

ADAPTING THERAPY FOR CHILDREN & ADOLESCENTS WITH INTELLECTUAL DISABILITIES



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ABOUT Dr Anastasia Hronis

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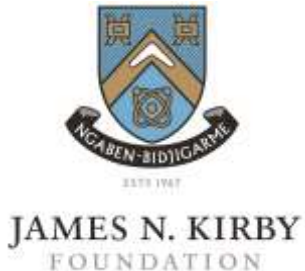
Dr Anastasia Hronis is a clinical psychologist and honorary associate at the University of Technology Sydney where she lectures and supervises students in the Master of Clinical Psychology program. Anastasia is also the founder of the Australian Institute for Human Wellness.

Through Anastasia's PhD, she adapted and evaluated a Cognitive Behaviour Therapy program for children and adolescents with intellectual disabilities and anxiety. This was developed through a process of literature review, consultations with clinicians and parents, and trials of the program in schools and clinics, in both group settings and individual consultations. Anastasia has presented her research at a number of national and international conferences, and has published in top rated journals.



Acknowledgements:

- **Prof Ian Kneebone** (University of Technology Sydney)
- **Prof Rachel Roberts** (University of Adelaide)
- **Dr Alice Shires** (University of Technology Sydney)
- **Dr Lynette Roberts** (University of Technology Sydney)



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It was previously believed that people with ID could not experience mental illness and were unaffected adversely by stressful events due to limited cognitive capacities.

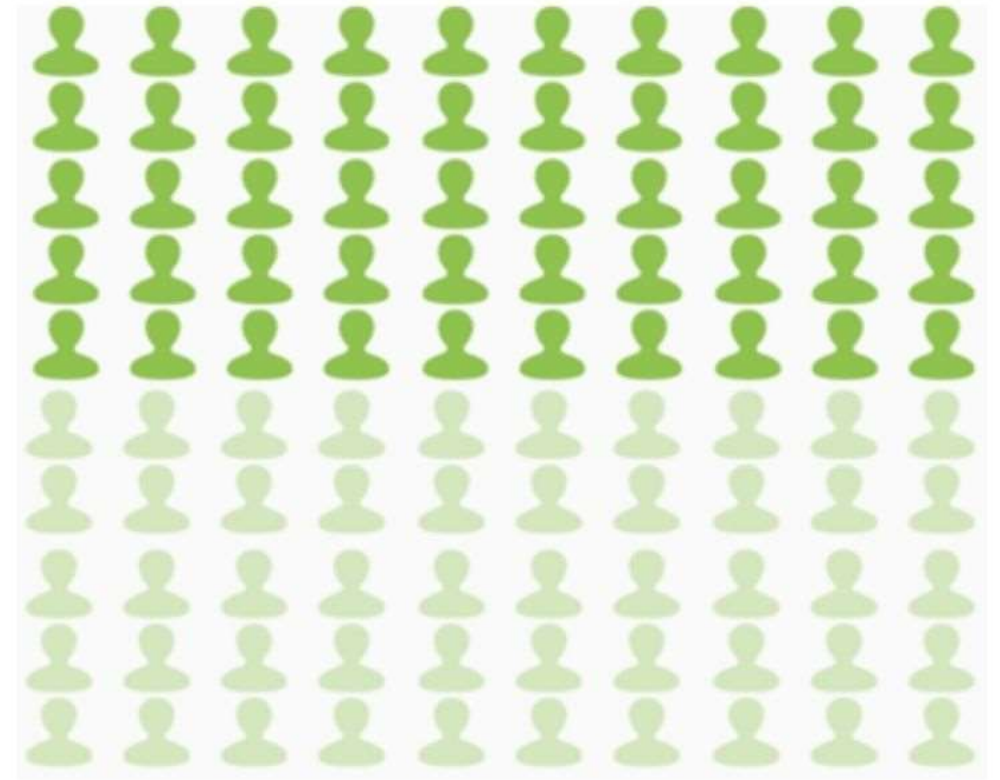
We now know that the opposite is in fact true....

Mental Health of People with Intellectual Disabilities

Adults = 35%



Children = 50%



Lower rates of accessing treatment



Mental Health of Children with ID



Children with an ID have been found to experience a **greater number and range** of adverse life events compared to children without ID, with the relationship between life events and emotional disorders being robust

Reduced cognitive abilities can negatively **impact their capability to use psychological resources to cope** with stressful events

Specific **genetic conditions and abnormalities** in brain development can **increase the risk** of developing mental health disorders

RISK FACTORS

Biological risk factors

Psychological risk factors

Adverse Life Experiences

Lifestyle Factors

Environmental Triggers

BARRIERS to Accessing Treatment

Less than 10% of young people with ID and a mental illness access treatment

Factors which are barriers to treatment:

- poverty/low SES
- communication barriers
- stigma/exclusion from services
- lack of services to help people with ID and MH disorder
- lack of equipping of mainstream services
- carers lacking awareness of symptoms
- lack cohesiveness between services



**High rates of
mental health
disorders**



**Low rates of
accessing
treatments**



Australian Government
Department of Health

National Roadmap

for Improving the Health of
People with Intellectual Disability

July 2021



National Roadmap

for Improving the Health of People with Intellectual Disability

July 2021



Why we need a roadmap

There are about 450,000 people with intellectual disability in Australia.

