Adapting Therapy Practices

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

Learning Objectives

- Explore supportive guidelines for IDD and MI treatment.
- Describe ways to adapt therapy practices highlighting common challenges
- Discuss therapeutic models of care and adaptations

Why Do People with IDD Need EASA?

- Individuals with IDD may experience social dis-attunement impacting self -esteem and volition
- People with IDD have a history of being devalued, leading to feelings of marginalization and inadequacy.
- Strengthening coping strategies building self-awareness, reflection, and a plan for challenging situations.
- People with IDD experience a host of bio-psycho-social vulnerabilities.

Adapted Therapies

Many typical therapy sessions start with this question: “How have you been feeling since the last time I saw you?”

- Must remember feelings from last visit
- Must know current feelings
- Must be able to compare
- Must know what the team member is really asking

And so on and so on…

Fletcher, et al. (Eds.), 2015

Therapeutic Principles

- Empathetic understanding
- Respect and acceptance of people we support
- Concreteness
- Confidentiality
- Express genuine interest
- Be aware of your own feelings
- Be willing to ask for help

Address Your Own Discomfort

- Shouldn't be us trying to fit another into a standard
- Hard to see the distress in another
- Assess your own bias of wellness
- Stay validating and understanding. **It's their choice for change.**

Therapy Guidelines

Intellectual disability affects many aspects of the person's day-to-day life.

People with an intellectual disability usually have some difficulty:

- communicating (expressive and receptive)
- remembering things
- multitasking
- understanding social rules and boundaries
- sensory processing and environmental adaptations
- understanding cause and effect for everyday events
- solving problems and thinking logically
- reacting and interacting in ways characteristic for their age

Fletcher, et al., 2011

Therapy Guidelines

You can respect and engage by:

- Speak clearly and slowly- allow space within the conversation
- Give time to respond
- Speak in a calm, normal tone
- Consider the environment
- Use simple, short statements or questions
- Practice turn taking
- Avoid using abstract ideas and jargon
- Be specific
- Be aware of your body language

Fletcher, (Eds.), 2011

Therapeutic Engagement

Consider voice: being sure to note what tone and pacing supports the interaction

Therapeutic attunement and empathy: listen to how individuals use language…if in a different way mirror them. Validate their linguistic experience (Thomas Gordan)...create a rhythm together

- Incorporate rhythmic patterns into therapy: talking, breathing, walking, breathing…helps brain waves into rhythm.
- Security and predictability in rhythms and routines

  Touches psychological, relational, biological realms

Be careful not to push into sensory overload.. we each have different levels of threshold and this can be quite variable

Therapy Guidelines

- **Check the person's understanding from time to time**. If you are not sure they have understood, ask them to explain to you in their own words what you have just asked or said.
- **Do not assume** the person's ability to express themselves is an indication of how much they understand.
- **Be patient**; give the person time to respond.
- **Don't assume** the person with an intellectual disability is able to generalize skills learned in one context or situation automatically to another.
- **Don't pretend to understand.** Use checking questions or paraphrasing to assist your understanding. Ask them to repeat what they have said in another way if they can.

Morasky, 2007

NADD

Cognitive Load of Therapy and Intervention

Cognitive load refers to the amount of information and interactions processed simultaneously (or) thinking and reasoning required for people to build on what they already understand.

- Many of the typical ways we provide therapy are complex and require significant cognitive functioning to work.
- Typical practices may not work for a person with IDD.

Cognitive Processes

- Typical therapy might require inductive reasoning.
  - Therapists help see patterns across multiple incidents.
  - This requires a person to make connections from multiple examples.
- Typical therapy might require deductive reasoning.
  - Therapists help to figure out how to handle certain situations using general rules.
- Typical therapy might require self-awareness to report on feelings and insights about actions and situations.
- These can be difficult for a person with IDD.

