Interpreting and Responding to the Complex Needs of Persons with Dual Diagnosis

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INTERPRETING AND RESPONDING TO THE COMPLEX NEEDS OF PERSONS WITH DUAL DIAGNOSIS

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OUR MORNING . . . .

- Best Practices
  - Individual
  - Programatic
- Lessons Learned Along the Way
- Resources You Should Know About and Use

BRIEF INTROS

- Who are you?
- Teachers/Educators
- Community Agency Staff
- RN’s and other medical providers
- Behavior Specialists
- Family Members
- Persons with Disabilities
SOME OF MY CORE BELIEFS

- People are art
- Everyone can/does continue to learn
- We are always teaching something
- The goal is to help each person further humanity as much as possible

BEST PRACTICES

Individual Interactions with program applications

BEHAVIOR IS COMMUNICATION

❖ For All of Us. . . .

❖ Individuals we serve
❖ Program Staff
WHAT IF . . . . . .

WHICH WOULD WORK?

- So, what if I told you . . .
- A) You should sit down because you irritate me
- B) You are very special!!
- C) I will give you brownies if you sit down
- D) There are only 5 more minutes of the presentation

DO WE DO THOSE THINGS SOMETIMES?

- Challenge is:
  - Generating hypotheses about what is being communicated
  - Holding valid whatever need is present
  - Generating positive alternatives to meet the need
  - Getting everyone on board
SOMETIMES BETWEEN THE WORLDS OF IDD AND BEHAVIORAL HEALTH...

* Even if a person is floridly psychotic or how just above brain stem functioning, there are 1000 different ways to respond.

* How a person responds tells about what need has priority for them in the moment

Rabbit Season-Duck Season

COLLABORATE

- In Assessing/Functional Behavioral Analyses
- In Developing Preventative Measures (really how to meet the need more positively)
- In Developing Reactive Procedures
- In Seeing What the Data Tells
- In Making Modifications

- If someone is not with us, the system breaks down on some level(s)

- Educators
- Bosses
- Landlords
- Therapists
- Doctors
- Behavior Specialists
- Case Coordinators
- Family
- Friends
WHEN THE SYSTEM BREAKS DOWN

Behaviors get reinforced (staff and individuals)
Resources get expended
Challenges get multiplied and extended

UNBREAKING THE SYSTEM . . . .

- Ask about needs for both the individuals as well as the team members...
- Why is staying where they are more attractive then coming along?
- Motivational Interviewing:
  - Listen to what the individual really wants...
  - Tie everything to that

R/O AND ADDRESS MEDICAL/PHYSICAL

- Do this first...
- Pain? (think broad: teeth, GI, migraine, UTI)
- Medical or Medication changes?
- Medication side effects
- Keep this possibility on the list

- Programatically: How do we get all staff medically saavy; how do we involve medical staff in the whole picture?
The same behaviors often mean different things at different stages. . . .
Ex: Carole

Developmental testing: paying attention to what seems to be important to the ind.

- This also helps us successfully choose what is likely to motivate someone

**TUNE IN TO SOCIAL FUNCTIONING AGE**

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**UNDERSTAND SCOPE OF NORMAL**

- See the situation through the lens of the person’s perspective
- (Complex to do)

**ASK: WHAT NEEDS?**

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**A WORD ON CULTURES**

- Programmatically: Must help people to understand the concepts of broad cultures as well as sub-cultures
- So training on cultures present in your area
- Also training about sub-cultures—families and scope of normal
BE TRAUMA INFORMED

- Be aware of signs of trauma
- Be aware of the myriad of things that can be traumatizing for persons with IDD
- Be attachment savvy—build relationship (often counter-intuitive); connect even in consequences
- This is key with BPD, ODD

TRAUMA INFORMED. . . .

- Truth is. . . . Due to challenges in understanding context and abstract concepts, difficulty expressing self, limited resource options, persons with IDD are more vulnerable to trauma.
- Trauma may not always be related to the "traditional sources" (i.e. being left two aisles over at the grocery store, or getting a shot)
- Staff must be sensitive and soothing in order to diminish impact

UNIVERSAL WITH TRAUMA

- Be aware of risk factors
- See out and strengthen protective factors

- National Child Traumatic Stress Network
PATIENTLY BUILD SKILLS ON EACH PROCEEDING SKILL

Really about building skills
Everything we do teaches... Be intentional
Teach understanding self and coping better

EXAMPLES....

- Praise success
- See changes in behavior as possibly developmental progress
- See the sequence, watch for progress, and add new experience to learn new skills
SOMETIMES STAFF RESIST THIS

- Grown Children?
- Example: having lunch together
- Very caring staff—not aware—thwart new growth
- Example: Sexuality
- Example: Work

Staff who thwart expression (it jerks their chain)

- Ways to help generalize . . .
- Use the skills, experiment with them

- Caution: Staff who do all the cooking, etc. Because the time is short or it would be messy

COULD THIS BE PROGRESS??

