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THE BOGGS CENTER ON DEVELOPMENTAL DISABILITIES
New Jersey's University Center for Excellence in Developmental Disabilities Education, Research, and Service
New Jersey's Leadership Education in Neurodevelopmental and Related Disabilities Program

Developmental Disabilities Lecture Series

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Addressing Challenging Behaviors: Assessment, Pharmacology, and New Strategies to Reach Underserved Areas

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Rutgers, The State University of New Jersey
Liberty Plaza, 335 George Street, New Brunswick, NJ 08901
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Disclosures

- No conflicts of interest
- No relationships with pharmaceutical companies
- Patient cases are de-identified; medications are mentioned for educational purposes only

Ohio | Developmental Disabilities Mental Health and Addiction Services

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Tia

- 28 year old female with history birth injury (hypoxia; infectious process)
- Significant knee pain
- Loss of job in the community
- History of anxiety, depression
- Medications at intake: antipsychotic, antidepressant

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Ohio's Coordinating Center of Excellence in Mental Illness/Intellectual Disability

- Coordinating Center of Excellence in Mental Illness/Intellectual Disability
- Initiated in 2004
- Grant Funded Project (*24 month cycle*):
  - ***Ohio Department of Developmental Disabilities ($80K)***
  - ***Ohio Department of Mental Health and Addiction Services ($85K)***

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Ohio's Coordinating Center of Excellence in Mental Illness/Intellectual Disability

- Educational Programming
- Dual Diagnosis Intervention Teams
- Assessment Capacity

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Community Development	Education	Assessment and Consultation
→ 38 Dual Diagnosis Intervention Teams developed → 60 counties covered by Dual Diagnosis Intervention Teams → >Statewide List Serv for networking purposes → $435,646 mini grants awarded to local communities	→ 28,877 education attendees → 64,624 education contact hours → 487 programs directly sponsored, co-sponsored, and/or with CCOE partners providing educational programming *Use of Speaker's Bureau including professionals around the state on various topics	→ 1335 provided ongoing psychiatric care → ~100 new assessments annually • Diagnostic dilemma • Poly-pharmacy • Behavioral Issues • PCP Consultation *Access Ohio Mental Health Center of Excellence…Columbus, Ohio/*Dayton, Ohio*

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Montgomery County Board of Developmental Disabilities

- Established 2001
- Collaborative program funded by Montgomery County Board of DD and ADAMHS Board
- Face-to-face Psychiatry with ~300 active patients

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Montgomery County Board of Developmental Disabilities

- Three faculty partners
- Five resident physicians

- Services offered:
  - Therapy
  - Counseling
  - Case Management
  - Behavioral Support
  - Recreation and Respite,
  - Residential Placement Services
  - OT/PT/Speech/Sensory

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Ohio's Telepsychiatry Project

- In rural communities ~50% of mental health care is provided by primary care physicians.
- Patients may have to travel long distances or ***forgo such services altogether.***
- Telemedicine helps disseminate skill set to PCPs.
- Increasing data shows reliability/validity are similar to face to face interaction.

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Telepsychiatry

- Simms et al 2011
- Research shows alliance is not compromised by use of videoconferencing.
- Medium made some patients feel less embarrassed and more able to express difficult feelings
- Clinicians length of time in the field affected their openness to the new technology

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Telepsychiatry

- Reduction in travel time, costs, ER visits and hospitalizations.
- Not necessary to be 'tech savvy'
- Established programs use 'buffet menu' (phone, Email, MD-MD, MD-patient, etc.)
- Cancellation rate/show rate

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Ohio's Telepsychiatry Project for Intellectual Disability

- Prototype from 2005-2011 treating 90 individuals from 23 counties
- Telepsychiatry services initiated in 2012
- Virtual software which abides by patient privacy guidelines
- As of January 2018, over 1300 individuals from 70 counties engaged in the project
- Prioritize individuals from Developmental Centers and State Psychiatric Hospitals

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Ohio's Telepsychiatry Project for Intellectual Disability

- Expectation of county developmental disabilities boards
- Arrange staffing/computer equipment
- Accept lead role in coordinating access to emergency services as deemed necessary, to include hospitalization
- Top 13 most populated counties children only

