

Understanding and Treating Individuals with Mental Illness & Developmental Disabilities

Introduction to People with Developmental Disabilities

- **Common Beliefs - In the past, people believed that individuals with development disabilities:**
 - ✓ Were unable to learn
 - ✓ Were unaware of what went on around them
 - ✓ Were crazy
 - ✓ Needed to be pitied
 - ✓ Needed to be locked up
 - ✓ Were unable to live in mainstream society
 - ✓ Were all violent and dangerous
 - ✓ Couldn't appreciate nice things
 - ✓ Had no emotions

Mental Retardation

Mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.

This disability originates before age 18.

Adaptive skill areas are those daily living skills needed to live, work, and play in the community.

©2002 American Association on Mental Retardation

Adaptive Skills

- Communication
- Self-Care
- Home Living
- Social Skills
- Leisure
- Health & Safety
- Self-Direction
- Functional Academics
- Community Use & Work

Mental Retardation

- Limited ability to communicate, complete activities of daily living, and comprehend social cues
- Can learn new skills, but require multiple prompts and more time to process information
- May have other disabilities as well
- Difficulty solving problems and understanding consequences of their actions

Intelligence Quotient

One common method for measuring intelligence is the IQ (Intelligence Quotient) test. This measure assists the professional in describing the extent of the retardation.

Average

IQ of 90-110

✦ Borderline Mental Retardation

IQ of 70-90

✦ Mild Mental Retardation

IQ of 50-70

✦ Moderate Mental Retardation

IQ of 35-50

✦ Severe Mental Retardation

IQ of 20-35

✦ Profound Mental Retardation

IQ of 0-20

Occurrences / Statistics

- 7.5 Million people with MR in the U.S.
 - Or 2.5 to 3 % of the population
- 9 out of 10 people with MR have mild MR

Mental retardation cuts across the lines of racial, ethnic, educational, social and economic backgrounds.

General Things to Remember

- Mental retardation is **NOT** a disease and it is **NOT** mental illness.
- Persons with MR are individuals and have varying strengths, interests, and personalities and have the ability to learn, develop and grow.
- People with MR may need more time to learn tasks. What you think is difficult may be easy for the person and vice versa.

What causes mental retardation?

Mental retardation can be caused by any condition which impairs development of the brain before birth, during birth or in the childhood years.

- Fetal Alcohol Syndrome
- Poor Medical Care
- Illness – resulting in a high fever
 - Rubella
 - Measles
 - Encephalitis
- Premature births

Down Syndrome

Down Syndrome is a genetic disorder that includes a combination of birth defects including some degree of mental retardation, characteristic facial features, and often heart defects, visual and hearing impairment and other health problems.

Characteristic Features May Include:

- Flatten back of the head
- Slanted Eyes
- Depressed nasal bridge
- Low set ears
- Protruding tongue
- Shorter, broader hands & feet

Occurrences / Statistics

- Occurs in 1 in 900 births
 - Detected through amniocentesis
- 350,000 people with DS in the U.S.
- 1 in 100 will be affected when the mother is over 40

Autism

Autism is a complex developmental disability that affects an individual in the areas of social interaction and communication.

Common Characteristics

- Withdrawal in varying degrees
- Impaired social interaction
- Unusual absorption in fantasy
- Insistence on sameness; resistance to change
- Repeating words or phrases in place of normal, responsive language
- Unusual responses to stimuli

Occurrence/Statistics

- 1 in 500 births
- 4 out of 5 are male
- 3 out of 4 have MR
- 1 out of 10 are savant
 - with exceptional skills in art, music, calculation, or memory

Cause of Autism

There is no known single cause of autism, but it is generally accepted that it is caused by abnormalities in brain structure or function.

Theories

- Genetic Mutation
- Viral Infections
- Metabolic Imbalances
- Exposure to environmental chemicals

Cerebral Palsy

Cerebral palsy is a term used to describe a group of chronic conditions affecting body movement and muscle coordination.

