

Missouri Alliance for Dual Diagnosis (MoADD)

Intellectual/Developmental Disability-Behavioral
Health (IDD-BH)

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Objectives

- Common knowledge Intellectual-Developmental Disability (IDD) and Mental Health Conditions
- Common Understanding of needs to help person with both
- Impacts of living with a co-occurring diagnosis
- Understanding Missouri Systems
- Collaboration between Systems

What is a developmental disability

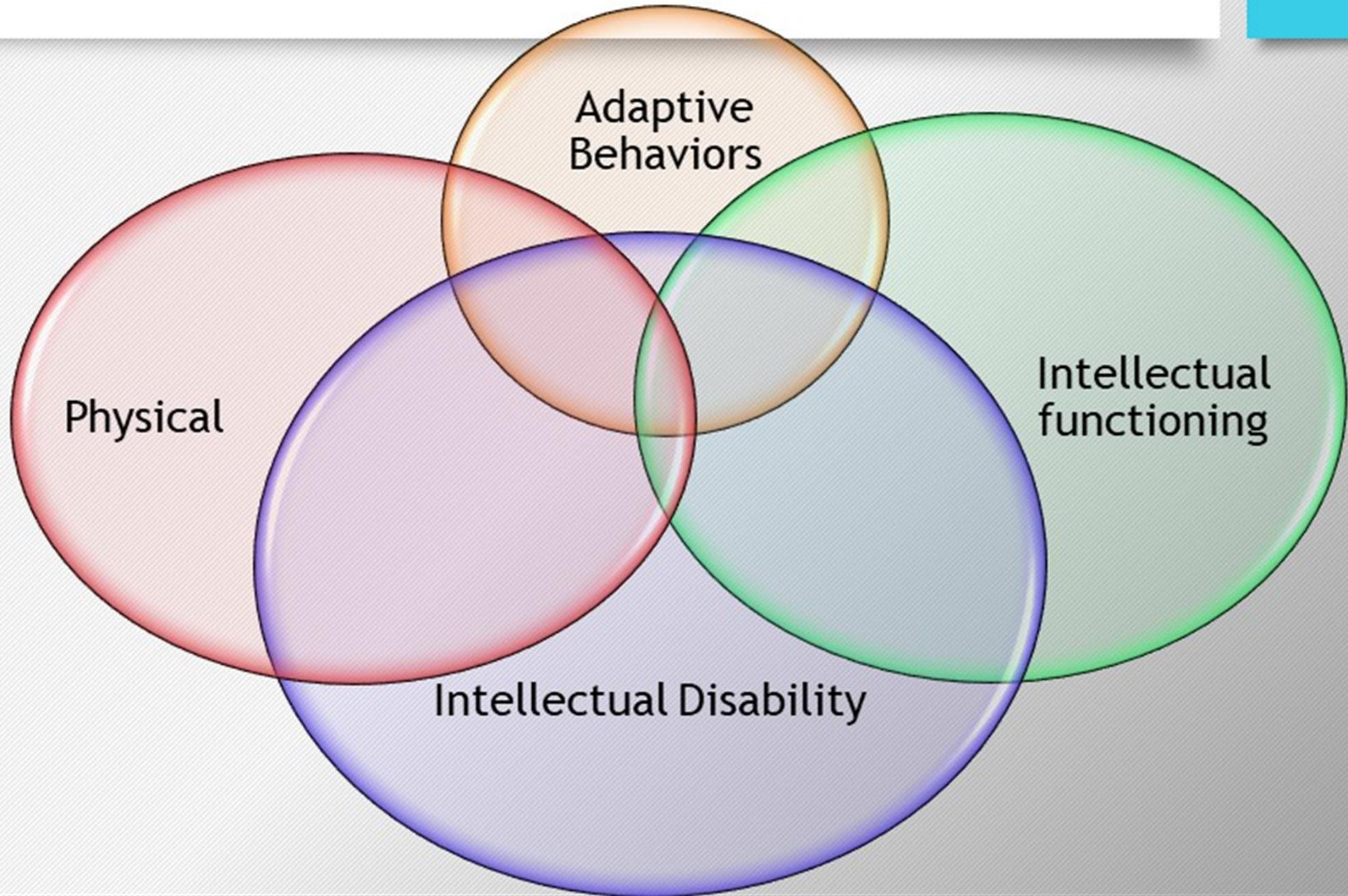
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- Umbrella term
- Cognitive and or Physical
- Before 22 years
- Lifelong

