

Mental Health Issues for Individuals with Intellectual & Developmental Disabilities

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Learning Objectives

1. Understand **risk factors** for mental illness in individuals with IDD
2. Recognize common **mental health challenges** and their **presentation** in individuals with IDD
3. Identify **interventions and strategies** to support individuals who are dually diagnosed

Why is it Important?

- * Family, friends, and staff are often the first to recognize signs and symptoms of mental illness.
- * Early intervention can prevent symptom escalation and decompensation.
- * Allows us to provide appropriate services, interventions, and supports. The solution must fit the problem!

Why is it Important?

- * Makes us better advocates with doctors, case managers, psychiatrists, behaviorists, etc.
- * Fosters empathy and allows us to be more patient when an individual is exhibiting challenging behaviors.
- * Enables us to help the individual understand their experiences.

True or False?

Individuals with IDD cannot have a mental health diagnosis.

FALSE

“The full range of psychopathology that exists in the general population also can co-exist in persons who have intellectual or developmental disabilities”

- National Association for the Dually Diagnosed (NADD)
www.thenadd.org

True or False?

Behavioral challenges in individuals with IDD occur because of their disability.

TRUE and FALSE

- * **Behavior is communication of a legitimate need.**
- * This need can be biological, social, or emotional.
- * Behavioral challenges **can** be related to deficits in cognitive functioning, such as limited ability to problem-solve, communicate, or utilize coping skills.
- * **However**, severe and pervasive behavioral challenges may be related to a deeper mental health issue.

Prevalence

“Estimates of the frequency of dual diagnosis vary widely, however, many professionals have adopted the estimate that 30-35% of all persons with intellectual or developmental disabilities have a psychiatric disorder.”

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Risk Factors for Mental Illness in People with IDD

1. What cheers you up after having a bad day?
2. What brings you joy and fulfillment in life?



Social Risk Factors

- * Closest relationships can often be paid staff
- * Friendships may be few and/or unsatisfying
- * May have challenges with social interaction, especially nuanced skills like small talk and flirting
- * Can be discouraged from having romantic relationships
- * Lack of sexual contact and/or knowledge

Social Risk Factors

- * May have lack of family involvement or too much involvement
- * Potential history of loss, including staff
- * Experience of marginalization, prejudice, and stigma
- * Experience of being taken advantage of
- * Research indicates stressful social interactions are associated with increased psychological distress (Hartley & Maclean , 2009)

Environmental Risk Factors

- * History of multiple placements
- * Institutionalization
- * Unfulfilling job placements or day programs
- * Limited access to enrichment activities
- * Lack of financial independence
- * Lack of privacy
- * Strict routines and lack of choice
- * Service providers from different disciplines and agencies

Psychological Risk Factors

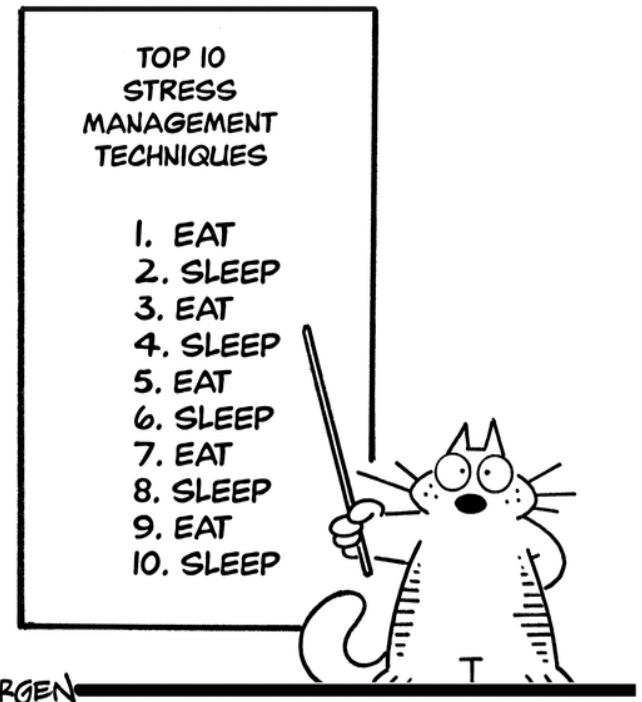
- * Experience of shame around having a disability
- * Discouraged from doing tasks independently, leading to experience of helplessness
- * Fear of new experiences due to feeling incapable
- * Taught to be “compliant”
- * Not having a “voice,” even if verbal, due to others not consulting them in decisions that impact them

