

Interview with Dr. Verity Rodrigues

Tue, 10/15 10:11AM 29:49

SUMMARY KEYWORDS

individuals, autism, educators, increase, triad, emotional, support, depression, helping, experience, mental health, awareness, state, tennessee, anxiety, developmental disabilities, behavioral challenges, focus, families, children

SPEAKERS

Verity Rodrigues, Jeff Sheen, Alexandra Schiwal



Verity Rodrigues 00:00

(Intro Music) Because we work across the state in both rural and urban areas, we do try to gather as much information as we can from our key stakeholders, through needs assessments and surveys. Which, that information absolutely informs the work that we do. But it really is interfacing directly with individuals, whether they are family members, whether they are individuals, both with autism and experiencing an emotional or behavioral challenge, as well as educators to inform the work that we do on a day to day basis. (Music)



Alexandra Schiwal 00:38

Welcome to episode three of the Mental Health Crossroads podcast, where we explore the intersection of Mental Health and Developmental Disabilities. This week, our host, Jeff Sheen, talks to Dr. Verity Rodrigues, who is an educational consultant and psychologist at triad, or the Treatment and Research Institute for Autism Spectrum Disorders. Dr. Rodrigues works in the school based professional development team. She also runs her own integrated behavioral health clinic within the Sivision of Developmental Medicine in the Department of Pediatrics at Vanderbilt University Medical Center. In this episode, Dr. Rodrigues talks about her work with mental health and Autism. (Music)



Jeff Sheen 01:16

So, Dr. Rodriguez, it's great to be able to visit with you today. Thanks for being on. Verity, can you tell us a little bit about what you do for a living and how you came to be in this field?



Verity Rodrigues 01:27

Absolutely. So, my current role is at the Treatment and Research Institute for Autism Spectrum Disorders, which is Triad, at the Vanderbilt Kennedy Center in Nashville, Tennessee. And my role at triad, I am both an educational consultant, as well as a clinical psychologist. And so, my background is actually in special education in school psychology. So I got my masters in special ed and my doctorate in school psychology at the University of Oregon. And that was many years ago, but during that time, I was really focused on systems level consultation to address emotional and behavioral difficulties in children. As well as providing coaching support to teachers, to better serve and provide supports to students with emotional and behavioral disorders.



Jeff Sheen 02:14

So, when you were back in your undergraduate days, and you were kind of trying to figure out what you wanted to be when you grew up, why special education? What what led you into this field, broadly?



Verity Rodrigues 02:24

You know, since I can remember, as a young child, I've always felt passionate about working to improve outcomes and improve the quality of life of individuals, particularly children, children with disabilities, and learning differences. I had some experiences in my younger years, a friend of, a very close friend of mine, who had a brother with autism, a younger brother, and that was sort of my first experience with an individual with autism and that definitely helped to shape my interests and kind of shaped me as I grew up, you know. In high school, I always enjoyed working with younger, younger children, helping; either tutoring or nannying as well. And, and then I had several experiences, you know, through my own lived experience, in my early 20s, where I experienced anxiety and depression myself. And so, all of those things sort of really shaped my direction to go into the mental health field. And, you know, school psychology specifically, was something that I was very much drawn to because that's where children spend most of their time. And, you know, they're in the schools, and that's a great opportunity to improve access to care for kids who need it.



Jeff Sheen 03:33

So, how quickly in your studies did you kind of figure out what you wanted to do? Or were there some seminal kind of experiences along the way that, kind of, gently nudge you to where you're at now? Or was it always just kind of a straight shot to where you are?



Verity Rodrigues 03:49

Oh, that's a great question. I definitely wouldn't say it was a straight shot, as my undergraduate degrees were in anthropology and International Studies, with a focus on Mesoamerican history. So, but, you know, during my time in undergrad, I was very, again, very much interested in education and also helping to increase access to care for underserved populations in particular. So, when I was a junior in college, I studied abroad in Honduras, and studied the educational system there, and did a qualitative study where I interviewed families to, you know, gather more information about what was meaningful to them in providing an education for their kids. And that was, I would say, a very impactful experience for me, you know. Again, working in schools in another country and really seeing what some of the challenges were for, for families and children in that area. So that, I'd say that was a pretty important experience that helped to shape and drive my direction.