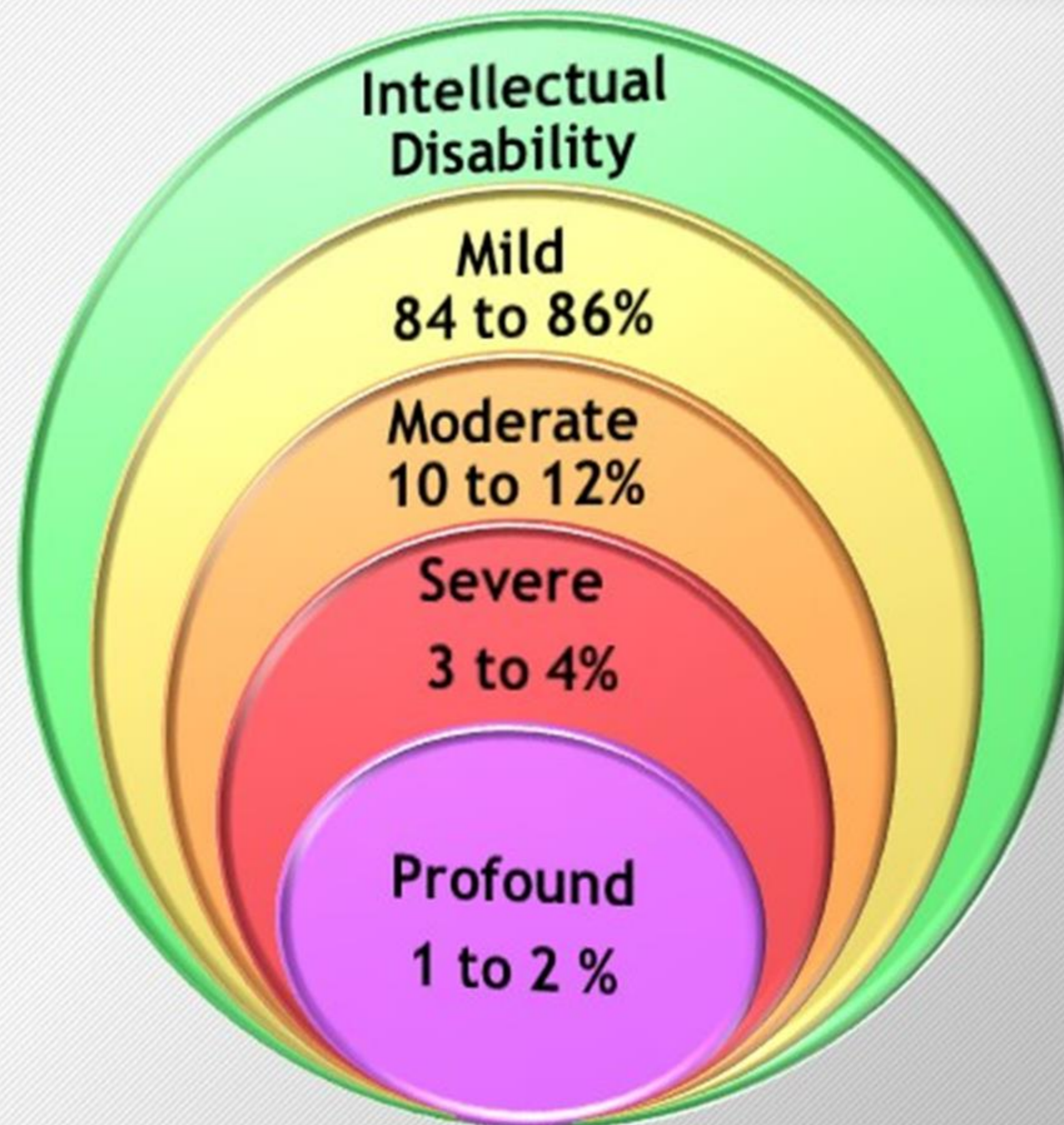
What is intellectual disability?

