

Dual Diagnosis Direct Support Curriculum



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A joint initiative of
The Office of Mental Health and Substance Abuse Services
and The Office of Developmental Programs

Target Symptoms of Mental Health Challenges Versus Challenging Behavior

Dual Diagnosis Curriculum



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Joint initiative: Office of Mental Health and Substance Abuse (OHMSAS) and Office of Developmental Programs (ODP)

- Address needs of people with Dual Diagnosis - intellectual disability (ID) and mental health (MH) challenges
- Provide information to help you understand:
 - Complexity of dual diagnosis
 - Factors to consider to best support people

▶ Disclaimer



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- The information presented to you today is to increase your awareness. It is not intended to replace medical advice.
- If you believe you or someone you support have these conditions or concerns, please seek the advice of a physician.

Objectives



By the end of this training, the learner will:

- Define challenging behavior
- Understand the importance of ruling out medical and environmental concerns
- Define target symptoms of mental health challenges
- Recognize physical and environmental factors that can be confused with target symptoms of mental health challenges
- Identify the roles of team members in the treatment process

Dual Diagnosis



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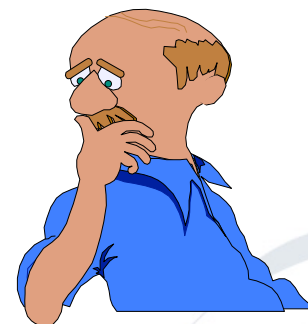
- Dual Diagnosis
 - Intellectual disability
 - Mental health challenge
- Diagnostic Overshadowing
 - Physical health
 - Communication
 - Mental illness
 - Intellectual disability

▶ What is a Symptom?



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Any change in the body and/or mind that indicates there may be a disease or illness



▶ What is Behavior?



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Behavior is:

- Anything that a person does
- Actions that people can observe directly
- Not always bad

What is Challenging Behavior?



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- For the person: challenge to meet needs
- For direct supporters or family: pressure to have the person behave in a non-disruptive, non-dangerous manner
- For agency: challenge to maintain safe homes

Causes of Behaviors



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We cannot always observe what is causing a behavior

- Thoughts
- Feelings
- Memories

Why Use Challenging Behaviors?



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Challenging Behaviors can be an attempt to:

- Communicate
- Cope with stress
- Alleviate anxiety

Why Use Challenging Behaviors?



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Challenging Behaviors can be an attempt to:

- Avoid unpleasant tasks
- Gain attention
- Respond to physical pain/discomfort

Why Use Challenging Behaviors?



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- Life dissatisfaction
- Retaliation
- Protection of self and trauma history

Why Use Challenging Behaviors?



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- Acquire tangibles
- Syndrome-related issues
- Neurological disorders



Behavioral Phenotypes: Possible behavioral presentations of genetic syndromes

- Cornelia De Lange
- Fragile X
- Prader-Willi
- Retts Disorder
- Tourette's Disorder
- Williams Syndrome
- Turner's Syndrome

Gardner, William I. 2002. *Aggression and other Disruptive Behavioral Challenges: Biomedical and Psychosocial Assessment and Treatment*. Kingston, NY. NADD Press.

Genetic Syndromes and Challenging Behaviors



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Genetic syndromes → personality characteristics
→ increased probability of challenging behaviors

Examples of these characteristics are:

- Hyperactivity
- Hypersensitivity
- Anxiety
- Panic
- Agitation
- Emotional lability
- Proneness to strong reactions to ordinary stimuli
- Proneness to affective over-arousal
- Prolonged reactions to transient stressors

Gardner, William I. 2002. *Aggression and other Disruptive Behavioral Challenges: Biomedical and Psychosocial Assessment and Treatment*. Kingston, NY. NADD Press.

Challenging Behaviors and Neurological Disorders



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Neurological disorders
characteristics → aggression → personality
increased probability of

Characteristics:

- Transient personality changes
- Confusion
- Disorientation
- Dementia
- Panic

Gardner, William I. 2002. *Aggression and other Disruptive Behavioral Challenges: Biomedical and Psychosocial Assessment and Treatment*. Kingston, NY. NADD Press.

What are Challenging Behaviors All About?



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- Challenging behaviors can be:
 - From internal or external sources
 - Related to the individual or to the environment
- **FIRST:** Physical health assessment to rule out medical issues
- Genetic evaluation/testing to rule out syndromes and other causes
- Neurological/physical testing to rule out physical causes of challenging behaviors

▶ FACT!



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Challenging behavior is ***NOT*** a natural feature of Intellectual or Developmental Disabilities

▶ Al's Story



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Al's Story

▶ AI's Story



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- What similarities did you think of between AI's life and the lives of people you support?
- What are some possible environmental or medical reasons for AI's challenging behaviors?

