



INADD

**Signs and
Symptoms of
Mental Illness**

The Series over the next few months will be in the following order:

- 1. Signs and Symptoms of Mental Illness**
- 2. Comprehensive Assessment Planning**
- 3. Collaborating Across Other Systems**
- 4. Adapting Therapy Practices**
- 5. Trauma Informed Support/Crisis Prevention**



This session includes information regarding signs and symptoms of depressive disorders, anxiety disorders, bipolar disorder and psychosis.

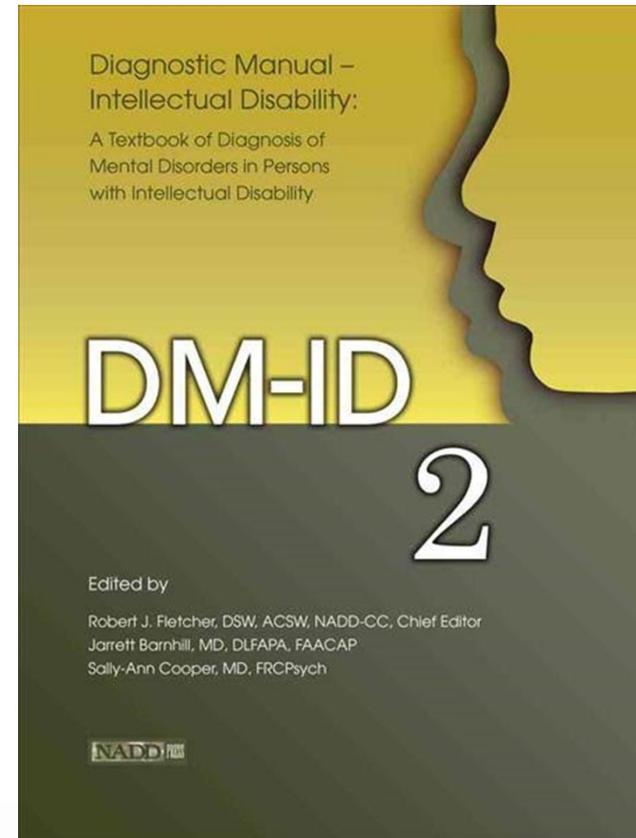
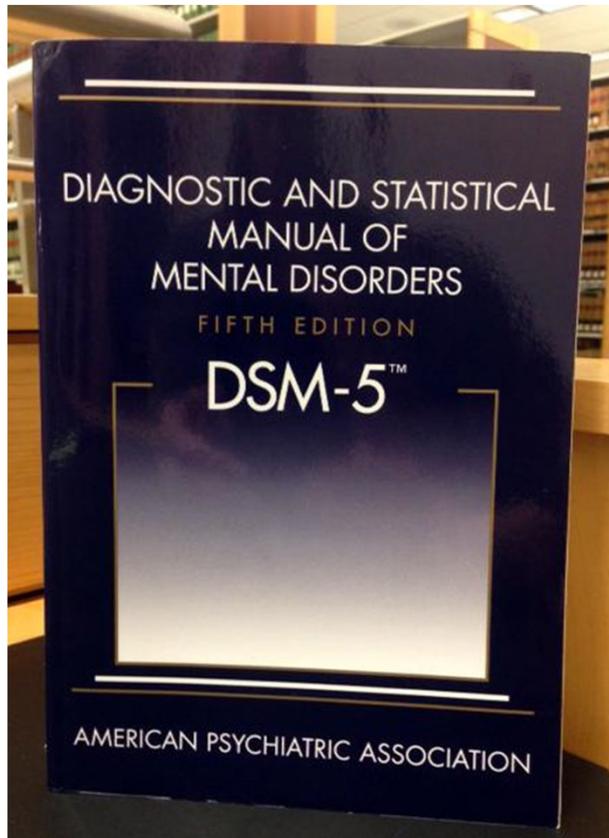
This presentation highlights the importance of observation of presentation of behavioral equivalents in people with IDD.



Learning Objectives

- Identify signs and symptoms of common mental health disorders
- Recognize presentation of behavioral equivalents for mental health diagnoses in people with IDD
- Recognize the importance of observation in the assessment process.

