



## 2019 Bridging the Gap Conference

### Overcoming Barriers: Medication, Intervention, and Crisis Response

October 9, 2019

#### Overview of Intellectual and Developmental Disability Psychiatry

Allison Cowan, MD



Dr. Allison Cowan, M.D. is a board-certified psychiatrist specializing in the treatment of mental illness in individuals with intellectual and developmental disabilities. She graduated University of Oklahoma Health Sciences Center and completed her internship and psychiatric residency at Wright State University in Dayton, OH. Her interest in the ID/D field began during residency, and she continues to work at Montgomery County Board of Developmental Disabilities Services as well as Ohio's Telepsychiatry Project for Intellectual Disability. She has given many regional and national presentations on providing psychiatric care for those with Intellectual and Developmental Disabilities.

#### Workshop Description (2.75 CE Hours)

Individuals with Intellectual and Developmental Disabilities (ID/D) have been an underserved and under-researched population in mental health. Two percent of the population is estimated to have intellectual disabilities; however, there remains a gap in training and knowledge in mental health professionals. This presentation will cover serious mental illness in the setting of intellectual disability including diagnosis, treatment, and monitoring of disorders such as Schizophrenia, Schizoaffective Disorder, and Bipolar Disorder. The presentation will also discuss Autism Spectrum Disorders and treatments for co-occurring symptoms and disorders. Depression, anxiety, trauma, and epilepsy often co-occur with other disorders and can pose diagnostic challenges. We will cover diagnosis and treatment for individuals with ID/D and co-occurring depression and anxiety. Assessment and treatment of individuals with ID/D should be conducted the same way treatment for individuals without disabilities is done—with kindness and compassion. Interviewing tips and specialized services will be covered as well.

#### Upon completion of this course participants will be able to:

- Identify serious mental illnesses in those patients with ID/D
- List common mental illnesses in those with ID/D
- Describe commonly co-occurring medical illnesses
- Formulate treatment plans, including medication and psychotherapy, for individuals with ID/D and mental illness



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#### Update on Pediatric Catatonia and Catatonia in Autism Spectrum Disorders: Evaluation, Diagnosis, and Treatment

Dirk Dhossche, MD



Dirk Dhossche, M.D., is a Professor of Psychiatry at the University of Mississippi Medical Center, and Medical Director of Child Psychiatry Inpatient Services. His interest in pediatric catatonia and catatonia in autism spectrum disorders is longstanding with two decades of scholarly contributions to this topic. In 2006, he was lead editor of a primer book on Catatonia in Autism Spectrum Disorders. Over the years, more experience has been gathered in this novel and emerging field, and more cases have been treated.

#### Workshop Description (2.75 CE Hours)

Recent studies document the presence of catatonia as a comorbid syndrome in autism spectrum disorder, especially in adolescents and young adults. Catatonia leads to severe functional impairments in daily activities and is sometimes associated with increased rates of stereotypy, aggression, and self-injury. Lacking controlled trials, behavioral approaches, benzodiazepines and ECT have been administered safely in case-reports and case-series, sometimes with remarkable and lasting improvements. Barriers to increase this topic's visibility are its novelty in the field of autism spectrum disorders, the lack of independence of catatonia as a separate syndrome in psychiatric classification, and the stigma surrounding the use of benzodiazepines and electroconvulsive therapy, the medical treatments that seem most effective in catatonia. On a positive note, changes in the classification of catatonia in DSM-5 facilitate the diagnosis of catatonia in patients with autism spectrum disorders.

#### Upon completion of this course participants will be able to:

- Describe major symptoms of catatonia in autism spectrum disorder
- Describe primary treatments of catatonia in pediatric patients and patients with autism spectrum disorders
- Make a diagnostic assessment of possible catatonia in a patient with autism spectrum disorder
- Refer the patient with possible catatonia for appropriate treatment



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#### Bridging the Gap between Developmental Disabilities and Mental Illness: Recognition, Assessment, and Treatment

**Cari Yardley, Psy.D.**



Dr. Cari Yardley is a licensed clinical psychologist. She currently works for the Regional Center of the East Bay as a Clinical Supervisor, and has a small private practice. Dr. Yardley has worked in the field of mental health since 2007 and in the field of autism and developmental disabilities since 2011.

