



INADD

**Comprehensive
Assessment
Practices**

The Series for IDD/MI/Psychosis support:

- 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 presentation includes content inclusive of conceptual models related to behavior and understanding potential challenges: what is an integrative approach, how to perform functional assessment of behavior and assessment with diagnostic practices.



Learning Objectives

- List the components and importance of using an Integrative Model inclusive of behavioral, medical, communication and physical conceptual models of care.
- Discuss diagnostic challenges and principles to consider during the assessment process.
- Become familiar with the recommended measures for the comprehensive assessment process with IDD and Psychosis



Conceptual Models Related to Behavioral Challenges:

An Integrated Assessment Approach

Five Conceptual Models:



1. Medical Model



2. Communication Model



3. Behavioral Model



4. Psychiatric Model



5. Integrative Model (1-4)

1. Medical Model

- Challenging behaviors are exhibited because of coexisting medical problems
- Assessment of potential medical problems involves conducting a full medical workup
- Treatment focuses on addressing the underlying medical problem

2. Communication Model

- Views behavioral challenges as reflecting deficits in language skills.
- Treatment—teach communication skills.
- Assessment focuses on evaluation of skills, deficits and communicative intent.

3. Behavioral Model

- Problem behaviors are viewed according to learning principles
- Assessment identifies the antecedent and consequences of the problematic behavior
- Treatment focuses on changing or eliminating behavior through behavioral approaches
- Does not usually identify people's needs/emotions

