



Adults with Intellectual or Developmental Disability

Intellectual/Developmental Disability and Complex Care Needs

Individuals with IDD and co-occurring mental illness, medical illness and/or challenging behavior

Overview of Mental Illness

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IDD and Mental Illness

- People with IDD have high rates of **mental illness and abuse**
- Symptoms **present differently** in individuals with IDD
- Symptoms are often **not recognized**
- Signs may include changes in:
 - sleep, appetite, interest in activities, level of functioning
- Symptoms are often associated with **challenging behavior**
- Mental Illness is **one of many possible causes** of challenging behavior

CAUSES OF CHALLENGING BEHAVIOR

Challenging behavior is communication.

It is our job to figure out what the individual is trying to tell us.

I am being abused.

I have a mental illness.



CAUSES OF CHALLENGING BEHAVIOR

Challenging behavior is communication.

It is our job to figure out what the individual is trying to tell us.

I have a medical illness.

I have side effects
from my medications.

I have a mental illness.

I have a syndrome that
is associated with
challenging behavior.



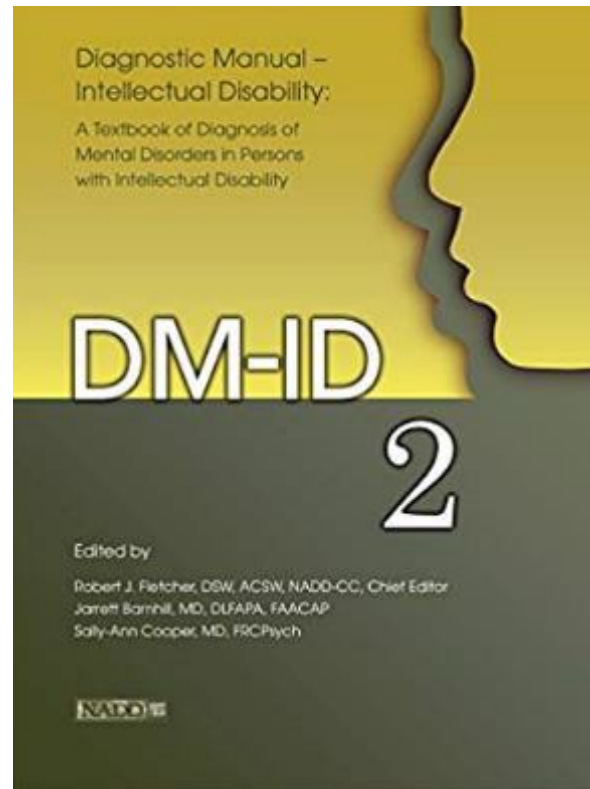
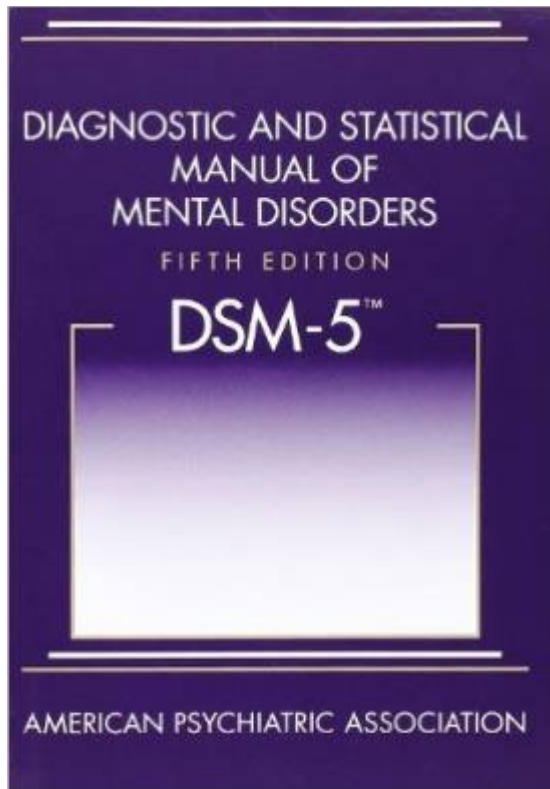
I am being abused.

I want something.
I don't want to do that.
Pay attention to me.

I need to develop
new skills.

I am bored.

