

Intellectual Deficits and Mental Illness

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

Presenter/Facilitator:

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Course Overview

- ▣ PTSD and Consumers with Mild, Moderate, Severe and Profound ID
- ▣ Prevention
- ▣ Increasing Interaction Awareness
- ▣ DTD, BPD, Psychosis
- ▣ Co-regulation
- ▣ Crisis Do's and Don't's

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Adaptive Behaviors for Evaluation

Scope of deficits are determined by understanding limitations in *adaptive behavior*:

- ▶ Conceptual skills—language and literacy; money, time, and 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

Why should healthcare professionals find out the details of a person's mental illness?

- The person they are supporting needs to be educated on what s/he is experiencing
- The healthcare professionals can anticipate what will happen next
- Potent prevention and intervention strategies can be developed and used
- The healthcare professionals will have greater patience with undesirable behaviors
- Example: OCD

Symptoms of PTSD

Trigger and experience of event

- The person has been exposed to a traumatic event in which both of the following were present:
- (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
- Examples of trauma

Symptoms of PTSD

- (2) the person's experience is reported to involve intense fear, helplessness, or horror.
- In general, DD: Non-verbally respond with disorganized or agitated behavior

Symptoms of PTSD

Re-living

- The traumatic event is episodically re-experienced in one (or more) of the following ways:
 - (1) recurrent and intrusive distressing recollections of the events, including images, thoughts, or perceptions.
 - In general, DD: Engage in repetitive play or actions in which *themes* or *aspects* of the trauma are expressed.
 - (2) recurrent distressing dreams of the event.
 - In general, DD: There may be frightening dreams

Symptoms of PTSD

Re-living

- (3) acting or feeling as if the traumatic event were recurring (includes a sense reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur when waking up or when intoxicated).
- In general, DD: Trauma-*specific* reenactment may occur.

PTSD: Increased arousal

1. Difficulty falling asleep or staying asleep
2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Exaggerated startle response
5. *Hypervigilance* : amplified sensory sensitivity that is accompanied by extreme behaviors and has the purpose of detecting threats (ex: won't ride in van, wears a whistle around neck)

Healthcare Professional's challenge PTSD

- "Won't sleep through the night"
- "I have to tell him something again and again"
- "She gets mad at the littlest thing"
- "He is just grumpy"
- "He goes on and on about this annual physical appointment, when is it, who is going to be there..."

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
- Increased arousal symptoms
 - Difficulty falling or staying asleep
 - Irritability or outbursts of anger
 - Difficulty concentrating
 - Looking out for potentially dangerous situations
 - Exaggerated startle response
- Complaints about pains in the body
- Disruptive behaviors
- Decreased school or job performance
- Regressive behaviors -

Can not accomplish activities of daily living

Used to be able to calm himself down but has lost this skill

Symptoms of PTSD and Severe Intellectual and Adaptive Deficits

- Re-experiencing symptoms - nightmares
- Behavioral re-enactments - trauma specific
- Increased Arousal
 - Difficulty falling or staying asleep
 - Irritability or outbursts of anger
 - Difficulty staying on task
 - Unwilling to participate because it feels dangerous - consumer looks worried
 - Exaggerated startle response
- Afraid to be without someone else around or afraid to be without a specific person
- Fear of the dark
- Regressive behaviors - losing self-help skills or calming skills

What do you do when PTSD is suspected?

- Treat consumer's perspective as an experience with unbearable emotions.
- Understand delayed onset.
- Understand the lower the developmental age, the range of possible traumatizing events is greater
- Honor his/her need to be hypervigilant.
- Case example (park)

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

- Most clinicians would agree that some people are biologically and genetically vulnerable to developing psychosis and when presented with a stressful situation, an episode of psychosis can occur.
- If it is drug induced or organic: see a physician.
- The episode emerges from unbearable affect: be therapeutic.
- **Immediately lower stress in the environment**
- Interact with the person; Receptive to voices or noises in head, can be receptive to voices noises outside head
- 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

Stress and Mental Illness

- Research has shown a significant connection between stress, the secretion of cortisol to respond to stress, and the damage excessive cortisol exposure has on the hippocampus, making the hippocampus smaller. A small hippocampus is found to diminish memory and is present in people with a wide range of mental illness including, schizophrenia, PTSD and depression.

