

# THE CRITICAL CROSSROAD



ADDRESSING MENTAL HEALTH PROBLEMS  
IN PEOPLE WITH DEVELOPMENT DISABILITIES

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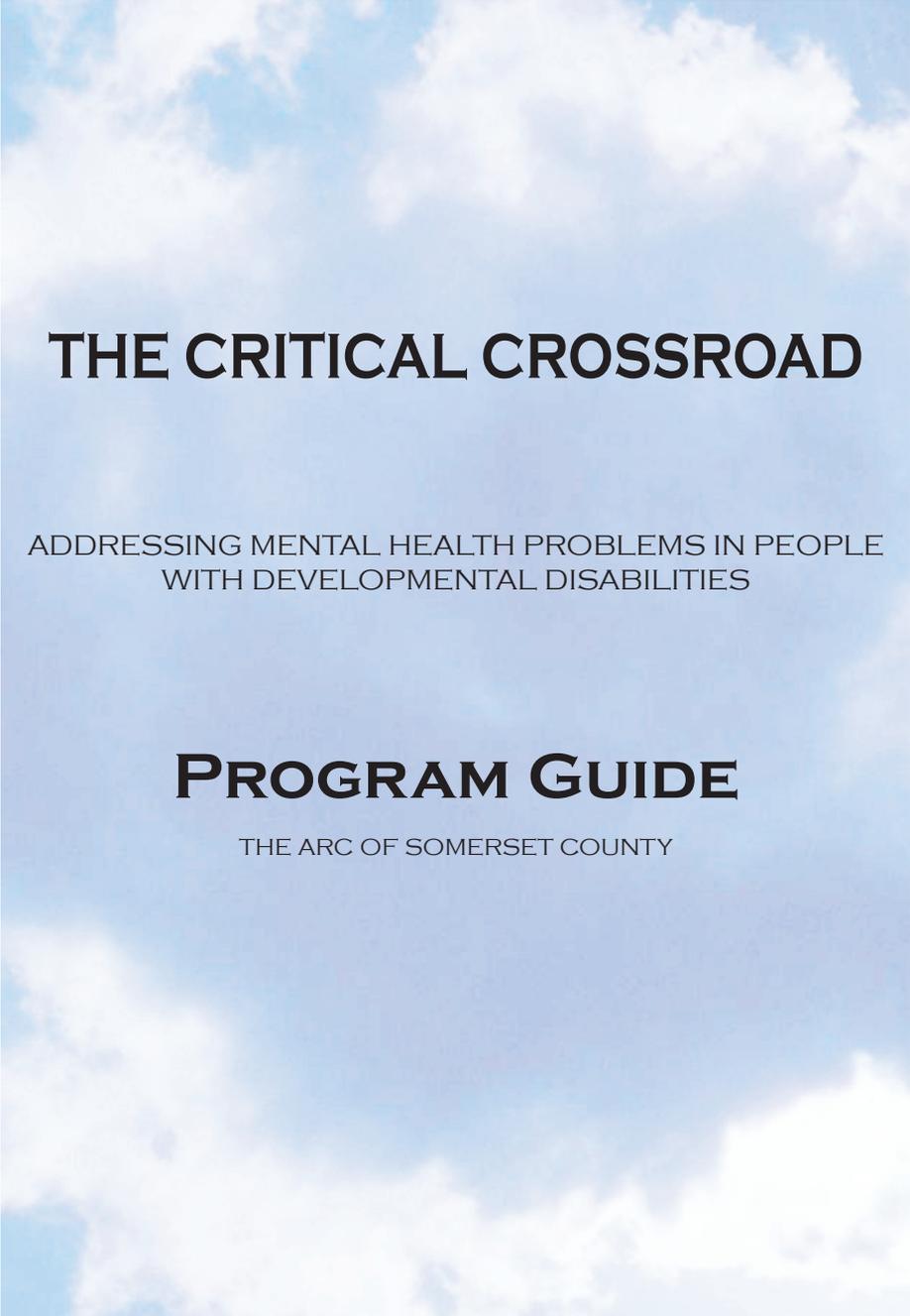


