Seeking Safety with Intellectual and Developmental Disabilities

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Mental Health and Intellectual Disabilities

Mental health issues occur at a rate of 2-4 times higher in populations with intellectual and developmental disabilities than in the general population.

One third or more of all people with intellectual disabilities have significant behavioral, mental, or personality disorders requiring mental health services.

Types of Major Trauma

- Sexual or Physical Assault
- Natural or Manmade disaster
- Catastrophic Illness
- Loss of Loved one
- Humiliation
- Bullying
- Moving or other big changes in the home
- Powerlessness

Lara Palay, 2010 at http://www.midd.ohio.gov/

Day to Day "Micro" Traumas

- Feeling different
- Not being accepted
- Not being able to do what others do
- Knowing that one has a disability and is "different than other
- Not being listened to or being misunderstood
- Failing at a test
- Getting confused or overwhelmed

Lara Palay, 2010 at http://www.midd.ohio.gov/

Substance Abuse and Intellectual Disability

- Adults with ID are generally less likely to use substances than adults without ID
- Medicaid healthcare billing claims for 2010 indicated that 2.6% of all people with ID had a diagnosable substance abuse disorder (Slayter, 2010)
- When a person with ID also has a mental illness or a dual diagnosis, the estimates of co-occurring substance abuse range from 7% to 20% (Sinclair, 2004).
- At greater risk of complications from drinking
  - tend to be prescribed medications for other conditions, such as seizures, metabolic disorders, and co-occurring mental illness that might negatively interact with alcohol and drugs.

Factors that Impact Accurate Treatment Communication

- Tendency of people with ID to hide their disabilities
- Tendency not to be forthcoming with respect to self-descriptions
- Tendency to try to please the evaluator by answering falsely or inaccurately
- Symptoms are expressed differently in people with ID

General Applications of Psychotherapy with Intellectual Disability Populations

- Interview techniques must be accurate to client's cognitive level
- Use directive therapy
- Therapist needs to be flexible
- Intervention must occur in collaboration with the client's environment
- Issue of developmental disability must be addressed explicitly

General Interventions Best Practice for Intellectual Disability Populations

- Coping skills
- Relaxation
- Here and now focus
- Plan for future
- Activity or action based interventions
- Emotion journal

Assessment

Dilemmas
- Communication challenges
- Self-reporting of challenges uncommon
- Limited intellectual capacity

Adaptations
- Wide range of collateral interviews
- Psycho-education
- Slow down speech, use simple language, present one concept at a time, supplement therapy with art and life relevant materials

Diagnostic Considerations

Dilemmas
- Concrete thinking
- Frequent miscommunication and misunderstanding
- Misperception of social cues
- Misrepresentation of information
- Poor sequencing ability
- Poor recall
- Tendency to ask irrelevant questions
- Tangential communication

Adaptations
- Consider incorporating multisensory tools that may aide client to comprehend questions
- Avoid assumptions; seek clarification using verbatim reflective language
- Understand the level of impairment and cognitive processing of the client

Thought Process

Challenges
- Difficulty with fluidity and flexibility of thinking
- Inability to process ambiguity
- Black and white thinking
- Tendency to concentrate on one aspect of a situation while neglecting other aspects
- Difficulty prioritizing and breaking down tasks into manageable parts
- Tendency to have highly focused areas of expertise and interests
- Poor capacity for skill generalization
- Utilization of a skill in one situation but not others.

Adaptations
- Present information simply
- Check for understanding
- Be specific
- Avoid ambiguous statement
- Limit choices
- Avoid leading questions or comments
- Make literal reflections
- Present information in small parts
- Incorporate client's area of focus to gain clarification in a way that is meaningful to the client
- Work on building coping skills rather than insight

Seeking Safety Adaptations for Individuals with Intellectual Disabilities

- Takes longer due to processing limitations
- Requires greater integration of creative therapy tools and techniques
- One concept may need several sessions of exploration
- Less talk and more non-verbal communication

What works?

- Features of Seeking Safety that work well with ID populations
  - Educational components
  - Strength based focus
  - Simple language
  - Relevance based on client's experience
  - Focused topics
  - Engaging activities
  - No exploration of past trauma
  - No interpretive psychodynamic work

Initial Assessment Considerations

- What are critical factors to consider before approaching assessment with a client diagnosed with intellectual disabilities?
- How would you begin engagement with clients?
- How would you assess for client's experience of life events?

Seeking Safety Session Format

- How would you modify the following:
  - Asking how are you feeling?
  - What good coping have you done?
  - Any substance use or unsafe behaviors?
- Never presume that the client understands the question
- Probe for clarity and understanding

Unit: Coping with Triggers

- When client blames others for her “problems”
  - How would you help her focus on how the topic relates to her trauma experiences?
  - How would you help her relate the topic to her substance use?
  - What are some challenges you might encounter in keeping client focused on topic?
  - What specific strategies would you consider using to keep client on topic and focused?

Developing a Safe Coping Plan

- Describe a safe coping plan.
- How might the concept of safe coping plan be challenging for a client with intellectual disabilities?
- How will you use your understanding of the client’s challenges to help in understanding safe and coping as concepts that go together?
- What factors might interfere with client’s ability to actively participate in the development of the plan?

Check-out

- How will you explore commitment?
- Useful tool or not…?
  - Having client name one thing client got out of session
  - Asking client “any problems with the session?”
  - Making suggestions
  - Encouraging client to choose
  - Client writing down commitments