Compared with the general population, people with intellectual disability have:

- more than twice the rate of avoidable deaths
- twice the rate of emergency department and hospital admissions
- substantially higher rates of physical and mental health conditions
- significantly lower rates of preventive healthcare.

People with intellectual disability deserve access to high quality health care that meets their needs to lead healthy and active lives.

<https://www.health.gov.au/resources/publications/national-roadmap-for-improving-the-health-of-people-with-intellectual-disability?language=en>

HEALTH INEQUALITY & MORTALITY RATES



The life expectancy of people with ID remains lower than the life expectancy of those without ID.

Without ID: 83.35

With ID (Aus): 58.5-74

With ID (UK): 40-62

38% of deaths in the NSW ID cohort and 17% in the comparison cohort were potentially avoidable (Trollor, 2017).

A study in 2016 by Hosking et al in England identified that 37% of the deaths of people with intellectual disabilities were classified as being amenable to healthcare intervention compared with 22.5% of deaths amongst the general population

Major Concern:



Lack of focus on preventative care e.g. GP visits

Underemphasis of preventative health care

GPs often don't get to preventative health screening

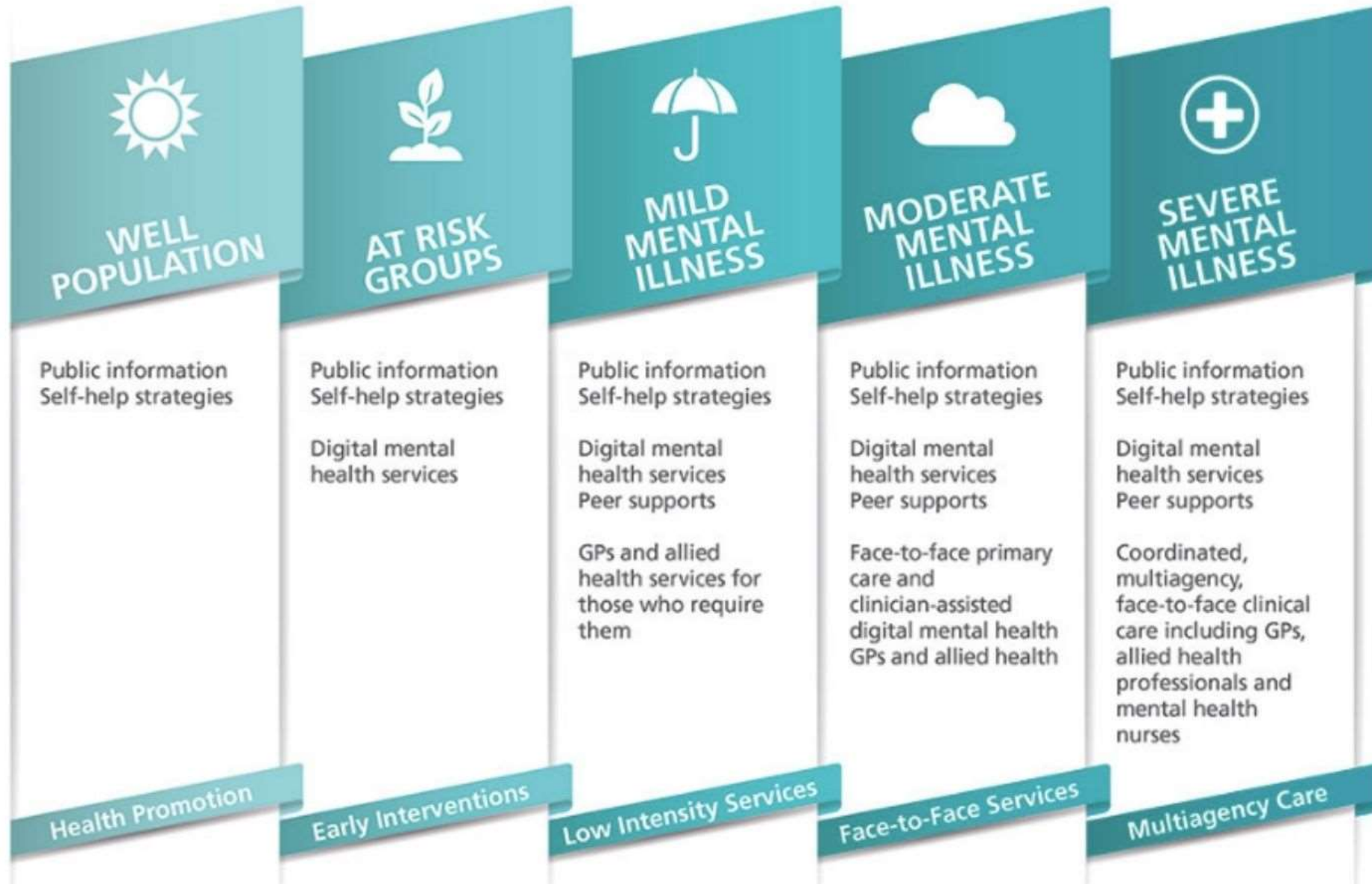
They prescribe lower rates of preventative medicines

less attention to screening for cancers etc.