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Ohio's Telepsychiatry Project for Intellectual Disability

- Required Criteria for Individuals Referred:
- Child or adult with co-occurring mental illness/intellectual disability
- Medicaid Eligible
- Self/Parent/Guardian consents and agrees to participate fully

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Top 13 Most Populated Counties

- Trumbull
- Cuyahoga
- Mahoning
- Lucas
- Lorain
- Lake
- Summit
- Stark
- Franklin
- Hamilton
- Montgomery
- Warren
- Butler

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Grant Funding – Telepsychiatry

- Ohio Department of Developmental Disabilities $225K/year
- Salary Support (Exclusively non-billable hours i.e record review, no insurance)
- Project Director, physician partners, IT (50%), RN (40%), MSW (40%) AA (75%), Project Manager (20%)
- Grant Writing/Reporting and Oversight

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Telepsychiatry Project Outcomes

- **As of March 2018, >1300 individuals from 70 counties** engaged in the project
- EOY stats for > 1300 patients:
- Hospitalizations/12 months: 21
- ER Visits/12 months: 28
- DC Admission: 0
- Discharged from DCs: 296

- **No wait list, no referrals denied**

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Telepsychiatry Project Statistics

- For the first 120 individuals engaged in the program, **emergency room visits** decreased from 195 to 8 and **hospitalizations** decreased from 74 to 10 (comparisons are 12 months prior to telepsychiatry use to 12 months post treatment).
- A number of the individuals were discharged from state operated institutions and others were in danger of short-term admission, none of the **296** involved in the project were admitted or readmitted to state operated institutions. This saves the state approximately **$80,000 per person per year** in support costs.
- **Travel costs** were reduced in some cases by 68% by not having to travel distances for specialty psychiatric care.

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Lessons Learned

- Designate one contact person for each patient on both ends of service
- Define what you can and cannot do
  - Especially in regard to crisis intervention and hospitalization

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Lessons Learned

- CMS exemption
- Specific psychiatric pathology (Ideas of Reference regarding media, etc)
- RN interface via webcam: AIMS/Metabolic Monitoring/Vitals/Rx
- Psychotherapy via webcam

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Lessons Learned

- MH and DD system integration/documents
- May consider grouping patients from one geographical area with an MD/RN team
- SSA/CM: differentiate roles
- Identify strong count(ies) and make them your advisory board

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CCOE Assessments Utilizing Telepsychiatry

- Second Opinion Assessments
- Available to all ages in all 88 counties
- Comprehensive Psychiatric Assessments
- Face to Face or Web Cam
- ~100 annually
- Diagnostic dilemmas, metabolic monitoring, poly-pharmacy, best practices, EBM, undiagnosed medical conditions, etc.

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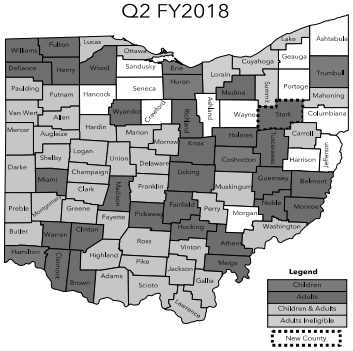
Ohio's Telepsychiatry Project
Q2 FY2018



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Aggression: A Behavior

- TRAUMA HISTORY
- Means of expressing frustration
- Learned problem behavior
- Expression of physical pain or acute medical condition
- Signal of acute psychiatric problem
- Regression in situations of stress, pain, change in routine, or novelty
- **Means of communication**

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Challenging Behaviors

- ***"All behavior is purposeful"***

~Sigmund Freud~

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Bio-Psycho-Social-Developmental Formulation

- *A complete gathering of information through client interview, discussion with family members and/or caretakers, review of clinical records, and contact with collaborating agencies that leads to a formulation, diagnoses and treatment plan. The goal is to address and understand the developmental needs of the individual in a meaningful way utilizing Trauma Informed Care principles as a universal precaution.*

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Biological Aspects of Trauma

- 85% have untreated, under-treated or undiagnosed problems
- worsened by restrictions on care (labs, office visit frequency and length)
- medications used in ways they were never intended, in unsafe ways, with abbreviated monitoring protocols

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Crystal

- 15 year old female
- Seen in Emergency Department at Children's Medical Center
- No mental health history
- New onset aggression, refusal to eat
- Exhibits paranoia and aggressive
- Rule out Schizophrenia

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Psychopharmacology

Current Trends For ID

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Why is this topic important?