Baker, 2011

Ten (10) Adaptations of Therapy

- Language
- Frequency of sessions
- Shorter sessions
- Duration of therapy
- Utilize a more structured and directive approach
- Communication with collaterals
- Modify complexity of interventions
- Therapist needs to be supportive
- Therapist needs to be flexible
- Use of visual supports

Adaptations of Therapy

1. Language

- Need to understand person's level of language skills
- Need to know the expressive and receptive language skills of the person
- Need to adjust the language used by the therapist that correlates with the language skills of the client
- Adapted to person's cognitive level

Anderson & Kazantzis, 2008

Adaptations of Therapy

2. Frequency of Sessions

- In the beginning stage of therapy, it may be useful to have sessions held more frequently than one would with a neurotypical person.
- It takes more time to establish a therapeutic relationship as compared to a neurotypical person.
- For some people, it may be recommended to have therapy two times per week for a relatively brief period of time, and then weekly.

Fletcher et al. Eds 2015

Adaptations of Therapy

3. Shorter Sessions

- There may be a challenge to maintain the person's attention and focus on therapeutic issues that last the usual 45-60 minutes.
- Allow for a degree of flexibility with regard to the length of any given therapy session.
- For some people, a 30-minute session is the time period for which their cognitive reserve will allow them the maximum benefit.

Adaptations of Therapy

4. Duration of Therapy

- Increase length of treatment to allow for needed repetition.
- Increase length of treatment to allow for newly acquired skill sets to be generalized.
- Increase length of treatment to build upon therapeutic relationship and needed time to work on goals and objectives.
- Effective termination process may take longer.

Fletcher et al. (Eds.), 2015

Adaptations of Therapy

5. Utilize a More Structured and Directive Approach

- Structure is often needed in therapy to help bring and maintain focus on the therapeutic material being addressed.
- A more directive approach can be useful to facilitate meaningful interaction between the therapist and the person.
- Silence can be perceived as rejection.

Fletcher et al. (Eds.), 2015

Adaptations of Therapy

6. Communication with Other Care Providers

- With appropriate permission, therapist should communicate with others (care providers, parents, psychiatrist, residential staff, etc.).
- Therapist should not work in isolation, but be part of the holistic treatment/habilitation/care planning team.
- If individual is living with natural family, employing a family systems approach can be incorporated as an adjunct to individual therapy.
- Other caregivers can provide important collateral information.

NADD

Fletcher et al. (Eds), 2015

Adaptations of Therapy

7. Modify complexity of interventions to be in sync with the person's developmental framework

- Repetition is important in order for the person to internalize the material discussed in therapy.
- Discuss one therapeutic issue at a time with attention to beginning, middle and end stages of the material discussed.
- Break down interventions into smaller pieces to ensure understanding before moving on to the next topic of discussion.
- Use reflection to ensure understanding the materials discussed.

Fletcher et al. (Eds.), 2015

Adaptations of Therapy

8. The therapist needs to be supportive

- Provide a lot of support.
- Give recognition to even small improvements.
- Provide a sense of hope.

Fletcher et al. (Eds.), 2015

Adaptations of Therapy

9. The therapist needs to be flexible

- For neurotypical people, when progress is not made, the therapist might assume resistance. With people who have IDD, the therapist needs to adjust and consider an alternative approach.
- An elective approach or at least the knowledge and skills of using more than one model is suggested.
- A supportive approach can be beneficial.

Fletcher et al. (Eds.), 2015

Adaptations of Therapy

10. Use of visual supports

Employing visual supports, such as graphics and pictures, can help a person increase their understanding of the therapeutic process:

- Flip charts
- Games
- Social stories
- Handouts
- Multisensory approach

Fletcher et al. (Eds.), 2015

Visual Media example

Myself	I have a big problem doing this	I have a little problem doing this	I do this ok	I am really good at doing this	Not really important to me	Important to me	Really important to me	Most important of all to me
Get enough sleep	☹ ☹	☹	☺	☺ ☺	★	★ ★	★ ★ ★	★ ★ ★ ★
Have enough time to do things I like	☹ ☹	☹	☺	☺ ☺	★	★ ★	★ ★ ★	★ ★ ★ ★
Take care of my things	☹ ☹	☹	☺	☺ ☺	★	★ ★	★ ★ ★	★ ★ ★ ★
Get around from one place to another	☹ ☹	☹	☺	☺ ☺	★	★ ★	★ ★ ★	★ ★ ★ ★
Choose things that I want to do	☹ ☹	☹	☺	☺ ☺	★	★ ★	★ ★ ★	★ ★ ★ ★

