

Intellectual Deficits and Mental Illness

Increasing quality of life for
people with cognitive delays and
mental illness

Presenter/Facilitator:

Dr. Keliher received her Doctorate in Clinical Psychology from the California Institute of Integral Studies in San Francisco and her Masters degree in Counseling Psychology from Loyola College of Maryland. Her private practice includes consultation to address behavioral issues of individuals living with intellectual disabilities, developmental delays, forensic and/or mental health issues. Also, she conducts consultation to organizations to improve overall functioning through better communication.

DrKeliher@gmail.com

Adaptive Behaviors for Evaluation

Other tests determine limitations in *adaptive behavior*, which covers three types of skills:

- ▶ Conceptual skills—language and literacy, money, time, number concepts and self-direction
- ▶ Social skills—interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules, obey laws and avoid being victimized
- ▶ Practical skills—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone

Intellectual Disability

Adaptive functioning impairments of focus:

- ✓ Communication
 - ▶ Self-care
 - ▶ Home living
- ✓ Social/Interpersonal skills
 - ▶ Use of community resources
- ✓ Self-direction
 - ▶ Functional academic skills
 - ▶ Work
- ✓ Leisure
- ✓ Health
 - ▶ Safety

Target Behaviors Defined

- Verbal Aggression
- Physical Aggression
- Socially Disruptive Behavior
 - Communication Skills
- Sexual Inappropriateness
- Refuse reasonable request
- Tantruming (Multiple non-social behaviors)
- Property Destruction
- Elopement
- Bolting
- PICA
- Self-Injurious Behavior
- *Self-Stimulatory Behavior*

Behavior Baseline

- If a person is disrobes as frequently as 6 times a day, then this frequency serves as a basis in assessing how effective a treatment is when it is provided. If you can reduce this frequency to 3, the treatment is effective. If the frequency sustains at 3, that is your new behavior baseline.
- You will want to reduce as close to extinction (a frequency of 0) . Often people think that any behavior at all means that treatment was not effective but a reduction is success and provides a new “starting line” to address with a revised treatment.
- If disrobing decreased and then increased in frequency, the treatment lost its effectiveness for any multitude of reasons (who, what where, why, when and how).
- It is your responsibility to decide what variables need to be adjusted to maximize treatment effectiveness.

Why is it important for you to know about SPD

- If a person is supported to engage in Sensory Integration activities, he is ready to cope with stressors of a new environment and novel events (i.e. therapy room, inpatient unit, transitions, new ways of thinking)
- Sensory Integration activities allow the brain to prepare for taking in new stimuli (think playgrounds)
- If you cant take in stimuli you cant learn new ways of coping
- Learning prevents target behaviors
- Learning helps prepare person for how to de-escalate more quickly
- Spending time integrating is well worth the effort as the result increases the chances of long term quality of life changes

Sensory Processing and Self-Stimulatory Behavior

1. See, hear, touch, smell, and taste as well as,
2. Vestibular (experience of equilibrium, experience of gravity, movement experiences and position in space)
3. Proprioception (input from muscle and joints about body position, weight, pressure)

Sensory Processing

1. Each sensory system has its own specific receptor that specializes in responding to a specific type of sensation.
2. We do not focus on all aspects of sensation necessary to perform activities efficiently.
3. For the person with sensory dysfunction the process requires effort and attention to be efficient.

Hyposensitivity and Hypersensitivity

1. *Hyposensitive*

Due to some dysfunctional system in the brain or periphery, the body craves stimulation. Engaging in self-stimulation excites the nervous system.

2. *Hypersensitive*

The environment is too stimulating and the person is in a state of sensory-overload. Engaging in these behaviors blocks-out the over-stimulating environment; and the attention becomes focused inwardly.

3. *Hyposensitive*

May need to learn alternative ways to understand that they are not being efficient (i.e. if slam down an object it will be loud)

4. *Hypersensitive*

The ability to attend to a task may depend on the ability to screen out, or inhibit, nonessential sensory information, background noises, or visual information.