- Intellectual functioning and adaptive skills
- Self-care
- Language and communication
- Community use
- Independent living skills
- Work
- Self-direction
- Socialization skills
- Health and safety

Developmental Disability



Prevalence of ID



Mental Health Condition Definition

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- Affects person's thinking, feeling or mood
- Could be Episodic
- Might be chronic and lifelong
- Recovery is possible

Examples of Common Signs and Symptoms Mental Health Conditions

- **Behavior** (changes from typical, impulsive, can't focus, hyper focus, responding to things not there, decline in hygiene)
- **Activity level** (how busy, lethargy)
- **Communication** (ability and methods, disorganized speech)
- **Appetite**- more, less, cravings, binges, etc.
- **Sleep changes** (unable to sleep, sleeping much more, interrupted sleep, change in time of bed or wake)
- **Mood** (irritability, activity level, hopelessness)
- **Increased sensitivity** (heightened sensitivity to sights, sounds, smells, touch)

Mental Health Symptoms: Intensity and Duration

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Duration - length of symptoms/behavior

AND

Intensity - current symptoms/behavior compared to baseline

Important to know:

- Significantly impacts person in more than one functioning area - not just specific settings
- Impact is relevant to life stage
- Varies from person to person
- Symptoms don't always follow a regular pattern

Environmental Effects Mimic Mental Health Conditions

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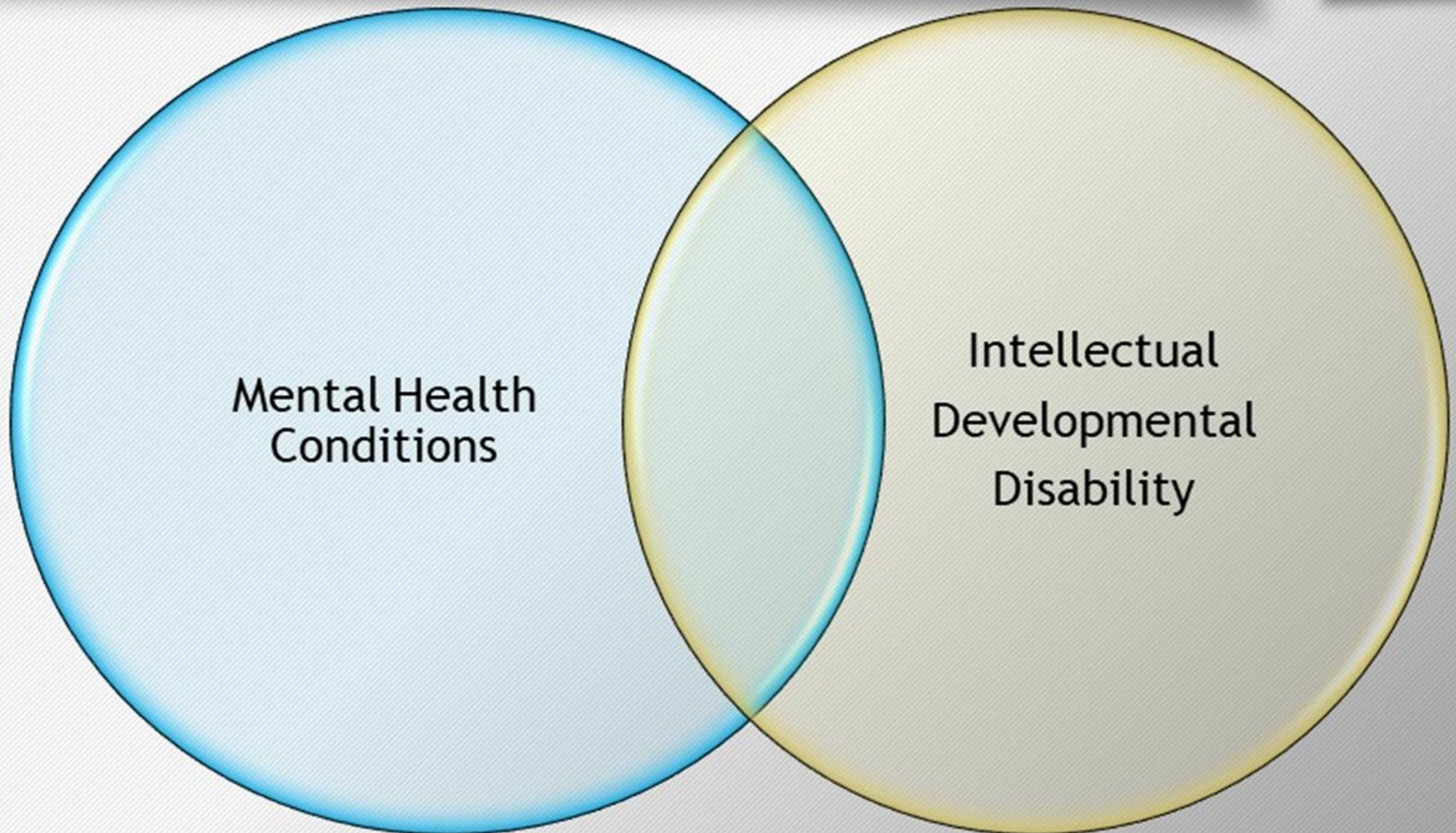
- Changes in environment can show behaviors that are like Mental Health conditions
- Environment without positive relationships and enriched with activities, healthy setting can lead to behaviors that are like symptoms of mental health