There are much higher rates for recommendations for psychotropics.

Ten fold higher rates of recommendations for psychotropic medications for mental health

STEPPED CARE MODELS



TREATMENTS

THOUGHTS



BEHAVIOURS

FEELINGS



TREATMENTS

THOUGHTS

There is good evidence to suggest that people w ID can engage in behavioural components, and that behavioural interventions are effective for this population.

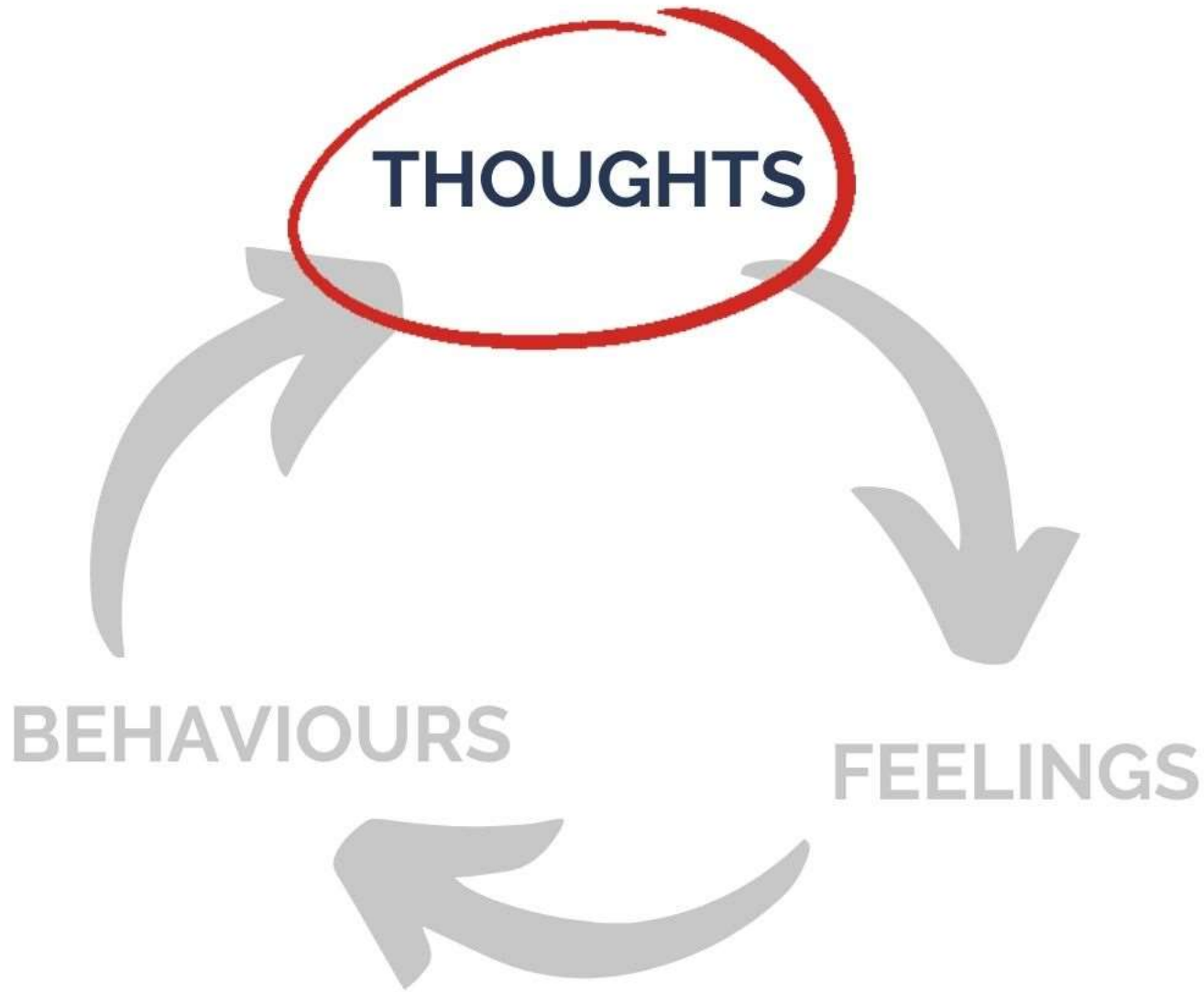
BEHAVIOURS

FEELINGS

Vereenoooghe & Langdon, 2013
Grey & Hastings, 2005



TREATMENTS



Identify;



Distinguish;



Make links.

