribed as the first-line treatment psychiatric medications, such as antipsychotics, antidepressants, and mood stabilizers, that are used off-label, not for the approved indication.

Nonpharmacologic therapeutic supports in IDD—such as social prescribing, behavioral and educational interventions, or psychotherapy—which should ideally occur prior to pharmacological intervention, are underused.

Multidisciplinary Approach

• a medical doctor (family physician or internist), to rule out medical problems and to prescribe medications, if needed;
• a psychologist, social worker, or other professional qualified to assess social skill and support issues, as well as emotional/behavioral disturbances;
• a teacher, job coach, DSP, or counselor at a job site, who can provide valuable information about the work or school environment, the person's behavior before the problem arose, and the problems the person may be experiencing outside the home

DSM-5 Diagnosis of ID

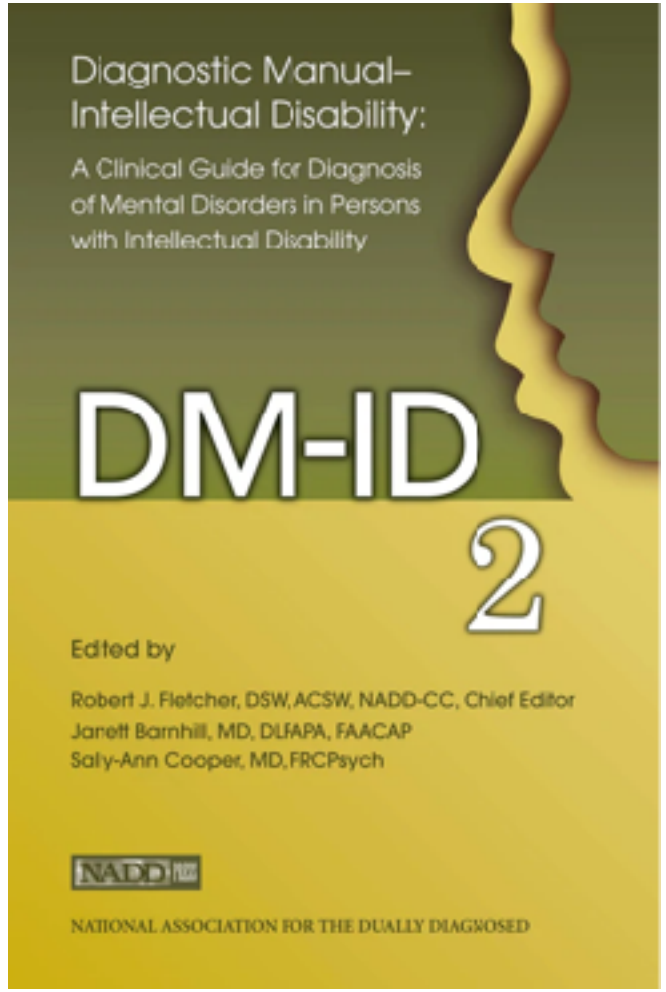
- Intellectual Disability (ID) is classified in the DSM-5 as a neurodevelopmental disorder. Significant changes were made to the definition from DSM-IV to DSM-5 secondary to a gradual shift in political and public perception. “Intellectual disability” in DSM-5 replaces the term “mental retardation” used in the DSM-IV (American Psychiatric Association, 2000).

Diagnosis: From DSM-5 to DM-ID2

- Limitations of DSM-5 in IDD
- Diagnostic Overshadowing (Reiss et al., 1982)
- Applicability of established diagnostic systems is increasingly suspect as the severity of ID increases (Rush, 2000)
- DSM System relies on self-report of signs and symptoms (DSM-5, 2013)
- For individuals with IDD, psychiatric disorders are classified by the DSM-5 and supplemented by DM-ID-2 (Fletcher et al., 2017) published by National Association for the Dually Diagnosed (NADD)

NADD

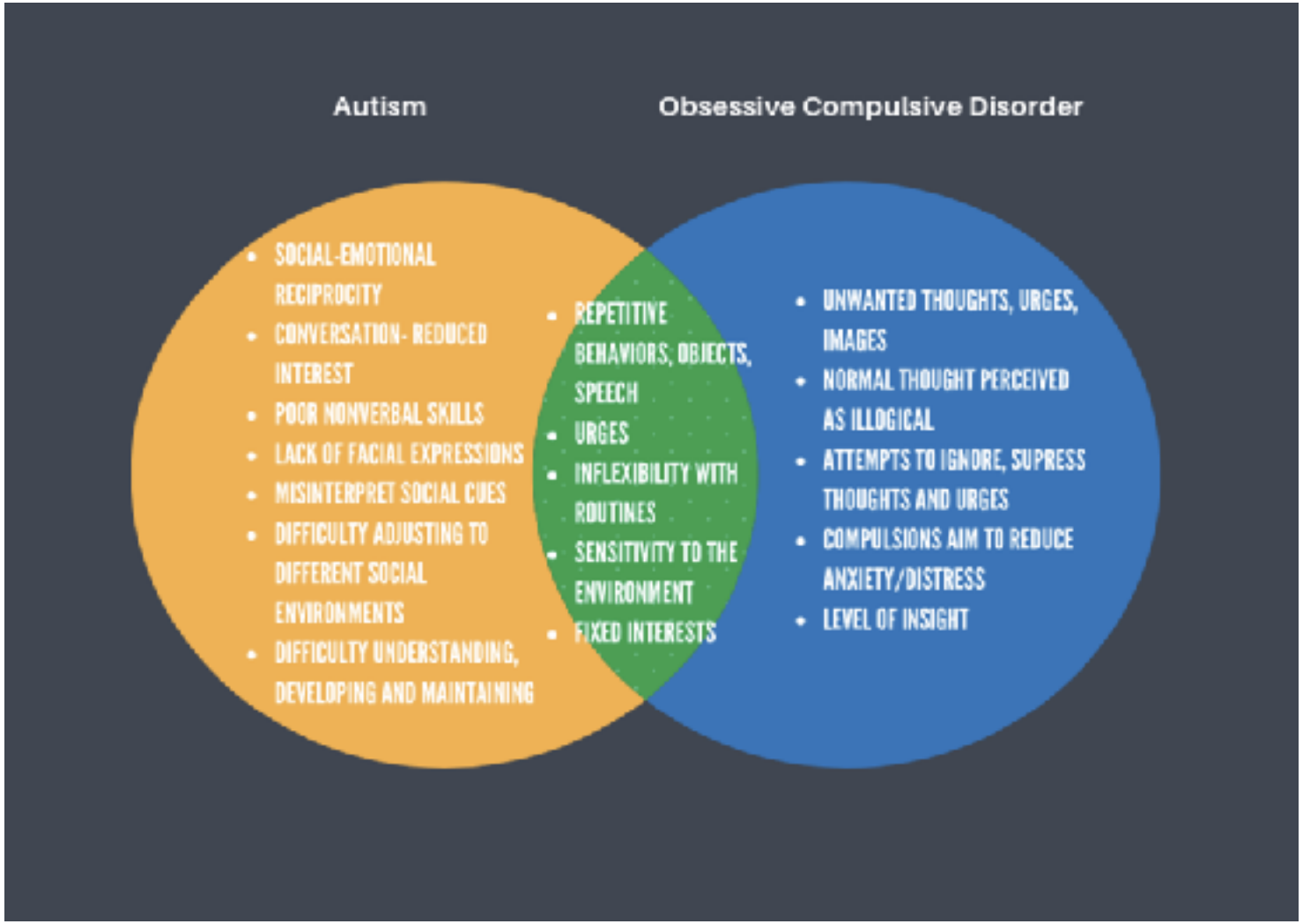
- NADD, a not-for-profit membership association was established in 1983 for professionals, care providers, and families
- Promotes the understanding of and services for individuals who have IDD and mental health needs
- Designed to promote the exchange of clinical practices, policy initiatives, research, and program development
- Developed DM-ID-2