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# **THE CRITICAL CROSSROAD**

ADDRESSING MENTAL HEALTH PROBLEMS IN PEOPLE  
WITH DEVELOPMENTAL DISABILITIES

## **PROGRAM GUIDE**

THE ARC OF SOMERSET COUNTY

# ACKNOWLEDGEMENTS

This video project is an outgrowth of extensive collaboration to bridge the gap between human service agencies involved in two different types of support: mental health and developmental disabilities. I want to recognize the special contributions of all who participated.

I wish to thank those who recognized the need for a tape on this subject and whose backing made the project possible. It was funded with the cooperation of the Doris Duke Charitable Foundation, Inc.; Ethicon, Inc., a Johnson & Johnson Company; the New Jersey Division of Mental Health Services; and The ARC of Somerset County, Inc. Additional support was provided by the Somerset County Mental Health Board.

I wish to acknowledge with grateful appreciation the professionals whose input and presentations contributed substantially to the program.

I also offer a special thanks to the consumers who appeared in the program, as well as their parents and guardians, who are not named out of respect for their confidentiality.

As with any project such as this, its vitality and effectiveness depend upon the continuing commitment of its participants. It is hoped that this videotape may further contribute to this progress.

The Arc of Somerset County – Jeanne Guarnieri

# INTRODUCTION

Research shows that individuals with developmental disabilities present with the same full range of mental health disorders that affects the general population. This program is intended to increase awareness of that fact among service providers and advocates. It offers insight into the needs for mental health services experienced by people with developmental disabilities. The information it contains can be helpful in enabling service staffs to establish a foundation for providing access to mental health resources for consumers who need them.

This program is designed for use in the training of professionals. The concepts presented in it may be new or familiar, depending on the background of the viewer. In either case, the program's objective is to underscore a key fact: in order to facilitate the diagnostic and treatment processes, it is vital for staff members to recognize mental health problems among their consumers when they arise.

This guide provides an outline of the contents of the videotape. The program has been divided into segments. The breaks between segments afford opportunities for questions and discussion. Questions that can be helpful in initiating discussions follow the outline of each segment. As a convenience for meeting leaders, cumulative video running times are included at the end of each segment.

*NOTE: This program has been divided into four segments on your videocassette. If*

*you are presenting this program to a group of colleagues, there are pauses between segments where you can stop the tape. This provides time for discussion and review of the material you have reviewed.*

# SEGMENT ONE

## VIGNETTES

Mary Jo is a consumer of an agency that provides to meet the needs of people with developmental disabilities. One day, in a confrontation with her job coach, she displays behavior that is typical for her. Later at her apartment, Mary Jo complains angrily to her roommate about how carelessly she places things in the refrigerator.

### PRESENTATION: JEANNE GUARNIERI

#### Key Concepts:

- a.) The existence of a mental health problem in a person with a developmental disability can sometimes be difficult to discern.
- b.) Definition of a developmental disability:
  - Severe, chronic condition
  - Result of a mental and/or physical impairment
  - Usually manifests before age 22
  - Lasts of an indefinite term
- c.) Effect of a developmental disability – Functional limitations of three or more of these life activities: care of self, language, learning, mobility, self-direction, independence, economic self-sufficiency.
- d.) A person with a developmental disability has the need for specialized care for an extended or lifelong term.
- e.) Definition of a mental illness: Severe disturbances in behavior, mood, thought processes, or social/interpersonal actions.
- f.) Categories of mental illness:
  - Psychotic Disorders
  - Affective Disorders/Mood Disorders
  - Anxiety Disorders
  - Personality Disorders
- g.) The personality structure of a person with uncomplicated mental retardation can

include characteristics such as delays in reaching developmental milestones; passivity; self-absorption; preference for routine; and simple emotional expression. These characteristics may also be associated with some types of mental illness.