Cognitive Behaviour Therapy



Interventions

Depression:

Hassiotis et al., 2013; McGillivray, McCabe & Kershaw, 2008

Anger:

Willner, 2007; Taylor, Novaco, Gillmer & Thorne, 2002

Anxiety:

Hassiotis et al., 2013

Reviews:

Osugo & Cooper, 2016; Vereenooghe & Langdon, 2013

Program Development

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A review of cognitive impairments in children with intellectual disabilities: Implications for cognitive behaviour therapy

Anastasia Hronis*, Lynette Roberts and Ian I. Kneebone

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Objective. Nearly half of children with intellectual disability (ID) have comorbid affective disorders. These problems are chronic if left untreated and can significantly impact upon future vocational, educational, and social opportunities. Despite this, there is a paucity of research into effective treatments for this population. Notably, one of the most supported of psychological therapies, cognitive behaviour therapy (CBT), remains largely uninvestigated in children with ID. The current review considers the neuropsychological profile of children and adolescents with mild to moderate ID, with a view to informing how CBT might best be adapted for children and adolescents with ID.

Method. Narrative review of literature considering the neuropsychological profiles of children and adolescents with ID, with specific focus upon attention, memory, learning, executive functioning, and communication. Studies were identified through SCOPUS, PsycINFO, and PubMed databases, using combinations of the key words 'intellectual disability', 'learning disability', 'neuropsychology', 'attention', 'learning', 'memory', 'executive function', 'language', and 'reading'.

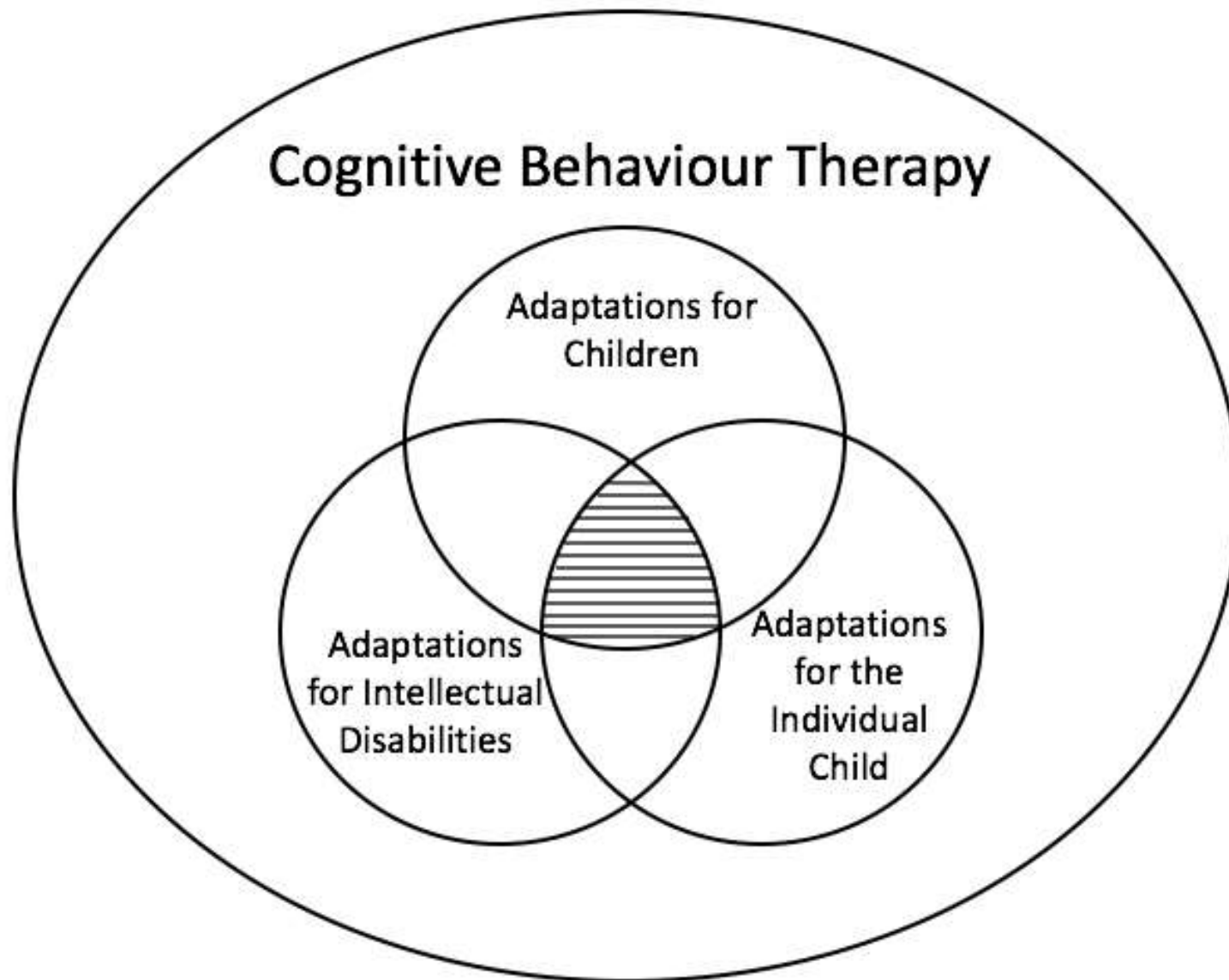
Results. Children with ID have significant deficits in attention, learning, memory, executive functions, and language. These deficits are likely to have a negative impact upon engagement in CBT. Suggestions for adapting therapy to accommodate these wide ranging deficits are proposed.