Diagnosis: DM-ID2

- An adaptation to the DSM-5
  - Designed to facilitate a more accurate psychiatric diagnosis
  - Based on Expert Consensus Model
  - Covers all major diagnostic categories as defined in DSM-5
  - Provides state-of-the-art information about mental disorders in persons with ID
  - Provides adaptation of criteria, where appropriate

Autism and OCD



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Rule out medical issues
Rule out grief
Rule out trauma
Rule out environmental changes

Trauma

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Rights

- the same range and quality of free or affordable mental health care available to those without an ID;
  • mental health services which address mental health conditions arising concurrently with ID, and services which asaccessible mental health services which are provided as close as possible to the person's own community, including in rural and remote areas;
  • mental health professionals who provide a high quality of mental health care and uphold ethical principles; and
  • a system which prevents discriminatory denial of mental health care and promotes high standards of mental health care

Promoting Independence

- Mental health care for people with an ID should recognise the autonomy of individuals with an ID whilst acknowledging their age and capacity, and work in a manner that maximises independence. Given the differing capacities of individuals with an ID, mental health services must ensure that

Person-Centered Approach

- A person-centred approach to mental health maximises the involvement of the person with an ID in decision-making, rather than viewing them as passive recipients of care.
  In a person-centred approach, the individual is central to their care plan and to any decisions made with respect to their mental health. The person-centred approach seeks to understand the situation from the person's own perspective, discovering what is important to them, taking into account their age, community and culture.
  The person with an ID should be provided with choices about their mental health care, in keeping with their age and capacity. While the person is the focus, family and carers should be consulted where appropriate. Service providers in both health and disability networks can be viewed as partners in this approach, working together to provide a cohesive system of person-centred menta

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Importance and Impact – Mental Wellness

Increase in mental health concerns up over 100%
30% of PCP visits include mental health concerns
75% of delivered mental health care starts with PCP

From Special Olympics

- 12% of athletes report having no coping strategies
- 62% mostly use avoidant strategies (e.g., not think the stressor), which is associated with increased depression
- 26% mostly use active strategies (e.g. doing something to help themselves to feel better), which is associated with increased well-being

5 HEALTH BENEFITS OF REDUCING STRESS

Stress affects more than your mind. Here are five ways a stress management routine could help your body.

1. BETTER SLEEP
2. LOWER BLOOD PRESSURE
3. IMPROVED DIGESTION
4. REDUCED MUSCLE TENSION
5. BOOSTED IMMUNE SYSTEM

#DeStressMonday DeStressMonday.org

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mental health
promotion, prevention of mental illness, and early assessment of mental illness are essential parts of mental health care. Educating people with Down syndrome, their families, and care providers about ways to optimize mental health is an important part of the process.

Psychotherapy

•**Myth**: Persons with IDD are not appropriate for psychotherapy

•**Premise**: Impairments in cognitive abilities and language skills make psychotherapy ineffective

•**Reality**: Level of intelligence is not a sole indicator for appropriateness of therapy

•**Treatment Applications**: Psychotherapy approach may be effective but need to be adapted to the expressive and receptive language skills of the person

Treatment Considerations

- **Confidentiality.** Patients with ID have the same legal expectations of confidentiality as those of individuals in the general population. Without assurance of confidentiality, the patient might withhold information in the room for fear of judgment or negative consequences.

- **Caregiver's role.** A parent, other family member/guardian/direct care staff member, or another interested party might need to accompany the patient for psychotherapy. The therapist must "manage the triangle" by interfacing with both patient and caregiver while attempting to direct most of the conversation to the patient.

- **Safe and trusting environment.** It is crucial for the therapist to create a safe and trusting environment for the patient to discuss their emotions and symptoms. If there are behavior problems, but the patient doesn't see the behavior as problematic, the therapist might explore the emotions attached and/or consequences of the behavior.

Treatment Considerations

- **Clear expectations.** The person might not understand the purpose of therapy and be prepared with education and support. The therapist is not “yet another individual” in the patient’s life attempting to impose rules upon or making decisions for them. The individual should be reassured they are not being punished and might need education about what therapy is with explanations about why people seek treatment, what happens in the room, and what people talk about.

- **Communication.** Incorporating open-ended questions gives the patient an opportunity to express themselves and tell their personal story. Key communication pointers include negotiating issues of communication openly, checking the patient’s degree of understanding. Patients with ID are typically forthright and will clarify a misunderstanding if there is a solid therapeutic alliance in place. The therapist should establish that the cognitive deficits are a legitimate and neutral topic for discussion in psychotherapy.