Presentation of Common Mental Health Conditions



Understanding IDD

Two groups: Developmental Disability (DD) and Intellectual Disability (ID)

Developmental Disability: DD

-Group of conditions due to a delay or impairment in cognitive ability, physical functioning, or both.

-Delays begin during the developmental period (in utero until end of adolescence) and will likely last throughout a person's lifetime.

Intellectual Disability: ID

When DD only affects cognitive abilities: "Intellectual disability" ID

- Most common DD
- Significant difficulties with both intellectual functioning (communication, learning, problem solving) and adaptive behaviors (social skills, routines, hygiene)



Prevalence and Facts

- **1 in 6 children** in the United States have some type of developmental disability. This includes ADHD and learning disabilities.
- **1-3%** of Americans have some form of an Intellectual disability when the determination based on IQ score of 70 or lower.
- **31.7%** of people with an intellectual disability had a psychiatric disorder
- **3.7-5.2%** of those with intellectual disability had co-occurring schizophrenia.

- **Males** are more likely to be diagnosed with a developmental disability
- **Males are twice as likely** to have any Developmental disability (DD) than females
- **Children living in poverty** are more likely to have a DD



Intellectual and Developmental Disability

Symptoms most often appear when a child is approaching school age and the most common ones are:

- Delayed speech
- Behavioral challenges
- Learning delays
- Explosive tantrums
- Delayed in developments like walking
- Difficulty remembering things
- Mood disorders
- Anxiety disorders
- Hearing problems
- Seizures



Diagnostic Challenges

- Communication
- Diagnostic overshadowing
- Acquiescence
- Appearing withdrawn
- Medications
- Behavioral
- Multiple diagnoses



DEPRESSION



Depression

Presentation in Someone with IDD

- Frequent unexplained crying
- Decrease in laughter and smiling
- General irritability and subsequent aggression or self-injury
- Sad facial expression
- No longer participates in favorite activities
- Reinforcers no longer valued
- Increased time spent alone
- Social Isolation or refusals of most work/social activities

Depression

Presentation in Someone with IDD

- Measured weight changes
- Increased refusals to come to table to eat
- Unusually disruptive at meal times
- Constant food seeking behaviors
- Disruptive at bed time
- Repeatedly gets up at night
- Difficulty falling asleep
- No longer gets up for work/activities
- Early morning awakening
- Over 12 hours of sleep per day
- Naps frequently

Depression

Presentation in Someone with IDD

- Sits for extended periods
- Moves slowly
- Takes longer than usual to complete activities
- Slumped tired body posture
- Restless, fidgety, pacing
- Increased disruptive behavior

Depression

Presentation in Someone with IDD

- Needs many breaks to complete simple activity or decreased work output
- Does not stay with tasks or complete tasks with multiple steps
- Decrease in IQ upon retesting
- Statements like “I’m dumb,” etc.
- Seeming to seek punishment
- Preoccupation with family member’s death
- Talking about committing or attempting suicide
- Fascination with violent movies/television shows

What symptoms of depression might look like for a person with IDD

Background:	Antecedent:	Behavior:	Consequence:
<p>Depression</p> <p>Not interested in previously motivating hobbies.</p>	<p>Prompted regarding “getting ready to leave/go out.”</p>	<p>Individual ignores the cue, becomes progressively more fidgety with a slumped posture if prompt is maintained.</p>	<p>Avoid going to hobby that was previously an incentive</p> <p>Formerly preferred is no longer preferred.</p>

Image: freedigitalphotos.net/henetus

BIPOLAR DISORDER



Bipolar Disorder

Presentation in Someone with IDD

- Smiling, hugging or being affectionate with people who previously were not favored by the individual
- Boisterousness
- Over-reactivity to small incidents
- Extreme excitement
- Excessive laughing and giggling
- Self-injury associated with irritability
- Increased aggression
- Negativism

Bipolar Disorder

Presentation in Someone with IDD

- Behavioral challenges when prompted to go to try to sleep
- Constantly getting up at night
- Seems rested after not sleeping (i.e., not irritable due to lack of sleep as is common in depression)