Conclusions. There are multiple cognitive factors which need to be considered when modifying CBT for children who have ID. Furthermore, research is required to test whether CBT so modified is effective in this population.

1. *What are the neuropsychological deficits present in children with ID?*
2. *What are the implications of these deficits on therapy, specifically CBT?*
3. *What strategies can be used to adapt therapy to the needs of children with ID?*

Hronis, A., Roberts, L., & Kneebone, I. I. (2017). A review of cognitive impairments in children with intellectual disabilities: Implications for cognitive behaviour therapy. *British Journal of Clinical Psychology*, 56(2), 189-207.

Review of Cognitive Impairments in Children with ID



**LEARNING &
MEMORY**



ATTENTION



**ADAPTATIONS
TO THERAPY**



**EXECUTIVE
FUNCTIONING**



**WORKING
MEMORY**



**LANGUAGE
& READING**





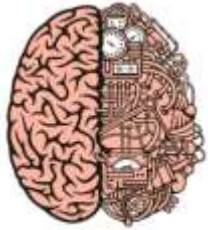
ATTENTION

- Short sessions
- Include breaks
- Reduce task length by dividing into units
- Engage with variety of modalities, colours etc
- Minimal distractions in the room
- “person oriented” → “task oriented”



LEARNING & MEMORY

- Check understanding frequently
- Master skills before moving on
- Record sessions; provide summaries to carers
- Children to note events through the week to discuss
- Involve carers to facilitate memory/recall
 - Use implicit learning processes
 - Role plays; hands-on activities
 - Reality based teaching
 - Learn via doing
 - Modelling to teach
 - Thinking out loud when modelling



EXECUTIVE FUNCTIONS

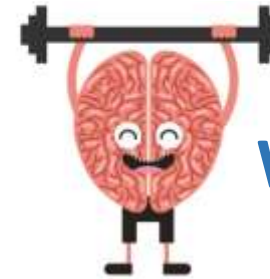
- Therapist plan and structure sessions
- Aim to maintain set structure to sessions
- Visual schedules
- Minimize switching between tasks
- Target flexibility and problem solving
- Redirect uninhibited responses
- Establish rules for therapy

ADAPTATIONS TO THERAPY



LANGUAGE & READING

- Child faces therapist
- Pictures/images to facilitate understanding
- “Easy Reading” text format
- Avoid jargon
- Short sentences (max 15 words)
- Sentences contain single concept
- Contrast of text and page colour



WORKING MEMORY

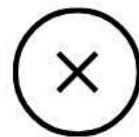
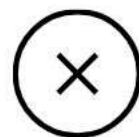
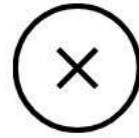
- Short, simple, subject-verb-noun sentences
- Present material verbally and visually
- Present one activity at a time
- Present information numerous times/repeat task
- Use memory aids and visual prompts

CLINICIANS WERE...