Common Characteristics

- Limited motor functions of varying degrees
- Impaired speech, vision, hearing
- Seizures
- Inability / difficulty to control movements
- Lack of coordination
- May have average intelligence

Types of Cerebral Palsy

- **Spastic**
 - Muscles are stiff, making movements difficult;
 - 70 to 80 % have this type
- **Dyskinetic**
 - Fluctuations in muscle tone; sometimes is associated with uncontrolled movements
 - 10 to 20 % have this type
- **Atax**
 - Affects balance and coordination
 - 5 to 10% have this type

Occurrences / Statistics

- 500,000 people with CP
- 8,000 new cases each year
- 1 out of 3 have MR
- 1 out of 2 have epilepsy
- 6% develop from asphyxia
- 10-20% develop after birth

Cause of Cerebral Palsy

It is caused by damage to one or more specific areas of the brain, usually occurring during fetal development; before, during, or shortly after birth; or during infancy.

Contributing Factors

- Infections during pregnancies
- Jaundice in the infant
- RH incompatibility
- Severe oxygen shortage in the brain or trauma to the head during labor and delivery

Developmental Disability

A person with a severe, chronic disability which:

1. Is attributable to mental or physical impairment
2. Is manifested before the person attains age 22
3. Likely to continue indefinitely

AND

Developmental Disability

4. Results in substantial functional limitations in three or more of the following areas:
 - a. Self Care
 - b. Receptive or Expressive Language
 - c. Learning
 - d. Mobility
 - e. Self-Direction
 - f. Capacity of Independent Living
 - g. Economic Self-Sufficiency

Maladaptive Behaviors

Behavior problems, often called maladaptive behavior, are behavior that is undesirable, socially unacceptable, or that interferes with the acquisition of desired skills or knowledge.

Eight Categories

Hurtful to Self - Behavior that causes injury to a person's own body.

Hurtful to Others - Problem behavior that causes physical pain to other people or to animals.

Maladaptive Behaviors

Socially Offensive Behavior - Problem behavior that is offensive to other people.

Withdrawal or Inattentive Behavior - Problem behavior that reflects the individual's difficulty in associating with other people or maintaining attention.

Uncooperative Behavior - Problem behavior that reflects difficulty in following rules or working with other people.

Maladaptive Behaviors

Destructive to Property - Problem behaviors such as deliberately breaking, defacing, or destroying things.

Disruptive Behavior - Problem behavior that interferes with the activities of others.

Unusual or Repetitive Habits - Problem behavior that involves excessive repetition of unusual actions.

Age Appropriate Language

- Age appropriate refers to treating individuals with disabilities in a manner consistent with their chronological age regardless of severity of disability.
- Personal belongings, personal appearances, interpersonal interactions, and activities that are age appropriate help people with disabilities to blend into their communities by reducing stigma.

Age Appropriate Language

- Words reinforce our ideas of who we are and who and what we can be.
- Telling someone that they are a good boy or girl makes you think what? Plus it is not behavioral. What does being "good" mean?
- Changing the tone of your voice like you are talking to a child is not appropriate.

Age Appropriate Language

- Your tone should be the same as if you were talking to a peer.
- Approach the person with suggesting activities instead of directing.
- Keep in mind that these individuals are adults even though their behaviors can be childlike.

Definition of Mental Illness

- The term that refers collectively to all mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood or behavior (or some combination thereof) associated with distress and/or impaired functioning.

Organic vs. Clinical

- Similar behaviors
- Medications help, however, with organic behaviors behavior modification is necessary
- The impact of medication on the individual with dual diagnosis
- Organic behaviors manifest early due to a persons developmental disability and can become an exacerbation of those behaviors
- Don't' treat the diagnosis, treat behaviors

Behaviors to Recognize and Evaluate

- Change in level of functioning
- Not taking medications
- Suicidal and homicidal ideations
- Paranoia
- Aggression/anxiety
- Depression
- Delusional thoughts

When is Hospitalization needed?

When behaviors become a danger to self or others.

What Can We Expect From Hospitalization?