Adapting Supportive Psychotherapy

- **Simplification.** Therapists should simplify interventions during interactions; decrease the complexity of the techniques by dividing interventions into smaller units; and use short, direct phrases and match the mean length of utterance of the patient. Additionally, they should use concrete terms as needed—those with mild ID (~85% of this patient population) will take things literally and should avoid figurative speech and slang verbiage, as well as be willing to restate issues from a different perspective.

- **Length of appointments.** The length of appointments should match the attention span of the patient. It is vital to utilize repetition to facilitate retention and generalization and include clarifying, recapping, and summarizing.

- **Collaboration.** Therapists should encourage the involvement of concerned others, including caregivers, family members, direct care staff, friends, and roommates. The caregiver can act as a bridge between sessions, helping to convey collateral data, usually at the beginning and/or end of sessions. The caregiver and can reinforce coping skills and assist with homework between appointments.

- **Augmentation.** Treatment should be augmented with other activities, such as role-playing, drawings, and games. Therapists should follow cues and adjust the environment to match the unique sensory needs of the patient.

Adapting CBT for IDD

- **Combat learned helplessness with collateral support.** Patients with ID experience failure at a higher rate than the general population and expect failure. Therapists should involve care providers to help the patient recognize patterns of behaviors and assist with completion of homework assignments.
- **Reframing events.** It is important that individuals in therapy are open to reframing events to better understand them. Effective strategies for reframing beliefs include asking evidence-based questions, such as, “Let’s be a detective, do the clues match your belief?” asking alternative based questions, such as, “Are there alternate ways to explain what happened?”
- **Identifying emotions.** Patients with ID have difficulties with expressed emotion; they might not have the skills to label, identify, or communicate feelings. The psychotherapist can help develop language or alternate means to communicate emotions like using a poster of faces expressing various emotions.
- **Exploring emotions.** Therapists should provide opportunities for the patient to share emotions.
- **Interpret behavior.** Remember, behavior is a form of communication and often represents maladaptive coping.

Preparation & Reasonable Adjustments

- simplifying appointment and referral letters making reminder phone calls
- booking an extended consultation to accommodate possible complexity
- avoid long wait times in high stimulation environments
- arranging appointments which accommodate the person's preference and facilitate accessibility
- avoid cancelling appointments at short notice and where possible, prepare the person for change
- preparing for communication needs (preferred communication system, arranging an interpreter)
- identifying and accommodating other physical support needs such as mobility and sensory impairments

Top 10 Guidelines for Adapting Psychotherapy for IDD

- Language
- Frequency of Sessions
- Shorter Sessions
- Duration of Therapy is longer
- Utilize a More Structured & Directive Approach
- Communication with Collaterals
- Modify Complexity of Interventions
- Therapist needs to be supportive
- Therapist needs to be flexible
- Therapist needs to be part of a team approach

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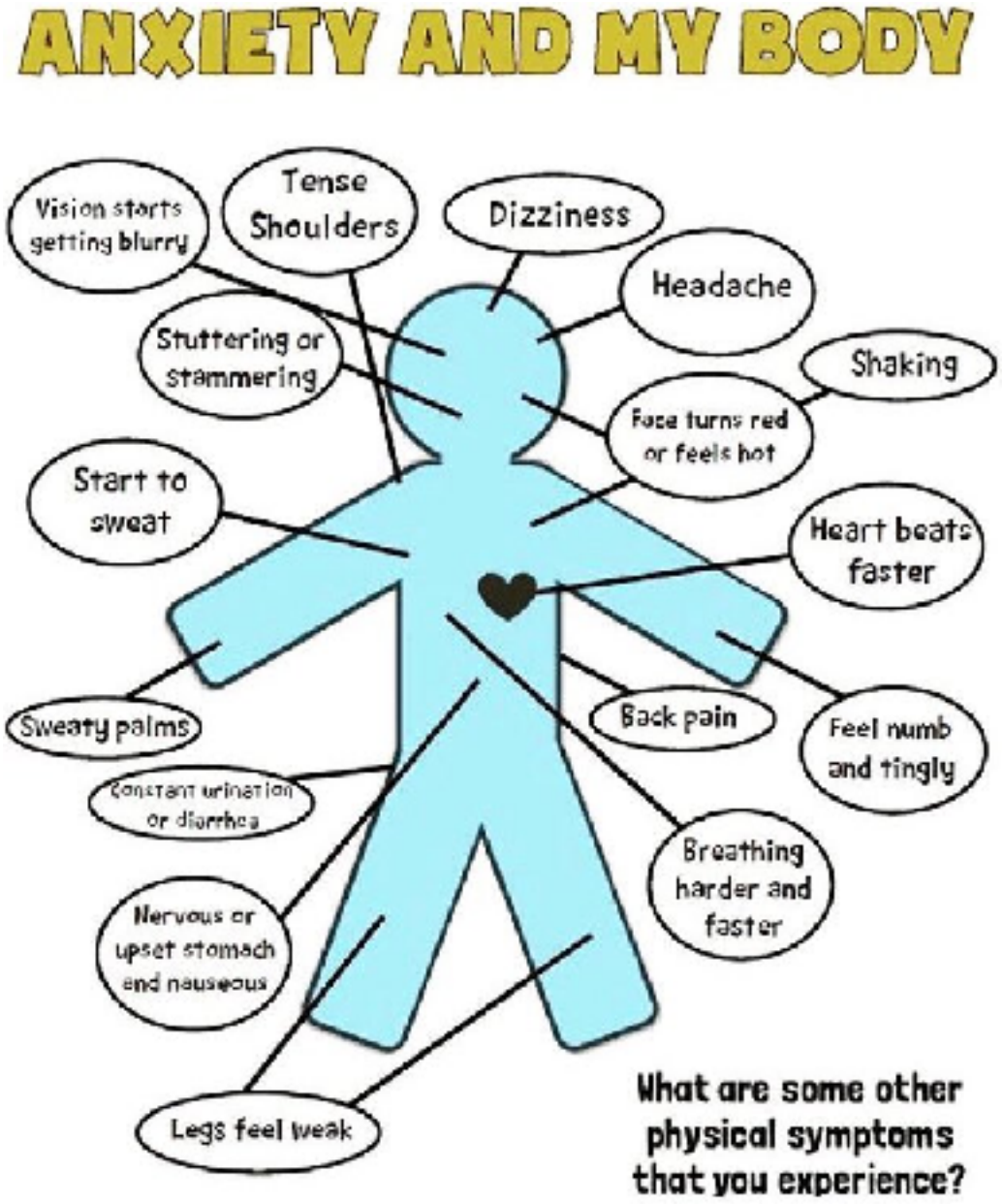
Physical – what does anxiety feel like in the body?