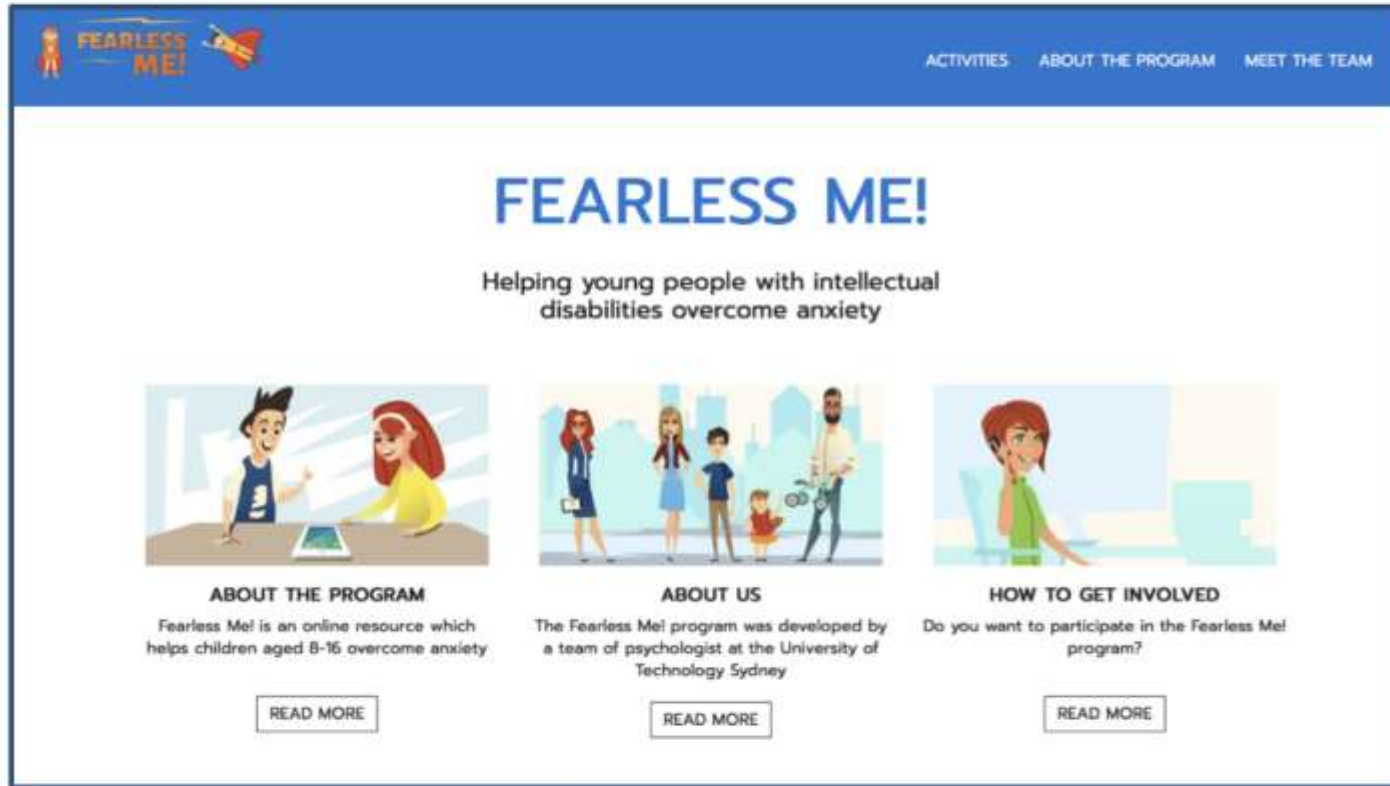
MOST CONFIDENT:

-  Listening to client concerns;
-  Working with caregivers;
-  Providing empathy.

LEAST CONFIDENT:

-  Choosing appropriate assessment tools;
-  Choosing appropriate interventions;
-  Administering chosen interventions.