- Short-term crisis stabilization
- Medication Evaluation
- Medical Issues
- Therapeutic Groups
- On-going Communication
- Treatment Coordination
- Discharge Planning

Treatment Goals

- Evaluation of events leading up to hospitalization
- Developed with patient's support team
- Baseline Behavior
- Return to Home Environment

Behavioral Intervention

- Functional Assessment - assessing the function, or determining the purpose, of the behavior

$A \rightarrow B \rightarrow C$

- A = Antecedent, or cause, to behavior
- Warning Sign - signal that the patient is upset and is about to act out
- B = Behavior, or observable action, of patient
- C = Consequence, or result, following behavior, which makes that behavior more or less likely to occur in the future

Behavior Interventions

Structure and Predictability

- Smoother transitions between activities
- Increases compliance
- Provides a sense of security
- Consistent, but flexible
- "Predict" any changes for patients

Behavior Interventions

Engagement

- Engage individuals when bored or restless
- Provide activities during unstructured time
- Does not take much time to engage them
- Maximizes staff's time
- Teaches alternative coping strategies
- Promotes development of functional skills
- PREVENTS INAPPROPRIATE BEHAVIOR

Behavior Interventions

Modeling Appropriate Behavior

- Stay calm, use a pleasant/neutral tone
- Respect personal space
- Be non-confrontational
- Say "Please," "Thank you," "I'm sorry"
- Teaches adaptive, replacement behaviors
- Disrespectful behavior is contagious
- Don't have to be authoritative to maintain control

Behavior Interventions

Attention

- Provide attention for positive (not negative) behavior
- Contingently - used as a reward for following expectations
- Non-contingently - "just because;" interacting with people as we move through the facility
- Keep a running dialogue - Ask how they feel, joke around, make small talk, take an interest

Behavior Interventions

Positive Reinforcement - Praising and rewarding appropriate behavior, which makes the behavior more likely to occur

Reinforcers *always* work

- Various types of reinforcers: social, activity, tangible, and edible
- Praise common, but especially uncommon behavior
- Praise them for trying
- Additional tips: individualize, be consistent, deliver immediately, discuss behavior=reward

Behavior Interventions

Offer Immediate Feedback

- Important for both appropriate and inappropriate behaviors
- The longer the delay between the behavior and its consequences, the less likely it is that person will see the relationship between them
- Learning may not occur in non-verbal individuals unless the consequences are immediate

Behavior Interventions

Intervene as Early as Possible

- Identify antecedents, or possible causes, to the individual's behavior
- Look for warning signs the person displays right before engaging in inappropriate behavior
- When someone is upset, ask what's wrong, suggest they move to a quieter area, and coach them through using more positive coping skills

Behavior Interventions

Preventive Techniques

- Redirection - focus on an alternative activity
- Distraction - draw their attention elsewhere
- Change our approach
- Change the environment
- Reduction of stimuli
- Calmly ask the person to stop the behavior
- Suggest something else they can do instead
- Start them on an easier task

Behavior Interventions

Isolate them from Others

- Avoid using the phrase, "Go to time out."
- Ask them to walk with you to their room
- Ask them to take some time in their room
- If they refuse to leave, ask them to sit down
- Ask other people to move away, if possible

Behavior Interventions

Allow the Person to Vent (once contained)

- Signs of venting include yelling, screaming, crying, cussing staff out, rambling, etc.
- If they don't seem to be ready to listen, don't bother talking until they are
- Allow them to burn as much energy verbally as possible to reduce physical resistance

Behavior Interventions

Don't Take Inappropriate Behavior Personally

- Keep in mind the person is receiving services for a reason
- If you begin losing composure, take a break
- Display compassion and empathy as we would with anyone else
- Often the most trying people are those with the most troubled pasts and multiple diagnoses

Behavior Interventions

Avoid Arguments and Power Struggles

- Refuse to argue, it only reinforces their behavior with attention
- Instead, state the expectation; give a brief reason why, phrasing it in their best interest; and try to compromise their needs with ours
- If we must agree to disagree, distract them by changing the subject or offering a second-best option
- Avoid using the word "no" and other negatives
- If they are still adamant about having their way, then we must set limits by giving choices

