

Dual Diagnosis

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Dual Diagnosis

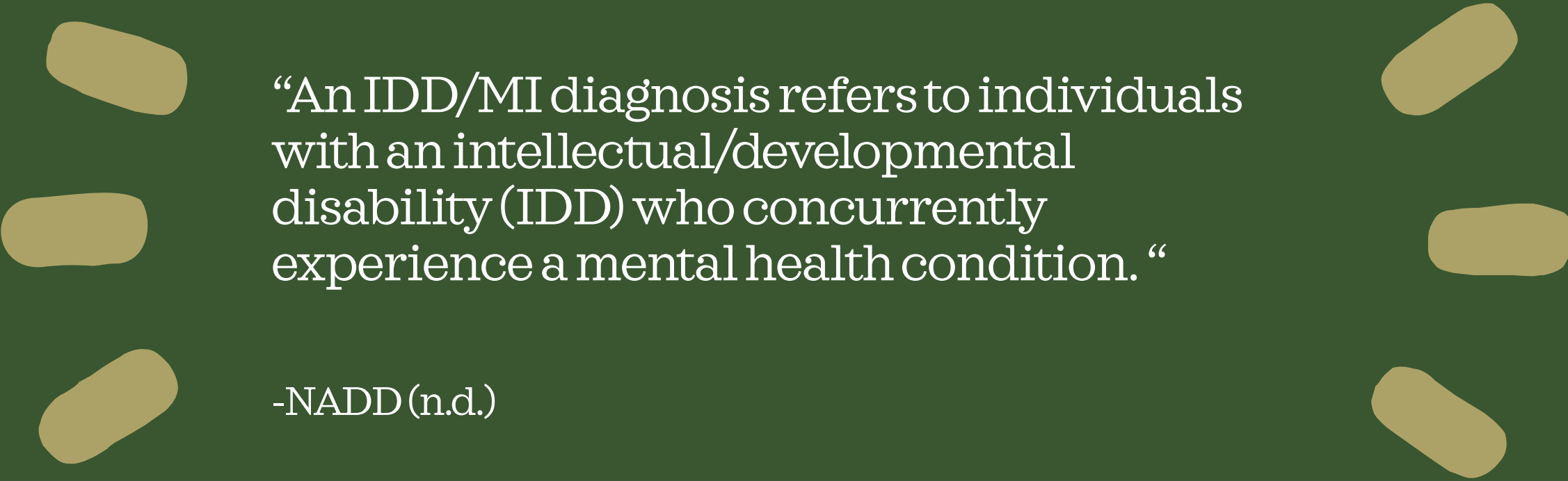
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Learning Objectives

1. Participants will be able to define dual diagnosis.
2. Participants will be able to explain one reason to use a biopsychosocial approach when supporting persons with dual diagnosis.
3. Participants will be able identify three interventions to use when supporting persons with dual diagnosis.



“An IDD/MI diagnosis refers to individuals with an intellectual/developmental disability (IDD) who concurrently experience a mental health condition.”

-NADD (n.d.)

Intellectual and Developmental Disability (IDD)

INTELLECTUAL DISABILITY (ID)

- IQ is generally 70 or below.
 - Adaptive skills are also considered.
- Onset during the developmental stages.
 - Prenatal-25 years old.
- The result is functional limitations.
- Etiology varies:
 - Genetics.
 - Prenatal illnesses.
 - Childhood illness/injury.
 - Environmental factors.

DEVELOPMENT DISABILITY (DD)

- Includes:
 - Attention Deficit Hyperactivity Disorder (ADHD).
 - Autism Spectrum Disorder (ASD).
 - Cerebral Palsy.
 - Hearing/Vision limits.
 - Learning Disabilities.
- Etiology:
 - Typically, in utero.
 - Traumatic birth.
 - Childhood illness/injury.
 - Environmental factors.

(American Psychological Association, 2022; Center for Disease Control, 2022; Lee et al., 2020)

Executive Functioning

Working Memory:

- Ability to hold more than one piece of information.
- Prevents irrelevant information from intruding.
- Use the same information in more than one way.
- Problem solving.

Mental Flexibility:

- Real time problem solving.
- Ability to see others perspective.
- Adjusting to the unexpected.
- Transitions.

Emotional Regulation:

- Impulse control.
- Regulating emotions.
- Helps sustain attention/focus.
- Resists unwanted thoughts/memories.

Communication

- Expressive:
 - Ability to express or articulate wants, desires, feelings and mood.
- Receptive:
 - Ability to understand and process information from external stimuli.
- Behavior is communication:
 - Facial expressions, eye contact, voice (volume and tone).
 - Body language, gestures, pointing.

Mental Health

- Spectrum.
- Affects thinking, mood/feeling, and behavior.
- Etiology:
 - Genetics.
 - Adverse experiences/traumas.
 - Social challenges (poverty, divorce, unemployment, housing, etc.).
- Mental Health Presentation:
 - Psychological.
 - Biological.
 - Behavioral.