"Individuals with intellectual disability are ***the most medicated people***, whether in institutions or in the community"

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Antipsychotics in MI/ID

- "Antipsychotics are the most widely prescribed medications in individuals with intellectual disability even if schizophrenia and other psychotic disorders do not affect more than 3% of such population"

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Possible indicators of Psychosis

- *Wears multiple layers of clothing; stuffs clothing with unusual substances or objects*
- *BUT remember to rule out endocrine/medication problems and post-institution coping strategy*

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Possible indicators of Psychosis

- *Covers eyes or ears*
- *BUT this could also be expression of hypersensitivity, preferences, or fears*
- *Rule out pain and depression*

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Possible indicators of Psychosis

- *Grimaces or winces as though tasting or smelling something foul or nasty*
- *BUT this could be seizure activity or dissociation*

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Usually NOT Psychosis

- *Self-injury*
- *Explosive aggression*
- *Phenomena the person can stop or start at will*
- *Self talk*

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SSRIs

- **Selective Serotonin Reuptake Inhibitors**
- Prozac/Fluoxetine (weekly)
- Zoloft/Sertraline
- Celexa/Citalopram
- Paxil/Paroxetine (Paxil CR)
- Luvox/Fluvoxamine
- Lexapro/Escitalopram

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SSRIs

- **Side effects-**
- Headaches
- GI symptoms (nausea, discomfort, bloating)
- Sexual dysfunction (low libido, delayed orgasm)
- Psychomotor phenomena (increase/decrease)

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Antidepressants

- Nuances for ID:
- Start low, go slow
- Watch peak/trough effects
- May be higher turnover of serotonin in ID, therefore more vulnerable to depressive and anxiety disorders
- Under-diagnosis/Over-diagnosis

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Mood Stabilizers in MI/ID

- Expert consensus supports the use of mood stabilizers/anticonvulsants (though the literature support is limited) for
  - Bipolar disorder (manic and depressive phases)
  - Self-injurious or aggressive behavior
  - Agitation
  - Impulsivity
  - Psychiatric or behavioral problems that occur with individuals with epilepsy
  - Target problem behavior

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Clinical Vignette

- 22 year old male with Moderate ID and Schizophrenia presents with aggression
- Taking antipsychotic, mood stabilizer and anxiety medication
- Next steps?
- Adjust timing/dosing
- Beta blocker, alpha agonist, Naltrexone
- Stimulant, low dose AED, therapy
- Ancillary Services (OT/PT/Speech tx/BSS/ Sensory Assessment) etc…

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Clinical Pearls

- Establish a baseline of target symptoms and behaviors before initiating therapy
- Use caution with any medication that causes sedation or may impair memory/mental capacity
- Use evidence-based medicine principles for the general population, with added conservatism

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Clinical Pearls

- Obtain baseline lab testing when initiating medications, and follow all standard monitoring protocols; consider monitoring at more frequent intervals than recommended for the general population
- Use extra caution with medications that lower seizure threshold

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Clinical Pearls

- Talk about it: Openly discuss medication SE, adherence, staff changes, sleeping patterns, nutritional status, physical activity, medical conditions, or treatment expectations which may be contributing to poor response before making adjustments
- Difficulty with pill swallowing/dysphagia are common; consider other preparations (liquid, dissolvable forms, etc.)

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Clinical Pearls

- Utilize sedating medications at night to improve sleep; minimize the use of sedating medications during the day
- Symptoms may change throughout the day and when changing environments; consider a mid-afternoon medication administration at transition time

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Clinical Pearls

- Avoid poly-pharmacy; start low and go slow, as with pediatric and geriatric populations
- Patients are more vulnerable to both metabolic side effects and EPS
- Always integrate medications with other interventions (sensory assessments, OT, PT, speech therapy, behavioral supports, psychotherapy, etc.) Expand the team

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Behavioral Presentations

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Some Behaviors (Symptoms)

Internalizing
- Social withdrawal
- Decreased activity
- Poor hygiene
- Appetite disturbance
- Psychomotor agitation / retardation
- Hypersomnia