Relaxation Tools

Breathe out

Counting

Recite preferred lists

Techniques for therapeutic interaction

- Social story – Theory of Mind and Central Coherence
- Groups that teach social skills
- Groups that process topics related to prevention of trauma
- Empty chair
- Making it about advising a friend
- What do you think of people who_____

Borderline Coping Style

Symptoms of Borderline coping style:

- ◎ Frantic effort to avoid real or imagined abandonment: clingy, seductive manipulative
- ◎ Idealizing or devaluing the people depending on perceived abandonment: seeking validation, control or revenge
- ◎ Unstable self-image
- ◎ Impulsivity and self-sabotaging behavior; often cannot “own” behavior therefore, cannot see how to change it
- ◎ Recurrent suicidal behavior, gestures, threats or self-mutilation
- ◎ Unstable mood; gets angry frequently
- ◎ Chronic feelings of emptiness
- ◎ Appears paranoid to others

Healthcare Professional's focus:

"It's All Your Fault!" - Working With High Conflict Personalities

by [William A. Eddy, LCSW, JD](#)

- ⦿ Fear of abandonment is paramount therefore, do not ignore him
- ⦿ Talk in neutral tone of voice while focusing on facts, not your experience
- ⦿ Listen respectfully, even to anger and blame
- ⦿ If he appears fearful, reassure him but do not overdo
- ⦿ Structure your relationship with realistic expectations and boundaries
- ⦿ Avoid overreacting to intense emotions
- ⦿ Anger and criticism will not change his behavior in a positive direction and could permanently alter the relationship
- ⦿ Consequences should be designed through restructuring the environment
- ⦿ Avoid being part of “splitting” and attacking other professionals
- ⦿ Attend to your own feelings about the consumer – what is the function of his behavior – fear of abandonment
- ⦿ Stay objective; reflect the facts to focus the client on facts rather than their fantasies of what he wants to have happen

STOPP - *(www.getselfhelp.co.uk/stopp.htm)*

As a Healthcare Professional:

Pause, Take a breath, Observe, Pull back, Practice

Don't react automatically - Ask yourself:

- What am I reacting to?
- What is it that I think is going to happen here?
- What's the worst (and best) that could happen
- What's most likely to happen?
- Am I getting things out of proportion?
- How important is this really?

STOPP

- How important will it be in 6 months time?
- Am I overestimating the danger?
- Am I underestimating my ability to cope?
- Am I mind-reading what others might be thinking?
- Can I really predict the future?
- Is there another way of looking at this?
- What advice would I give someone else in this situation?
- Am I putting more pressure on myself?

STOPP

- ⦿ Just because I **feel** bad, doesn't mean things really **are** bad.
- ⦿ What do I want or need from this person or situation?
- ⦿ What do they want or need from me?
- ⦿ Is there a compromise?
- ⦿ What would be the consequences of responding the way I usually do?
- ⦿ Is there another way of dealing with this?
- ⦿ What would be the most helpful and effective action to take? (for me, for the situation, for others)
- ⦿ Visualize yourself coping in the situation you feel anxious about.
- ⦿ See the situation to a successful completion.

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 (DTD)

- ◎ Children who have experienced Complex Trauma are prone to experience anything novel (such as acts by others to establish safety) as punishments.
- ◎ They tend to regard their teachers and therapists as perpetrators when rules and protective interventions are brought into the relationship.
- ◎ 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

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 and engage in small group activities.

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

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 – advice to caregivers

⦿ Improve brain function: an active brain improves blood flow to the brain, *enhancing* energy production and waste removal. Examples:

Art projects

Cooking

Landscaping

Computer

X-box

School related

Music

Dance

No tv

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

Consistent?

Changes made with warnings?