Fearless Me! Program

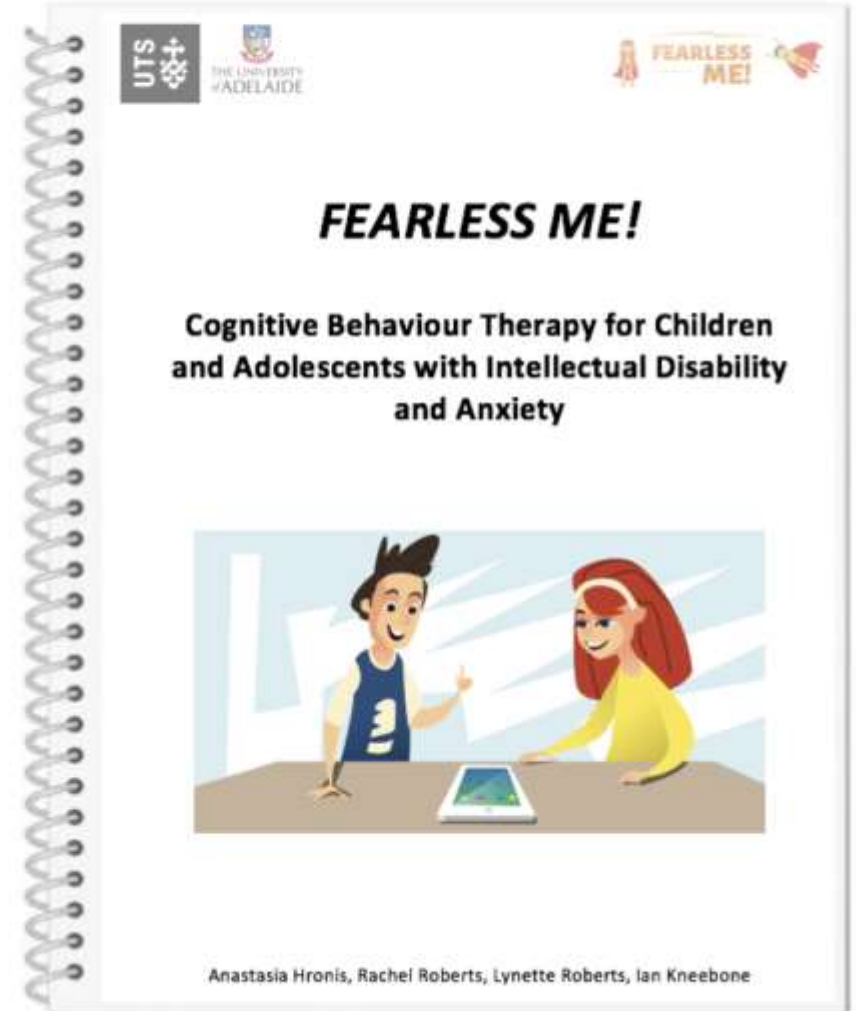


The screenshot shows the homepage of the Fearless Me! website. At the top left is the 'FEARLESS ME!' logo with a rocket icon. To the right are navigation links: 'ACTIVITIES', 'ABOUT THE PROGRAM', and 'MEET THE TEAM'. The main heading is 'FEARLESS ME!' in large blue letters, followed by the tagline 'Helping young people with intellectual disabilities overcome anxiety'. Below this are three columns of content:

- ABOUT THE PROGRAM**: 'Fearless Me! is an online resource which helps children aged 8-16 overcome anxiety'. Includes a 'READ MORE' button.
- ABOUT US**: 'The Fearless Me! program was developed by a team of psychologist at the University of Technology Sydney'. Includes a 'READ MORE' button.
- HOW TO GET INVOLVED**: 'Do you want to participate in the Fearless Me! program?'. Includes a 'READ MORE' button.

Each column features a colorful illustration: a boy and girl at a tablet, a family walking, and a girl on a phone.

www.fearlessme.com.au



The image shows the cover of a spiral-bound workbook. At the top left are logos for 'UTS' and 'THE UNIVERSITY OF ADELAIDE'. At the top right is the 'FEARLESS ME!' logo with a rocket. The title 'FEARLESS ME!' is prominently displayed in bold black letters. Below it is the subtitle 'Cognitive Behaviour Therapy for Children and Adolescents with Intellectual Disability and Anxiety'. A large illustration of a boy and girl at a tablet is centered on the cover. At the bottom, the authors' names are listed: 'Anastasia Hronis, Rachel Roberts, Lynette Roberts, Ian Kneebone'.

Research

Cognitive Behavioural Therapy for children and adolescents with intellectual disability and anxiety: a therapist manual

Anastasia Hronis¹ · Rachel Roberts² · Lynette Roberts¹ · Ian Kneebone¹

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FEARLESS ME! © PROGRAM



ACTIVITIES

ABOUT THE PROGRAM

MEET THE TEAM

FEARLESS ME!

Helping young people with intellectual disabilities overcome anxiety

To be involved, email the lead researcher
Anastasia Hronis: anastasia.hronis@uts.edu.au



ABOUT THE PROGRAM

Fearless Me! is an online resource which helps children aged 8-18 overcome anxiety



ABOUT US


The Fearless Me! program was developed by a team of psychologists at the University of



HOW TO GET INVOLVED

Call or email us to participate in the Fearless Me! program


3 Modules

 Choose an activity:




 **KEEP CALM**
Watch some videos



 **STOP AND THINK**
Do some activities



 **FACING FEARS**
Keep a diary

Fearless Me!

Session 1 – Introduction & Psychoeducation

Session 2 – Balloon Breathing & Safe Place

Session 3 – PMR and Review Relaxation

Session 4 – Facing Fears: Goals & Hierarchy Development

Session 5 – Identify Thoughts, Feelings & Behaviours

Session 6 – Catch Unhelpful Thoughts

Session 7 – Check the Facts

Session 8 – Check the Facts

Session 9 – Additional work on
cognitive skills

Session 9 – Linking Helpful Thoughts
to Exposure Hierarchies

Session 10 – Review of Skills

MODULES



ACTIVITIES ABOUT THE PROGRAM

Choose an activity:



KEEP CALM



STOP AND THINK



FACING FEARS

Module 1

Module 2

Module 3

Module 1 – KEEP CALM



BALLOON BREATHING

Learn how to relax by breathing




SQUEEZE AND RELAX


Learn to relax your muscles

MODULES




 Choose an activity:




 **KEEP CALM**
Watch some videos



 **STOP AND THINK**
Do some activities



 **FACING FEARS**
Keep a diary

Module 2 – STOP & THINK

Stop and Think

It is important to know what we think about! Thinking is when we talk to ourselves in our mind. Thinking is like an inside voice.

Sometimes what we think can make us feel worried or scared.

Do these activities to help you learn about how thinking can make us feel a certain way.