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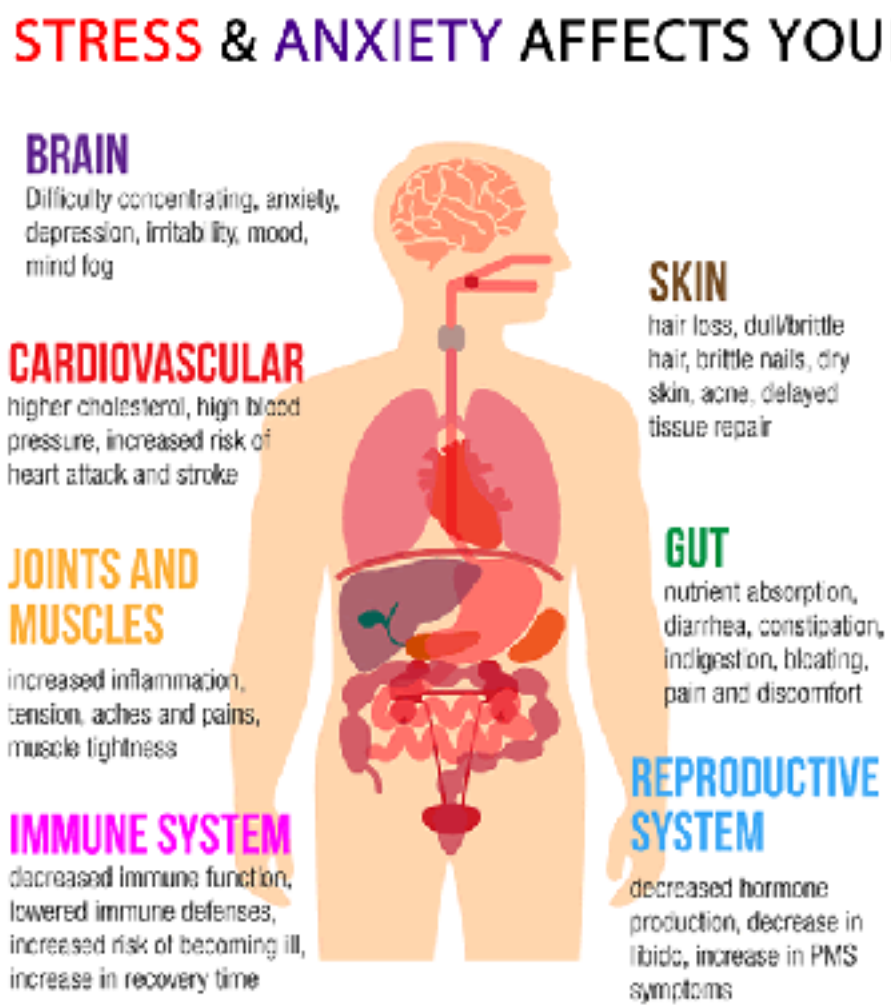
Anxiety in Your Body



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Physical – Interventions

- Medication (SSRI's, benzodiazepines, atypical antipsychotics)
  - Side effects
- Supplements (Magnesium, Vit D)
- Behavioral – sleep hygiene, proprioceptive feedback, calming the amygdala

Providing Structure

- Clear sequence of events
- Clear expectations about behavior
- If using contingency management approach, clear link between behavior and rewards or disincentives
- Predictability
- Plan ahead for times when there will be a break in routine (vacation, summer break)
- Provide the consumer with positive practice concepts. What can this individual do to feel better?

Physical – Interventions

- Self-care
  - Sleep hygiene
  - Nutrition
  - Exercise
  - Saying “no”
  - Rule out hormonal, adrenal, vitamin deficiencies

Psychological

- Difficulties concentrating
- Anticipating the worst outcomes
- Mind often going blank
- Irrational fears and dread
- Uncontrollable, obsessive thoughts
- Feeling as though one is going crazy

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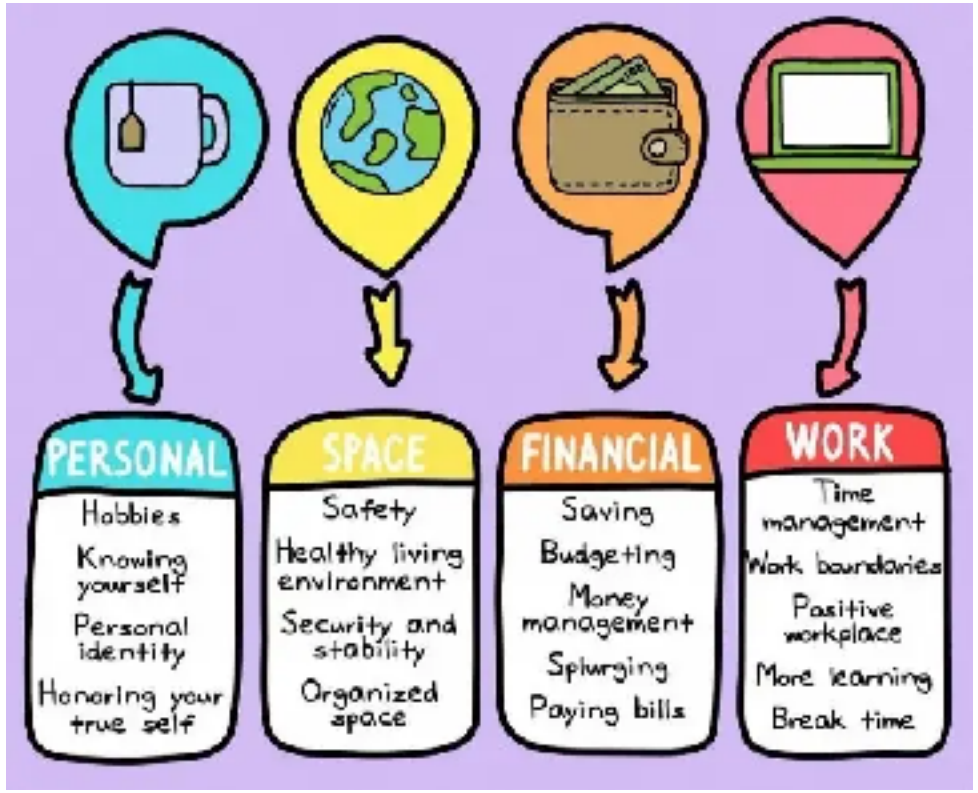
Psychological