Behavior Interventions

Gain the Person's Focus

- Direct them to focus only on one staff member
- Keep it simple - avoid jargon or complicated messages
- Ask them to name colors/objects around the room or in magazines
- Ask about their hobbies and interests

Behavior Interventions

Verbal De-escalation

- Once the person is able to focus, ask what happened
- Validate their feelings
- Use reflective questioning - shows we care
- Provide support and reassurance
- Do not assign responsibility just yet, focus on calming them

Behavior Interventions

Neutral Feedback Regarding Consequences

- Describe the behavior = consequence relationship
- Deliver feedback in a neutral tone of voice, not reprimanding or condescending
- Use an "If..., then..." statement
- This is not a reprimand, it is simply providing information in a matter-of-fact manner
- Often individuals only think short-term; this is to help them see the long-term consequences
- Our intent is to persuade them to regain and maintain control of their behavior

Behavior Interventions

Give a Brief Rationale

- Briefly describe why they may not engage in the inappropriate behavior
- Phrase it in their best interest to increase their compliance with the request

Behavior Interventions

Suggest an Alternative Behavior

- Avoid saying, "Stop that," "Quit," "Don't," "Knock it off," or "Go sit down"
- Always offer another way for them to meet their needs more appropriately

Behavior Interventions

Setting Limits

- Remember:
 - Setting limits is not the same as issuing an ultimatum
 - The purpose of setting limits is to teach, not punish
 - Setting limits is about listening so we understand their needs and can give more meaningful choices
- State the more positive choice first
- Ensure the limits set are:
 - Clear/concise
 - Reasonable
 - Enforceable

CPI's Five Steps to Setting Limits

1. Explain which behavior is inappropriate
2. Explain why the behavior is inappropriate
3. Give reasonable choice with consequences
4. Allow time to process the information
5. Be prepared to enforce your consequences

Behavior Interventions

Minimizing Attention for Inappropriate Behavior

- Determine whether the behavior is disruptive or unsafe to anyone
- If not, use planned ignoring
- Provide as little attention as is necessary when managing inappropriate behavior to avoid inadvertently reinforcing it
- If we must intervene to maintain safety, do so with minimal verbal intervention, avoid eye-contact, and use a neutral facial expression

Behavior Interventions

Premack Principle - (i.e. Grandma's rule)
the person is expected to do a least preferred activity before being allowed to do the most preferred activity

- Example: "Eat your peas and then you can go play outside" or "Take a shower and then you can join the group for bingo."

Behavior Interventions

Behavior Contract - Obtain agreement to engage in appropriate behavior or refrain from inappropriate behavior in exchange for rewards

- Written is preferred to verbal, because it provides a permanent record to refer to later
- Ask the person to sign it to document their agreement
- Clearly list the behavioral expectations - what not to do and what *to* do
- Include both consequences and rewards

Behavior Interventions

Quiet time or personal time, not time out

- Ask the person to walk with you to their room
- Calmly say, "Please take a few minutes to calm down, then I will come back and we will talk about what happened."
- Minimizes their audience
- Reduces stimulation
- Duration not to exceed 30 min
- Use the least amount necessary, otherwise they may forget why they are taking quiet time, which may cause further escalation

Interventions - Problem Solving

- A staff member must actively help him resolve issues as they arise.
- First, ask him what happened or what is bothering him.
- Next, validate his feelings, but avoid spending too much time in this stage.
- With his help, brainstorm possible ways of solving this problem.
- Write these down and one by one, discuss the pros and cons of each.
- Based on this information, devise a specific, step-by-step plan of action.
- Try it to see how it works in resolving the issue.
- Reconvene to assess how the plan worked.
- Begin problem-solving process all over again, if it did not work.
- Help him put together a contact list of people in his support network.