## INTERVIEW: DR. MARCELLA BERNSON

### Key Concepts:

- a.) The etiology of mental illnesses in general is unclear, but causative factors are believed to include biological as well as psychological ones.
- b.) Mental illness in people with developmental disabilities must be considered in the context of their social/interpersonal challenges.
- c.) Mental illness in a person with a developmental disability can be a response to negative stimuli received in a social context.
- d.) A behavioral response of unusual magnitude (change in a routine; a sudden illness) in a person with a developmental disability could be mistaken for an indication of psychopathology.
- e.) Untreated mental illness presents significant risks to someone with a developmental disability.

*(End of Segment 1/ 17:38)*

## POINTS FOR DISCUSSION

1. What aspects of Mary Jo's behavior should her job coach note? If you were the job coach, what would you do next?
2. If you were a residential counselor in the facility where Mary Jo and her roommate live, would you be likely to take any action if the roommate complained that Mary Jo was being too bossy? Would you react differently if you had heard from Mary JO's job coach about her work performance?
3. What might cause you to suspect the presence of a mental health problem in a consumer?

# SEGMENT TWO

## PRESENTATION: JEANNE GUARNIERI

### Key Concepts:

- a.) Access to treatment and therapy for a person with a developmental disability who is experiencing a mental health problem is usually enabled by family members and/or staff, not by self-determination.
- b.) A person with a developmental disability may not be able to recognize his or her own need for help. One way the need may be communicated is by means of behavior.
- c.) Behavior has a functional message. The behavior must be considered in relation to four factors:
  - biological
  - psychological history
  - social history
  - and context.

## INTERVIEW: DR. MARCELLA BERNSON WITH STEVE VRABEL

Steve, a consumer served by The Arc of Somerset County, describes an incident in his adolescent life, its impact on him, and how he addresses interpersonal issues.

## INTERVIEW: GLENN MUELLER

Glenn, a resident in a group home operated by The Arc of Somerset County, describes the experience he has had in a living environment that has been disrupted by others whose demonstrated behaviors suggest that they might have mental health problems.

*(End of Segment 2/33:25)*

## POINTS FOR DISCUSSION

1. How can you gather the information you would need to determine if a consumer you work with is exhibiting observable behavior that indicates a mental health problem?

2. With whom should you share information about the behavior of a client when you believe the behavior indicates a problem?

# SEGMENT THREE

## PRESENTATION: DR. MARCELLA BERNSON

Key Concepts:

a.) Mental illnesses fall into four general types:

- psychotic disorders
- affective/mood disorders
- anxiety disorders
- personality disorders

b.) Psychotic disorders can be indicated by: gross deterioration in behavior, extreme disorientation, and extreme confusion.

c.) Schizophrenia (psychotic disorder) characterized by withdrawal in initial and residual phases delusions and hallucinations characteristic of active phase.

d.) Affective disorders and mood disorders are disturbances in mood common types:

- major depression
- bipolar disorder symptoms include sadness; changes in eating, sleeping, and energy levels
- sudden euphoria or irritability

e.) Major depression can be indicated by:

- verbal expressions of sadness in the context of relationships (i.e., “My father is dead” the presence of a live father)
- loss of interest and energy
- clinging behavior
- thoughts of death, suicide

f.) Manic phase of bipolar disorder can be characterized by:

- persistently elevated or irritable mood, grandiose self-image (i.e., people with developmental disabilities are more likely to see themselves as not delayed.)
- racing thoughts
- intrusiveness
- hypersexuality

- increased production at work
- hallucinations

g.) Anxiety disorders can be indicated by:

- excessive fears
- nervousness
- demanding or clinging
- complaints of bodily ailments
- common types include panic disorder, general anxiety disorder, post-traumatic stress disorder

h.) Obsessive-compulsive disorder (a distinct type of anxiety disorder) common compulsive symptoms include:

- cleaning, arranging drawers
- hoarding
- repetitive hair-pulling
- self-injury
- excessive masturbation
- ritualism
- skin-picking,
- touching
- rigid routines

Typical obsessive symptoms include: intrusive and repetitive thoughts, impulses, and images.

i.) Psychotic disorders, mood disorders, and anxiety disorders seem to have causative factors that are at least partially biological.

j.) Long-standing adjustment problems sometimes seen in people with developmental disabilities can be loosely characterized as “personality problems.”