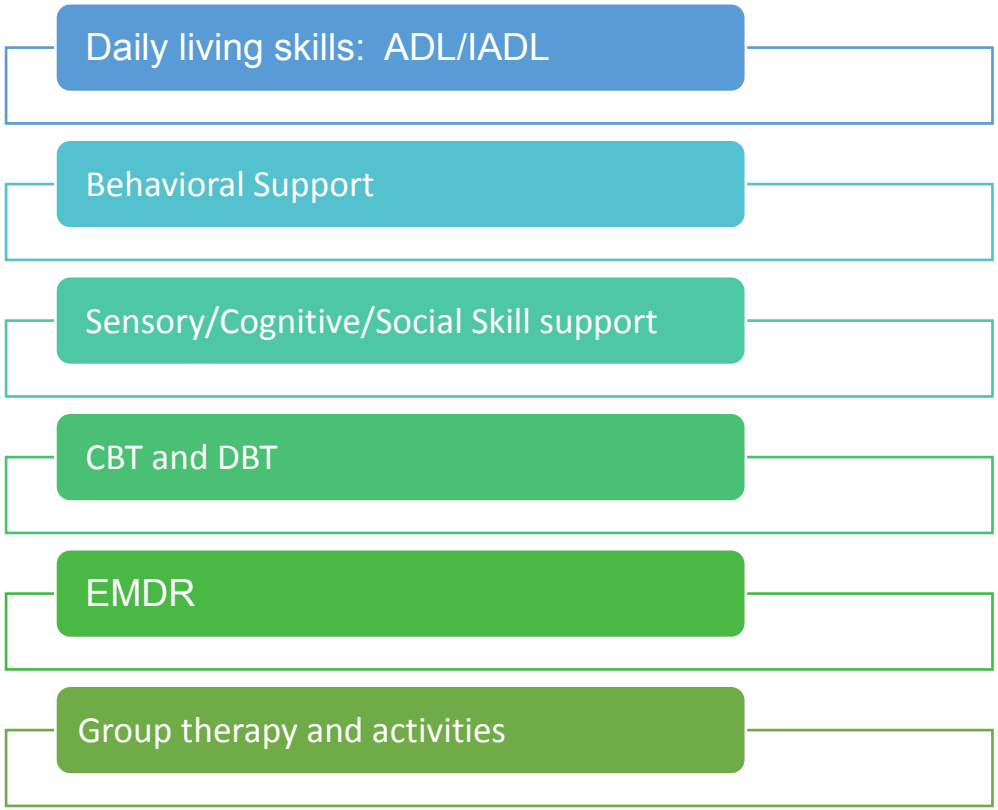
Theoretical Orientation

Just as with the general population, people with intellectual disability and co-occurring mental illness respond to a variety of therapeutic approaches.

A clinician's approach should be informed based on the need of the identified person, rooted in sound, evidence-based theory and supported by education, experience and exposure, relative to providing the treatment.

