INTELLECTUAL DISABILITY & MENTAL HEALTH: A DIFFERENT KIND OF DUAL DIAGNOSIS

Allisha Berendts, MS, LPCC
The Ohio State University Counselor Education Doctoral Candidate
The Ohio State University Nisonger Center Child Behavior Support Specialist

FACTS

- About 4.6 million Americans have ID
- Can be caused before or during birth or during “developmental period”
  - 25% from genetic disorders
  - 25-33% unknown
- May or may not be co-occurring with another developmental disability
- 92% live independently or with family
- ~40% have a co-occurring psychiatric disorder
  - 2x general population
  - Full range of psychopathology

INTELLECTUAL DISABILITY (ID)

- A developmental disability
- Impairments in mental abilities that affect three adaptive functioning domains
  - Conceptual Domain
  - Social Domain
  - Practical Domain
- Communicate, interact, behave and learn differently
- Name change in DSM-5 from Mental Retardation
  - Under Neurodevelopmental Disorders
DSM 5

• 319. Intellectual Disability (Intelectual Developmental Disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains.
  • Specifiers:
    • Age of onset
    • Associated with medical or genetic condition or environmental factors
    • Severity

SEVERITY LEVELS

• Based on adaptive functioning NOT IQ

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• 85% mild, 9% moderate, 4% severe, 2% profound

CONCEPTUAL DOMAIN

• Language
• Reading
• Writing
• Math
• Reasoning
• Knowledge
• Memory
SOCIAL DOMAIN
• Empathy
• Social judgment
• Interpersonal communication skills
• The ability to make and retain friendships

PRACTICAL DOMAIN
• Self-management in areas such as:
  • Personal care
  • Job
  • Responsibilities
  • Money management
  • Recreation
  • Organizing school and work tasks

PSYCHOPATHOLOGY
• This population is especially vulnerable to psychiatric disorders
  • Psychological burdens of ID
  • Poor problem solving, coping skills, and emotional control
  • Poor environmental and/or social support
• Can suffer from all psychiatric conditions, though may not present “typically”
**DIFFERENTIAL DIAGNOSIS**

- Since presentation may not be typical, you may have to weed out what is part of the ID and what is mental health symptomology
- Diagnostic overshadowing
  - Clinicians downplay or ignore mental health symptomology when they are working with a client with an intellectual disability
  - ID is more noticeable
  - May be seen as more substantial
- Behavioral vs. mental health symptomology

**ASSESSMENT**

- Bio-psycho-social interview with client and perhaps caregivers, if warranted
- Psychological Assessment Schedule for Adults with Developmental Disabilities
- Reiss Screen for Maladaptive Behavior
- Aberrant Behavior Checklist (ABC)
- Assessment of Dual Diagnosis (ADD)
- Anxiety, Depression and Mood Scale (ADAMS)
- Social Performance Survey Schedule (SPSS)
- Modified versions of “typical” scales

**DUAL DIAGNOSIS**

- The co-existence of the symptoms of both intellectual or developmental disabilities and mental health problems
  - ID and Major Depressive Disorder
  - Cerebral Palsy and Generalized Anxiety Disorder
  - Autism and Bipolar Disorder
  - Traumatic Brain Injury and Borderline Personality Disorder
- May present differently than clients without ID
WHY IS YOUR CLIENT SEEKING TREATMENT?

- Family or school request?
- Treat ID behavioral symptomology?
- Diagnosis and treatment of a comorbid mental health issue?

TREATING ID BEHAVIOR SYMPTOMOLOGY

- Behavioral Therapy
  - Behavioral assessment—Why is the behavior occurring?
  - Make sure the behavior you are treating isn’t caused by a mental health dx
  - Aggression, self-injury, property destruction are impulsive behaviors that may be from ADHD, Bipolar Disorder or from anxiety
  - Non-compliance may be due to depression
- Social Skills Training

TREATING MENTAL HEALTH ISSUES

- ADHD
- Depression
- Anxiety
- Bipolar Disorder
- OCD
- PTSD
- Can use the same evidenced based treatment but slightly modified to meet the client’s needs (pace, language use, etc.)
COGNITIVE BEHAVIORAL THERAPY

- Increasing skills
- Social skills
- Coping skills
- Identify and respond to dysfunctional automatic thoughts and cognitive distortions
- Recognize and modify maladaptive intermediate beliefs
- Modify maladaptive schemas

DIALECTICAL BEHAVIORAL THERAPY

- Distress Tolerance
- Emotional Regulation
- Interpersonal Effectiveness

DISTRESS TOLERANCE

- Crisis Survival Strategies
- IMPROVE skill
  - Imagery
  - Meaning
  - Prayer
  - Relaxation
  - One thing at a time
  - Vacation
  - Encouragement

- ACCEPTS skill
  - Activation
  - Contributing
  - Comparisons
  - Emotions
  - Pushing away
  - Thoughts
  - Sensations
  - Self Soothe
  - Pros and Cons
- Accepting Reality
  - Radical Acceptance
  - Turning the mind
  - Willingness vs. Willfulness
- Awareness
  - Observe your breath
  - Half smile
  - Awareness of body

**Emotional Regulation**
- Challenge thoughts
- Label emotions
- Understand function
- Decrease vulnerability
- Increase positive emotions
- Decrease emotional suffering
  - Mindfulness
  - Opposite action

**Interpersonal Effectiveness**
- DEAR MAN
- Challenge Thoughts
- GETE
- Give
- Fast
- Maintaining Self-Respect
DEAR MAN

- Describe
- Express
- Assert
- Reinforce
- Mindfully
  - Broken record
  - Ignore
- Appear Confident
- Negotiate

GIVE

- Gentle
- Interested
- Validate
- Easy going manner

FAST

- Fair
  - To self and others
- no Apologies
- Stick to values
- Truthful
POSITIVE PSYCHOLOGY

- Shift identification of deficits and focus on the person's strengths and interests
- Self Determination
- Shift from the negative to positive
- Identify and use a personal strength each day
- Balance the negative and positive
- Promote feelings of hopefulness

BEHAVIORAL RELAXATION THERAPY

- Proactive in decreasing anxiety, agitation, pain, and stress through progressive muscle relaxation and biofeedback
- Shown to be effective with clients in reducing disruptive behaviors, phobias, ritualistic behavior, and aggression

SMALL GROUP ACTIVITY

- How would you go about assessing and treating this client?
QUESTIONS?

THANK YOU!

• Alisha Berendts, MS, LPCC
• The Ohio State University Counselor Education Doctoral Candidate
• Child Behavior Support Specialist OSU Nisonger Center
• allishaberendts@gmail.com