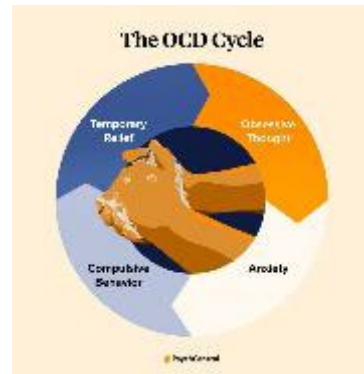
Diagnosis is challenging



- ☐ Be aware of your client's baseline
- ☐ Consistent staff accompany client to appointment
- ☐ Bring Medication list
- ☐ Any medical changes
- ☐ Change in sleep, appetite
- ☐ Change in behavior/functioning
- ☐ Change, frequency of bowel movements
- ☐ Stressors/changes
- ☐ Is there a family History of mental illness



Generalized
Anxiety
Disorder



Obsessive
Compulsive
Disorder



Panic Disorder

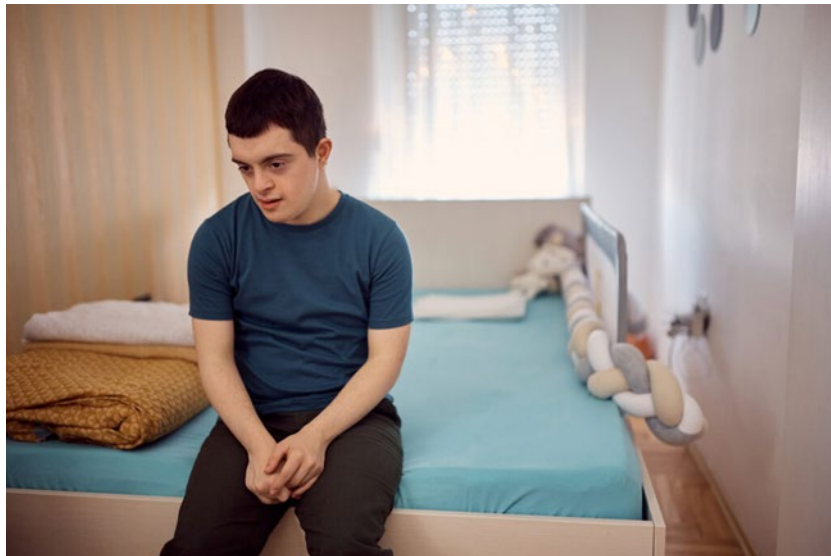


Specific Phobia

ANXIETY DISORDERS

DEPRESSION

- Symptoms last $>/=$ 2 weeks
- Not just a few bad days



Sleep

- Challenging Behaviors at night; Tired/napping during the day; **Important to track sleep**

Interest

- Refused preferred activities; **Challenging behavior when asked to participate in activities he/she used to enjoy**; withdrawn or spends time alone

Guilt

- Negative self statements; Worried others are mad; **Excessively seeks reassurance**

Energy

- Refused or **becomes agitated about activities that require physical effort**; in bed

Concentration

- **Unexplained skill loss**; Decreased self care skills; **Behavior when asked to do activities that require concentration**

Appetite

- **Stealing food**; Obsessed with food; Challenging behavior around mealtimes

Psychomotor Activity

- **Agitation** is more common; paces, fidgets; vocalization; $\downarrow$ physical activity