Bipolar Disorder

Presentation in Someone with IDD

- Making improbable claims
- Dramatic physical presentation
- Dressing provocatively
- Demanding rewards
- Disorganized speech
- Thoughts not connected
- Quickly changing subjects

Bipolar Disorder

Presentation in Someone with IDD

- Decrease in work/task performance
- Leaving tasks incomplete
- Inability to settle (e.g., stay seated and focus on favorite TV show, stay seated through a complete activity when generally able to do so)
 - Pacing
 - Increase in masturbation
 - Working on many activities at once
 - Fidgeting
 - Giving away/spending money

Bipolar Disorder

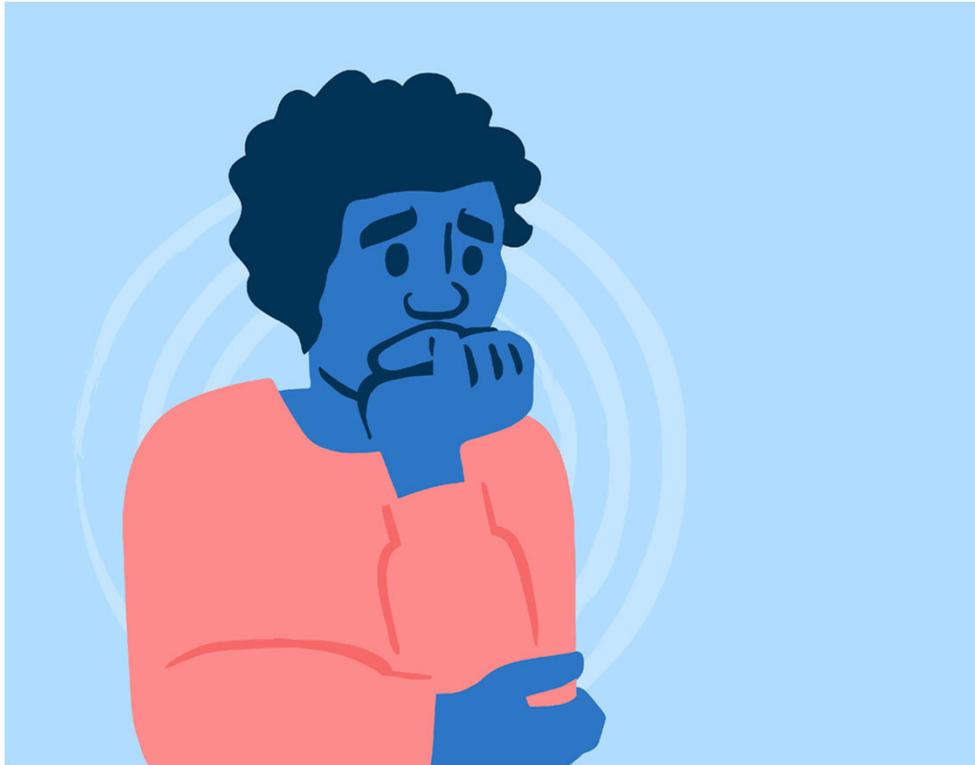
Presentation in Someone with IDD

- Increased singing
- Increased swearing
- Increase in vocalizations
- Perseverative speech
- Screaming
- Frequent interrupting
- Nonverbal communication increases

What symptoms of bipolar disorder might look like for a person with IDD

Background:	Antecedent:	Behavior:	Consequence:
<p>Bipolar cycling into manic phase.</p> <p>Not always a good sleeper.</p> <p>Not a lot of friends.</p>	<p>Parents often attempt to stop individual when she is doing things at 2 a.m. creating noise (cleaning, playing guitar, watching TV).</p>	<p>Individuals response is to scream most often waking her siblings.</p>	<p>Individuals parents routinely allow her to return to the activity since it is quieter than her screaming</p>

ANXIETY DISORDERS



Anxiety Disorders

DM-ID-2

Presentation in Someone with IDD

- Restlessness
- Easily fatigued
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep disturbances
- Fear
- Avoidance

Anxiety Disorders

Anxiety and Repetitive Behavior

Some anxiety disorders are accompanied by behaviors which are common in autism spectrum disorder (ASD) and other disorders.