Externalizing
- Aggression (verbal /physical)
- Poor anger control
- Explosive outbursts
- Non-cooperation
- Lack of truthfulness
- Compulsive behavior

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Most Common Causes of Behavioral Problems

- Pain (emotional; physical)
- Medication side effects
- Sleep disorders
- Psychiatric illnesses

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Biting side of hand/fist in mouth

- Sinus problems/GERD
- Eustachian tubes/ear problems
- Asthma, nausea
- Eruption of wisdom teeth
- Dental problems
- Pain or paresthesia in hands; gout

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Won't sit

- Akathisia
- Anxiety/Depression
- Clue to past abuse
- Back/hip pain
- Genital/rectal pain
- Sleep deprivation

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Whipping head forward

- Atlantoaxial subluxation (at risk are those with Down Syndrome and other syndromes that produce joint laxity)
- Dental problems
- Headaches

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Head Banging

- This is not "normal" for anyone
- DEPRESSION/Trauma history
- Headache
- Dental
- Seizure
- Otitis/Mastoiditis
- Sinus problems
- Tinea capitus

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Intense rocking

- Not "normal" for the patient with ID
- Visceral pain
- Headache
- Depression
- Anxiety
- Medication side effects

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Trauma Informed Care

The world breaks everyone, and at the end, some are stronger at the broken places.

--Ernest Hemingway

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Trauma Informed Care

- Research suggests that many people have some form of traumatic event in his or her lives *(SAMSHA, 2010)*. Some experts believe as many as 90% of individuals with ID have some level of traumatic stress. It makes sense to treat EVERYONE as if trauma has possibly occurred. Making sure someone feels **safe** and **in control** of their own lives will help someone with trauma, and will not hurt anyone who does NOT have a history of trauma.

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Trauma Informed Approaches

- Manipulating
- Lying
- Stealing
- We can explore these behaviors, determine the underlying meaning and assist the patient in communicating his or her needs more effectively.

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Trauma Informed Care

- Assist patient in identifying and labeling emotions
- Emotions are signals

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"Ordinary" life event trauma

- Feeling different
- Not being accepted
- Not being able to do what others do
- Moving to a new home or significant change at home
- Knowing that one has a disability and is "different" than others
- Being ignored
- Being misunderstood
- Failing at a task
- Getting confused and overwhelmed

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Risk Factors

- Previous history of trauma, stressors, abuse
- History or family history of mental illnesses
- Inherent resilience/vulnerability
- Substance abuse
- Difficult relationships/poor attachment to others; especially if the trauma has been caused by another person

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"Sit in the chair"

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Categories/Stages

- Mild ID ~ Adolescence ~ 12-17 Years
- Mild/Moderate ID ~ School Age ~ 6-11 Years
- Mod/Severe ID ~ Young Children ~ 2-6 Years

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How Trauma is Experienced

- Understanding the trauma experience at each developmental stage

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Severe/Moderate ID; Ages 2-6

- May regress behaviorally (enuresis/encopresis, thumb-sucking, fetal position, etc.) in response to stress
- May not understand that some losses are permanent (Where's Russell?)
- Responses are behavioral or somatic
- Will SHOW you that he/she is upset, rather than tell you

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Trauma Experience: Mild/Moderate ID; Ages 6-12

- Will take cues from others' non-verbal behavior regarding the seriousness of situations and how to respond
- May discount verbal explanations
- May over-estimate or under-estimate the seriousness of situations (knowledge is power)
- Use imagination to 'fill in the blanks' when limited or no information is given to them ("The staff left because of me")

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Trauma Experience: Mild/Moderate ID; Ages 6-11

- Think logically about concrete events, but have difficulty understanding abstract or hypothetical concepts ("Don't put trash in the trash can" "You can't use the TV after 3:00")

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Trauma Interventions

- Trauma interventions at each developmental stage

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Moderate ID; Ages 4-11

- Primary caregivers are the primary source of comfort for the individual
- Provide concrete explanations for what is happening, what will happen next, and for potentially traumatic sights and sounds in the environment (Norwegian ship wreck)
- Help identify and label what he/she may be thinking and remind him/her that others feel the same way (community)