Cognitive Distortions

- Catastrophic Thinking
- Discounting the Positive
- Jumping to Conclusions
- Personalization
- Overthinking/Rumination
- Feeling helpless to change

- Treatment – CBT/DBT

Types of Self-Care



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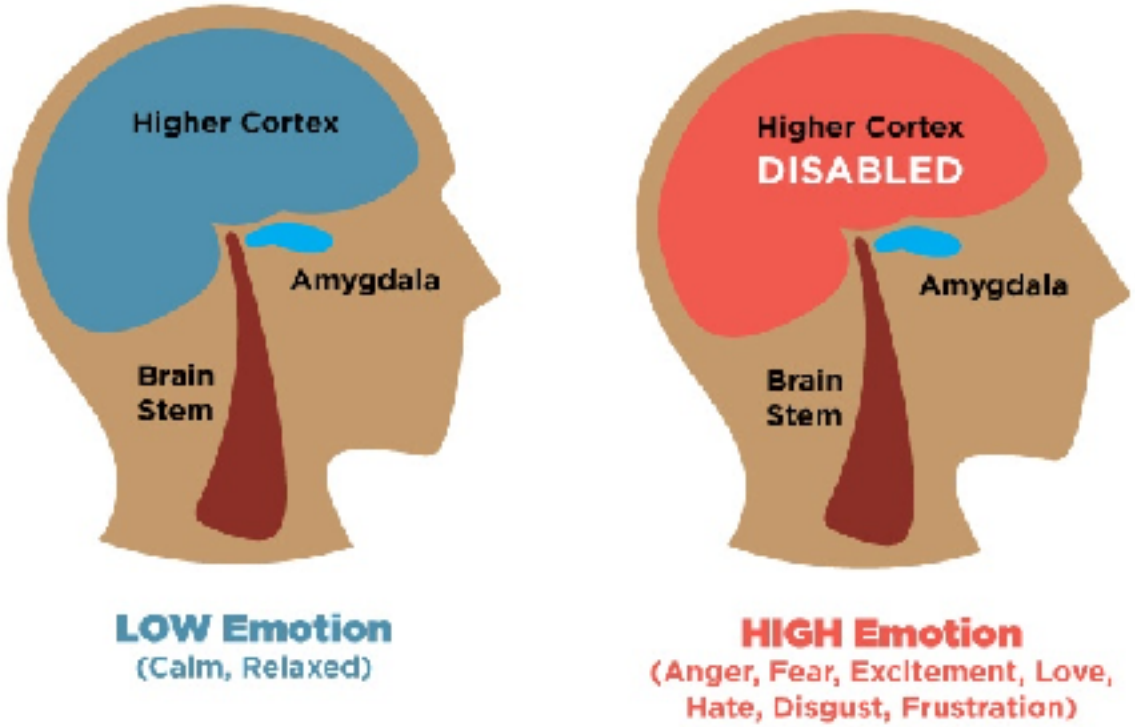
Calming Your Amygdala

- Body Scan
- Paced breathing - Quick breathing stimulated the amygdala, suggesting that rapid breathing may trigger anxiety, anger, or fear.
- Sensory Integration – headphones, swinging, weighted blanket
- Mindfulness and Meditation



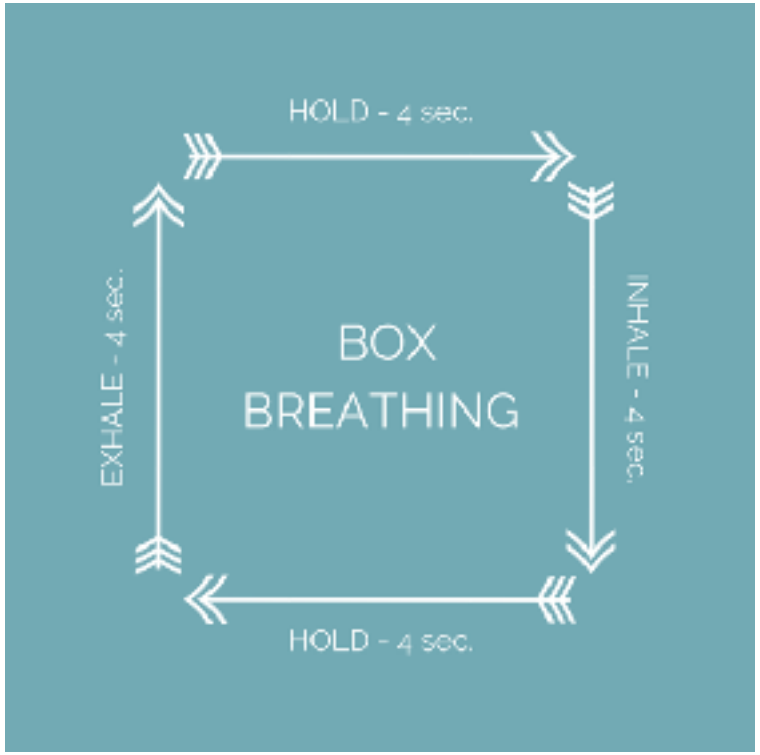
Research on Mindfulness

- Anxiety and depression may decrease after meditation training and affect relapse rates
- Immune function may improve after meditation training (flu antibodies, HIV)
- Your brain may be protected from declines due to aging and stress after meditation training.
- Mental clarity and focus improve after meditation training (STM, cognitive flexibility, Attention)
- Your mind may wander less after meditation training
- Your heart-health may improve after meditation training (BP, surviving heart attack)
- Treatment for mental health is enhanced by mediation training (ruminative thoughts, addictive behavior, repetitive destructive emotions)
- Cellular aging may be slowed down with meditation training
- Self-confidence and leadership may improve after meditation training
- Your mood can be improved with meditation training
- Sleep may improve after meditation training

What is Mindfulness?

- Mindfulness is paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally.
- Mindfulness is the basic human ability to be fully present, aware of where we are and what we're doing, and not overly reactive or overwhelmed by what's going on around us.
- Innate – just need to learn to access it
- Need to practice

Meditation: Meditation is exploring, not erasing, the present moment as it is.