Many people, including individuals with ASD, engage in repetitive behaviors to keep feel organized or comfortable.

Compulsions are time-consuming and unhelpful behaviors. They interfere with other important and enjoyable areas of life. Behaviors are no longer functional or helpful if they cause distress rather than provide comfort.

What symptoms of anxiety might look like for a person with IDD

Background:	Antecedent:	Behavior:	Consequence:
<p>Anxiety and Autism</p> <p>Trouble finding words stating he only feels “blank” or happy</p> <p>Lack of awareness of internal cues of anxiety while highly sensitive to noise in public places</p> <p>Low tolerance for “things out of place.”</p> <p>.</p>	<p>Individual mobilizes when he sees items “out of place” (e.g. thread on clothing, jars on a shelf, books not lined up</p>	<p>Individual repeatedly “fixes” or rearranges the items multiple times a day</p>	<p>Individual reattain’s visual predictability</p> <p>He regains control over his environment</p>

SCHIZOPHRENIA
AND OTHER
PSYCHOSIS



Psychosis

Presentation in Someone with IDD

- Delusions
- Hallucinations
- Disorganized speech
- Grossly disorganized behavior
- Negative symptoms, i.e., affect flattening, newly evidenced inability to speak, general lack of motivation or desire to pursue meaningful goals.

** Negative symptoms may be under-reported, may not be as apparent as positive symptoms or they are confused with symptoms of IDD

What symptoms of psychosis might look like for a person with IDD...

Background:	Antecedent:	Behavior:	Consequence:
<p>Psychosis</p> <p>Auditory hallucinations</p> <p>Lives with three other people with IDD- residential assistive program</p>	<p>Individual periodically experiences negative voice statements such as :”they’re not your friends” “they don’t like you”</p>	<p>Individual often yells back at “the voice” and will repeatedly hit the tops of his legs</p>	<p>Roommates leave the room and go elsewhere leaving the individual alone</p>

General Considerations

Communication difficulties may make recognition of symptoms more challenging

Difficulty in distinguishing normal symptoms of IDD from psychosis

Other illnesses and disorders symptoms may overlap with psychosis

Impact of delays in developmental development may be confused with psychosis ...example “Imaginary friends” at an older age

Lower the IQ the more difficult it is to diagnose



Psychotic Symptoms most commonly seen with IDD:

- Behavioral disorganization
- Severely impaired global functioning
- Behavior suggesting hallucinations
- Decreased social skills

Intellectual Disability and Psychosis vs. General Population:

More serious impairments in social and occupational functioning

More likely to have fewer or no friends, more difficulty with employment



Prevalence and Facts

IDD and Psychosis versus General Population:

- Schizophrenia higher with IDD:
4.4% IDD/Schizophrenia versus ~1% general population
- Dual Diagnosis of ID and Schizophrenia are significantly younger at first contact
- ID group scores higher on observable psychopathology-
may lead to more social stigmatization and possibly depression and anxiety



Research shows:

IDD, psychosis with
depression appear to be:

- underdiagnosed with mild to moderate IDD
- overdiagnosed with severe and profound IDD

*Why do you think this would
this be?*



Examples of potential misdiagnosis with Psychosis:

Catatonia, mannerisms, repetitive movements, grimacing	May be ID
Echolalia	May be Autism
Visual Spatial Cognitive Decline	Mislabeled as visual hallucination Mislabeled as Intellectual Disability
Social withdrawal and aggression	May be IDD not psychosis <ul style="list-style-type: none">- Must clear if ID and ASD vs. ID and psychosis
Positive symptoms	May be caused by childhood trauma or abuse, not psychosis <ul style="list-style-type: none">- Abuse more common than general population
Self talk	May be common and IDD



Case Study:

Jerry (male) - age 16- High School student

Parents talk with their therapist about Jerry's sadness at not being able to drive like his peers and have noticed in response to this he is no longer hanging out with his friends and isolating in his room.