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Trauma Interventions: Moderate/Mild; Ages 6-11

- Address distortions and magical thinking and help 'fill in the blanks' with realistic information
- Help them create a coherent story to tell others about when happened or what will happen "I gave my cell phone number out"
- Explain and talk about events before they happen; tell them what to expect

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Trauma Interventions: Moderate/Mild; Ages 6-11

- Tell them it is normal and expected for them to feel afraid, angry or sad
- Help them acknowledge the bad things that have happened, and balance it with good
- Support activities that offer predictability, routine, and behavioral limits
- Allow them time to acknowledge losses and to grieve (Bowling night is Tuesday)
- Help explore and discover things he/she can do looking ahead

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TRAUMA

- Trauma syndromes have a common pathway
- Recovery syndromes have a common pathway
  - Establish safety
  - Reconstruct story
  - Restore connections

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Trauma Symptoms

- Three categories:
- Hyper arousal
- Intrusion
- Constriction

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Hyper arousal

- Shattered fight or flight: permanent alert
- Chronic or random physiological phenomena may persist
- Irritability; explosive aggression
- Repetitive stimuli: perceived as new and dangerous crisis increased arousal even during sleep
- Do you feel you need to defend yourself?

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Intrusion

- Relive trauma in THOUGHTS, DREAMS and BEHAVIORS; as if time stops at moment of trauma
- Post traumatic behavior is often obsessive, repetitive and literal
- Theme is control is many aspects
- FLASHBACKS: while awake
- NIGHTMARES: while asleep

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Constriction

- State of surrender
- Self defense shuts down
- Escapes not by action, but by altering state of consciousness
- Can't remember important aspects of trauma
- Possible alterations in pain perception?

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Healing

- Survivors hold the power to heal and recover
- Do not need to include perpetrators, family or others in the process
- The work is done in the room

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Recovery

- **Allow patients to save themselves**
- Remember what your role is
- Not a savior or rescuer
- Facilitator, support
- Help reinstate renewed control
- The more helpless, dependent and incompetent the patient feels, the worse the symptoms become (couples therapy)

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Trauma: Behavioral Presentations

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Gina

- 24 year old female
- Severe ID
- No mental health history
- Taking Vicodin and Ativan for 6 years
- Mother states “I think she is in pain”
- Patient nonverbal

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Jesse

- 20 year old male
- History Severe ID, Bipolar Disorder
- Aggression, agitation, decreased attention span/concentration
- "Unmanageable" in work setting; cut back to 2 hours/daily
- Fever of unknown origin

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John

- 22 year old male
- Profound ID
- No history mental illness
- No previous psychotropic medications
- Presents with aggressive behavior and assaults on several staff/peers

- Staff requests "Haldol and Ativan"

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Tonya

- 18 year old female
- History of Mild ID
- Recent months exhibited irritability, depression, insomnia, delusions
- 4 hospitalizations in 5 weeks
- Disrobing, verbally/physically assaultive, running into traffic, hypersexual

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Tonya

- Diagnoses
  - Major depressive disorder
  - Schizophrenia, paranoid type
  - Schizoaffective disorder, bipolar type
  - Obsessive compulsive disorder
  - Bipolar disorder
  - Autistim Spectrum disorder
  - Post-traumatic stress disorder
  - Borderline Personality disorder
  - Antisocial Personality disorder

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Tonya

- Topomax
- Tegretol
- Lithium
- Geodon
- Abilify
- Haldol
- Trazodone
- Celexa
- Effexor XR
- Synthroid
- Ativan
- Cogentin

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Tonya

- Topomax XXX
- Tegretol XXX
- Lithium XXX
- Geodon
- Abilify XXX
- Haldol XXX
- Trazodone
- Celexa
- Effexor XR XXX
- Synthroid XXX
- Ativan XXX
- Cogentin XXX

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Key to Success: Biological

- Preventive care/Screen for medical issues
- Less subjective/more objective data
- Make interdisciplinary referrals
- Use epidemiology and genetics
- Prescribe responsibly (BP/EBM)
- Think organic first….then psychiatric
- Alter the formulation

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Key To Success: Psychological

- Talk to the patient
- Expressive language vs. receptive language
- Set the stage when appointment begins (shots?)
- Be honest/own any miscommunication
- Summarize at the end