Fletcher et al. (Eds.), 2015

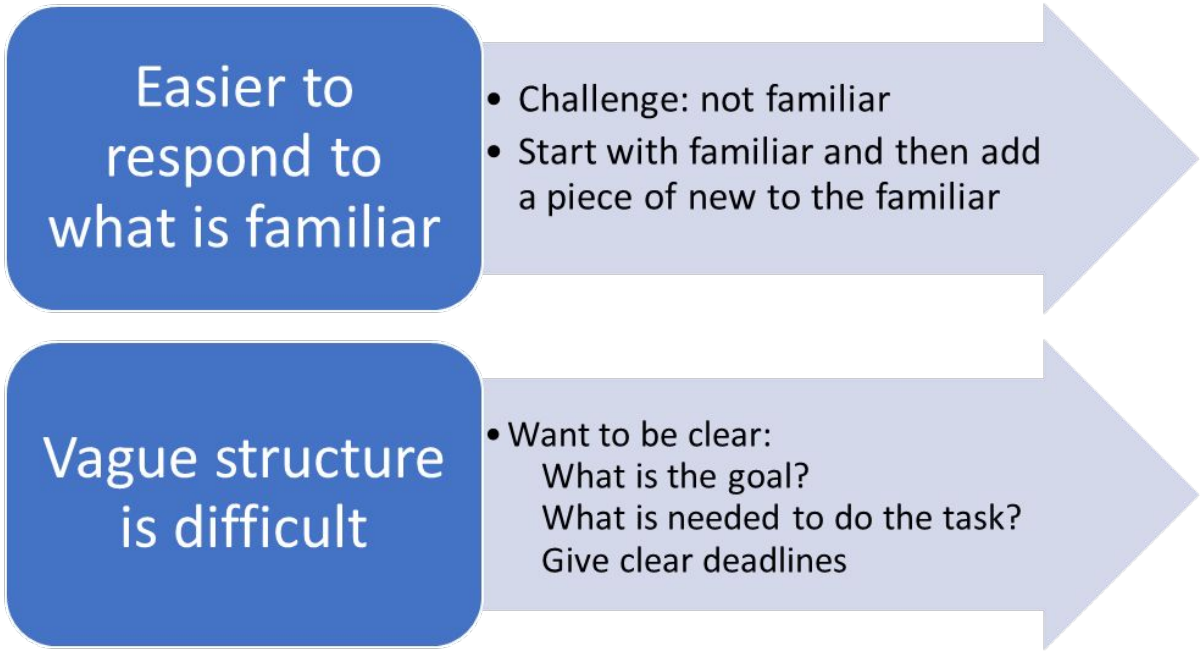
Treatment and Therapy Techniques Can Be Adapted



Fletcher (Eds.), 2011

Skill Acquisition

Emphasize generalization of skill acquisition:



Skill Acquisition

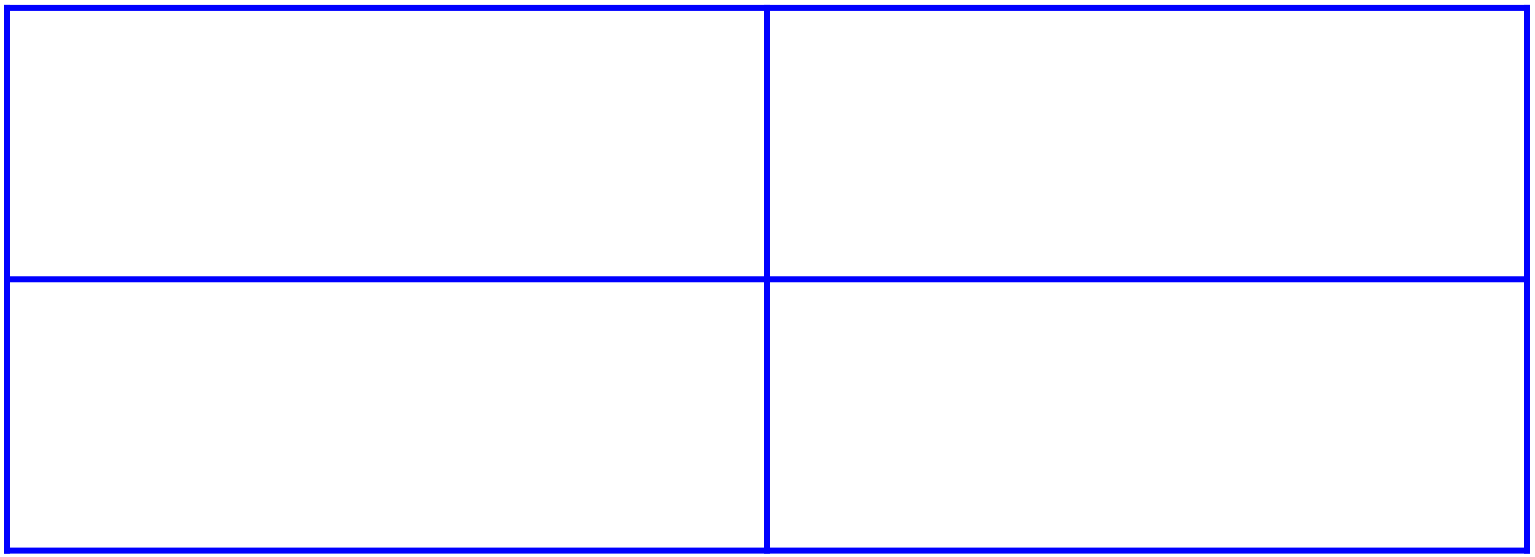
Strategies: Repetition, Shaping, Chaining (forward or backward sequential steps), individual reinforcement system, momentum