Psychological Risk Factors

- * Being “bailed out” of challenging situations and not being given the opportunity to learn from mistakes
- * History of abuse, bullying, and/or rejection
- * Defense mechanisms may be primitive
- * Impaired capacity for insight, resulting in an external focus for the cause of emotional distress

Stress as a Risk Factor

- * **Stress** – mental or emotional tension due to any event perceived by the individual to be demanding, straining, or challenging
- * Stress can be a good thing! However, *chronic stress* can impact physical and mental health



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Stress as a Risk Factor

- * Levels of stress may be similar or even higher
- * May have fewer resources or coping skills to deal with stress
- * May have obstacles to accessing resources and/or coping skills
- * Research shows that each additional stressor increases odds of poor mental health by 20% (Scott & Haverkamp, 2014)

Top Five Stressors

1. Death or illness of person they care about
2. Feeling underestimated by people
3. Hearing people arguing
4. Feeling slow/unable to do things correctly
5. Being in a difficult situation and not knowing what to do

(Scott, 2016)

Cognitive Risk Factors

- * Challenges with abstract thinking
- * Difficulty with perspective-taking
- * Reduced memory for learned coping skills
- * Impaired reasoning and problem-solving
- * Limited executive functioning (multi-tasking, planning, organizing)
- * Receptive language deficit
- * Difficulty identifying “why” they are experiencing an emotion

Ability Risk Factors

- * Communication difficulties
- * Reliance on others for care
- * Level of independence
- * Reduced sense of capability
- * Conservatorship and case management

Group Discussion

What risk factors do you see in
your family members?

Mental Health Diagnosis: Signs, Symptoms, and Considerations

Diagnostic Manuals

- * DSM-5 – Diagnostic Manual
- * DM-ID2 – Diagnostic Manual Intellectual Disability (NADD)

When to Consider a Mental Health Diagnosis

- * New or unusual symptoms
- * Increase or change in behavioral challenges
- * Behavioral strategies are ineffective
- * Behavioral challenges are more severe or excessive compared to others at a similar functioning level
- * Changes in biological functioning
- * Decline in adaptive skills
- * Recent stressors

When to Consider a Mental Health Diagnosis

- * Trauma
- * Self-injurious behaviors
- * History of psychiatric hospitalization
- * Family history of mental illness
- * Challenges in multiple areas (home, work, day program, etc.)

Note: Any of the these factors alone is likely insufficient evidence of a mental health diagnosis.

When to Consider a Mental Health Diagnosis

- * Consider “RULE OUTS”
 - * Symptoms are not the result of:
 - * A medical condition
 - * A substance (includes prescribed medications)
 - * Another co-occurring psychiatric diagnosis
 - * Must cause marked impairment in functioning (social, occupational, educational, etc.)