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How to Meditate?

1) Take a seat – body erect, relaxed
2) Set a time limit
3) Notice your body
4) Feel your breath - Follow the sensation of your breath as it goes in and as it goes out.
5) Notice when your mind has wandered and simply return your attention to the breath.
6) Be kind to your wandering mind -Don't judge yourself or obsess over the content of the thoughts. Just come back.
7) Close with kindness - When you're ready, gently lift your gaze (if your eyes are closed, open them). Take a moment and notice any sounds in the environment. Notice how your body feels right now. Notice your thoughts and emotions.

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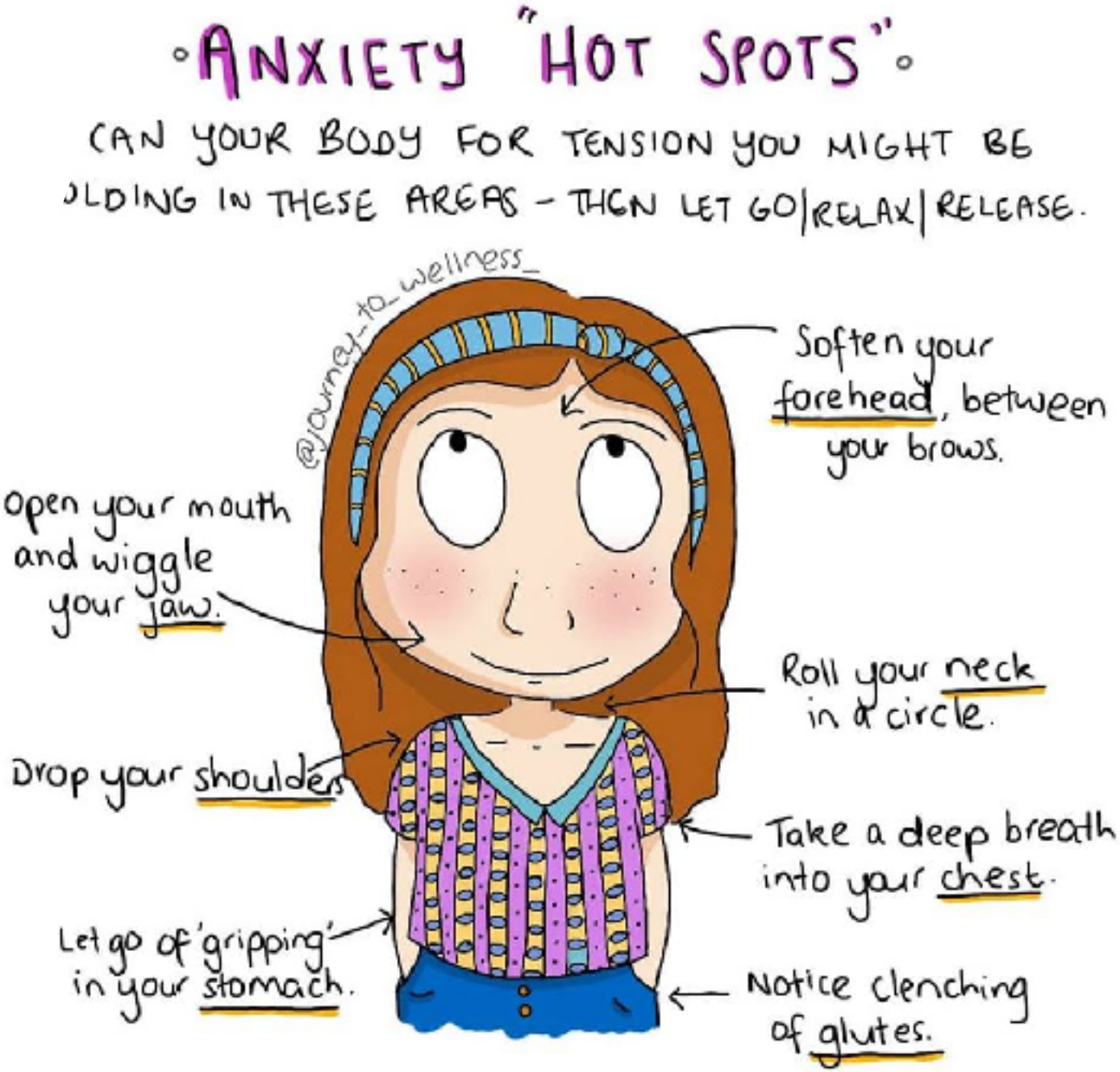
Body Scan


ANXIETY "HOT SPOTS"
CAN YOUR BODY FOR TENSION YOU MIGHT BE
OLDING IN THESE AREAS - THEN LET GO|RELAX|RELEASE.
@journey_to_wellness_
Soften your forehead, between your brows.
Open your mouth and wiggle your jaw.
Roll your neck in a circle.
Drop your shoulders
Take a deep breath into your chest.
Let go of 'gripping' in your stomach.
Notice clenching of glutes.

5 senses

Name

5 things you **SEE**

4 things you **HEAR**

3 things you **TOUCH**

2 things you **SMELL**

1 thing you **TASTE**

Apps

Free 30 day trial: https://www.calm.com/gp/4b1b6y
Look for “How to Meditate”

Breathe

AURA

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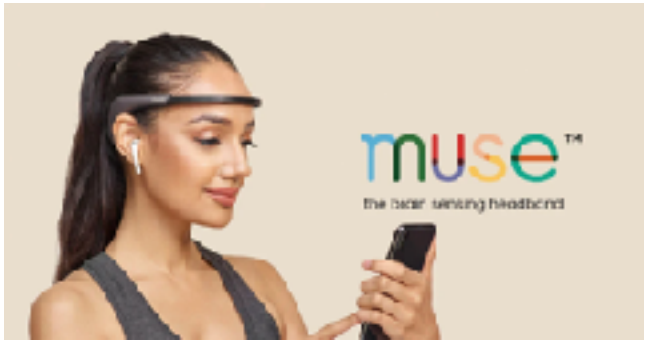

- Survival Kit: know your triggers
  - Taste – Tic Tac, gum, hard candy
  - Smell -- aromatherapy
  - Touch – worry stone
  - Sight -- smile
  - Sound – favorite music, sound bowl

Effectiveness of Psychotherapy

- Until the 1990s, people with IDD were treated almost exclusively by medication, behavioral modalities (ABA), and hospitalization.