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Key to Success: Social Fx

- Transition time: residential, education/occupational
- Peers, siblings (school, employment, relationships)
- Renewed grief/loss for patient and for parents/caregivers
- Lack of control over what adult life will be
- Emergence of MH conditions

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Key to Success: Social Fx

- Residential setting
- Peers
- School/day programming/employment
- Structure (accountability, accomplishments, identity, income, community integration)
- Routine
- Dynamics among family members/caregivers/peers
- Control Issues
- "Inner Circle"

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Interventions To Supplement Psychiatry

- OT/PT/Speech Therapy
- Behavior Support Plans
- Social skills training
- Anger management training
- Relaxation training
- Improving problem-solving skills
- Self-management training
- Psychotherapy
- Sensory Assessments
- Group Therapy (Anger Management, Grief, Male/Female Socialization)

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Key to Success: Developmental

- View issues from the perspective of the patient
- Meet him/her at the developmental stage where they live
- Carefully consider how developmental stages affect each area of their lives/functioning
- Relationship issues
- Allow patient to 'own' their appointments

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Developmental Implications of Loss and Grief/ Piaget

- Sensorimotor stage: Profound ID; developmental age 0-2 years; reversible; constantly unfulfilled expectation
- Pre-operational Stage: Developmental age 2-7 years; Severe/Moderate ID; How will the loss affect me? Who will take care of me? Who will be my friend? Who will give me things?
- Concrete operations; Developmental age 7-11 years; Moderate/Mild ID; understands clear and specific explanations of loss and death; tend to take things literally

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Trauma Informed Care

- Don't ask "What's wrong with you?"
- Ask "What happened to you?"
- Ask "How can I help you?"
- Ask "What do you need right now?"
- Safe and in control

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Interviewing Techniques and Communication

- ***Manage the Triangle***

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Communication Tips

- Observation
- Relatedness
- Expression of Affect
- Impulse Control
- Attention Span
- Activity Level
- Unusual or Repetitive Behavior

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Interview Techniques and Considerations

- Confusing personally-deemed relevant information with mental health-deemed relevant
  - For example, we may find it relevant to know our address or a location of work, movies, etc. For many individuals with ID, they are driven everywhere and do not need to know directions, addresses, or specific locations
  - Another example: how big a house is or how many rooms? May not be known because an individual with ID rarely house hunts or negotiates leases.

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Set the Interview Stage

- Do your homework
- "Setting the stage" is important because of interviewees' possible past experiences with interviews
- Inquire about the individual's idea of the purpose of the interview & correct if necessary
- Specifically point out that some words or questions may be difficult to understand and take responsibility for any miscommunication

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Ordering the Interview

- Start with non-threatening, general questions
  - Children: school, preferred activities
  - Adults: work, living situation
- Such questions allow an individual to respond accurately, facilitate rapport development, and allow practice at answering
- Ask more probing or sensitive questions near the middle or end of the interview

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Question Formats

- Yes/No questions with follow-up
  – Cross-questioning techniques
  – Item-reversal
- Multiple Choice questions
  – Memory issues with lists of options
  – Note serial position effects
- Either-Or Questions
  – Note serial position effects

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Basic Interview Cautions

- Avoid/Caution with these question types:
  – **Yes-No**
    - "Do you use drugs?"
  – **Double-barreled**
    - "Do you like your home and your staff there?"
  – **Long, multiple**
    - "Do you like your job or don't you, and what do you think about your supervisor and co-workers?"
  – **Leading**
    - "You knew that you weren't supposed to do that, didn't you?"

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Basic Interview Cautions

Avoid the following question types:

- **Random probing**
- **Coercive**
  - "You wouldn't want to lose your outing, would you?"
- **Embarrassing or accusatory**
  - "How often do you hit other people at work?"
- **"Why"**
  - "Why did you hit your roommate last night?"