Baer, Wolf & Risley, 1968



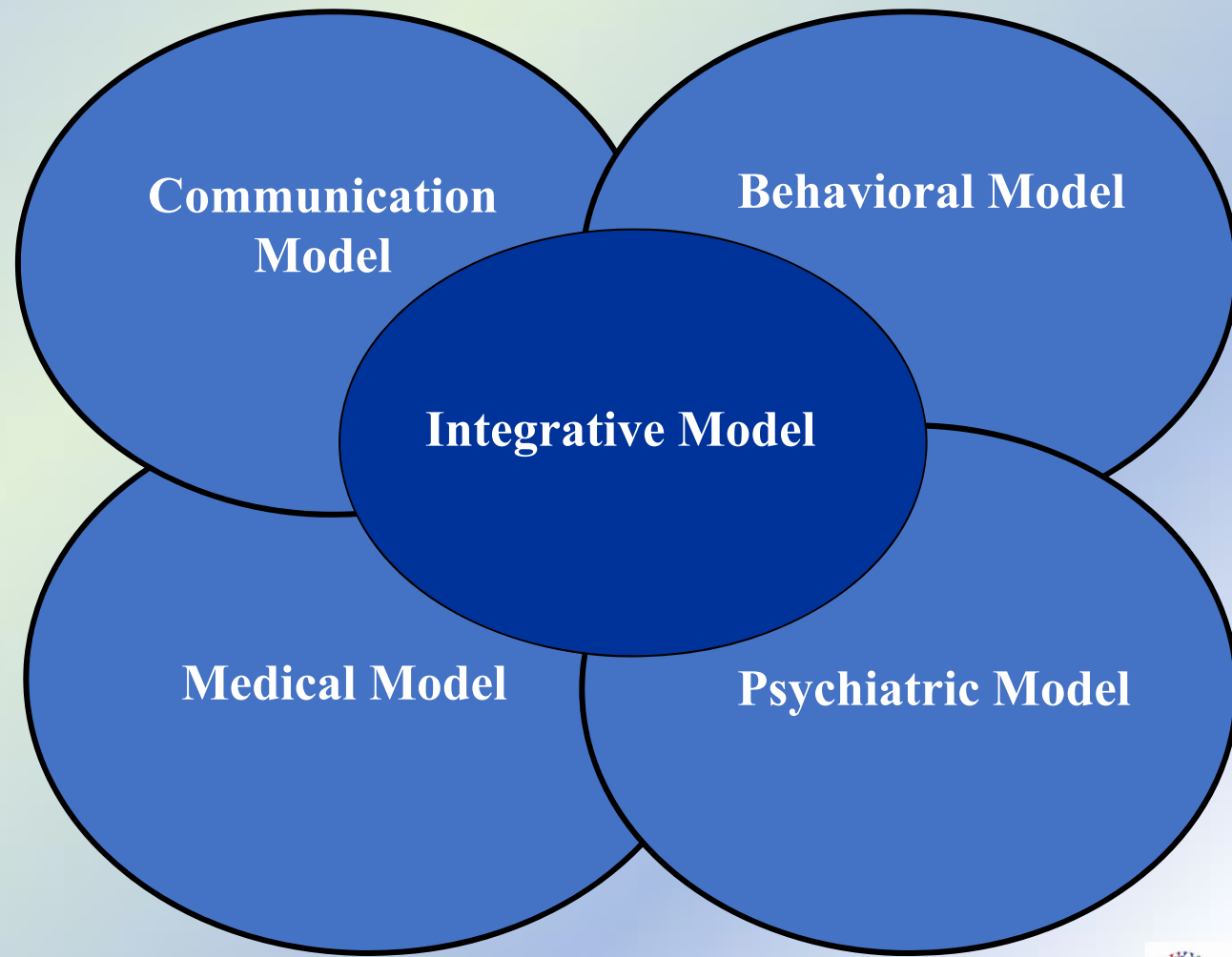
4. Psychiatric Model

- Views behavior challenges as a possible manifestation of a mental disorder
- Presentation of behavioral challenges may be associated with a psychiatric disorder
- Assessment based on a bio-psycho-social model
- Treatment focuses on underlying psychiatric disorders

Engel, 1977



5. Integrative Model



Case Vignette: John

15-year-old male, IQ = 50

living at home with parents

behavior has changed in the last 6 months from his normative

-recent onset of behavioral change:

-self injurious behavior

-yelling out at students during passing periods

-sleep disturbances have gotten worse

-quickly gets agitated, is jumpy, and will suddenly leave class

limited verbal communication skills uses hand gestures and

often repeats what he last heard

appetite decreased and is constipated

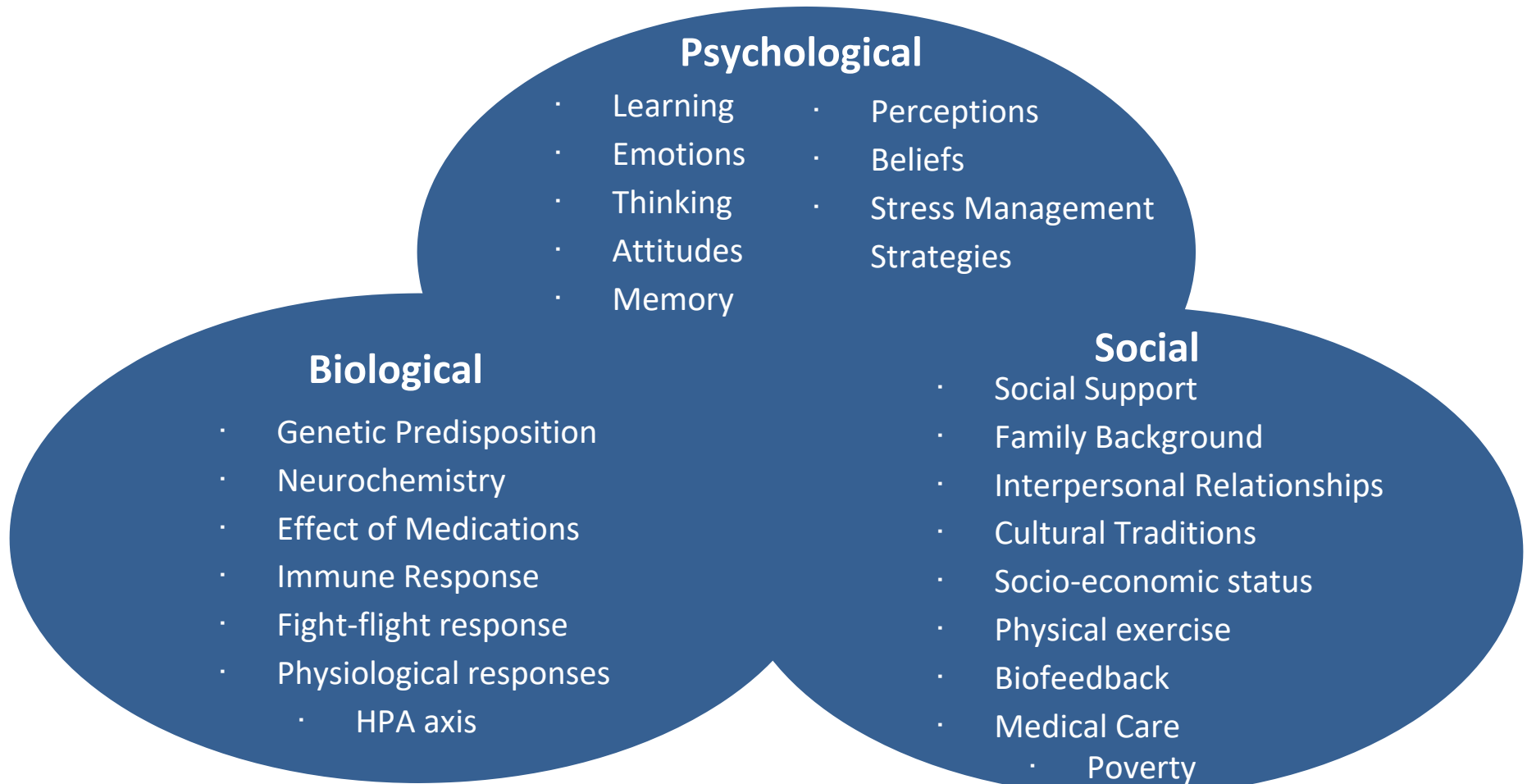
no previous psychiatric history

The Relationship of Behavior and IDD

Type of Model	Medical	Communication	Behavioral	Psychiatric
Assessment	Medical evaluation by primary care physician	Standardized administered measure of expressive language	Functional Analysis	DM-ID2
Problem Identification	Constipation	Speech and language impairment	Function/ need being met through behavior	Schizophrenia dx.
Treatment	Medication for bowel movement (laxative)	Functional communication skill training	Addressing unmet need, supporting appropriate behavior	Medication treatment, psychotherapy

Bio-Psycho-Social framework

An approach to describing and explaining how biological, psychological and social factors combine and interact to influence physical and mental health.



The Bio-Psycho-Social Model

- Provides for translation of multiple modalities of influence in a common model
- Incorporates the effects of biomedical and psychological factors and how these influences interrelate.
- Identifies skills, strengths, and related supports
- Proactive in focus for a multi-dimensional framework for healing

Barriers to Diagnosis and Treatment:

9 Complicating Diagnostic Factors

1. Diagnostic overshadowing
1. Communication deficits
2. Atypical presentation of psychiatric disorders
3. Medical conditions
4. Acquiescence
5. Learned behavior
6. Behavioral overshadowing
7. Medication masking
8. Episodic presentation

Medical Causes and Changes in Behavior

Why do medical causes get missed and are often underdiagnosed?

- Medication effects/reactions
- Medical conditions can mask as behavioral problems
- Limited communication



Examples of Medical Causes impacting Behavior

Drug side effects:

- Akathisia, delirium, dyskinesia

Endocrinological problems:

- Thyroid problems, diabetes

Neurological problems:

- Epilepsy, other movement problems

Other:

- Dental pain, sleep apnea, headaches, hearing and vision problems, back pain

Medical problems may cause significant alterations in mood and behavior that mimic acute psychiatric illness.



Symptoms Reported by Informants: Don't Confuse Phenomenology with Etiology

MANIA

- Irritable, restless, pacing, running back and forth, can't sit still, can't focus, can't get to sleep

AKATHISIA

- Irritable, restless, pacing, running back and forth, can't sit still, can't focus, can't get to sleep

DEPRESSION

- Crying, won't get out of bed, decreased concentration

CONSTIPATION

- Crying, won't get out of bed, decreased concentration

Case Example of Discomfort and Self Harm

23-year-old female with IDD referred to a psychosis program for a sudden new behavior where individual is harming herself frequently

Mother noted that she scratches at her arm until it bleeds and won't leave her arms alone...this is a new behavior worried she is hallucinating about something on her body

Medical exam showed dry patches of skin during an extra cold winter and recommended lotion.