Exhibition of Behavior: Hyposensitivity

- Visual: staring at lights, repetitive blinking, moving fingers in front of the eyes, hand-flapping
- Auditory: tapping ears, snapping fingers, making vocal sounds
- Tactile: rubbing the skin with one's hands or with another object, scratching
- Taste: placing body parts or objects in one's mouth, licking objects
- Smell: smelling objects, sniffing people
- Vestibular: spin for hours, likes sudden bumps in the road
- Proprioceptive: jump on trampoline for hours, falls on floor intentionally

Exhibition of Behavior: Hypersensitivity

- Visual: cover eyes, easily distracted away from task, avoids eye contact, bright or dim room is difficult
- Auditory: runs away after unexpected sound, refuse to go to a public event
- Tactile: doesn't like water on face, non-cooperative getting fingernails cut, disrobes
- Taste: prefers bland foods, likes only a few foods, has to have a sauce on all foods
- Smell: refuses food because of smell, household smells or hygiene smells cause irritation
- Vestibular: physically cling to another person, afraid to step off curb
- Proprioceptive: can only wear flat shoes, may not be able to sit still due to feeling muscles and joints

Understanding Sensory Processing Disorder - Resources

Sensory profile

Adult Sensory Profile (Pearsonclinical.com)

Sensory diet: Scheduling and Structure

SensoryUniversity.com

Office Playground.com



Sensory Processing in Adults

- **Adolescent/Adult:**
- ___ I am over-sensitive to environmental stimulation: I do not like being touched.
- ___ I avoid visually stimulating environments and/or I am sensitive to sounds.
- ___ I often feel lethargic and slow in starting my day.
- ___ I often begin new tasks simultaneously and leave many of them uncompleted.
- ___ I use an inappropriate amount of force when handling objects.
- ___ I often bump into things or develop bruises that I cannot recall.
- ___ I have difficulty learning new motor tasks, or sequencing steps of a task.
- ___ I need physical activities to help me maintain my focus throughout the day.
- ___ I have difficulty staying focused at work and in meetings.
- ___ I misinterpret questions and requests, requiring more clarification than usual.
- ___ I have difficulty reading, especially aloud.
- ___ My speech lacks fluency, I stumble over words.
- ___ I must read material several times to absorb the content.
- ___ I have trouble forming thoughts and ideas in oral presentations.

For someone living with an Intellectual Disability
who is experiencing distress

Advising to **not** do something without offering
an alternative

or that he needs to **stop** without offering
alternative

is **not effective** and if it is, that means you are
using a power technique

+ Telling person what else he can do gives him a
chance to be successful and move on from the
incident

Target Behaviors – Pro-Social Terminology

- 1.Refuse reasonable request – Increase activities done after one reminder from staff
- 2.Multiple Non-Social Behaviors– Increase time using breathing skills, Increase use of counting from 10
- 3.Property Destruction – Increase days respecting property, Increase use of punching bag
- 4.Elopement – Increase use of request to go outside, Increase use of sign for eat
- 5.Bolting – Increase use of ‘chill-out’ card, Increase minutes used to exercise
- 6.PICA – Increase consumption of edibles, Increase frequency of touching tree outside door
- 7.Self-Injurious Behavior – Increase time using relaxation tools, Increase use of frustration icon
- 8.Verbal Aggression – Talk nicely with housemate, Express anger with “I feel” statements
- 9.Physical Aggression – Stay 3 feet away from workmate, Keep hands to sides when changing work area
- 10.Socially Disruptive Behavior – Shut door quietly, Remain quiet when other is on phone
- 11.Communication Skills – Increase time being quiet, Increase time calling other by name
- 12.Sexual Inappropriateness – Increase time with clothes on, Increase time with hands on thighs

When a person chooses to not use Pro-Social Behavior

1. What are the factors that are maintaining the behavior?
2. What has not changed in the structure of the home or program?
3. Where is the behavior more likely or less likely to occur?
4. With whom is the behavior more or less likely to occur?
5. When or at what time is the behavior more or less likely to occur?
6. What happens right before the behavior and right after?
7. From consumer's perspective, what is being gained by the behavior?
8. From consumer's perspective, what is being avoided or escaped by the behavior?