Suicide

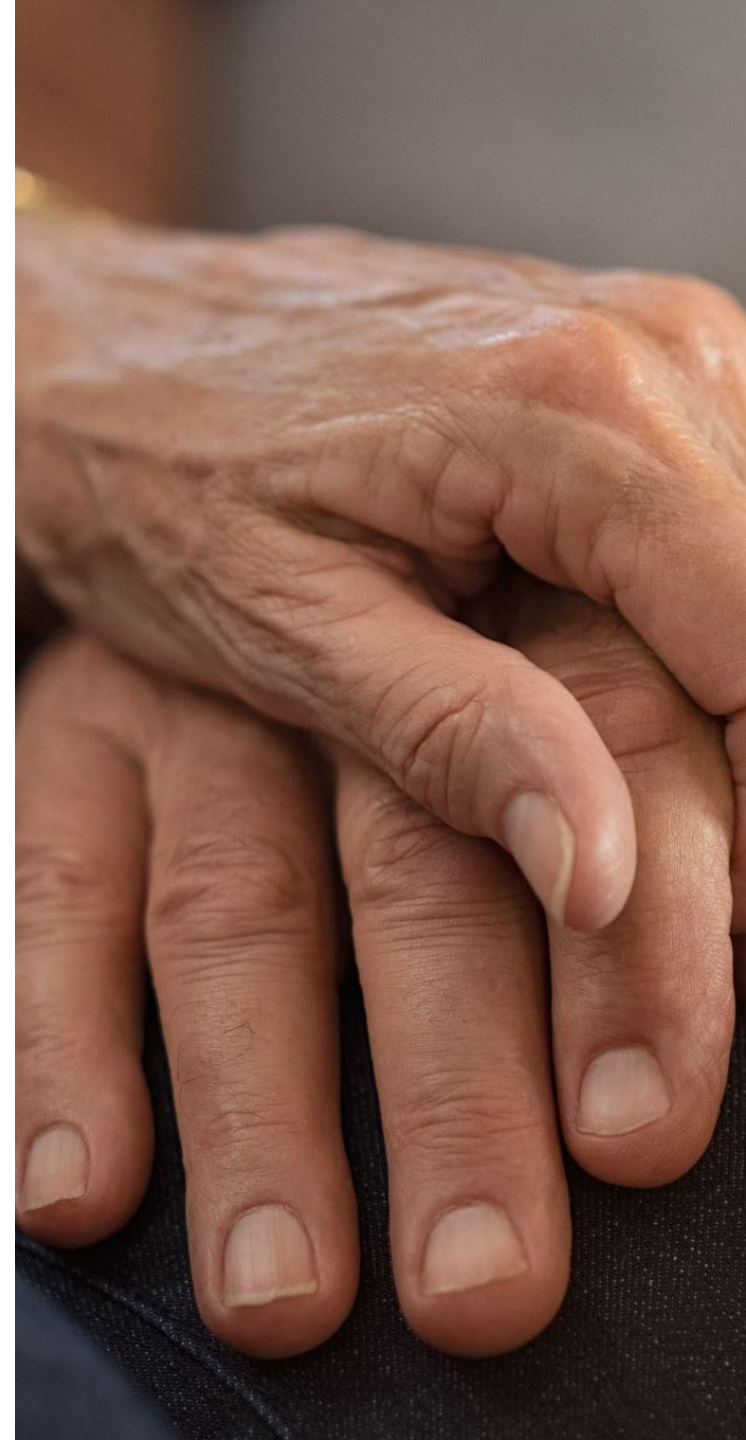
- Talks about death or people who have died
- Frequent physical complaints/fears about illness or death



GRIEF/BEREAVEMENT

(NOT A MENTAL ILLNESS!)

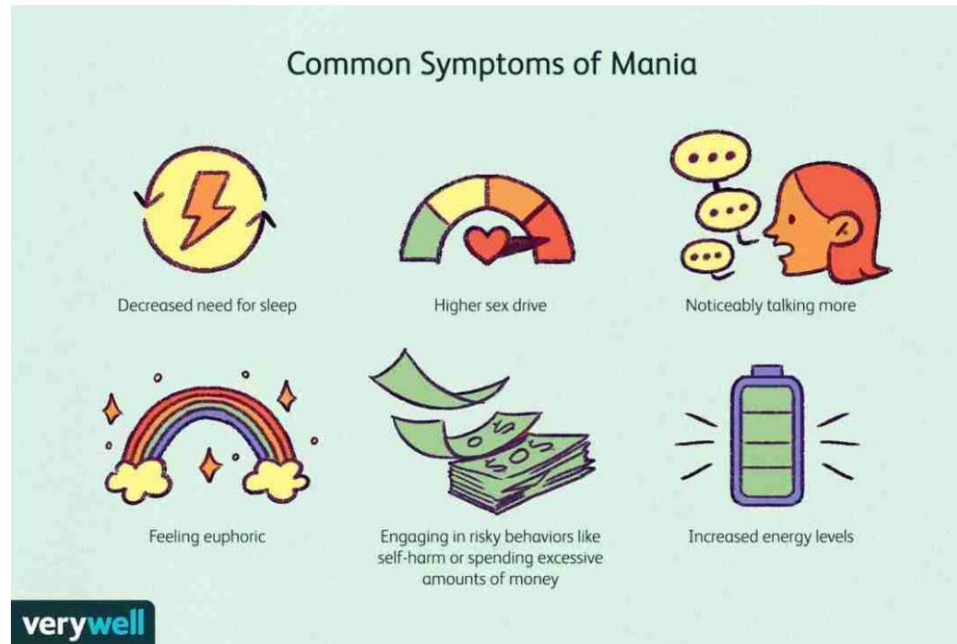
- Historically considered impossible for people with ID to grieve
- Underestimated
- Simple events such as staffing change can cause grief
- Grief may be delayed as they may not initially understand the loss



