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)
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.
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
### 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
### 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
### 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
### 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

<table>
<thead>
<tr>
<th>Background:</th>
<th>Antecedent:</th>
<th>Behavior:</th>
<th>Consequence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Prompted regarding “getting ready to leave/go out.”</td>
<td>Individual ignores the cue, becomes progressively more fidgety with a slumped posture if prompt is maintained.</td>
<td>Avoid going to hobby that was previously an incentive</td>
</tr>
<tr>
<td>Not interested in previously motivating hobbies.</td>
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<td></td>
<td>Formerly preferred is no longer preferred.</td>
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</tbody>
</table>
BIPOLAR DISORDER
<table>
<thead>
<tr>
<th>Presentation in Someone with IDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Smiling, hugging or being affectionate with people who previously were not favored by the individual</td>
</tr>
<tr>
<td>• Boisterousness</td>
</tr>
<tr>
<td>• Over-reactivity to small incidents</td>
</tr>
<tr>
<td>• Extreme excitement</td>
</tr>
<tr>
<td>• Excessive laughing and giggling</td>
</tr>
<tr>
<td>• Self-injury associated with irritability</td>
</tr>
<tr>
<td>• Increased aggression</td>
</tr>
<tr>
<td>• Negativism</td>
</tr>
<tr>
<td>Presentation in Someone with IDD</td>
</tr>
<tr>
<td>----------------------------------</td>
</tr>
<tr>
<td>• Behavioral challenges when prompted to go to try to sleep</td>
</tr>
<tr>
<td>• Constantly getting up at night</td>
</tr>
<tr>
<td>• Seems rested after not sleeping (i.e., not irritable due to lack of sleep as is common in depression)</td>
</tr>
</tbody>
</table>
### Presentation in Someone with IDD

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

<table>
<thead>
<tr>
<th>Presentation in Someone with IDD</th>
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</thead>
<tbody>
<tr>
<td>• Increased singing</td>
</tr>
<tr>
<td>• Increased swearing</td>
</tr>
<tr>
<td>• Increase in vocalizations</td>
</tr>
<tr>
<td>• Perseverative speech</td>
</tr>
<tr>
<td>• Screaming</td>
</tr>
<tr>
<td>• Frequent interrupting</td>
</tr>
<tr>
<td>• Nonverbal communication increases</td>
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</tbody>
</table>
What symptoms of bipolar disorder might look like for a person with IDD

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Bipolar cycling into manic phase.</td>
<td>Parents often attempt to stop individual when she is doing things at 2 a.m. creating noise (cleaning, playing guitar, watching TV).</td>
<td>Individuals response is to scream most often waking her siblings.</td>
<td>Individuals parents routinely allow her to return to the activity since it is quieter than her screaming</td>
</tr>
<tr>
<td>Not always a good sleeper.</td>
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<td></td>
<td></td>
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<tr>
<td>Not a lot of friends.</td>
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</tbody>
</table>
ANXIETY DISORDERS
### Anxiety Disorders

#### 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

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

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

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
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:

<table>
<thead>
<tr>
<th>Catatonia, mannerisms, repetitive movements, grimacing</th>
<th>May be ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Echolalia</td>
<td>May be Autism</td>
</tr>
<tr>
<td>Visual Spatial, Cognitive Decline</td>
<td>Mislabeled as visual hallucination, Mislabeled as Intellectual Disability</td>
</tr>
<tr>
<td>Social withdrawal and aggression</td>
<td>May be IDD not psychosis</td>
</tr>
<tr>
<td>Positive symptoms</td>
<td>May be caused by childhood trauma or abuse, not psychosis</td>
</tr>
<tr>
<td>Self talk</td>
<td>May be common and IDD</td>
</tr>
</tbody>
</table>

Positive symptoms may be caused by childhood trauma or abuse, not psychosis. Abuse is more common than the general population.
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.
<table>
<thead>
<tr>
<th>Indicators of a Mental Health Condition</th>
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<tbody>
<tr>
<td>There is rapid onset, increase or change in behavior or symptoms</td>
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<tr>
<td>There are changes in sleep or eating patterns</td>
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<tr>
<td>There is a decrease in living skills or change in appearance or hygiene</td>
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<tr>
<td>There is evidence of purposeful self-harm</td>
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<tr>
<td>There are signs of hallucination or delusion</td>
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<tr>
<td>There is co-occurring substance abuse</td>
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<tr>
<td>The behavior/symptoms occurs across all environments, not just one specific setting</td>
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Questions?

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References


References, cont’d.