THINK, FEEL, DO

Choose what the person will think, feel and do



THOUGHT CATCHING

Help catch the worry thoughts




DETECTIVE THINKING


Be a detective & find the helpful thoughts

Module 2 – STOP & THINK




 **THINK, FEEL, DO**
Choose what the person will
think, feel and do




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Choose what the person will
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Help catch the worry
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Be a detective & find the
helpful thoughts

THINK

FEEL

DO

THINK

FEEL

DO



Start here, brainstorm
things you can do
e.g. "I can jump, I can
clap"

Assist brainstorming
"what is something that
you DO at school?"

THINK



DO

Brainstorm feelings that
they know.

Drawing faces,
discussing facial
features, making the
faces.



THINK

FEEL

DO

Thinking is when we talk to ourselves in our mind/head.
Everyone thinks.

We can think about different things.

It's like an inside voice.



THINK

FEEL

DO

We can think all different things.

I can think things which are true and I can think things which are not true.

I can think, that this table is brown, is it true?


I can think that your hair is pink, is it true?

Can you tell me something you can think which is true?

Can you tell me something you can think which is not true?

Module 2 – STOP & THINK




 **THINK, FEEL, DO**
Choose what the person will think, feel and do



 **THOUGHT CATCHING**
Help catch the worry thoughts



 **DETECTIVE THINKING**
Be a detective & find the helpful thoughts

 Lucy's parents bring home a new puppy.

1 Think 2 Feel 3 Do

Click the sentence that says what Lucy was thinking.

Lucy is excited.

Lucy thinks that she has always wanted a puppy.


Lucy picks up the puppy and hugs it.

Module 2 – STOP & THINK



 **THINK, FEEL, DO**
Choose what the person will
think, feel and do



 **THOUGHT CATCHING**
Help catch the worry
thoughts




 **DETECTIVE THINKING**
Be a detective & find the
helpful thoughts

Module 2 – STOP & THINK




 **THINK, FEEL, DO**
Choose what the person will think, feel and do



 **THOUGHT CATCHING**
Help catch the worry thoughts



 **DETECTIVE THINKING**
Be a detective & find the helpful thoughts

 Simon's best friend is away from school today.

Which is the "worry thought"?

I am going to have no one to sit with at lunch.

I can go and sit with some of my other friends.

NEXT

Module 2 – STOP & THINK




 **THINK, FEEL, DO**
Choose what the person will
think, feel and do



 **THOUGHT CATCHING**
Help catch the worry
thoughts





 **DETECTIVE THINKING**
Be a detective & find the
helpful thoughts


Module 2 – STOP & THINK





Frank wants to ask the teacher a question in class. Frank thinks if he asks a question the other students might make fun of him.

Frank feels worried. 

Frank should STOP and THINK. 



What else it could be? 

What happened before? 

What is a helpful thought?



DETECTIVE THINKING

Be a detective & find the helpful thoughts

FRAMEWORK FOR UNDERSTANDING EMOTIONS



We have an "inside voice"


A thought is something we say to ourselves in our mind.

What is your brain telling you?


What's the worst thing that could happen?

MODULES




 Choose an activity:




 **KEEP CALM**
Watch some videos



 **STOP AND THINK**
Do some activities



 **FACING FEARS**
Keep a diary

Module 3 – FACING FEARS





BRAVE BEN

▶ ⏪ 🔊 0:01 / 2:59



Module 3 – FACING FEARS



Face Your Fears!

Which step did you do?

1 2 3 4 5

How worried or scared did you feel before?

Extremely Worried
Very Worried
A Bit Worried
Not Worried

How worried or scared did you feel after?

Extremely Worried
Very Worried
A Bit Worried
Not Worried

Adaptations Include:

- Including breaks in sessions
- Tasks divided into smaller units (especially cognitive restructuring)
- Use of technology (website and videos) to facilitate engagement
- Parents involved in therapy sessions
- Repetition and practice of skills through website
- Short, simple sentences (website)
- Sentences consist of a single concept
- Text to speech function on website
- Provide immediate feedback (answers to tasks provided on website)

Client Feedback

"So the squeeze and relax was really good for her, cos she, she can remember like it's, it's simple for her to remember all those motions"

"Because he feels that he is in control of something and like you know, he has sort of found some solutions to some of his anxieties, like how he can tackle them."

"It's been rewarding because they've been expressing themselves well with [therapist] and are able to understand it's anxiety and they can help, and they can overcome it."

Client Feedback

"It felt good coming here and expressing myself and learning stuff along along the way."

We were making quite a lot of progress...it was raining in the night, and she didn't get out of bed, she stayed in bed and she used the things she's learned in the program...She would start doing her balloon breathing and squeeze and relax and then she'd start saying "it's only rain, it's for the flowers" you know, so trying to do that thought challenging you know?"

CLOSING REFLECTION

- **1 thing you take away from today**
- **1 thing you can put into practice**
- **within the next 2 weeks**





THANK YOU!

To find out more visit:

www.fearlessme.com.au

www.ausihw.com.au

or email Anastasia:

info@ausihw.com.au

anastasia.hronis@uts.edu.au