MANIA

- Symptoms need to last > 1 week

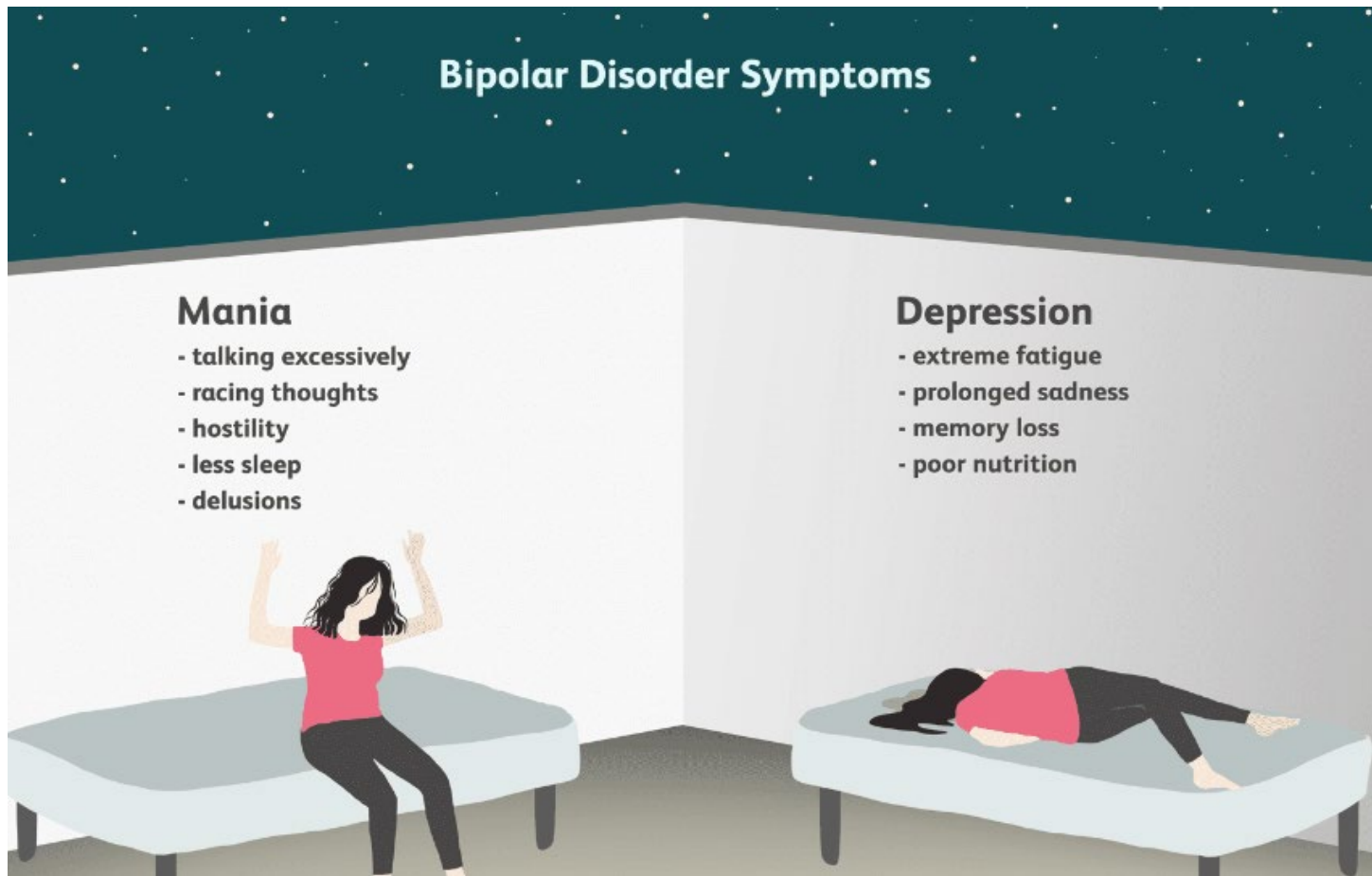
Some of the symptoms of mania are:



Chiechi, T. (2021). Common Symptoms of Mania. Verywell. <https://www.verywellhealth.com/manic-definition-5188650>

- Sleep
 - Challenging behavior at night
- High sex drive
 - Taking clothes off
 - Touching others
 - Increased masturbation
- Talkative
 - Increased vocalizations
- Increased Energy
 - Pacing
 - Intrusive

BIPOLAR AFFECTIVE DISORDER



PSYCHOSIS

Psychosis can be present in Schizophrenia, Depression, Bipolar Affective Disorder, Substance induced

VERY difficulty to diagnosis

- Close to impossible to diagnose in severe to profound ID

PLEASE DON'T ask leading questions

- 'Are you hearing voices?