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Open-ended Questions

- *Requires greater cognitive and linguistic capacities*
- What do you do for fun when you are by yourself? (What else? What else?); this improved substantive answers for some

- How do you get to work most days? (73%)
- Do you get to work by car? By bus? By walking? By some other method? (94%)
- Using pictures (with above questions) (100%)

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Coping with Language Issues

- Take responsibility for any communication issues
- Be open and honest
- Acknowledge trauma and losses

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Attention Span Difficulties

- Individuals with ID often experience difficulty initiating and maintaining attention or eye contact
- Persons with ID may have difficulty inhibiting changes in their attention to topics other than those at hand (i.e., talking about an upcoming visit with family that is unrelated to the interview)

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Coping with Inattention

- Frequently review and summarize what has been said
  - Refocuses the interviewee
  - Allows the opportunity to add detail
  - Allows an opportunity to (dis)agree with interviewer's interpretation
- Consider multiple sessions, if needed
  - Research indicates multiple "trials" increases the consistency of results

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Acquiescence

- Refers to the tendency to agree with any statement an interviewee is given
- Negatively correlated with IQ
- More common with comprehension problems or social desirability

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Coping with Memory Issues

- Assess memory informally by asking questions about which you have the answer
- Use time anchors
  - **Examples: Birthdays, Holidays, Significant Life Events**

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Strategies for Addressing Typical Behaviors in Adults with ID

- **Echolalia**
  - Awareness of
  - Interventions
- **Perseveration**
  - Eliminate Irrelevant Stimuli
  - Re-focus attention
  - Set up transitions

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Interview Techniques and Considerations

- Myth – "I can't get good information from a person with ID"
- Why?
  - Difficulty communicating what happened
  - Remembering the order of events
  - Difficulty naming people, places, and times
  - Providing consistent responses
- Truth – Everyone may have difficulty with the above issues
  - Do not avoid interviewing a patient because they have difficulty with 1 or more

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Interview Techniques /Considerations

- Language
  - Sixth grade level
  - Match questions/answers with individuals level (ex. 2 or 3 word sentences)
  - Avoid double negatives
  - Use words victim uses for body parts
- Abstract Concepts
  - Avoid "Why," "How" and "If" questions
  - When possible, "concretize the abstract"

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Interview Techniques and Considerations

- Sub-vocalizations
  - reflects a strategy to vocalize the thought processes in the individual's mind ("hearing)" what they are thinking
  - rehearse what is going to be said or to practice something the individual is planning to do
  - These should not be considered stalling tactics or an attempt to lie
  - Not the same as "talking" from person with a psychiatric disturbance (hallucination)

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Interview Techniques and Considerations

- Saliency - "emotional strength or pull" of an experience or information—something that puts the individual on alert and has high personal relevance
- The saliency of information helps all people remember things – good or bad
- The saliency of common events may be greater for individuals with ID (i.e. Fun activities)
- If you know what is salient for the patient, you can link that information to the event/behavior of interest (i.e. Food)

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Fragile X Communication Patterns

- Indirect style of verbal expression
- Eye contact/Sitting at an angle
- "Cluttering"
  - How do you feel about going for a ride?
  - Cars run on gas, you need oil, too

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Fragile X Communication Patterns

- Avoidance of eye contact
- Echolalia
- Staccato speech
- Unusual response to sensory stimuli
- Fragile X handshake
- Mental Status Examination
- Perseveration (Automatic Phrases)

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Down Syndrome

- Early intervention vital (ability to acquire new information slows through developmental years)
- Especially have difficulty with "wh-" questions, irregular past tense questions, embedded sentences
- Impaired pronunciation
- Hearing and oral structures

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Communication

- Educate yourself through:
  - Increasing cognitive knowledge base
  - Increasing experiential knowledge base
  - This will lead to better interview and investigative techniques
- Recognize there is no "cook book" on disability...only common characteristics that are contextually and individually based

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Of practical significance…

- Frame questions to optimize the chances the patient can respond
- Implement a developmental sequence from easy/non-threatening to more difficult
- Assistive devices

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Summary

- Sit in the chair
- Assist the patient in telling his/her story
- Make a connection with the individual so he/she is not alone

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Summary

- All behavior is purposeful
- Trauma recovery begins when the individual is able to tell his/her story

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Thank You

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Summary

- ID does not protect one from developing mental illness; over- and under-diagnosis
- Telemedicine is a vehicle to connect individuals with MI/ID to specialized resources and clinicians (if local resources do not exist)
- Myth that patients with ID can't benefit from mental health services including trauma informed care, psychotherapies and state of the art medication regimens