As the Clinical Supervisor, Dr. Yardley oversees a team of clinicians dedicated to providing specialty services to individuals with developmental disabilities in order to promote independence and wellbeing. Dr. Yardley also consults with service coordinators, schools, adult service providers, and mental health agencies regarding developmental disabilities and co-occurring mental health conditions.

Dr. Yardley is on the executive leadership team for the California Autism Professional Training and Information Network (CAPTAIN) as the Coordinator of Allied Health and Community Based Implementation. CAPTAIN is a statewide collaborative between Regional Centers, Family Resource Centers, and SELPAs with the goal to incorporate evidence based practices for ASD into learning environments.

In her free time, Dr. Yardley chases her two young children, trains for long distance runs before dawn, enjoys getting lost in a good novel, and goes on camping adventures with her spouse and children.

#### **Workshop Description (2.75 CE Hours)**

The prevalence of co-occurring developmental disabilities and mental illness is quite high. According to the DSM-5, up to 70% of people with autism spectrum disorder may meet criteria for a co-occurring mental health diagnosis and up to 40% may meet criteria for two. Further, mental illness co-occurs with intellectual disability at 3-4 times the rate of the general population. Despite these numbers, people with developmental disabilities are at high-risk for having unmet mental health needs. Mental Health clinicians and care coordinators often report lack of training as a barrier to recognizing, assessing, and providing treatment for persons with co-occurring developmental disability and mental illness. This workshop will provide information, assessment strategies, and practical tools that clinicians and service coordinators can incorporate into assessment and/or treatment of the co-occurring mental health condition in order to improve treatment participation and outcomes.

#### **Upon completion of this course participants will be able to:**

- Participants will be able to define and recognize diagnostic over-shadowing.
- Participants will learn how to recognize symptoms suggestive of mental illness in an individual with ID/D.
- Participants will be able to identify three ways to modify their assessment in order to adequately assess for mental illness in individuals with ID/D.
- Participants will be able to identify three categories of mental health conditions found in individuals with ID/D.
- Participants will be able to identify three different strategies they can incorporate into the mental health treatment of individuals with co-occurring ID/D in order to generate buy-in and promote skill acquisition and generalization.



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- **Pediatric Brain Imaging Studies of Autism:  
Sex Differences and Psychopathology**

**Christine Wu Nordahl, Ph.D.**



Dr. Christine Wu Nordahl's research interest is in understanding the neural basis for autism spectrum disorders. She utilizes structural and functional neuroimaging to investigate alterations in brain structure and connectivity in very young children with autism. She completed undergraduate degrees at Cornell University in Neurobiology & Behavior and Psychology and received her Ph.D. in Neuroscience from UC Davis. She was a postdoctoral fellow in the MIND Institute's Interdisciplinary Autism Research Training Program and spearheaded the development of pediatric imaging protocols to acquire MRI scans in infants and toddlers during natural sleep, without the use of sedation or anesthesia. Dr. Nordahl joined the MIND Institute faculty in 2011 and holds an academic appointment in the Department of Psychiatry and Behavioral Sciences. She is particularly interested in evaluating girls with autism because they have been sorely under-represented in brain studies of autism.

#### **Course Description (2.75 CE Hours)**

Autism spectrum disorder (ASD) is much more common in boys than in girls. The prevalence of ASD in boys is about 4 times higher than in girls, with a rate of 1 in 37 for boys and 1 in 151 for girls. Although this disparate sex ratio is among the most highly replicated findings in studies of ASD, sex differences in ASD remain poorly understood. The neurobiology of ASD in females is understudied because ASD samples recruited for research studies typically reflect the strong male bias of the disorder. This workshop will provide information on how pediatric imaging can be used as a tool to study neuroanatomical sex differences in young children with ASD, leading theories on sex differences in ASD, and findings from recent studies regarding characterization of anxiety and autism as well as sex differences in co-occurring mental health conditions in young children with ASD.