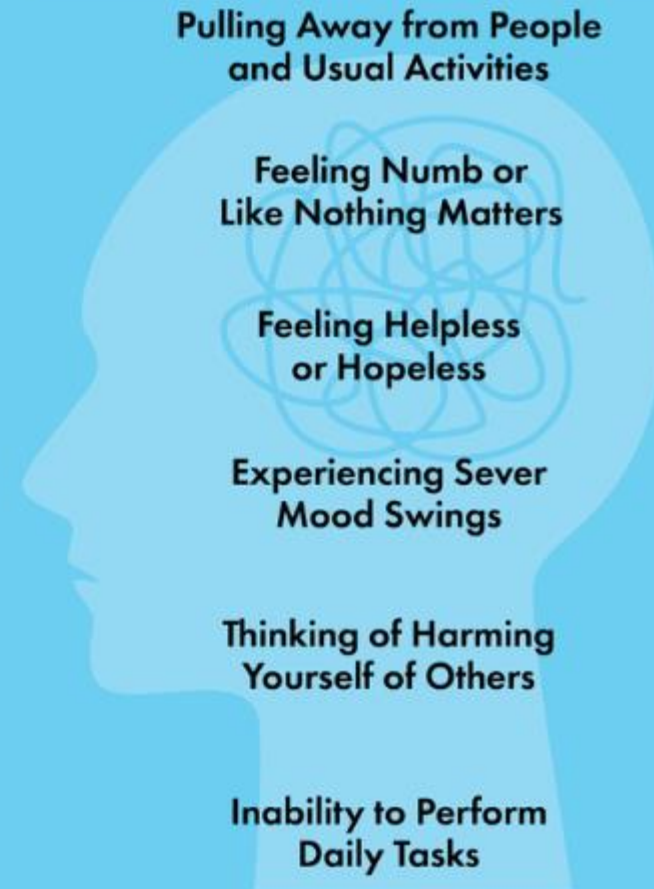


Mental Health Indicators

Indicators of Good Mental Health



Indicators of Mental Illness?