Diagnostic Categories

As defined by the DSM 5 major diagnostic categories covered in this training include:

- * Depressive Disorders
- * Bipolar and Related Disorders
- * Anxiety Disorders
- * Obsessive-Compulsive and Related Disorders
- * Trauma and Stressor Related Disorders
- * Schizophrenia Spectrum & Other Psychotic Disorders

Depressive Disorders

Characterized by the presence of sad, empty, or irritable mood that impacts the individual's ability to function

Common Symptoms of Major Depressive Disorder

- * Sadness/Depressed Mood
- * Feelings of hopelessness
- * Irritability
- * Loss of interest or pleasure
- * Weight or appetite changes
- * Insomnia or Hypersomnia
- * Psychomotor agitation or retardation
- * Fatigue or loss of energy
- * Feelings of worthlessness
- * Guilt or self-blame
- * Lack of concentration
- * Thoughts of death
- * Decreased interest in sexual activity
- * Impairment in functioning

Presentation of Major Depressive Disorder in Individuals with IDD

- * Sad facial expression
- * Cries or appears tearful
- * Absence of emotional expression
- * Irritability
- * Aggression
- * Decrease in participation
- * Reinforcements not effective
- * Social isolation
- * Food-seeking or meal refusal
- * Difficulty falling asleep or sleeps excessively
- * Pacing or slow movements
- * Need for frequent breaks
- * Negative self statements
- * Expects or seeks punishments
- * Can't complete tasks as usual
- * Preoccupation with death
- * Self-injury
- * At risk for losing placements

Bipolar and Related Disorders

Characterized by significant mood swings that include manic episodes (elevated mood) and often major depressive episodes (depressed mood)

Common Symptoms of a Manic Episode

- * Elevated, euphoric, or irritable mood
- * Increase in goal-directed behavior
- * High energy level/Decreased need for sleep
- * Inflated self-esteem/grandiosity
- * Flight of ideas or racing thoughts
- * More talkative than usual
- * Distractibility
- * Psychomotor agitation
- * Risky activities (buying sprees, sexual promiscuity, foolish business investments)
- * Marked impairment in functioning
- * May experience psychotic symptoms

Presentation of a Manic Episode in Individuals with IDD

- * Elevated, euphoric, or irritable mood
- * Increase in goal-directed behavior
- * High energy level/Decreased need for sleep
- * Exaggerated claims of skills (consider developmental level)
- * Sleeping later/Waking earlier
- * Engaged in activities at night
- * Increased vocalizations
- * Interrupting and/or asks repetitive questions and does not wait for answers
- * Jumping from topic to topic
- * Decrease in task performance
- * Fidgeting or pacing
- * Increase in masturbation
- * Marked impairment in functioning or hospitalization

Anxiety Disorders

Characterized by excessive fear (emotional response to a threat) and anxiety (anticipation of a future threat)

Typical Symptoms of Generalized Anxiety Disorder

- * Excessive anxiety and worry
- * Difficulty controlling worry
- * Restless, “keyed up,” on edge, fearful
- * Easily fatigued
- * Difficulty concentrating or mind going blank
- * Irritability
- * Muscle tension
- * Trembling
- * Sleep disturbance
- * Marked impairment in functioning
- * Heart palpitations and/or accelerated heart rate
- * Nausea/Sweating
- * Symptoms present for at least 6 months

Presentation of Generalized Anxiety Disorder in Individuals with IDD

- * Excessive anxiety and worry
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Presentation of symptoms are similar for individuals with IDD, however they may be observed rather than reported by the person.

Obsessive-Compulsive and Related Disorders

Characterized by distressing thoughts or images (obsessions) and engaging in behaviors (compulsions) to relieve the anxiety of the obsessions

Typical Symptoms of Obsessive-Compulsive Disorder (OCD)

- * The presence of obsessions, compulsions, or both
- * **Obsessions** – recurrent and persistent thoughts or images that are intrusive and unwanted, causing marked anxiety or distress
- * **Compulsions** – repetitive/excessive behaviors the individual feels driven to perform in response to obsessions and are aimed at relieving anxiety or distress caused by obsessions
- * Repetitive or unusual behavior is not necessarily compulsive, everyone has their quirks. To be considered a compulsion, it must cause ***marked distress***, be ***time-consuming***, and/or ***interrupt routine***.