#### **Upon completion of this course participants will be able to:**

- To describe how pediatric neuroimaging can be used to study sex differences in the neurobiology of autism spectrum disorder
- To compare leading theories regarding why females are diagnosed with autism much less frequently than boys.
- To describe differences in co-occurring symptoms of psychopathology in young girls and boys with autism



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#### Crisis Assessment and Stabilization in Persons with Intellectual and Developmental Disabilities

**Bruce Davis, Ph.D.**



Bruce E. Davis, Ph.D. is a Licensed Professional Counselor and Licensed Behavior Analyst in Tennessee. He currently works as the Deputy Commissioner of Clinical Services for the Tennessee Department of Intellectual and Developmental Disabilities. Dr. Davis is a member of the board of directors of NADD-An Organization for Persons with Developmental Disabilities and Mental Health Needs. He has over 30 years of clinical experience working with people who have co-occurring intellectual disabilities and mental health disorders. Dr. Davis is an accomplished trainer and has presented papers at numerous conferences over his career.

#### **Workshop Description (5.5 CE Hours)**

Those who provide comprehensive stabilization support to persons with co-occurring mental health disorders and intellectual and developmental disabilities require a menu of critical skills. Basic crisis identification and de-escalation skills are necessary to effectively stabilize crises and help a person reestablish their functional daily life routine. Beyond the basics, persons with ID/D often need the assistance of other service providers. These services are best arranged in advance of the crisis and require an ability to create stabilization plans that are safe and effective. Practitioners must also be able to assess the needs of the person and ensure that appropriate treatment services are obtained in a timely manner. These skills put providers in a position to ensure that the person can restore their daily life routine as expeditiously as possible. This series of sessions prepares the participant to carry out these skills so that they can help their clients flourish and live lives of their choosing.

#### **Upon completion of this course participants will be able to:**

- Identify causes for escalating behavioral and mental health situations.
- Classify escalating behavior using the 5 D's.
- Match escalating behavioral and mental health symptoms to relevant interventions.
- Identify systemic partners who can assist in stabilizing difficult situations.
- Classify the symptoms of major mental health disorders in persons with ID/D.
- Identify potential treatment needs of persons with co-occurring ID/D and mental health disorders.
- Obtain pertinent services to address the mental health needs of persons with ID/D.
- Develop an inter-agency stabilization plan to coordinate responses to escalating situations.
- Describe strategies for training staff members in the implementation of redirection and stabilization interventions.



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#### Part I – Medication and Treatment of 5150 Psychiatric Hospitalizations in a Specialty and Non-Specialty Psychiatric Hospital in Los Angeles County

#### Part II – Regional Center Collaboration and Agency Agreements for Training, Resources, Liaisons and Psychiatric Hospitalizations Involving Los Angeles County Department of Mental Health

**Craig Wronski, M.D. and Stephen Mouton, Psy.D.**



Dr. Craig Wronski completed his Adult Psychiatric Residency in Adult Psychiatry at the University of Southern California and Child Psychiatric Fellowship at Cedars-Sinai Hospital in Los Angeles. He is currently Medical Director at Pathways Behavioral Health in Southern California and Medical Director of Beacon Health Care - CHIPA Division. He has worked as a Psychiatric Hospitalist for more than 20 years (Including 14 years in the DDMI Unit) at College Hospital Cerritos, where he serves as the Chief of Staff and Director of Utilization Review. He is triple Board Certified in Child, Adolescent, Adult and Administrative Psychiatry.