Observe behavior

- Does individual appear to be hearing things?
- Yelling or talking while no one in the room (this could also be self-talk)

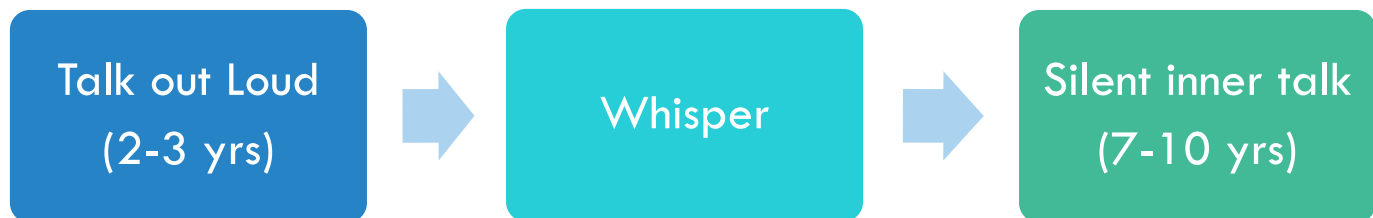


Important to differentiate between normal development behavior

- Self Talk
- Imaginary Play/Friends

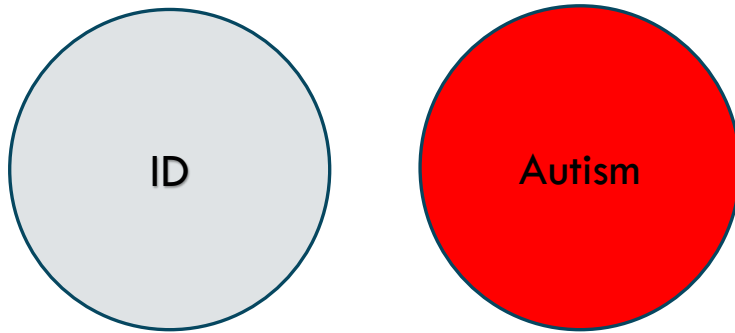
SELF TALK/PRIVATE SPEECH

- NOT indicative of pathology
- Common and developmentally appropriate
- Often misinterpreted as psychosis



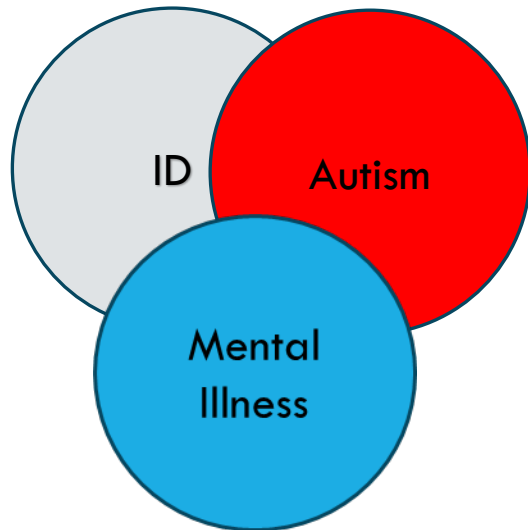


RELATIONSHIP BETWEEN AUTISM AND ID



- Both neurodevelopmental disorders but separate conditions

RELATIONSHIP BETWEEN AUTISM AND ID



- Both neurodevelopmental disorders but separate conditions
- ASD + ID = strong predictor of psychotropic medications and challenging behavior
- ASD and ID both have higher rates of mental illness



- No treatment for core symptoms of Autism
- Therapy is treatment of choice
- 2 FDA approved meds to treat irritability associated with Autism
 - Risperidone (Risperdal)
 - Aripiprazole (Abilify)

PARTNER WITH PSYCHIATRIC PROVIDER TO ENSURE YOUR CLIENT GETS THAT BEST CARE

Be prepared for appointments

- ☐ Be aware of your client's baseline
- ☐ Consistent staff accompany client to appointment
- ☐ Bring Medication list
- ☐ Any medical changes
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Health Care Team

- ☐ Primary Care Provider
- ☐ Mental Health Provider
- ☐ Therapist (BCBA)
- ☐ Dentist
- ☐ Speech Therapist
- ☐ Last hearing exam
- ☐ Last eye exam
- ☐ Ensure client is seen regularly by all providers
- ☐ Don't over rely on Quick Care