Presentation of OCD in Individuals with IDD

- * For individuals with mild to moderate ID, symptoms may present similarly, however with more emphasis on observation rather than reporting
- * Obsessions may not be experienced or reported as intrusive or unwanted
- * May not attempt to ignore or suppress thoughts or images
- * Challenging behavior may occur if individual is prevented from completed compulsions
- * Must distinguish between compulsions and other self-stimulatory behaviors

Trauma and Stressor Related Disorders

Characterized by **psychological distress following exposure to a traumatic or stressful event**

Common Symptoms of Posttraumatic Stress Disorder (PTSD)

- * Exposure to a traumatic event
 - * Directly experiencing event
 - * Witnessing event
 - * Learning that event occurred to family/friend
 - * Repeated exposure to details of traumatic event
- * Recurrent memories of event
- * Nightmares/Sleep Disturbance
- * Psychological or physiological reactions to triggers
- * Flashbacks
- * Avoidance of stimuli associated with event
- * Negative impact on cognition and mood
- * Social Isolation
- * Irritability
- * Recklessness
- * Hypervigilance
- * Exaggerated startle response
- * Problems concentrating

Presentation of PTSD in Individuals with IDD

- * Exposure to an event they have perceived as traumatic
 - * Events such as bullying, developmental milestones, sexual experiences, or ending relationships can have effect
- * Reliving memories through play or acting out
- * Nightmares/Sleep Disturbance
- * Reactions can appear to be psychotic symptoms
- * Disorganized, agitated, or aggressive behavior
- * Avoidance of stimuli associated with event
- * “Non-compliant” behaviors
- * Social Isolation
- * Irritability
- * Being “on guard”
- * Exaggerated startle response
- * Self injurious behaviors

Common Symptoms of Adjustment Disorder

- * Characterized by the development of emotional or behavioral symptoms in response to an identifiable stressor(s)
- * Can present with many clusters of symptoms including depressed mood, anxiety, and/or disturbance of conduct (behavior)
- * Causes significant impairment in social, occupational, or other important areas of functioning
- * Symptoms may not be related to normal bereavement
- * Symptoms cannot persist for more than 6 months after the stressful event

Presentation of Adjustment Disorder in Individuals with IDD

- * For clients with IDD, stressors can involve any change in their environment or placement that may require more independent functioning than they are comfortable with
- * Symptoms may also include clinging, apparent loss of skills, withdrawal, and/or irritability
- * Symptoms may persist for longer than 6 months if they are in response to chronic stressors, which clients with IDD may experience (ex: unsatisfying placements, repeated caregiver turnover, peer problem exposure)

Schizophrenia Spectrum & Other Psychotic Disorders

Characterized by disturbances in perception of reality

Common Symptoms of Schizophrenia

- * **Delusions:** strongly-held false beliefs (can be bizarre or non-bizarre)
- * **Hallucinations:** perceiving things that aren't there (can impact all the senses)
- * **Disorganized speech** or “word salad”
- * Disorganized or catatonic behavior
- * Negative symptoms (diminished emotional expression)
- * Impairment in functioning in one or more major areas
- * Continuous signs of disturbance persists for at least 6 months

Presentation of Schizophrenia in Individuals with IDD

- * A significant change in behavior (increased aggressive, self injurious, or bizarre behavior) can alert to screen for the possibility of psychotic symptoms
- * When screening, must consider developmental level of the client
 - * Belief in fantasy worlds, imaginary friends, externalizing, and self-talk can all be appropriate and not necessarily a symptom

Interventions and Strategies

Interventions and Treatments

- * Adapted Psychotherapy
- * Mindfulness/Meditation
- * Guided Relaxation
- * Skills-Focused Groups
- * Creative Therapies
- * Volunteering or Vocational Training
- * Sensory Integration
- * Psychotropic Medications

Direct Support Strategies

- * Work one step at a time, one concept at a time
- * Provide visual cues
- * Avoid abstract concepts
- * If you use figures of speech, make sure you provide a concrete explanation
- * Provide routines and structure, reduces need for executive functioning