Behavior momentum: start the day with something positive and ease into what to consider that might be harder: ex. start with gym and walking before work

Treatment: break cards, video modeling, practice in the mirror, schedules, visuals, drawings, checklists, motivation systems, choice making

Problem Solving

Helping to assess what the steps are:



Types of Theory of Mind

Cognition

Interpersonal
Cognitive

- Understand that others can have thoughts, beliefs, desires different than my own
- infer mental states of others
- Infer behavior based on thoughts

Intrapersonal
Cognitive

- Reflect on one's own mental states
- Plan one's behavior
- Use metacognitive learning strategies

Affective

Interpersonal
Affective
Cognitive

- Recognize emotions of others
- Infer emotions of others
- Infer behavior based on emotions

Intrapersonal
Affective
Cognitive

- Reflect on one's own emotions
- Regulate one's own emotions and motivation

Affective Empathy

- Empathize with others

Emotional/Cognitive Reflections

May state and describe emotions:

Is the definition a general explanation or is it personal?

Help individual explain with less black and white

Facilitate grey area

<u>Treatment suggestion</u>

Reminiscing: Helps with storytelling, memories, timelines.

This work focuses on telling a more personal narrative.

Explore autobiographical abilities…

<u>Self Regulation</u>

Past……..Future

(grey- time travel)

Build in Supportive strategies: ex. lunch room

Social Skills Support

For some: It's like living in a foreign country: everything has to be explained, do not be vague. Give instructions on all of it.

- Help demystify social rules with IADL's, community, school etc.
- Explore hidden rules no one ever taught you- general friendship rules, cell phone etiquette. Need to spell it out.

What may also come with social skill difficulties: hypo/hyperactive sensory medication side effects, mood regulation challenges, anxiety, harder to understand teasing, sarcasm (ToM)

Social Skills Support, Cont'd.

If one has difficulty with feeling safe, being in proximity to others, being in contact – hard socially

How do we encourage others to approach us. – teach rhythm, co-regulation, pacing, mirroring

Both the individual and the other individual may be reading signs that feel not regulated or unpredictable – how do we as team members demo predictable and regulated

Ex. Bump into each other, look face to face, diffuses …or look away can be felt as threat

Social Skills Support, Cont'd.

Treatment suggestions:

- Friends through shared interests… May be bullied when different.

  Examples: star wars club, horses, space

- Focusing on object can help with : regulation and predictability while interacting
- Strategy: 3 sentence rule: allow 3 sentences and unless the person says tell me more they have to change the conversation. Practice turn taking

Important: if they keep talking about the same thing for too long…the real world will either ignore them or ask them to stop.

Sensory System

We wouldn't be human if we weren't sensory beings: We're all sensorial

Consider it a portal to the nervous system

System functions with Hypo or Hyper-responsiveness

Feeling -> Emotion -> Thought

Sensory Overload- Real and Variable

Teach how to self-advocate for a better environment (verbal or cue card)

Sensory Processing

Contextual Sensory Interventions

Context/environment that could possibly be impacting abilities to engage

Ex:

Impact on Social skills: Difficulty with food, clothes, teeth, hair, perfume, voice, background sounds, feel of the seat

Supportive Strategy : Environmental Enrichment:

= stimulate 2 senses at the same time..

pair different types of sensory and motor experiences at one time

Behavior = Communication

Unmet Needs:

Could be sensory, coping skills, fears, avoidance, loss, learning deficits, processing speed, working memory, feelings of rejection, lack of exposure/experience, attention, missing skillset

Look at functional relationship with behavior and the environment: focus on proactive rather than reactive - Respect Neurodiversity!