Dr. Stephen Mouton has worked as a Clinical Psychologist for 25 years at the San Gabriel Pomona Regional Center and concurrently as Policy Liaison for the seven Los Angeles County Regional Centers for Developmental Disabilities for the last 18 years. Dr. Mouton is Chairman of the Los Angeles County DMH Mental Health MOU liaison committee for regional centers and Co-Chairman of the Los Angeles County DCFS MOU liaison committee. Dr. Mouton helped develop a specialized regional center patient-exclusive 15 bed adolescent / 45 bed adult in-patient hospital wing at College Hospital, Cerritos and 30 bed regional center patient-exclusive skilled nursing facility in Duarte, California. His past memberships include the California State Regional Center Mental Health Task Force; DMH Service Area -3 SAAC; Behavior Intervention Team, B.I.T. Committee; SGPRC Mental Health Provider Panel Chairman and past member of the LA County Psychological Association. His education includes a Bachelor of Arts in Psychology (1987), Masters of Science in Psychology and Applied Behavior Analysis (1988), Doctorate of Psychology in Clinical Psychology (1990) and received an M.B.A. at University of Southern California's Marshall School of Business in 1999. Dr. Mouton applied, received and completed a 3-year MHSA grant for SGPRC to train LA County Psychiatrists from DMH, DCFS and Probation on "Best Practices in Diagnosis and Treatment of Individuals with a Developmental Disability and Mental Illness" using "live patients" in an in-patient and out-patient setting led by the Medical Directors of College Hospital and Alma Family Services. In the last 4 years, Dr. Mouton was a speaker at the "August 2016 Open Minds Conference in San Diego" and at the National Association for Dually Diagnosis, N.A.D.D. conference in San Francisco, CA in November 2015. Most recently Dr. Mouton spoke at the "Breaking Barriers" Conference in March 2019 on "Family Mental Health Access". Dr. Mouton frequently speaks at local, state and national conferences in the areas of concurrence of mental health diagnosis and developmental disabilities. Dr. Mouton currently resides in Pasadena, California





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**Part II – Regional Center Collaboration and Agency Agreements for Training, Resources, Liaisons and Psychiatric Hospitalizations Involving Los Angeles County Department of Mental Health**

**Craig Wronski, M.D. and Stephen Mouton, Psy.D.**  
(Continued)

#### **Workshop Description (2.75 CE Hours)**

Understand how to accept a regional center client in a psychiatric hospital, have basic understanding of the use of basic medications for a variety of psychiatric / behavioral needs; understand when to refer to a specialized psychiatric unit for treatment; understand how LA County Regional Centers and DMH communicate regarding patient-specific problems, understand the hierarchy of liaisons from agencies as communication leads; understand the LA Model as a possible way of developing agreements, communication and a liaison structure in other California counties.

#### **Upon completion of this course participants will be able to:**

- Identify first considerations when assessing a regional center client in the psychiatric hospital.
- Identify when a speciality versus a non-speciality psychiatric hospital should be considered
- Identify special gear useful for self-injurious behavior in a psychiatric hospital
- How does LA County communicate resolving special problems to regional center
- How frequently do liaisons meet in LA County to discuss training, protocol and updates for both of their agencies?
- If a local liaison cannot be reached what is the next level of escalation to solve a DMH/Regional Center problem?



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#### Emergency Treatment for DD Population with Psychiatric Needs

**Scott Simpson, M.D.**



Scott Simpson, MD, MPH, is Medical Director of Psychiatric Emergency Services at Denver Health Medical Center and an Assistant Professor of Psychiatry at the University of Colorado School of Medicine. He is Co-Chair of ACLP's Emergency Psychiatry SIG. As an emergency and C-L psychiatrist, Dr. Simpson has a national reputation for developing innovative clinical interventions, programming, and training curricula to improve the treatment of behavioral emergencies. These successes include developing Colorado's first 24-7 buprenorphine induction program, pioneering an integrated care services based in the emergency department, and designing an original training rotation for US Army Behavioral Health Specialists in crisis psychiatry. Simpson has been recognized with multiple local, regional, and national awards for teaching, scholarship, and program development. Dr. Simpson received his bachelor's degree in history from Yale University, his Masters of Public Health from Harvard University, and his medical degree from the University of Pennsylvania School of Medicine. He completed psychiatry residency and a fellowship in psychosomatic medicine at the University of Washington in Seattle. He is board-certified in adult psychiatry, consultation-liaison psychiatry, and addiction medicine.

#### **Workshop Description (2.75 CE Hours)**

Nationally, more than 1 in 8 emergency department visits involve a psychiatric diagnosis. In this session, attendees learn about the unique challenges in providing psychiatric care in the setting; learn about unique models of care to address these needs; and practice an approach to emergency and crisis psychiatric evaluations that emphasize acute treatment and appropriate disposition. Particular focus is given to patients with intellectual disabilities and complex co-morbidity.

#### **Upon completion of this course participants will be able to:**

- Describe common reasons for patients to present in crisis
- Describe goals for the management of psychiatric emergencies
- Learn and apply an approach to the assessment of psychiatric emergencies that respects patients' social and cultural background and recovery goals