Stressors of life vs. Mental Health Conditions

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- Stressors that may:
 - Change the way they think and understand the world around them
 - Change the way they interrelate with others
 - Change the emotions and feelings they have
 - Have a short-term impact

However, if the impact is very great (ongoing problems with repeated relapse episodes) then we consider the possibility of mental health condition.



Objectives

- Compare affect of IDD with affect of Mental Health Conditions
- Compare systems serving persons with each
- Develop an integrative approach to assessment, intervention/treatment and services

Prevalence of Dual Diagnosis in United States

Total U.S. Population:
308,745,538

(U.S. Census Bureau, Approximate Census 2014)

Number of People in Total Population with ID:
5,156,050

(1.67% - AAIDD, 2010)

Number of People with ID Who Have MI:
1,701,496

(33% of ID - NADD, 2008)

30% - 50 % of Children with IDD have co-occurring MI

(Journal of IDD, 2011)

8% of Neuro-typical Children have MI

(Royal College of Psychiatrists 2007)



Missouri prevalence of dually impacted

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- Missouri Total Population: **approx. 6,000,000**
- Individuals with Intellectual/Developmental Disability: **est. 100,000**

Individuals with Co-Occurring Diagnosis: **est. 33,000**



Both Service Systems are Moving from Medical Model to Person-Centered Model

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Medical Model		Person-Centered Model
Individual's role is passive		Individual's role is active
Individual is a recipient of treatment		Individual is a partner in treatment
Provider is the decision-maker		Provider collaborates with individual in making decisions
Disease-centered		Quality of life centered
Provider does most of the talking		Provider listens more and talks less
Individual complies (or not)		Individual adheres to treatment plan

Support vs. Recovery

Developmental Disability System	Mental Health Systems
<ul style="list-style-type: none">• Time-unlimited• Support across the lifespan; comprehensive support• Less involvement of credentialed professionals	<ul style="list-style-type: none">• Time-limited, as needed• Recovery/Resiliency oriented• Focus on impact of symptoms• Professionals involved