Interventions - Daily Goal

- Develop a daily goal and then reflect on it at the end of the day.
- Did you meet it?
- What worked?
- What did not work?
- These goals can be teaching strategies to assist in their overall plan. For example, ask for help when frustrated, or create a schedule of duties for the day.

Interventions - Coping Plan

- Create a coping plan with your customer and **post it** where everyone can see it. Put the steps in easy to read bullets. Have your customer and staff sign the plan.

Steps include:

- 1. What is their goal? (Ex: to live more independently)
- 2. What makes them upset? (Ex: being told to do something he does not want to do)
- 3. What are the signs he displays to show that he is beginning to get upset? (Ex: breathing heavy, becomes argumentative)
- 4. Identify the coping skills they will use when he becomes upset. (Ex: talk to staff about what is bothering him)
- 5. List out what staff will do when they begin to display signs of becoming upset. (Ex: talk respectfully, give step by step instructions)

Interventions - Coping Plan

- 6. Review how the plan worked or did not work for them and staff. Discuss what they were trying to communicate when they engage in the target behavior, make changes as needed to the plan.
- Having the coping plan posted and clearly stated what staff can do to support your customer will increase consistency that is critical to their success.
- Rehearse this coping plan with your customer during times when they are calm to practice the steps they will take when they get upset.
 - **The goal of a coping plan is to replace the negative behavior with one that is appropriate.**
 - **Keep it simple.**

Assess Level of Risk

Ask the following questions pertaining to each type of behavior and document the information obtained in the assessment.

- Questions to Consider Regarding Suicide:
 - Has he made a suicidal gesture or attempt?
 - If yes, then he presents a high risk of suicide; if not, then consider the additional factors below in determining the level of his risk of suicide.
 - Does he have suicidal ideation without a plan? With a vague plan? With a detailed plan? Or with a specific plan and a means to complete it?
 - Has he attempted before?
 - Has he attempted before after threatening?
 - Does he have a family history of suicide/attempts?
 - Does he have a history of suicidal ideation with no attempts?
 - Does he have plans for the future?

Assess Level of Risk

- Questions to Consider Regarding Homicidal Threats:
- Is he currently having thoughts of hurting people?
- Does he have a history of assault?
- Does he have a history of threats of assaultive behavior?
- Does he have a history of property destruction?

Take Precautions

- Closely monitor him for safety.
- Remove any objects with which he could injure himself or others such as scissors, knives, nails, thumbtacks, pins, nail-clippers, belts, cords, etc. from his immediate access.
- Supervise his use of such objects for their intended purpose when he does not pose a threat to himself or others, but withhold him from him completely when he does present a risk to himself or others.
- Use clinical judgment to determine whether he needs to be in a more restrictive environment to keep himself and others safe.

Behavioral Interventions for Individuals with Developmental Disabilities

- 1) Establish a daily routine schedule
- 2) Predict – make them aware of any changes that may occur in advance
- 3) Prevent allowing them to engage in self-stimulatory bx continuously
- 4) Engage them in various group/indiv activities as often as possible
- 5) Break larger tasks into smaller, simpler directives, giving step by step instructions
- 6) Use visual aids such as schedules, calendars, pictures, etc.

Behavioral Interventions for Individuals with Developmental Disabilities

- 7) Start out providing minimal amount of assistance/prompting necessary to promote greater independence
- 8) Model/prompt social skills, such as eye contact, facial expressions, personal space
- 9) Encourage positive social interaction with peers
- 10) Use concrete, literal language and avoid sarcasm and subtle humor
- 11) Praise their engagement in appropriate behavior and positive social skills interactions

Behavioral Interventions for Individuals with Developmental Disabilities

- 12) Be patient and hold realistic expectations, but do not count anyone out before giving them a chance to participate
- 13) Give immediate feedback such as praise, smile, high-five, thumbs up, “thank you”, play a game
- 14) Provide the least amount of attention necessary in addressing inappropriate and/or self-injurious behaviors by avoiding eye contact and offering minimal verbal interaction while such behaviors are being displayed, as these may be attention seeking or tangibly maintained, meaning that they use them in an attempt to get what they want