Verity Rodrigues 04:48

And then, right after undergrad, I worked for a wilderness therapy program, actually in Utah, and I provided support to adolescents who were, you know, who were experiencing a number of emotional and behavioral challenges themselves. And that, again, helped to, you know, really foster this desire and passion to help support individuals, you know, throughout my career. And so it was after that, that I really decided, you know, I need to go back and get-get a degree, get my higher education degree, PhD and master's degree. And that really helped to, again, essentially launch my career.



Jeff Sheen 05:30

So, it sounds like there was some themes that kind of worked early on in your life and then finally came together, and that was really working on improving outcomes for children. And then there was this educational component, the importance of education, across all different areas. And then this experience with mental health, both lived experience of your own and being around others that were experiencing mental health issues. What is the best thing about being engaged in the work that you do now?



Verity Rodrigues 05:57

You know, I love getting the opportunity to work both in schools as well as in a clinic setting, and interfacing with educators and families. I think a passion of mine is, is really, again, I've been talking about improving access to care. And much of that comes from improving access to information and knowledge for folks. So, to empower educators, helping them feel like they've got the tools to support the students in their classrooms, and also empowering families with knowledge and information to advocate for their kids. And I think being able to do both of those things, at the same time, in a job, is is pretty, pretty amazing.



Verity Rodrigues 06:35

Couple of other things that I would highlight, as well, is the fact that I also get to work with community organizations to help improve their efforts of inclusivity for individuals with disabilities. So working with nonprofit organizations and civic and arts organizations across the, across Nashville has been a really exciting opportunity for me. And to get to do that within, within my job is pretty exciting. And then, lastly, I think just the creativity and the ability to think outside the box in the work that I do is really, it's really exciting.



Jeff Sheen 07:08

Yeah, I think it's pretty clear that you really enjoy what you're doing. And it's enjoyable to visit with you about it. I'd like to talk a little bit, start broadly with the work that Triad is doing, you and your colleagues. What, what overall, are you trying to do with the Triad project? What impact are you hoping to have on the people that you're serving? And maybe we can talk a little bit about that, and then we can shift into some of the specific things that you're directly working on?



Verity Rodrigues 07:33

Absolutely. Yeah, so, you know, Triad is-is a, I'd say a broad organization that really falls into three primary categories, or three primary areas of focus. We have our research arm, we have a clinical arm, and then we also provide outreach supports and services. And so, within our research work that we do, we partner with the CDC, through the Autism and Developmental Disabilities Monitoring Network, or the ADDM network, which identifies the rates of Autism across the country. We focus on helping to identify the rates of autism within Tennessee.



Verity Rodrigues 08:09

We're also a site for the Simmons Foundation Spark Study, aimed at increasing understanding of Autism, and recently received a grant through HRSA focused on developing sustainable models of coordinated care across the state. So, pretty broad work there, in terms of our research. Clinical work, you know, we focus on really increasing access to early identification of Autism through physician training, and also on telehealth clinical models across our state. We also do integrated behavioral health in primary care settings, which is what I'm focused on, clinically, myself. Our outreach work is where majority of my time is spent. That involves collaborations with Tennessee's early intervention system, building capacity of our department of education systems, both early childhood as well as school age services, and then also facilitating successful transitions to adulthood for individuals with Autism as well. So again, very broad, but really focused on consultation and coaching of members of our educational department.



Jeff Sheen 09:07

So, can you give us a sense of, like, how-how big this whole thing is, for you, there in Tennessee? Like, how many, how many individuals' families are you working with as a Triad center?