Consider Function when developing Replacement Behaviors

What is the function of the behavior?

Example: Is it for attention?

1. Is he anxious and needs a soothing activity?
2. Is he bored and wants you to initiate a stimulating activity?
3. Is he not feeling well and wants you to notice?
4. Does he want to do the socially appropriate thing and needs you to walk him through that replacement process?

Teaching Replacement Behaviors via Potent Learning Style

Best practice teaching: match your teaching style to the consumer's learning style.

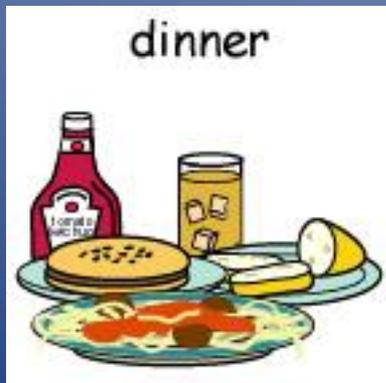
- **Kinesthetic-motor learner:** DOING. Practicing the skill in the actual setting where he is to use that skill. Mistakes can be helpful. Role plays.
- **Visual learner:** Watching through MODELING. Do you find the overhead slides and handout helping you today? Develop charts and photo reminders.
- **Auditory learner:** Hearing what is being SPOKEN. Listening to someone tell you what behavior should be replacing another? Story telling and identifying with the characters.

Increasing Ability to Communicate

- Communication device:
- Create list of activities and items you think the client might want to communicate.
- Think: Body, mind, spirit
- For more support contact a speech therapist, a behavior consultant or order software to create your own icons and/or schedules.
- Guidelines to introduce devices:
- Start with what is most important to client like “eat” or “drink”
- Get her used to seeing icon, photo, ASL sign for “eat” when eating or for “drink” when drinking
- Let consumer use device to tell you what she needs
- Move on to activities such as “walk”, “music”, “cold”, “bathroom” that might not be as easy to guess or always possible to satisfy

Communication Tools

www.practicalautismresources.com/printables



Sensory Tool Suitcase

- Stress ball
- Portable CD player
- Communication book
- iPad / Tablet
- Chewable arm band
- Mirror
- Massager
- Timer

Schizophrenia and Moderate, Severe and Profound ID

- “...communication skills, predominately verbal skills, are almost always required in the patient for the clinician to be able to make the diagnosis” (DM-ID 2007)
- Rule of thumb: Increase in aggressive, self-injurious or bizarre behavior may indicate a psychotic process

What to do when someone is psychotic

- **Immediately lower stress in the environment**
- Music
- Meeting time
- “You are safe”
- Touch/Massage
- “What can I do to help?”
- Give him space
- “Do you need something?” Expect bad-tempered answer. Stay with her.
- Sensory integration
- Favorite things

Symptoms of PTSD and Moderate Intellectual and Adaptive Deficits

- Re-experiencing symptoms - dreams
- Re-enactments - fighting with someone who isn't there
- Disorganized - jumbled speech, thoughts (when expressed) are hard to understand, behavior seems chaotic
- Regressive behaviors -
Can not accomplish activities of daily living
Used to be able to calm himself down but has lost this skill

Inability to regulate – Complex Trauma

- **Developmental Trauma Disorder (Complex Trauma):** experience of multiple and/or chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g., sexual or physical abuse, community violence).
- Early-life onset exposures often occur within the child's caregiving system and include physical, emotional, and educational neglect and child maltreatment beginning in early childhood (traumacenter.org)