- People with IDD can participate in and benefit from therapy (Mansell et al., 1998), in fact many different types of therapy have been found to be effective in treating people with developmental disabilities including mindfulness, CBT, and Dialectical Behavior Therapy (DBT), requiring only minor adaptations (Flynn, 2012; Robertson 2011; Jahoda et al., 2017; Crossland et al., 2017; Charlton & Dykstra, 2011; McNair, et al., 2017).

Mood Dysregulation

- Approximately one third of adults with IDD have emotion dysregulation difficulties.
- When autism spectrum disorder is also present with IDD, mood dysregulation may be exacerbated by communication difficulties, hypersensitivity to sensory stimulation, and cognitive inflexibility (Bakken et al., 2016).
- Behavioral dysregulation is an important target for effective intervention, as well as providing trauma informed care and understanding that behavior is a form of communication.
- Recent studies among individuals with IDD report a higher prevalence of substance Use Disorders when compared to general population. Mood dysregulation may contribute to SUD's.

Thank you! Questions?

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https://centers.rowanmedicine.com/risn/index.html

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Resources

- Psychotherapy for clients with Intellectual Disabilities: Progress and Adaptations for Effectiveness article
- Boggs Center on Developmental Disabilities Training Courses
- Boggs Center on Developmental Disabilities Webinars
- NADD trainings
- **Advisory: Mental and Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities**
- **TIP 29: Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities**

[WRAP Booklet]

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Resources

- The NADD
- **Mental Health Diagnosis in IDD: Bio-psycho-social Approach webinar**

- Center for START Services

Intake Interview

- You should feel safe and respected
- Confidentiality, guardianship, informed consent
- What is therapy?
- Explain how you see "the problem," how your support person sees it
- Therapist will investigate symptoms *and* coping skills and how you see yourself
- You can ask any questions you have
- Therapist will propose initial treatment plan

What Makes a Good Therapist?

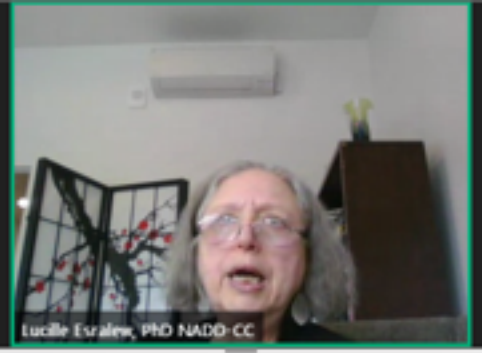
- Form relationships with range of clients, help them accept help (Wampold, 2013)
- Warm
- Accepting
- Empathetic
  - What are you feeling?
  - What are you processing?

Frankie Bayak (she/her)

Limited Clinical Capacity

Although we know that individuals with IDD experience mental health needs at a higher rate than their typically developing peers, we are challenged to identify and treat mental health concerns:

- Shortage of psychiatrists
- Shortage of trained MH workers
- Shortage of DSPs
- Limited access to local mental health services
- Service delivery systems remain siloed and fragmented
- Measuring/evaluating success is still challenging



Medical Issues May Mimic Psychiatric Problems

- Infections such as URI or UTI
- Pain (dental, gastric, migraine)
- Thyroid imbalance
- Changes in seizure activity
- Adverse response to medications

Psychiatric versus Behavioral Problems

Mental health concerns do not usually cause behaviors of concern , but they may increase the frequency, intensity or duration of unwanted behaviors.

Environmental triggers and stressors

+

Poorly developed coping skills

+

Psychiatric illness

=

Behaviors of Concern

Possible responses to trauma that are non-specific to PTSD

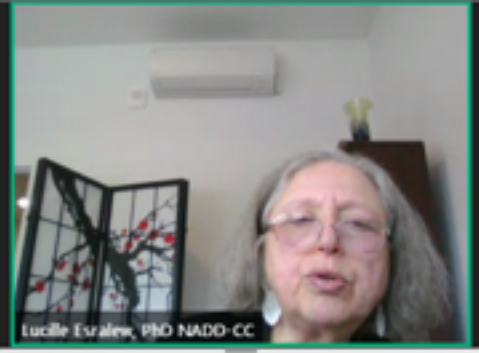
- Response may:
  - include physiological signs of anxiety
  - involve new separation fears
  - take the form of sleep changes
  - lead the adult to withdraw from usual activity and social contact
  - take the form of a new avoidance of certain people or situations
  - involve the display of highly sexualized or aggressive behaviors

Signs of PTSD can be missed among individuals with IDD

- Flashbacks can be mistaken for hallucinations
- Hypervigilance seen as paranoia
- Numbing may be viewed as depression
- Hyper-arousal may be seen as anxiety or mood disorder
- Avoidant behavior may be diagnosed as Schizoid or Avoidant Personality Disorder

Promising Practices (non-pharmacological)

- Acceptance Commitment Therapy (ACT)
- Applied Behavior Analysis
- Bowen Family Systems Theory
- Cognitive Behavior Therapy CBT
- Dialectic Behavior Therapy (DBT
- Positive Behavior Supports
- Positive Interactive Behavioral Therapy (P-IBT)



Acceptance Commitment Therapy (ACT)

- Adults with ID/ASD experience high levels of psychological difficulties.
- Eight studies that used ACT were included in a systematic review by Byrne and O'Mahoney (2020).
- ACT interventions were associated with reductions in psychological distress.
- Improvements were also found in adaptive skills.
- The limited data suggest that further adaptations are required for ACT treatments.

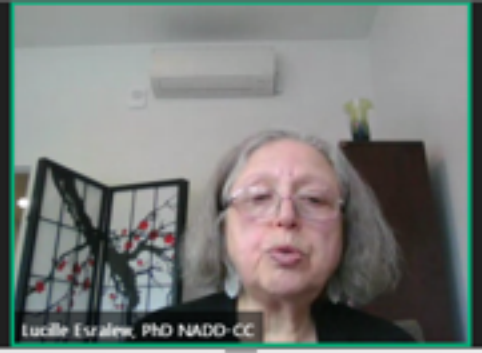
Applied Behavioral Analysis (ABA)

- A scientific approach to understanding the function of different behavior.
- ABA is a method of therapy based upon learning theory that is used to improve or change specific behaviors.
- ABA therapy is used to improve behaviors like social skills, reading, academics, and communication as well as learned skills like grooming, hygiene, fine motor dexterity, job proficiency and even simple things like a child keeping his room clean.
- Many BCBAs work with children on the autism spectrum; however, these principles can be applied to all ages and all neurodevelopmental disorders.