Verity Rodrigues 09:17

Oh, wow. It's-it's broad. And, you know, in terms of our outreach work, we provide professional development to educators across the state. And we reach thousands of educators. In fact, you know, we provide thousands of professional development hours through our direct trainings, you know, our live trainings, where folks come to us, or we go to them, to different parts of our state and provide trainings. We also have been, you know, really significantly increasing our numbers of online training modules. And so, those are getting disseminated by facilitators who we've trained across the state, to educators and teachers as well as parents and family members, as well. So they, through our clinical models, families have access to those online training opportunities, as well. So, we're really trying to, you know, reach each corner of our state, essentially, from, you know, Memphis all the way through to Kingsport on the east, eastern side.



Jeff Sheen 10:15

And how long have you been doing this? or How long has Triad been involved in this?



Verity Rodrigues 10:19

So, yeah, so Triad has been engaged in this work for a number of years across our state and has had partnerships with our early intervention system, as well as our department of education, or school age system, for-for many years.



Jeff Sheen 10:32

What are the big challenges that you see facing the field and the work that you're trying to accomplish?



Verity Rodrigues 10:38

Yeah, I'd say, you know, the biggest challenge, and I think this is a systemic challenge across the board, is just organizations, mental health community agencies, recognizing and understanding that individuals with Autism can also experience emotional and behavioral disabilities, as well. So they, there is a challenge in the field where many community mental health providers, seeing individuals with Autism not being able to experience anxiety or depression. It oftentimes, many providers will-will sort of overshadow, or think that the Autism is overshadowing those emotional/behavioral challenges. And-and that's just not the case. We've seen that through research and then, absolutely, through practice and lived experiences of individuals with Autism, and a lot of the self advocacy work that's coming out within the Autistic community, as well. Just, I'd say that is, that is for sure the biggest challenge, and it-it results in many community mental health providers and organizations actually not working with, and not serving individuals with Autism who also have significant mental and emotional wellbeing challenges, as well.



Jeff Sheen 11:50

You know, and sometimes when we talk about this issue, we-we use terms like dual diagnosis, or co-morbid, or co-occurring, can you talk to, just, the audience, what, when we say something is co-morbid or you have an ASD diagnosis and it's co morbid with an emotional disorder, what does that actually mean?



Verity Rodrigues 12:08

Yeah, it essentially just means that an individual, you know, meets a diagnostic criteria using the the DSM-V, or the Diagnostic and Statistical Manual for mental disorders, which is the diagnostic tool that's used. But that they meet criteria for an Autism Spectrum Disorder and they also meet criteria for another, an emotional or behavioral disorder.

Whether that be depression, a major depressive disorder, or an anxiety disorder as well.



Jeff Sheen 12:34

You mentioned a little bit about research, and some of the research we-we looked at in preparation for talking with you, you know, approximately 40% of youth with an ASD diagnosis had at least one co-morbid anxiety disorder. Individuals with ASD are four times more likely to experience depression in their lifetime. Why do you think we see these high rates of depression and anxiety in individuals with Autism Spectrum Disorders.



Verity Rodrigues 13:04

You know, I think there's a combination of factors that are increasing that risk. And, you know, we know we've seen through research that individuals, as you just mentioned, with Autism are at greater risk for experiencing an emotional or mental health disorder. But some, from what we've seen through the research, you know, some of the increased risk is- is thought to be associated with some of the characteristics of Autism, I say associated, not caused by, but associated. And one of those things is, you know, when we think about the characteristics of Autism and those developmental differences, we think about social communication. And, so, if an individual is struggling in the areas of social communication, there may be some frustration with communication challenges, or even a sense of social isolation that can come from not understanding the social world around you. And that can, in combination with difficulties forming relationships and meaningful relationships and other experiences, can-can definitely kind of set the stage, or be an increased risk factor to experiencing, say depression or anxiety as well.



Verity Rodrigues 14:05

In thinking about, kind of, the restricted and repetitive interests and behaviors kind of area of autism, you know, some of the cognitive rigidity might lead to anxiety. There may be some stress associated with transitions. And then, also some of the physiological dysregulation due to sensory differences that are sometimes experienced by individuals with Autism. You know, all of those things can sort of set the stage for, you know, for the development of an emotional or mental health disorder. But then there are also environmental factors, right, there are things that, that all individuals might experience in their life, things like trauma. Or as a child, adverse childhood experiences, you know, bullying. These things happen, can happen, to anybody, and they can absolutely be experienced by an individual with autism and often and often are. And so, those things can definitely, again, kind of set the stage or be a triggering experience, to then experience anxiety or depression as well.