Mother subsequently reported that scratching ceased

12 Indications That a Behavioral Pattern May Be the Result of a Psychiatric Condition

1. The behavior occurs in all environments; it is not just exhibited in specific settings.
1. Behavioral strategies have been largely ineffective.
1. The individual doesn't appear to have control over their behavior. He/she doesn't appear to be able to start or stop the behavior at will.
1. The individual is experiencing excessive mood or unusual mood patterns.
1. There are changes in sleep patterns; increased, decreased or disturbed sleep.
1. There may be changes in eating patterns such as eating less or more

12 Indications That a Behavioral Pattern May Be the Result of a Psychiatric Condition

7. There are changes in the individual's appearance and a decline in their independent living skills.
8. The person may start to engage in purposeful self-harm (cutting, hitting, scratching, pulling out hair).
9. The person may start to show signs of hallucination, such as staring to the side or corners and not appear to track conversations.
10. The individual has a history of a psychiatric disorder that has been in a period of recovery
11. There is an acute onset of the behavior.
12. There is an unusual change in behavior patterns, such as a significant change from baseline behavior.

Engagement

Engagement is the priority in EASA

Prolonged engagement is a common practice in early psychosis programs - Be sure to obtain the individual and family/supports explanatory model for their experiences

- Engagement may be with family and supports initially for a longer period of time prior to initiating care with individuals with IDD and Psychosis
- Anticipate longer rapport building with IDD participants

Trust and connection with individuals, their family members, and supports is essential to the assessment process



Engagement, cont'd...

Be sure to center the lived experience, stories and perspective of individuals and family members

The exploration of the young person's explanation and perspectives about the reason they are having symptoms, along with family members and supporters perspectives are listened to throughout the assessment process.

The explanatory model can assist in identifying help-seeking patterns and potential sources of trauma.



Comprehensive Assessment

Understand that the assessment interview can be stressful for all involved

- Interviewer will need to be alert for signs of increased distress on part of the client

Examiner needs to use language that correlates with the expressive and receptive language skills of the client

- Simple language
- Reflection
- Stay away from abstract concepts and analogies

Important Components of a Mental Health Assessment:

- Watch for signs the person is trying to respond to questions in a way that will please the interviewer.
- Parroting and perseverating habits may interfere with the accuracy of the responses.
- Multiple and shorter meetings may be needed to obtain a full assessment and for delivery of psychoeducation.

A Comprehensive Assessments involves:

1. Reviewing reports - obtain records in advance
School, medical, development and family
2. Conducting a clinical interview with the participant and anyone involved in their care with permission
(family, service coordinators, care providers, personal support worker)
3. As able, include observation of the participant in their natural environment

Historical Data Gathering



- Source of information and reason for referral
- History of presenting problem and past psychiatric history
- Family health history
- Social and developmental history

Fletcher et al. (2016)

I. Source of information and reason for referral

- Who made the referral?
- What is different from baseline behavior?
- Why make the referral now?



II. History of presenting problem and past psychiatric history

- How long has this been of concern?
- History of mental health treatment
- Trauma history
- Pathway to care
- Explanatory Model

III. Personal and family health history

- Medical, psychiatric and substance abuse history
- Psychotropic medications
- Medical conditions
- Genetic disorders
- Hypo/hyperthyroid condition
- Constipation
- Epilepsy
- Diabetes
- Gastrointestinal problem



IV. Social/Developmental History

- Developmental milestones
- Relevant school history
- Work/vocational history
- Current work/vocational status
- Legal issues
- Relevant family dynamics
- Drug/alcohol history
- Abuse history (emotional/physical/sexual)
- Trauma history



Involving Support Professionals PSWs and Caregivers in Plan Development

- PSWs often work closest to and spend most time with people
 - Encourage contributions, observations, hypotheses, ideas, intervention strategies
 - PSWs can identify trends and missing puzzle pieces that others often cannot
 - Promote participation and involvement in planning
 - Provide ongoing support and guidance
- Consider PSW's at Workshop to support building knowledge of psychosis