Complex Trauma

Necessity of Co-Regulation

- ◎ The child/adult's view of the world incorporates betrayal and hurt
- ◎ Since they anticipate and expect trauma to recur, they respond with hyperactivity, aggression and/or may freeze in response to MINOR stressors
- ◎ Only after children develop the capacity to focus only on pleasurable activities (instead of worrying about the Healthcare Professional's mood state) can they build the capacity to interact with others

Complex Trauma (DTD)

- ◎ Before addressing anything else, the Healthcare Professional should focus on helping them react differently from their habitual flight/fight/freeze reactions.
- ◎ THIS IS WHY WE NEED TO BE ADEQUATE CO-REGULATORS

Developmental Trauma Disorder: Van der Kolk

Co-regulation

◎ The less anxious, fearful and impaired the health care professional / caregiver, the more available s/he is to the client. Taking on role of a co-regulator brings your work with the client to a level that is functional for both of you.

◎ Establish safety

Consistency

Predictability

Structure

Co-regulation

◎ Regulate affect

Breathe work

Fidgets

Rational thinking:

Once you dissect an irrational thought, you take away some of its power

“When somebody disagrees with me, it is a personal attack against me”.

Guided meditation

Sensory integration

Massage

Safe Touch Skills

Co-Regulation

◎ Re-establish attachment

Positive role-models

Say “please” and “thank you”

Do something for someone else

Pet care

Co-regulation

◎ Reframe strong reactions

I know this feels bad

I am here and it will feel better soon

◎ Reinforce success

Meditation

- Relying on your mindset to help support another person

Prevention: what might need to be changed to help that person

Structure of Office / Waiting room

Increase/Decrease Lighting?

Increase/Decrease Noise?

Comfort?

Physical space between people?

Increase/Decrease (amount, type, volume) Music?

Access to something to fidget with?

Schedule/Transitions

Consistent?

Changes made with warnings?

Response to the target behavior

- Alter tone of voice? _ Whisper?
- Alter what will be said to person?
- Three phrases staff could say to support consumer while target behavior is occurring:
 - 1.
 - 2.
 - 3.
- **Activities to be recommended when person is agitated or just exhibited target behavior:**
- Various new activities in different areas of interest (below are examples):
 - _____
 - _____
 - _____
 - _____

Autism and OCD

- Person living with Autism: significantly less likely to experience thoughts with aggressive, contamination, sexual, religious and somatic content.
- Significantly more likely to exhibit self-damaging and self-mutilating behavior
- Goodman, Journal of American Psychiatry, Volume 152 (Issue 5), May 1995 pp772-777

Autism and OCD

- Person living with Autism: significantly more likely to engage in repetitive ordering; hoarding; touching, tapping or rubbing.
- Person living with OCD more likely to clean, check and count.
- Goodman, Journal of American Psychiatry, Volume 152 (Issue 5), May 1995 pp772-777

Social Story - Uses

- Improve a person tolerance when there are changes in routines.
- Encourage a person to complete less-preferred tasks.
- Communicate concepts such as time (e.g., next, later), actions (walk to therapy room)
- Break down multi-step tasks into smaller, more manageable parts.
- Increase independence by improving person's ability to complete parts of his routine with less help or prompting. www.friendshipcircle.org

Social Story example

- Everybody needs space.
- When people come too close it makes other people uncomfortable.
- When I make people uncomfortable, they want to get away from me.
- They might not want to talk to me again.
- When I give people enough space, I get to hang out and play video games with people, I make friends and have fun.

Interaction Protocols

◎ Purpose:

You are in the person's life to

Recommend, Remind, Motivate, Encourage and Support
behaviors

“I reminded Joe of how much he likes walks
and listening to music”

NOT

Manage, Deal, Control or Handle the consumer

“She's easy, I can handle her” “He listens to me”

(Implies powerlessness on child's part and a need to dominate
on the staff's part)

Supporting through knowing the client

To Go Book

Latest paperwork – ISP, IPP, Healthcare checklist, SIRs, Dangerous Propensities document

To Go Bag

Most soothing portable items