Jeff Sheen 15:00

Thank you. That's some very helpful information. I'm curious for direct support workers, other clinicians that maybe haven't had as much experience as you have in working with this particular population; are there differences in how anxiety or depression might manifest for someone with ASD that, if we had little bit more education, a little bit more awareness about, we might pick up on, so that we could be more supportive and help with kind of interventions that might be evidence based?



Verity Rodrigues 15:27

Yeah, I think that's a great question. I think the most important thing to recognize, because every single individual is different, right, and is going to experience something different and might present very differently. But the important thing to recognize and to know is what is baseline? What does baseline look like for that individual? And I think this goes for anybody, whether or not the person has an Autism Spectrum Disorder or not. But thinking about, you know, what does baseline look like when it comes to their emotional regulation, or their behavioral responses in different situations. And then, you know, is that person experiencing a change from baseline. But when it comes to anxiety and depression, there are some slight differences in how these difficulties may present with an individual with Autism.



Verity Rodrigues 16:07

So things like for, maybe with anxiety, for an individual with, say limited language skills, you may see an increase in avoidant behaviors, you may see things like a decrease in task engagement, refusal maybe to engage in activities that you know are part of that child's, or individuals, repertoire, or activities, maybe they previously were successful with and enjoyed, and are now kind of avoiding those experiences. If the individual has, you know, maybe stronger language skills, you may see an increase in verbal protests, again around those activities that they once enjoyed. So that change from baseline is pretty critical there. So, you know, for depression, in addition to kind of traditional depressive symptoms, you may see, we may see an increase in aggression or self injury, there may be more irritability or kind of mood fluctuations for-for individuals. And you may even see a change in restricted interests. So again, interests may take on a greater intensity, they may take on a morbid focus, or there may be an increase in repetitive behaviors. And those are all things that, again, that change from baseline is-is important to-to be able to acknowledge and recognize.



Jeff Sheen 17:12

So along with, like, increased awareness and understanding of how these things might manifest differently--and I really appreciate your comments about understanding each individual's baseline as really being the place you have to start to know if things are changing and being manifest-manifested differently--are there conventional evidence based treatments that are effective when working with the population that you, that you kind of go to and that you encourage other people to consider utilizing?



Verity Rodrigues 17:44

Yeah, absolutely. You know, I'm going to talk about some, kind of a variety of different things. If, you know, if there's somebody working in, say, private practice or more in a clinical setting, then modified cognitive behavioral therapy has been shown to really help to address emotional/behavioral challenges or disorders in some individuals with Autism. You know, I'm familiar with the Facing Your Fears program, out of Colorado, and Judy Reaven's program, which is an adaptation of a cognitive behavioral program for kids with Autism focused on individuals or adolescents with both co-occurring disorders of Autism and anxiety. And again, it's adapted, it uses a lot of visual supports. But it definitely incorporates those components of cognitive behavioral therapy within it.



Verity Rodrigues 18:28

Another kind of behavioral intervention, called behavioral activation is another evidence based treatment primarily used for depression that can easily be adapted to use with individuals with Autism. And really, the focus of that is to increase an individual's opportunities to engage in pleasurable activities that will be rewarding and will increase, over time, will help to increase a person's mood. And so, you know, it's goal, it's goal directed, it- I also really appreciate the fact that, you know, it honors and allows for the individuals agency, and their ability to really direct, you know, what is their goal? What do they want their goal to be? And then, with the clinician helping, to really hold that individual accountable and support them in gradually, over time, increasing their level of activity.



Verity Rodrigues 19:17

And then, other evidence based strategies, things that I really work with educators on, to help-help them implement these strategies in the classroom are things, like, environmental support, so things like creating visual boundaries to highlight some of those unspoken social expectations, minimizing distractions to promote a calm environment in the classroom, and using additional visual support such as schedules and timers and

social stories to increase predictability across an individual school day, which I think can be really important. In addition to kind of setting up the environment for a child to be successful, we want to make sure that we are also teaching coping or emotional regulation strategies and skills. And these are skills that an individual can, you know, a student or child can take them all the way through their life, these are lifelong skills. But things like progressive muscle relaxation, breath awareness, some of the mindfulness based stress reduction strategies can be really helpful.