- Communication
- Sensory needs
- Escape
- Attention
- Tangible

Behavior, Cont'd.

<u>If there is the emotion anger:</u>

*gap between the demands placed on an individual and their coping skills

-Alter the demands and teach better ways to cope

-Use distraction, novel items

-When hard: try a little or watch first, take a break and try again

-Decrease length of time, use a timer

-Relaxation or sensory boxes

Cognitive Behavior Therapy (CBT)

CBT is effective in helping clients improve functioning and in identifying the beliefs, feelings and behaviors associated with the trauma responses.

Overall functioning is improved through skills development and more adaptive cognitive appraisals of events that trigger intense responses.

CBT teaches people to monitor thoughts and change thought patterns that lead to problems. There is a strong evidence base showing utility for persons with IDD if proper adaptation is made (Gaus, 2007).

Jackson & Gentile, 2011

Adaptations of CBT for persons with IDD

Increase	Use	Involve	Enlist
Increase the number of sessions to help the person understand abstract concepts.	Use repetition to help the person with internalization of the material under discussion.	Involve care providers to assist the person in identifying maladaptive cognitive appraisals.	Enlist care providers to assist with carryover.

Jackson & Gentile, 2011

Dialectical Behavior Therapy

DBT is a type of CBT and focuses on helping people:

- Learn to regulate their emotions
- Improve ability to cope with stress

Format can be done with the following:

- individual psychotherapy
- skills training groups
- supervision/case consultation groups

•Linehan, 1993

Adaptations of DBT for Persons with IDD

- Principles of treatment remain the same, but the presentation and language are modified
- Concepts are pared down or simplified
- Handouts are rewritten to increase attention and aid in understanding
- Much individual feedback is provided
- Repetition is used to assist with learning, retention and generalization
- Shorter time for individual and group treatment

Charlton & Dykstra, 2011

Group Therapy

Group Therapy (GT) affords the opportunity to address problems with the support of others who may have common issues and goals.

GT provides a safe environment to experience validation and normalcy

GT can be process-oriented, and there is benefit in witnessing the resourcefulness of the group members who are in a similar situation.

Fletcher & Duffy, 1993

Group Therapy

- Group members can gain a sense of reassurance and hope in their own recovery

- GT benefits include
  - Improved interpersonal relationships
  - Improved problem-solving skills
  - Improved acceptance of self, leading to improved self-esteem and acceptance

Fletcher & Duffy 1993

Adapting Family Psychoeducation

Group is not about organizing individuals by diagnosis …consider from a skills based approach of what needs for the participant and family/supports are identified:

- Consider the floor plan setup when in person
- Consider reviewing the problem solving plan with increased frequency after MFG to support carry over
- Utilize different media within the plan
- Have a plan ahead of time for rest breaks for the participant as needed
- Provide psycho-education to all participants as needed to support fluid and thoughtful communication.

Jackson & Gentile, 2012

Supportive Psychotherapy (SP)

Supportive therapy (SP) incorporates a variety of therapy theories.

It is interactive between therapist and client.

SP is based on the belief that a supportive relationship can serve to help the client make a positive change.

Therapist assumes a strong empathetic stance and nurturing positive transference, which strengthens the relationship.

Supportive Psychotherapy (SP)

- SP primarily focuses on “here and now” issues.
- Therapist facilitates improved affect regulation, improved healthy emotional response to stress and improved interpersonal relationships.
- Modification with people who have IDD
  - Reduce complexity by shrinking down time into smaller units
  - Augment with games, drawings, role play, etc.
  - Therapy may involve family and/or others who have significant impact on the client.

Jackson & Gentile, 2012

Summary

By adapting techniques and treatments, EASA team members can provide effective therapy for people with IDD/MI.

With some consideration to cognitive abilities, expressive and receptive language, skill formation, techniques can be effectively adapted to meet the needs of people who have IDD/MI. We at EASA are used to making modifications and adjustments that will support this work building and evolving our skill development onto the present skills we already have.

Questions?

Contact Information:

Tania Kneuer OTL, ASDCS

Kneuer@ohsu.edu

easacommunity.org

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