Common misconceptions

- DBH treatment system only provides medication
- Individuals with DD/IDD cannot benefit from psychotherapy due to limited verbal skills and cognitive abilities
- Challenging behavior is because of Mental Health Condition
- Challenging behaviors are related to a developmental disability, not a mental health Condition
- There is a primary diagnosis, which determines the lead system (DBH or DD)
- Services cannot be provided by both systems due to “double dipping”
- The IDD system provides treatment for all problems affecting a person

What can we get
from each other



Comparison of issues for persons identified as IDD or having a mental health condition

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Intellectual/Developmental Disability	Mental Health Conditions
<ul style="list-style-type: none">• Before adulthood - prior to the 21st year	<ul style="list-style-type: none">• Can appear at anytime throughout the lifespan
<ul style="list-style-type: none">• Lower than average intellectual functioning	<ul style="list-style-type: none">• Can impact intellectual functioning during episodes
<ul style="list-style-type: none">• Lifelong impact	<ul style="list-style-type: none">• Single episode or recurrent
<ul style="list-style-type: none">• Teach skills and compensate for limitations	<ul style="list-style-type: none">• Recovery probable with treatment
<ul style="list-style-type: none">• Highly likely to impact social skills	<ul style="list-style-type: none">• Symptoms may impact social competence

Comparison of Assessment from IDD and DBH systems

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How does IDD affect person

Assess level of skills in life areas, language, social, self care, problem solving, decision making, safety (functional limitations)

some improvement likely but overall level of impairment will not change

Individual may learn skills that lead toward some independence

Services focus on training and education, & assistance with daily life

How do symptoms of Mental Health Condition affect person

Assess level of skills in life areas, language, social, self care, problem solving, decision making, safety (functional limitations)

with assumption of improvement with recovery

Services involve individual or group therapy and potentially medication

Integrative Model: Assessment

IF in the IDD System

- Consider emotional impact of problem situations
- Try to determine if current functional level and problems are a change- if change more likely to be mental health condition
- Evaluate protective factors and resiliency skills -teach, prompt and reinforce skills of waiting, talking about feelings, expressing anger without aggression, saying positive things about self, others and current situation

IF in MH system

- Interview of person not likely to provide sufficient and reliable information
- Seek input on symptoms and effect of these on the person from others
- Try to determine if current functional level and problems are a change

Demands of the Environment/Life

Other Stressors

Settings

Dreams, desires, goals

External Supports

Activities

The Problems are in the GAP

Basic Needs & Independence

Health

Behavioral Repertoire - Skills

IQ

Personal Competence

Learning History/Experiences

Resilience and protective factors

Which ever system you operate within - assess the needs so the person can fill the “gap”

- How the person’s personal competence matches with her/his environmental/life demands
- What is missing?
- What can make the person more able to meet the demands, be more successful?
- What can be changed in the environment/life and what can the person be assisted to learn and what ongoing assistance can be provided?
- What resilience factors are present, or could be improved or built
- What protective factors are present, or could be improved or built

It's not about the diagnosis or the problem behavior, symptom, or situation

- The diagnosis is probably necessary for funding
- Probably helpful for medications to assist in treatment
- But overall does not provide a close enough look at the needs of the person to be more successful in their life
- An assessment of the problem behavior or symptom may be helpful but is also too narrow
- We need to know more than this to have a comprehensive intervention or treatment plan

An important area of need is

- Social support to use the strategies, skills, approaches provided in the treatment sessions
- Considering the situations the person has to be involved in and what success looks like in those situations

Integrative Model: treatment planning

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- The plan needs to identify how the “gap” will be filled
- What, when, where, who, how
- To secure, teach, create, motivate and develop ongoing support

Integrative Model: treatment planning

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IF in the IDD System

- Consider seeking MH professional assistance
- Seek individual or guardian consent to participate in some of the Behavioral Health (BH) treatment session or communicate with therapist
- Consider stressors and situations that may exacerbate symptoms and avoid or minimize
- Consider that may need to re-instate BH treatment over the life time of the person
- Consider regular review of all of the supports