V

Verity Rodrigues 20:11

The key with those is that we want to make sure that you're teaching them at a time when the when the individual is not experiencing a significant amount of distress because that's a really hard time to then engage in that strategy and build fluency with it. So you want to make sure you're teaching it when, you know, the individual is calm, and able to, you know, and able to understand the strategy and practice it. But then also, gradually, provide those opportunities where there might be a little-little increased stress level, and they're able to then engage in the strategy, maybe with some prompting or support. And then, hopefully, the plan would be they would feel that-that tension release and overall increase their mood.

J

Jeff Sheen 20:48

Well, tying back to what you said it kind of how you got involved in this work. If you think about schools being the place where children spend a lot of their time, and you're doing this work with educators, what are you seeing, what differences are you seeing as you go out and work with these educators across Tennessee? What-what are some of the changes? Maybe they've noted in their own practice, or in the outcomes they're having with-with children? What are you seeing as you look at how effective these strategies might be?

V

Verity Rodrigues 21:16

You know, I think what I'm noticing is that educators are feeling more empowered. They're feeling like, wow, there's something that I can do as-as a, as a teacher, you know. I'm teaching, even though I'm teaching math, or I'm teaching social studies, or science, I can still provide some supports to help-help this, my student, who may be displaying or experiencing some emotional or behavioral challenges, and I can, there's something I can do about it. And I think there's, there's, you know, a lot of empowerment there for an educator to feel like that, to feel like they've got a tool in their toolbox that is outside of, maybe, what they were originally trained to do. But realizing that-that in order to help

that student be able to access learning, they've got to, at times, address the whole child. I think, you know, the state of Tennessee has done a lot of work with helping to increase supports around social/emotional learning or social and personal competencies, and at kind of at a universal level for all students. And what we're trying to do is try it as, come in and help provide that next level of support for students who might need a little bit more, and teachers who might need to be able to provide a little bit more support across the students school day.



Jeff Sheen 22:28

So, if anyone listening to the podcast is interested in really getting a little bit more in depth with what you're doing on a day-to-day basis in your outreach, and learning more about Triad, what's the best way for them to go about doing that?



Verity Rodrigues 22:42

Oh, absolutely. So, you know, we have many of our online learning products that are available, free of charge, and you can just sign up, and sign up for an account on the VKC Learning Portal and--Jeff, I can send that to you and maybe that can be linked or posted with the podcast--people can sign up for that. And then you have access, they will have access to a number of online learning modules and resources related to developmental disabilities and Autism and mental health as well. We have a number of our brief online trainings, we also have an online tool kit for educators to be able to go through and learn some of the strategies that they can implement in the classroom of students.



Jeff Sheen 23:27

Those sound like wonderful resources, and we will certainly link those in the show notes of the podcast. So we appreciate you pointing those out. And we'd encourage those interested to really check those out. Can you tell us a little bit more about the mental health and autism work that Triad is engaged in?



Verity Rodrigues 23:46

Yeah, definitely. So, about two years ago, we developed a line of programming around Autism and mental health that included several different professional development components. The first was a two day focus training for educators on mental health and Autism. We did this across the state in East, Middle Tennessee and West Tennessee. Then we developed a series of brief online trainings. And these are about 12 to 15 minute online modules that folks could watch. And we had them on a variety of different topics

spanning from depression and youth with Autism, and strategies for depression with youth and Autism, and-and then an introduction to anxiety. We had ADHD and Autism, emotional regulation, and youth with Autism.