What is a Target Symptom of a Mental Health Challenge?



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Evidence of mental disturbance related to a particular psychiatric diagnosis which is provided by a qualified medical professional.

Several target symptoms must be present and observed to provide an accurate psychiatric diagnosis.

Examples of Possible Target Symptoms of a Mental Health Challenge



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- Auditory hallucinations
- Visual hallucinations
- Being sad and withdrawn over very long periods of time
- Excessive oversleeping or insomnia not related to any medical or environmental concerns
- AND MANY MORE.....

Possible Target Symptoms of Mental Health Challenges



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- ▣ Irritability
- ▣ Psychomotor agitation
- ▣ Mood lability
- ▣ Pressured speech
- ▣ Hypersexuality
- ▣ Increases/decreases in sleep
- ▣ Increased/decreased appetite
- ▣ AND MANY MORE.....



Irritability



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- Excessive response to stimuli
- Overreaction
- Low frustration threshold



Medical Reasons for Irritability



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- Low blood sugar
- Gastro esophageal reflux disease (GERD)
- Seizure activity
- Lack of sleep
- Over-medication
- Urinary tract infection (UTI)
- Ear/sinus infection
- Chronic dermatitis
- Chronic unrelieved pain
- Dental problems
- Irritable bowel syndrome (IBS)
- Gall bladder problems
- Sickle cell disease
- Exposure to an irritating allergen such as poison ivy
- Anal fissures
- Migraines/headaches
- Menstrual issues
- Constipation
- Side effect of medications
- Hyper/ hypothyroidism

Environmental Reasons for Irritability



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- Lack of structure
- Intensive staffing
- Ignored
- Bored
- Frustrated, overwhelmed
- Chaotic environment
- Poor roommate matches
- Poor staff matches
- Unable to find desired items
- Having a routine that may be overwhelming

Psychomotor Agitation



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Inability or difficulty sitting still

- Walking or swaying, performed with “speed” or “drive”
- Pacing
- Fidgeting
- Excessive rocking



Medical Reasons for Psychomotor Agitation



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- Restless Leg Syndrome
- Pain
- GERD
- Parkinson's disease
- Alzheimer's disease
- Delirium
- Asthma inhalers
- Nebulizer treatments
- Low sodium levels (hyponatremia)
- Infections
- Menstrual issues
- Constipation
- Side effect of medications
- Hyper/hypothyroidism

Environmental Reasons for Psychomotor Agitation



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- Excitement of waiting for someone or something
- Pacing while thinking in order to gather thoughts
- Feeling stuck in one place in which the person does not want to be
- Upset with what is occurring around them
- Afraid due to the behaviors of others
- Attempting to avoid intensive staffing

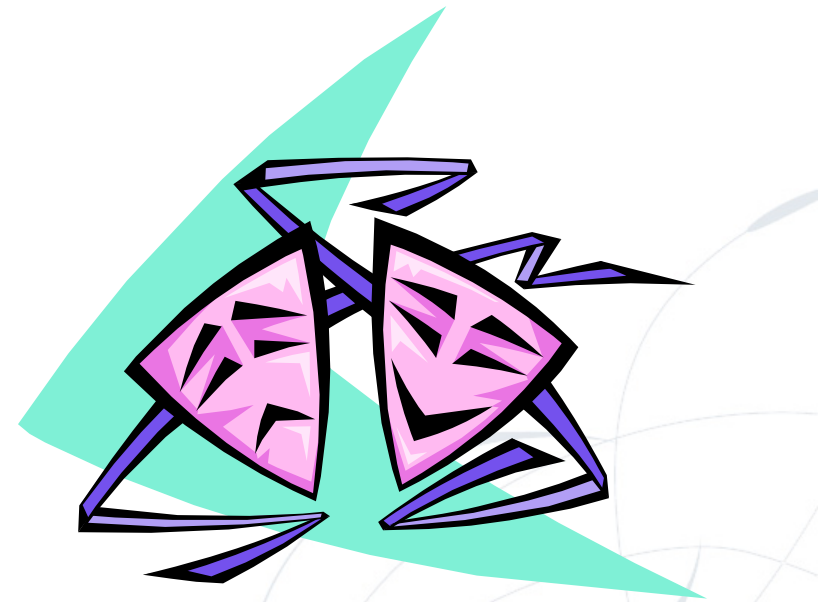
Mood Lability



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Rapid changes
between mood states

- Quick change from content to angry, or angry to happy, or crying to laughing/smiling



Medical Reasons for Mood Lability



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- Pain due to body or dental issues
- Infections
- Allergies
- Sleeplessness
- GERD
- High or low blood sugar
- Gradual, undiagnosed hearing loss
- Menstrual issues
- Constipation
- Side effect of medications
- Hyper/hypothyroidism