This has progressed to the point that he is closing his curtains and to only focus on gaming with individuals that he doesn't know. They feel he is choosing friends that do not know he has an intellectual disability. It seems he is experiencing grief at not developmentally reaching the same milestones as his peers.

He has also even slowly stopped showering down to a bare minimum, something he used to do everyday. They are concerned.



Indicators of a Mental Health Condition

There is rapid onset, increase or change in behavior or symptoms

There are changes in sleep or eating patterns

There is a decrease in living skills or change in appearance or hygiene

There is evidence of purposeful self-harm

There are signs of hallucination or delusion

There is co-occurring substance abuse

The behavior/symptoms occurs across all environments, not just one specific setting

Questions?

Contact Information:

Tania Kneuer OT

Kneuer@ohsu.edu

easacommunity.org



References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC.

Agarwal, R., Guanci, N., & Appareddy, V. L. (2013). Issues in treating patients with intellectual disabilities. *Psychiatric Times*.

Brown, J. (2015). *The Emotion Regulation Skills System for Cognitively Challenged Clients: A DBT-Informed Approach*. Guilford Press.

Deb, S., Thomas, M. & Bright, C. (2001). Mental disorder in adults with intellectual disability: prevalence of functional psychiatric illness among a community-based population aged between 16 and 64 years. *Journal of Intellectual Disability Research*, 45, 495–505.

Fletcher, R., Loschen, E., Stavrakaki, C., & First, M. (Eds.). (2007). *Diagnostic Manual – Intellectual Disability (DM-ID): A Clinical Guide for Diagnosis of Mental Disorders in Persons with Intellectual Disability*. Kingston, NY: NADD Press.

Gentile, J. P. & Jackson, C. S. (2008). Supportive psychotherapy with the dual diagnosis patient co-occurring mental illness/intellectual disabilities. *Psychiatry*, Vol. 5, pp. 49-57. PMID: PMC2710105.

Hemmings, C. P. (2006). Schizophrenia spectrum disorders in people with intellectual disabilities. *Current Opinion in Psychiatry*, 19, 470-4.



References, cont'd.

McGilvery, Sharon and Sweetland, Darlene. (2011). *Intellectual Disability and Mental Health: A Training Manual in Dual Diagnosis*.

Matson, J. L., Barrett, R., & Helsel, W. J. (1988). Depression in mentally retarded children. *Research in Developmental Disabilities, 9*, 39-46.

Reid, K. A., Smiley, E. and Cooper, S-A. 2, (2011). Prevalence of anxiety disorders in adults with intellectual disabilities. *Journal of Intellectual Disability Research, Vol. 55*, pp. 172-81.

Rojahn, J., Matson, J., Lott D. J., Esbensen, A. (2002). The Behavior Problems Inventory: An Instrument for the Assessment of Self-Injury, Stereotyped Behavior, and Aggression/Destruction in Individuals with Developmental Disabilities. *Journal of Autism and Developmental Disorders 31(6):577-88*.

Rojahn, J., Schroder S., Mayo-Ortega, L., Oyama-Ganiko, R., LeBlanc, J., Marques, J., and Berke, E. (2013). Validity and Reliability of the Behavior Problems Inventory, the Aberrant Behavior Checklist, and the Repetitive Behavior Scale. *Research in Developmental Disabilities* Volume 34, Issue 5.

National Institute of Mental Health. Depression Basics. National Institute of Mental Health. Washington, D.C. [Online] n.d. <https://www.nimh.nih.gov/health/publications/depression/index.shtml>

Shooshtari, S., Martens, P. J., Burchill, C. A., Dik, N. & Naghipur, S. (201). Prevalence of depression and dementia among adults with developmental disabilities in Manitoba, Canada. *International Journal of Family Medicine, Vol. 319574*. doi:10.1155/2011/319574.

Walton & Kerr. (2015). Severe intellectual disability: Systematic review of the prevalence and nature of presentation of unipolar depression. Walton, C. & Kerr, M. 29, s.l.: *Journal of Applied Research in Intellectual Disabilities*.