V

Verity Rodrigues 24:28

And then two modules that were focused on helping educators understand both community based services, as well as understanding medications and Autism, as well. We created an online tool kit for supporting educators in understanding mental health and Autism. And that's something that they can access, anyone can access that. And then we also, since rolling out our focused training, have established some partnerships with, here in Middle Tennessee, school based mental health providers who kind of work in more of a tertiary level in school based-schools. And then we also partnered with the systems of care across Tennessee to increase awareness about Autism and mental health challenges, as well. So those are some of the things that we've been able to work on.

J

Jeff Sheen 25:09

That is a tremendous amount of things that you've been working on. And that sounds very exciting. I'm curious, one of the things we're trying to do with the Mental Health and Developmental Disabilities National Training Center, is amplify the voices of those with a lived experience of a developmental disability and a mental health issue. I'm curious how you and Triad have incorporated the voices of those with this lived experience into your work, how that informs what you do? Can you talk a little bit about that?

V

Verity Rodrigues 25:38

Yeah. So you know, working both in education, as well as in the clinical world. You know, we are encountering both educators who are working with students in the classroom who are experiencing some of these challenges, and then also working with families. And so for me personally, in clinic, I'm working with families and seeing their children who may be coming to see me and are experiencing, you know, mental health challenges and also have a diagnosis of Autism. And so the work with the families I see and the work with the educators and the students with whom I meet with in schools across the state absolutely informs the work that we do.

J

Jeff Sheen 26:16

Verity, can you tell us a little bit about some of the bright spots in this field, some of the progress that we're making, as you look across your own work and the work of your

colleagues that are Triad?

V

Verity Rodrigues 26:25

Yes, I think we're definitely increasing awareness of Autism and co-occurring mental health concerns. I think that's, that's across the board. I see that awareness increasing. And I do believe that Autistic self-advocates are also speaking up about issues, which is increasingly-increasing that awareness, you know, which is, which is important. And that's not just within the Autistic community, but it's also within the general mental health field, as a whole. You know, it's with there's definitely still a long way to go. But I think that the awareness piece is really making an impact. I think it also helps that there have been, you know, anti-stigma camp-campaigns in the mental health field that I think, again, in general is, is increasing awareness over time, which is, which is really tremendous.

J

Jeff Sheen 27:11

When you think about the intersection of mental health and developmental disabilities and this awareness that is increasing around this particular issue, what-what do you see are the priorities we need to focus on as we move forward, as we, as we work to provide better support, better evidence based interventions, better training for clinicians and direct service workers, better opportunities for individuals with this lived experience to have their voice heard, supports for families, what-where do you see the priorities for the profession and the field, as a whole, need to focus on?

V

Verity Rodrigues 27:42

You know, I really feel like the the biggest emphasis needs to be on some policy changes at a systems level. So, you know, recognizing that there are so few community mental health providers, and community mental health organizations that actually serve individuals who are Autistic or have Autism, and also are experiencing emotional and behavioral challenges. That's a huge, gaping hole in our service system, in our service delivery system. And it needs to be addressed. And I think that, through, you know, policy changes within those organizations, increasing that awareness to leadership, you know, folks who are in charge, so to speak, within those organizations is going to be really, really important. And then I think once that door opens, once they say, okay, yes, we, we do see this as a-as a need and an important area to focus on, then pushing the development, professional development for practitioners and clinicians, you know. Helping give them the tools to feel comfortable and be able to efficiently and effectively serve individuals with Autism and with emotional and behavioral challenges. So, I think it the systems do need to change, and some policy and advocacy work is-is where I think the focus should

be.



Jeff Sheen 28:58

Really appreciate what you're doing, and your colleagues in Tennessee, and the resources that you have provided for others outside of Tennessee to be able to access for free is-is tremendous. That's-that's really going to amplify what can be done with your efforts, so.



Verity Rodrigues 29:12

Wonderful. Well, thank you so much again for having me. This has been a true pleasure. (Music)



Alexandra Schiwal 29:21

Thanks for listening to this week's episode of the MHDD Crossroads podcast. All the links mentioned in this episode are in the description below and a full transcript can be found at MHDDcenter.org on the voices page. This is also linked below. Follow us on social media @MHDDcenter and be sure to look for us the AUCD conference in November, in Washington DC. Thanks for tuning in. (Music)