Assessment Overview

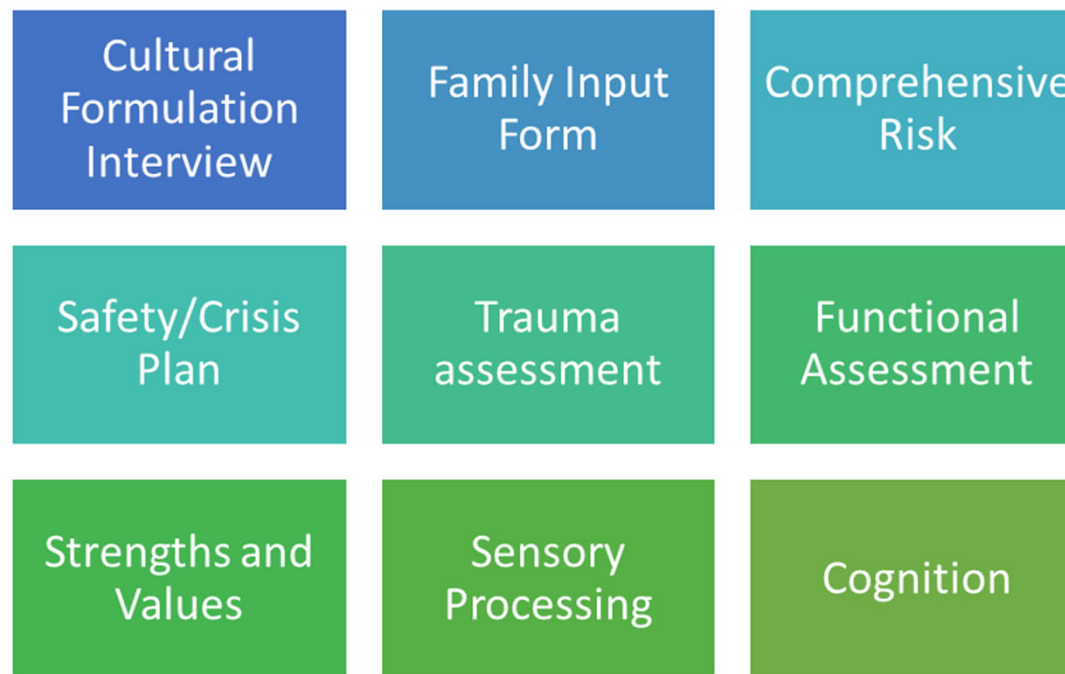
Many methods to gather assessment information, including narrative storytelling, using structured tools including the Comprehensive risk assessment, family and support observation and report, review of clinical records, and direct observation.

Remember: we are using the same principles of EASA just modifying our work with IDD and Psychosis



Assessment Overview

EASA Comprehensive Assessment is inclusive of:



90 Day Reviews:

Incorporate care coordination at 90 day reviews with IDD, PSW, family, participant



Considerations of Functional Assessment

Look for patterns to help identify the function of the behavior (ABC model)

- What are the antecedents/precursors; what causes the behavior?
- Are there any setting events, things that set the person up to do the behavior?
- What are the consequences/outcomes; what does the person get as a result?

Is the behavior:

- the result of a medical condition or other factor
- a way of communicating a desire to either obtain or avoid something (tangible object, attention, demand, opportunity)
- a pleasing sensory experience (feels better, satisfies a need or impulse)

BEAMS

Are there any changes in the current conditions?

Are there any changes in:

B = behavior

E = energy level*

A = appetite

M = mood

S = sleep patterns

How long have the symptoms/changes been occurring?

Is there anything that appears to help the person feel better when these signs are present?

In what context have these changes occurred?



6 Diagnostic Principles for Recognizing Psychiatric Disorders in People with IDD

1. Mental Illness with IDD at a higher rate than the general population
1. Psychiatric disorders usually present as changed behavior from baseline
1. An acute psychiatric disorder may present as an exaggeration of a longstanding behavior
1. Maladaptive behavior can be a clear clue to the manifestation of a psychiatric change
1. The severity of the behavior is not diagnostically relevant.
1. The clinical interview alone is rarely diagnostic- obtain historical data and observation

Adapted from Sovner & Hurley, 1989



In Summary...

This presentation included content inclusive of conceptual models related to behavior and understanding potential challenges: what is an integrative approach, and measures to incorporate into a comprehensive assessment.

The EASA model of care is a holistic model of care already setup with the right principles to help young people with IDD and Psychosis.

It is about making modifications, collaboration, and strengthening our skills in understanding behavior as communication.



Questions?

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