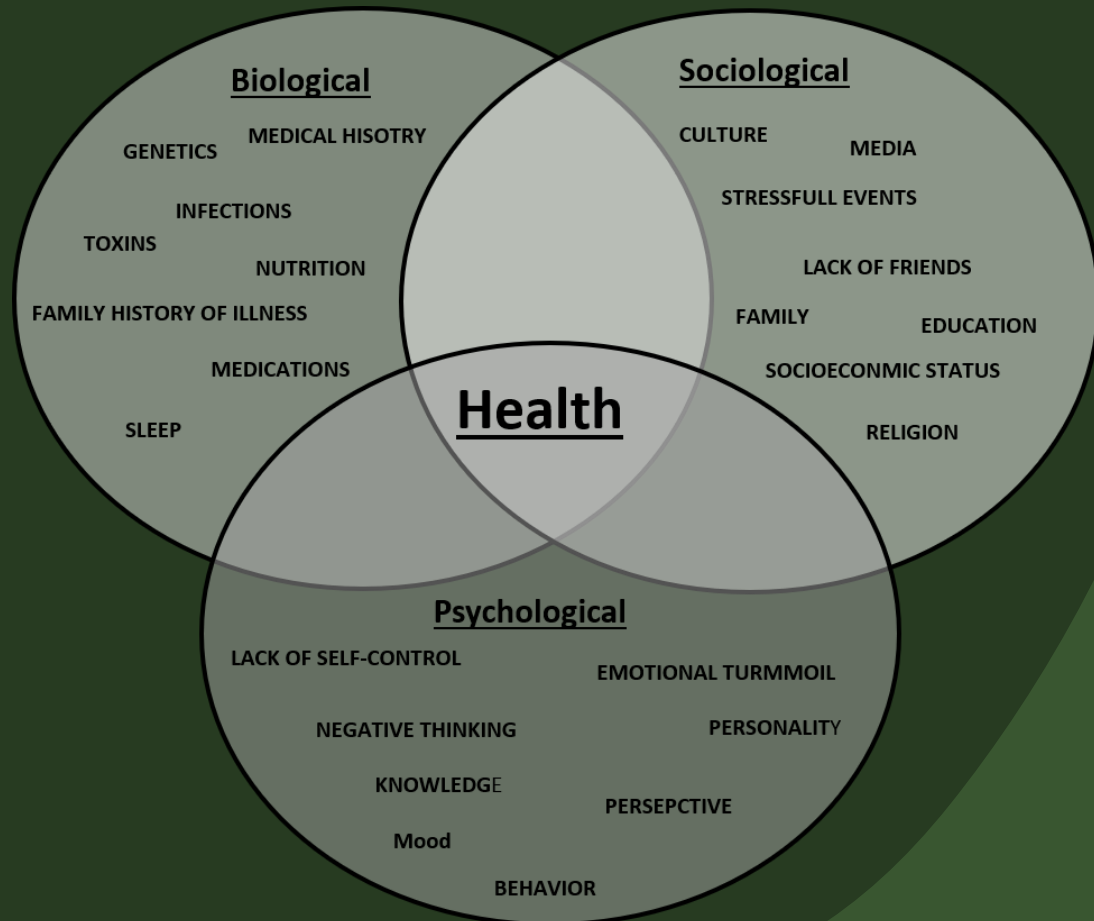


Facts about IDD/MH

- More than 50% of Americans would meet criteria for a mental health diagnosis.
- 30-40% of all persons with IDD have a psychiatric disorder compared to 27% of the neurotypical population.
 - Higher likelihood of emergency department usage, in-patient hospitalization, with longer inpatient stays, and planned/unplanned tertiary service usage.
- 10-20% have challenging behavior (self-injury, aggression, destructive behavior) severe enough to impair daily life.
- Symptoms of mental illness often present differently in individuals with intellectual disabilities.
- Determining accurate psychiatric diagnosis becomes especially difficult based on the severity of ID.
- 41% of persons with IDD were hospitalized for behavioral concerns, later identified as an unmet medical need.

(Charlotte, 2014; Hinton & Blanco, 2014; Program of Grant Halliburton Foundation, 2024)

The Biopsychosocial Model



- George Engel developed this model after recognizing assessing biological factors alone was not enough.
- Holistic approach to wellbeing, each aspect of our lives impacts the other.
 - Helps us to understand our health through a holistic lens, understanding the influence of biology, psychology, and social on a person's wellbeing.
- Helps us to catches what we may have otherwise missed.
- Helps us to look at what the behavior is telling us.

(Bolton et al., 2018; Borrell-Carrio et.al., 2004; Marschall, 2023)

Assessment Challenges with IDD

- Poor reporters of their own health.
- May be unable to articulate detail well.
- People pleasers.
- Challenges in performing a physical exam – uncooperative, fearful, complex physical anomalies.
- Medication Masking.
- Atypical presentation often suggests incorrect diagnosis.

Common Vulnerabilities With IDD

- Lower rates of preventative healthcare screening.
- Polypharmacy.
- Lower compliance for routine healthcare and dental care.
- Complex physical, medical, emotional and social problems.
- Limited educational training for medical personnel.
- Challenging behavior often takes precedence over anything else.
- Diagnostic overshadowing.

Diagnostic Overshadowing



“The tendency for clinicians to attribute symptoms or behaviors of a person with a learning disability to their underlying cognitive deficits and hence to under-diagnose the presence of co-morbid psychopathology.”

OR

“The process by which a person with a mental illness receives inadequate or delayed treatment on account of the misattribution of their physical symptoms to their mental illness.”

Why is Diagnostic Overshadowing Happening?

WE THINK THROUGH THE LENS OF OUR TRAINING.

- Physicians are focused on the body.
- Mental health professionals are focused on the brain.

WE ARE MISSING THE FULL PICTURE.

- A holistic approach to wellness is necessary to decrease diagnostic overshadowing.
- Think biopsychosocial.

The Fatal Five



Aspiration



Bowel
Obstruction



Dehydration



Seizures



Sepsis

Possible Medical Causes Affecting Mental Health

- Physical discomfort.
- Medications – toxicity, intolerance, overmedication.
- Sleep disorders.
- Vitamin deficiency – vitamin D, B12, folate, magnesium.
- Endocrine disorders – thyroid, diabetes.
- Dementia.
- Urinary tract infection.

Ways to Advocate

- Engage family/caregivers – they can be one of best resources.
- Involve the primary care physician. Request a full medical work up with labs and physical assessment when appropriate.
- Be willing to think outside the box. (atypical presentation).
- Gain a deep understanding of the vulnerabilities of the people you work with.
- Ask a lot of questions and seek clarification.
- Follow up promptly with medical professionals and the care team.

Behavior is Communication

“What you do speaks so
loudly that I cannot hear what
you say.”

-Ralph Emerson



Supporting Communication

EXPRESSIVE

- Be mindful of nonverbal communications.
- Use body language to communicate.
- Use gestures.
- Tone of voice.
- Facial expressions.

RECEPTIVE

- Do you need to break down questions?
- Change wording? Use pictures?
- Avoid leading questions and jargon.
- Use concrete wording avoid abstract.

Strength-Based Approach

P

E

R

M

A

+



Positive Emotion

Engagement

Relationships

Meaning

Achievement

Plus..

Dr. Martin Seligman's PERMA™ theory

What We Can Do

- Use a biopsychosocial approach.
 - Be curious and look at the individual through this holistic lens, being curious about what might be happening.
- Ask about their strengths and interests.
- Use a trauma informed approach
 - Be available.
 - Be consistent and predictable.
 - Follow through.
 - Build a connection seeking environment.

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Questions?