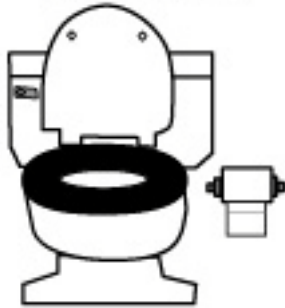
Response to the target behavior

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

Communication Tools

www.practicalautismresources.com/printables

bathroom



bed time



dinner



hug



Non-verbal communication

Personal Space: How much personal space do you need when interacting with a client?

Facial Expression: What happens to your expression when the client is angry?

Eye contact: Do you look at some clients a shorter amount of time than others?

Gesture: Do you use more hand gestures with some clients rather than others?

Position: Do you stand at an angle?

Non-verbal communication

Posture:

- Positioning of head, shoulders, body when walking or sitting

Touch:

- Is the touch closer to a pat, a rub, or a grab?

Non-verbal communication

What are you saying to the consumer

- About yourself?
- About your relationship?
- About your ability to hold his emotions?
- About her as a person?

Non-verbal communication

Paralanguage: How you say something can make all the difference in the world!

Inflection (rising, falling, flat...)

Pacing (rapid, slow, measured, changing...)

Intensity (loud, soft, breathy, ...)

Tone (nasal, operatic, growling, wheedling, whining...)

Pitch (high, medium, low, changes...)

Pauses (meaningful, disorganized, shy, hesitant...)

- "I didn't take that book"

Non-verbal communication

- Non-verbal language perception is keen in people living with Intellectual Disabilities and Developmental Delays. Whether the individual chooses to act on the message you mean to communicate or you are unaware you are sending is another matter.

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)

Giving Compliments

- Compliments for positive reinforcement interventions:
- **Be specific:** “You sang that Adele song beautifully” makes a bigger impact compared to “you are a good singer”. The more specific the better, it will make the consumer feel like you notice her.
- **Strengthen the compliment:** Don’t just stop at “You sang that Adele song beautifully”. Your compliment becomes stronger when you say why you think so; “You sang that Adele song beautifully; your passion was great to watch”.
- **Ask a question sometimes:** The compliment can be better absorbed and less rejected: “You sang that Adele song beautifully; your passion was great to watch. Do you think you should first or last on the next Karaoke night?”

Crisis Do's

- Listen – don't assume you have heard it all before
- Body language – staff's and consumer's
- Adequate Redirection through asking questions and giving choices
- Reflective listening – “You don't want to go to the park?”
- Validation – “This has really upset you”
- Assess the environment for dangers and triggers and remove
- Assess for immediate solutions and introduce
- Calm tone
- Slow speech
- Ask what would be helpful
- Pay attention small clues as to what is going to de-escalate
- Positive interaction – body language is key
- Compliments
- Reinforcement reminders
- Give space

Crisis Don'ts

- Ignoring
- Bribes
- Reprimanding
- Threats and Intimidation
 - Body and Voice
- Criticism and Name Calling
- Arguing
- Power Struggles – getting invested in being more powerful rather than finding a solution
- Minimizing
- Talking a lot
- Talking quickly
- Rigidity – going with the flow
- Cleaning up property damage in front of consumer
- Commanding
- Invalidation – “You have no reason to be upset”

Listen, Reflect, Empathize, Empower

- Listen to person's verbal and non-verbal communications
- "I hear you saying that you don't want to go"
- "It sounds like you need to get out of here"
- "It seems like you are upset at your classmate"
- "This is hard for you"
- "I'm sorry this happened"
- Ask one EMPOWERING/CHOICE question at a time

Supporting through knowing the client

To Go Book

Latest paperwork

To Go Bag

Most soothing portable items

Collaboration with psychiatrist

- Preparing for an appointment with the psychiatrist

Summary

- Can feel complicated so breakdown:
 1. Consider medical condition first
 2. Consider medication change
 3. Prepare for psychiatrist appointment
 4. Consider what your interactions are going to be like when symptoms are calm
 5. Consider what your interactions are going to be like when symptoms are active
 6. Plan and Practice