Cognitive Behavior Therapy (CBT)

- CBT has been shown to be effective for both the general population and individuals with intellectual or developmental disorders.

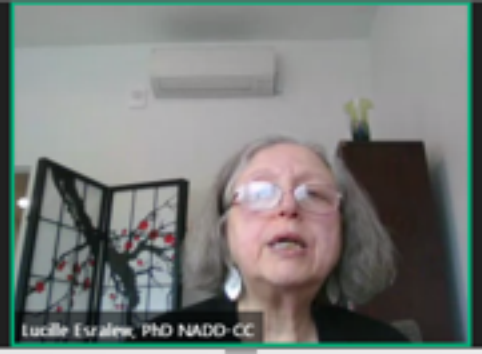
- CBT is based on the premise that thoughts, feelings, and behaviors are all connected. Treatment targets unproductive thought patterns and focuses on building adaptive coping skills. The primary target for intervention is changing thoughts, and potentially feelings, to enable behavioral change.



Dialectical Behavior Therapy (DBT)

- DBT is a form of Cognitive Behavior Therapy proposed by Marsha Linehan in 1993.
- The emphasis of the DBT model is on teaching the individual

1) to modulate extreme emotions and reduce unproductive behaviors that result from those emotions and
2) to trust their own emotions, thoughts, and behaviors.
3) These two goals are accomplished through multiple treatment modalities, including: individual therapy, skills training, coaching in crisis, structuring the environment, and consultation teams for providers.



Who Delivers What Service?

- **Psychiatrists, APNs** prescribe and monitor psychoactive medications.
- If the consumer's medications are prescribed by a PCP (any physician can prescribe any medication) or a neurologist, it is probably wise to include consultation with a psychiatrist or APN on a regular basis.
- Licensed **Psychologists, Social Workers and Professional Counselors** provide counseling and psychotherapy.
- **BCaBAs and BCBAs** conduct Applied Behavior Analysis.
- There is no current certification for individuals who provide **Positive Behavior Supports.**
- There are NADD-certified clinicians through the National Association for Dual Diagnosis **NADD-CC.**

Now viewing Lucille Esralew, PhD NADD-CC's screen

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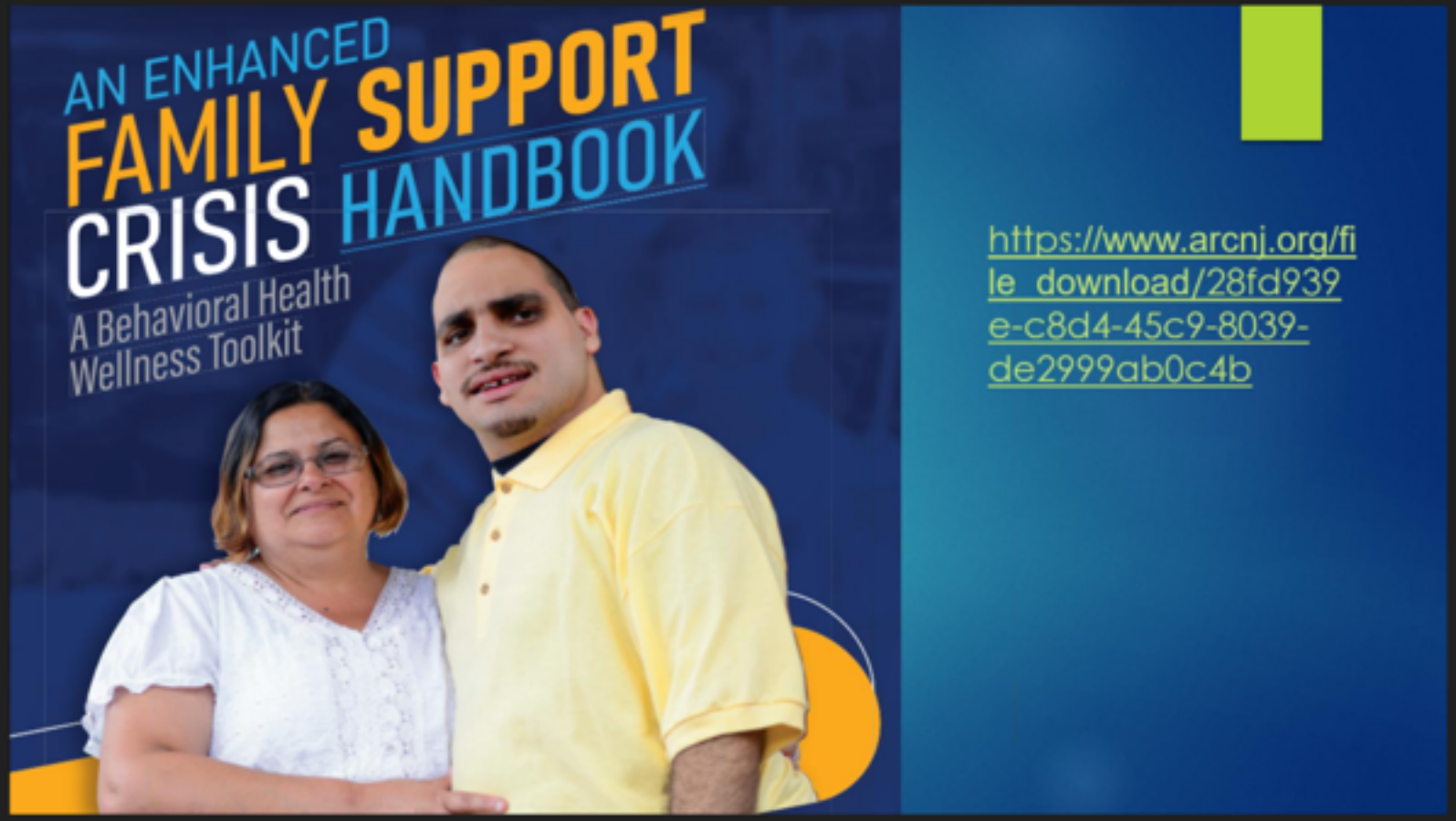

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