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READING LIST/REFERENCES

Julie P. Gentile MD
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- Genetics and syndromes: A new look at behavior and interventions. Dykens, Elisabeth M.; Hodapp, Robert M.; Finucane, Brenda M. Baltimore, MD, US: Paul H Brookes Publishing. (2000).
- Havercamp SM, Scandlin D and Roth, M. Health Disparities Among Adults with Developmental Disabilities, Adults with Other Disabilities, and Adults Not Reporting Disability in North Carolina. Public Health Reports July-Aug 2004, Vol. 119, 418-426.
- McDermott S, Moran R, Platt T and Dasari S. Variation in Health Conditions Among Groups of Adults with Disabilities in Primary Care. Jrl of Community Health, Vol. 31, No. 3, June 2006. Pages 147-159.
- Position of the American Diabetic Association: Providing Nutrition Services for People with Developmental Disabilities and Special Health Care Needs. Jrl Am Diet Assoc. 2010;110:296-307.
- Rueve M and Welton R. Violence in Mental Illness. Psychiatry (Edgemont), May 2008; 35-48.
- Ryan R. Intensive Conference Dual Diagnosis, Denver, CO. CME Event (July, 2003).
- Wilkinson JE, Culpepper L, Cerreto M. Screening Tests for Adults with Intellectual Disabilities. Jrl Am Board Fam Med 2007;20:399-407.
- Foley GN and Gentile JP. Nonverbal Communication in Psychotherapy. Psychiatry (Edgemont) 2010;7(6):38–44.
- Hassiotis A, Barron DA, Hall I. Intellectual Disability Psychiatry: A Practical Handbook. Wiley-Blackwell, Inc. (2009).
- Individuals with Disabilities Education Act 1975(IDEA). http://www.law.umaryland.edu/marshall/crsreports/crsdocuments/RS20366_01112002.pdf Access Date 05/17/11.
- Intellectual Disability Psychiatry: A Practical Handbook. Hassiotis A, Baron DA, Hall I. Wiley Publishing, UK. Dec 2009.
- Aman MG, Crismon ML, Frances A, et al.: Treatment of psychiatric and behavioral problems in individuals with mental retardation: An update of the expert consensus guidelines. Expert Consensus Guidelines, 2004
- Antonnacci DJ, Manuel C, Davis E. Diagnosis and Treatment of Aggression in Individuals with Developmental Disabilities. Psychiatr Q (2008) 79:225-247.
- Charlot L, Shedlack K. Masquerade: Uncovering and treating the many causes of aggression in individuals with developmental disabilities. *NADD Bulletin*. 2002;5:59–64.
- CLINICAL BULLETIN *of the* DEVELOPMENTAL DISABILITIES DIVISION. International guide to prescribing psychotropic medication for the management of problem behaviours in adults with intellectual disabilities. World Psychiatry Assn (2010).
- Cooper S-A, Smiley E, Allan LM, Jackson A, Finlayson J, Mantry D, Morrison J. Adults with intellectual disabilities: prevalence, incidence and remission of self-injurious behaviour, and related factors. Jrl of Intellec Disabil Res Special Issue Vol 53 Issue 3 Pages 200-216. March 2009. DOI: 10.1111/j.1365-2788.2008.01060.x
- Deb S, Unwin GL, Soni R, et al.: Guide to using psychotropic medication for the management of behaviours problems among adults with intellectual disability: Technical document: Section 3: Systematic reviews. Birmingham UK, University of Birmingham, Available at http://www.Id-medication.bham.ac.uk, 2007
- Deb S, Unwin G: Psychotropic medication for behaviour problems in people with intellectual disability: A review of current literature. Current Opinion in Psychiatry 20:461-466, 2007. Doi:10.1097/YCO.0b013e3282ab9952
- Fletcher R, Loschen E, Stavrakaki, C, & First M. (Eds.). (2007). *Diagnostic Manual -- Intellectual Disability (DM-ID): A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability.* Kingston, NY: NADD Press.
- Arkowitz H & Westra H. Introduction to the Special Series on Motivational Interviewing and Psychotherapy. Journal of Clinical Psychology, 2009. 65: 1149-1155.

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