Environmental Reasons for Mood Lability



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- Overhearing something that evokes emotions
- Reacting to something that others did not notice
- Sudden disappointments
- Trauma

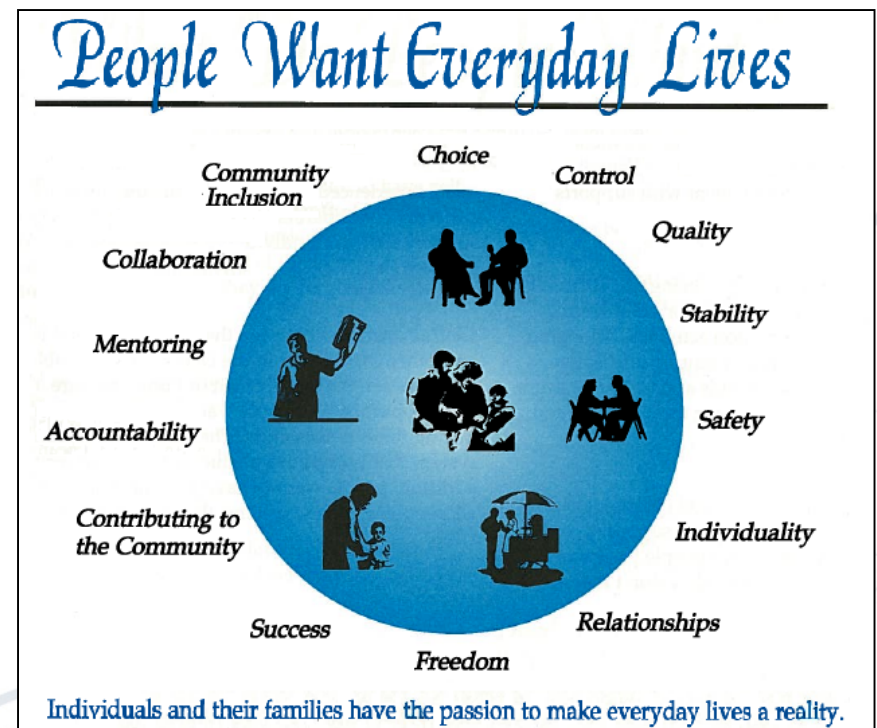
Environmental Reasons for Mood Lability



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Questions to consider:

- Do they enjoy their home, their job or day program?
- Do they like their roommates, co-workers, staff?
- Are they happy?
- Do they get the opportunity to do things they enjoy?



Individuals and their families have the passion to make everyday lives a reality.

▶ Pressured Speech



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- Increase in rate, volume, or quantity of speech or vocalizations
- Rate - fast
- Quantity - "chatty", "motor mouth"
- Non Verbal - excessive humming, singing, yelling or screaming



Medical Reasons for Pressured Speech



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Can be due to a host of physical/medical issues such as:

- Medication side effect
- Paradoxical medication reaction
- Pain
- Hyper/hypothyroidism
- Illegal drug use

Pressured Speech and Intellectual Disabilities: Some Considerations



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People with intellectual disabilities may:

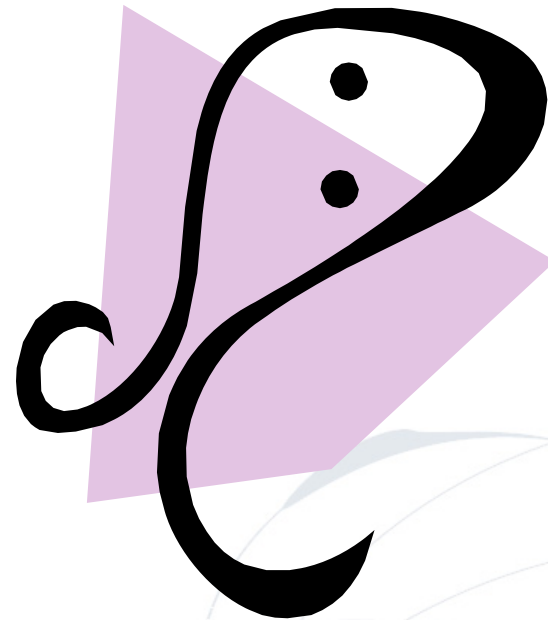
- Speak quickly out of fear of forgetting what they want to say
- Speak quickly because they are upset

▶ Hypersexuality



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Excess of sexual
energy or drive



Medical Reasons for Hypersexuality



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- Adverse reaction to medication
- Illegal drug use
- Physical discomfort/pain
- Chronic constipation
- Hemorrhoids
- Incomplete emptying of bladder
- Cystitis
- Infections
- Menstrual issues
- Hormonal imbalances

Environmental Reasons for Hypersexuality



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- Access to sexualized films/pornography
- Awakening of sexuality and sexual gratification
- Reactive response to sexual trauma

Gitterman (Ed.), *Vulnerable Populations*. Lexington, MA: Lexington Books.