- We are all seeking to learn, apply, and generalize behaviors and truths
- Those we serve need extra help
- All need to be aware that we are always teaching something
- Allow conversations and actions to reinforce what we are teaching

PRACTICE, APPLY, REPEAT
BE AWARE OF COMPLEX NEEDS

- When nothing that you do works or works for very long, it is likely that you have complex needs in play
- At that point, the entire team needs to pool information and begin highlighting what needs are in play and when
- Attempt to sort out different responses for different but very similar behaviors

BE AWARE

- You probably have many very competent staff
- For those we are struggling about, it is likely related to complex needs at work
- Have a system set up for regularly staffing the needs of clients, asking what is going on for the client, and a way to sort through more than one need
- Etiology mapping . . .

TRUTH IS. . . MANY PEOPLE HAVE MORE THAN ONE ANTECEDENT
RESPONDING MORE ACCURATELY TO THE NEEDS

**Anxiety/OCD**
- Feels competitive & envious he won't be enough
-马克的 verbally obsessive
- He says he's okay

**Medical/Neuro**
- No seizure activity
- Indicators of seizure
- Aggression

**Emotional**
- Gets message that he is not "enough"
- Gets discouraged, powerless
- Acts to interfere

**Developmental**
- Wants to do his own thing. Just trouble
- Gets frustrated, throws tantrum

**WHAT DO WE TEACH...**

**WHETHER INDIVIDUAL OR PROGRAM-WIDE**
- Person-Centered...
- Beware... There are person centered words and then there are person centered practices
### PERSON CENTERED

- Supports the goal
- Encourages mini-steps
- Ties all efforts into the goal
- Points out when there is conflict with desires/goals/actions
- Makes steps evident through verbalizations, drawings, actions

### ADDITIONAL BEST PRACTICES

Program Specific

### NADD PROGRAM ACCREDITATION

- 18 modules
- Consultative
<table>
<thead>
<tr>
<th>PROGRAM CHARACTERISTICS</th>
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<tbody>
<tr>
<td>✗ Has an active Human Rights Committee</td>
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<tr>
<td>✗ Promotes Long Term Planning</td>
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<tr>
<td>✗ Has a plan for dealing with ethical dilemmas and encourages staff to follow the plan and seek out supervision</td>
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<tr>
<td>✗ Utilizes Evidence based treatments (DBT-SP, IDD and Trauma training, ADOS-II)</td>
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<tr>
<td>✗ Trauma Screens</td>
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<tr>
<td>✗ Teaches about cultures/sub-cultures and scope of normal</td>
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<tr>
<td>✗ Crisis Supports (24/7 and mobile)</td>
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<tr>
<td>✗ Offers Specialized Training for Individuals and Care Givers</td>
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<td>✗ Emphasizes Collaboration</td>
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<tr>
<td>✗ Has an active quality improvement plan</td>
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<td>✗ Actively collects and uses data</td>
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<td>✗ Uses a multi-model approach to assessment and treatment</td>
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<td>✗ Has a well-defined plan for medication reconciliation</td>
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(Or Lessons I’ve learned along the way...)
TOO MANY CHANGES, TOO QUICKLY

× Change the roommate, change the medication, change the behavior program all at once. Which worked?

× Stagger changes as much as possible. Helps us understand as much as possible about what the need is and what is working.

× Document, Document, Document

Never try to extinguish a behavior until you understand (or have a theory) what need it expresses

Always have a replacement behavior

EXTINCTION

OVER-RESPONDING

× We create secondary gains

× Rule of thumb: at first presentation, respond as little as possible
WE ARE AN ISLAND... DIFFERENT

* Often lead to “We tried that.” “That won’t work.” “Nope.” (what does it really mean?)

* Key: Identify what needs the staff are having at that point.

* (my inner smart mouth)

BEING UNAWARE OF OUR OWN NEEDS

* See this a lot with those really challenging people...oppositional or persons with traits of borderline personality disorder

* Staff are angry, hurt, tired, scared... Avoid things that might help (like calling the crisis line) because what we really want is for them to be taken away or be punished, etc.

* Trade out staff, Encourage processing, Break the cycle... Try something different?

SENDING EXTREME STAFF

* The person who has worked here since 1922 and who could sleep through Hiroshima

* The person who doesn’t know the person except has worked relief/substitute 2 weekend days.

* The person who holds their own belief about what is going on (would secretly like that confirmed by an authority).

* Having a consistent, knowledgeable person

* Have consistent paperwork
USE THE WORDS “PERSON-CENTERED”

- But really go about doing what we think is right without connecting what we are doing with what the person wants.

- Work to connect what we are doing with what the person wants. . .

KEEP LOOKING FOR THE PIXIE DUST

- Believe that a hospitalization or medicine or therapy will make it better

BRIEF MOMENT ABOUT THERAPY

- On-going assessment
- Deal with sensitive issues
- Lay the verbal framework for all other work
### RESOURCES

- Thenadd.org
- Publishing House
- Conferences
- Program accreditation
- DSP certification
- Clinical Certification
- Specialist Certification

### RESOURCES

- DM-ID
- NADSP
- AAIDD
- START

> Mental health approaches to intellectual/developmental disability: A resource for trainers.

### RESOURCES