Direct Support Strategies

- * Teach emotional vocabulary
- * Encourage clients who are irritable to examine what else they are feeling (e.g. shame, anxiety, fear, sadness)
- * Help clients feel heard by summarizing what the client is communicating (either verbally or nonverbally)
- * Focus more on a client's emotional experience than the accuracy of their information

Direct Support Strategies

- * Structure the environment for emotional regulation (e.g. lighting, noise, number of people)
- * Identify and encourage use of replacement behaviors
Offer options/choices and avoid open-ended questions
- * Be aware of your body language and nonverbal communication. Individuals with IDD are very receptive and can “read” what you want them to do/say.

Direct Support Strategies

- * Model appropriate boundaries and use of coping skills
- * Encourage natural and enduring relationships with friends, neighbors, family, etc.
- * Help build self-esteem and confidence by working on adaptive skills
- * Acknowledge and celebrate success. Be your client's cheerleader!

Direct Support Strategies

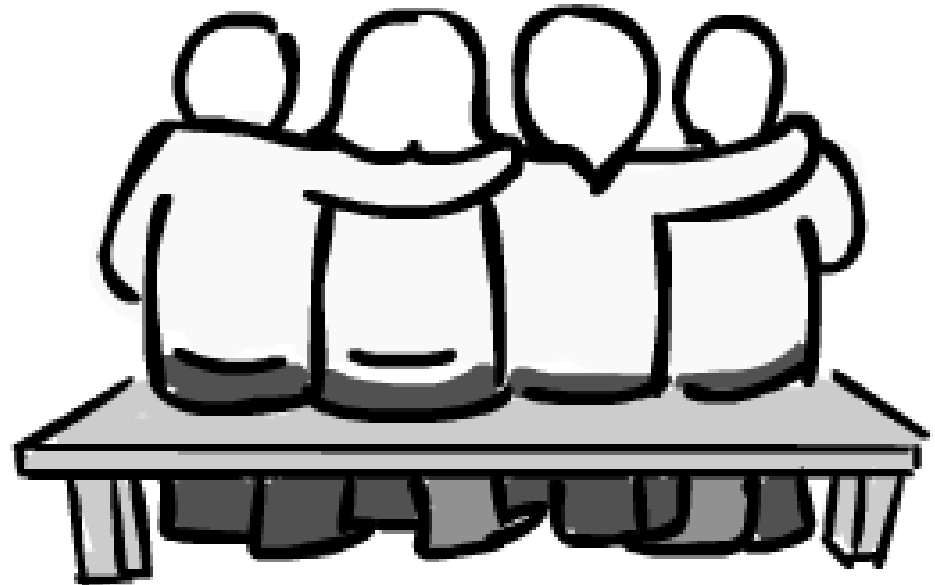
- * Empathize with your client
- * Supports understanding and connection
- * Can elicit trust and openness

Empathy vs. Sympathy



Direct Support Strategies

- * Validate...
- * Validate...
- * Validate!!



Direct Support Strategies

- * “Self Care”
 - * Activities an individual engages in to promote mental and emotional well-being
- * Supporting your client in their “self care” activities
- * Learning to care for your own needs will help you to more effectively support others

Resources & References

- * Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR by the American Psychiatric Association
- * DM-ID: A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability, edited by Robert Fletcher
- * The Psychopharmacology Primer by Edward E. Hughes and Jerry McKee
- * The Solutions Building Community Collaborative Certificate of Excellence in Dual Diagnosis (www.solutionsbuilding.org)
- * National Association for the Dually-Diagnosed (www.nadd.org)
- * Hartley, S.L., & MacLean, W.E. Jr. (2009). Stressful social interactions experienced by adults with mild intellectual disability. *American journal on intellectual and developmental disabilities*, 114(2), 71-84
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