Groth and Laredo (1981).

Increased/Decreased Sleep



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- Sleep patterns that show:
 - difficulty falling asleep
 - interrupted sleep
 - early morning awakening
- Sleeping less than 5-6 hours or more than 8-9 hours per night



Possible Medical Reasons For Increases/ Decreases in Sleep



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Hypersomnia (Sleeping too much)

- Anemia
- Seizure medication
- Sleep apnea
- Obesity
- Fibromyalgia
- Kleine Levin Syndrome
- Hyper/hypothyroidism
- Lupus
- Chronic fatigue syndrome
- Narcolepsy
- Side effect of medications

Insomnia (Sleeping too little or not at all)

- GERD
- Chronic pain
- Hyper/hypothyroidism
- Dental issues (impacted wisdom teeth, cavities)
- Any pain, illness or discomfort that makes the person uncomfortable and unable to rest

Environmental Causes for Increases/Decreases in Sleep



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Increased Sleep

- Lack of time
- Exhaustion
- Boredom
- History of trauma

Decreased Sleep

- Noise
- Roommates
- Afraid of the dark
- History of trauma
- Overwhelming anticipation
- Boredom

Increased/Decreased Appetite



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- Any change in eating pattern from a person's baseline eating habits



Medical Issues Related to Increases/Decreases in Appetite



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Increased Appetite

- Hyperthyroidism
- Reaction to medications
- Undiagnosed type 1 diabetes
- High or low blood sugar

Decreased Appetite

- GERD
- High or low blood sugar
- Constipation
- Infection
- Sore throat
- Dysphagia
- Digestive tract problems
- Medications that can alter the taste of food,
- Hypothyroidism
- Gall bladder problems
- Dental issues

Environmental Causes for Increase/Decrease in Appetite



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- Aversion to certain textures, consistencies
- Change in diet (served unfamiliar foods)
- Different atmosphere in the home at mealtime
- Dislike of certain foods

Remember



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There are many physical and environmental reasons for the same type of observable behavior that is considered a symptom of a mental health challenge.

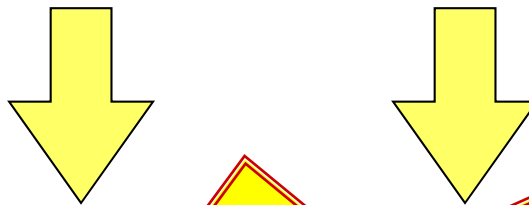
It is extremely important that all medical and non-medical/environmental causes of a behavior be explored and investigated prior to making a formal mental health diagnosis.

Challenging Behavior



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- If not caused by medical conditions
- If not caused by environmental conditions



**POSSIBLE TARGET
SYMPTOM OF A MENTAL
HEALTH CHALLENGE**

Symptom Analysis



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- When and how did the symptom start?
- What factors may cause the symptom to occur?
- What are the characteristics of the symptom?
- Since its onset, has it changed?

Tracking the target symptoms of a mental health challenge is vital!!!

▶ Roles of Team Members



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- The Person him/herself!!
- Family
- Direct Support Professionals
- Supports Coordinator
- Anyone involved in the persons life



▶ Roles of Team Members



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- Agency nurse and other medical professionals
- Psychiatrist
- Behavior Specialist
- Team

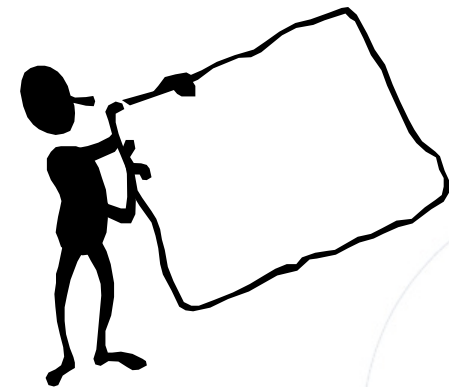


When there is an ACTUAL Mental Health Diagnosis:



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- Diagnosis made by psychiatrist
- Target symptoms identified
- Plan for care identified
 - Medication?
 - Support plan?
 - Therapy?
 - Certified Peer Specialist?
- Target symptoms tracked





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What can happen with a person's quality of life if we don't do these things?

In Conclusion



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- Function of behaviors needs to be questioned
- Ruling out medical and environmental causes needs to be pursued
- Psychiatric concerns need to be addressed
- Recovery can happen



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Thank You!

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- Please complete and hand in your Post-test.
- Please complete and hand in your Training Evaluation Survey.

References



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