IF in MH system

- Consider seeking IDD professional assistance
- Treatment Modality can be adapted
 - Break down skills or concepts (task analysis)
 - Frequent review and increase repetition
 - Concrete examples from persons life
 - Rely on pictures or very simple text for written materials
- Seek support persons to carry out similar strategies at “home”
- May require longer course of therapy and/or shorter sessions
- Consider fundamental needs for quality of life

Recognizing Trauma

Depends on the person's perspective

Acute vs Chronic

Large impact on Life

How will the person be assisted to build resilience

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Techniques to foster resilience

- Find a Sense of Purpose in Your Life. ...
- Build Positive Beliefs in Your Abilities. ...
- Develop a Strong Social Network. ...
- Embrace Change. ...
- Be Optimistic. ...
- Nurture Yourself. ...
- Develop Your Problem-Solving Skills. ...
- Establish Goals

Resiliency

Here are some things that emotionally resilient people do when faced with a difficult situation:

- Wait for what's right instead of acting on what you want right now. ...
- Sit with discomfort. ...
- Get some perspective. ...
- Practice acceptance. ...
- Remember the power of time. ...
- Let go of having all the answers right now. ...
- Engage in self-care...

How will the person be assisted to build protective factors

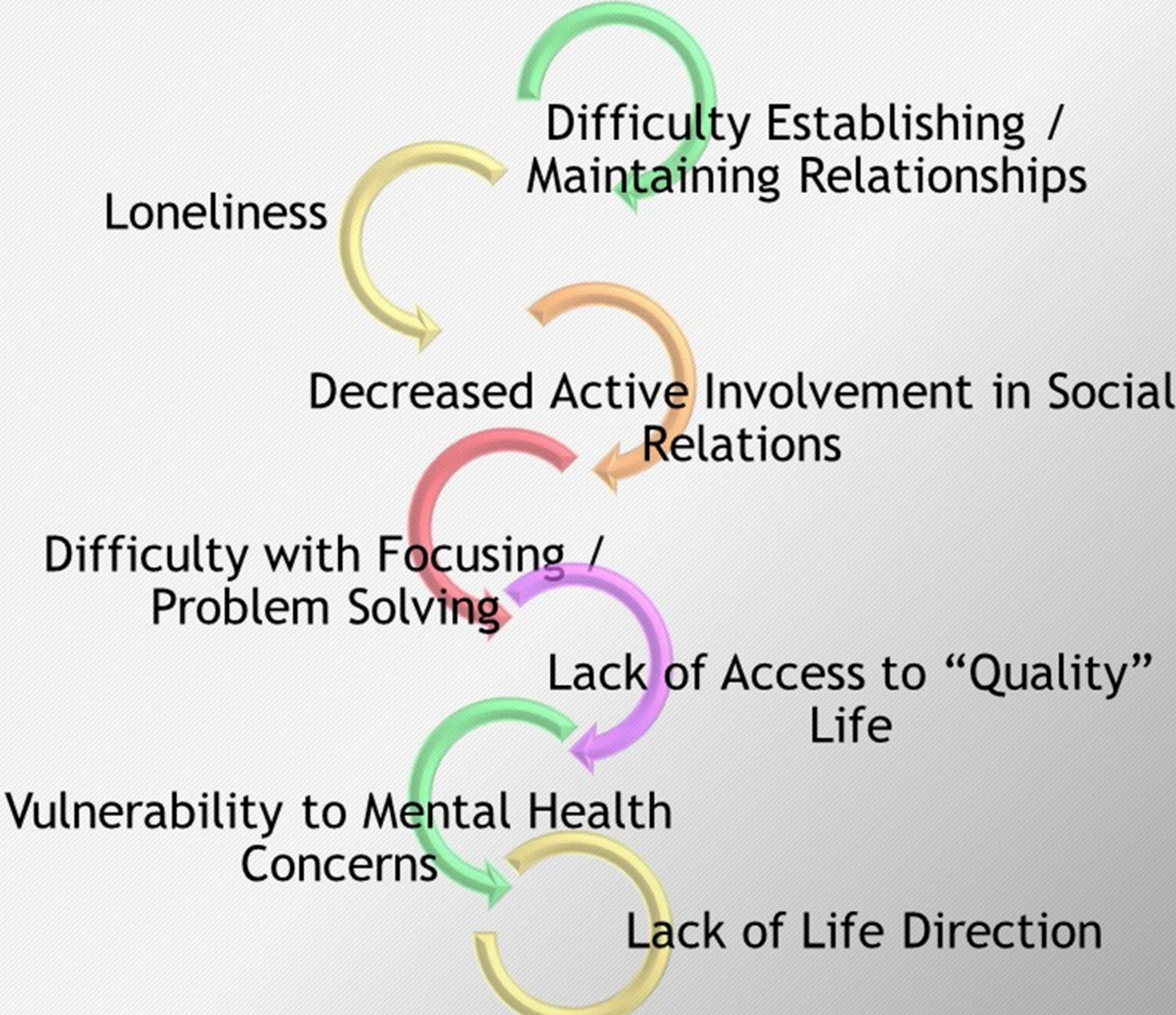
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Five Protective Factors are the foundation of the Strengthening “Families” approach:

- Enhancing “parental” resilience.
- Providing an array of social connections.
- Providing parents concrete support in times of need.
- Facilitating knowledge of parenting and child development.
- Facilitating knowledge of IDD and Mental Health

What does it look like living with
Co-Occurring Diagnosis

MoADD



Social Impact

- Feel different from peers
- Social isolation and rejection
- Low social status
- Trouble developing and maintaining healthy relationships
- Limited social value in family, community, life
- Depend on Others for ways to be happy, or gain reinforcement
- Depend on others for direction and options
- No one looks to him/her for help, reinforcement, etc.

Cognitive Impact

- Difficulty focusing
 - Shortened attention span
 - Difficulty in understanding some abstract concepts
- Difficulty with problem solving
- Needs frequent repetition and extend time
- Low expectations of self and by others
- Limited basic learning skills

More Vulnerable to Mental Health Conditions

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- Abuse/Neglect/Trauma
- Involvement with law enforcement
- Low resiliency
- Limited protective factors and support systems
- Health Concerns

Lack of life direction

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- Goals are not directed by person
- Goals do not reflect what is most meaningful for the person
- Goals do not reflect different stages of life

What might be happening in the person's life that would make going to a hospital "work" for him

- Lack access to:
 - positive interaction
 - Choice for preferred meals
 - Medications
 - Shelter
 - familiar people
 - Novel people
 - Activities and or lack of demands

How do we help

Case Situation

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- Child- Karina
- Adult - Carl

Case Situation- Karina

Where are the gaps between her life environments and her personal competence? What would help her to be more successful and avoid current problems?

	Home	School	Social Situations
Demands/Expectations			
What's Missing (skills, support, etc)			

Karina Possible Treatment Plan

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	To help address demands/expectations	To help address missing skills/supports
Home		
School		
Social Situations		

Let's look at a person with IDD and a Mental Health Condition a Common problem we see

Hospital Seeking

Carl attempting to or actually gaining access to services provided in the emergency room or during a hospital admission.

- What the he might do:
- Describe command hallucinations
- Describe or seem to experience a combination of paranoia and delusions
- Engage in or threaten Physical Aggression that might harm others
- Self-Injurious Behavior to include suicidal ideation

Case Situation- Carl

Where are the gaps between his life environments and his personal competence? What would help him to be more successful and avoid current problems?

	Home	Work	Social Situations
Demands/Expectations			
What's Missing (skills, support, etc)			

Carl Possible Treatment Plan

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	To help address demands/expectations	To help address missing skills/supports
Home		
Work		
Social Situations		

Summary

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- It is important to:
 - Collaboration, cooperation and communication as a team to developing treatment plans
 - Common Understanding of needs to help person with both
 - Knowing the Impacts of living with a co-occurring diagnosis
 - Understanding Missouri Systems