## PRESENTATION: JEANNE GUARNIERI

Key Concepts:

a.) There is wide variety of problems collectively called mental illness.

b.) Staff members are not responsible for diagnosing illnesses, but must be responsible

for recognizing signs and symptoms of possible mental illness when consumers present with them.

c.) Signs and symptoms of mental illness typically manifest as maladaptive behavior:

- Aggression (assaultive or destructive)
- self-injurious behavior
- PICA (placing non-edible objects in mouth)
- regression
- incontinence
- finger-sucking
- change in ADL skills
- sexual acting out
- decreased work performance/concentration
- hallucinations/delusions
- sleep difficulties
- changes in appetite/eating habits
- tension
- jumpiness
- habituated behavior
- motor disturbance
- cognitive disintegration
- apathy

d.) Some aspects of baseline behavior in a person with a developmental disability can be misinterpreted as symptoms of mental illness.

e.) Changes in observable behavior are important to note as possible indications of a mental health problem.

*(End of Segment 3/43:15)*

## POINTS FOR DISCUSSION

1. A consumer who is usually friendly and extremely talkative in a workshop setting becomes less talkative and more focused on her job over the span of several weeks. At the same time, she begins to produce more and better work. Is the change something to be concerned about or something to be thankful for? Why?

2. If a consumer who insists on sitting on a particular chair at a cafeteria table becomes

aggressive after the cafeteria furniture is replaced, what does this suggest regarding the person's mental health?

# SEGMENT FOUR

## INTRODUCTION: JEANNE GUARNIERI

Key Concepts:

- a.) Changes in a consumer's observable behavior may be noted by:
  - staff members who have on-going contact with the consumer
  - professionals
  - staff members who have incidental contact with the consumer
  - members of the consumer's family
  - community contacts and friends
  - another consumer
- b.) Refer to agency protocol for reporting of observable behavior.
- c.) When a consumer's behavior indicates the possibility of a mental health problem, a mental health assessment should be considered.
- d.) The decision to recommend an assessment is made by an interdisciplinary team, in consultation with the consumer and, when appropriate, the consumer's family or guardian.
- e.) Team members gather detailed and relevant background information and historical data. They work collaboratively to share insights and evaluate the information acquired.
- f.) The work of the interdisciplinary team culminates in a meeting with the consumer and family or guardian to share opinions, concerns, and to reach a consensus about whether to seek a mental health assessment for the consumer.

## SIMULATED INTERDISCIPLINARY

## TEAM MEETING

*The dynamics of a meeting with the team, including the consumer and parent are presented, with descriptive commentary.*

- a.) The meeting is supportive, not confrontational.
- b.) The purpose is to share observations, data, and opinions from different points of view
- c.) A consumer and/or family member are encouraged to provide additional insight for the team members.
- d.) If the team agrees that a mental health assessment is indicated, appropriate arrangements are made. Family and/or a guardian are included in the process.

## INTERVIEW: MARJORIE GRAHAM

The parent of a child with a developmental disability provides the family perspective on the challenges and frustrations associated with securing the support services which are appropriate to the consumer's needs.

## SUMMARY: JEANNE GUARNIERI

Key Concepts:

- a.) Research indicates that people with developmental disabilities are susceptible to the full range of psychiatric disorders seen in the general population.

b.) Presentation of a mental illness in a person with a developmental disability may be different compared to a person without a developmental disability.

c.) The value of an assessment relies greatly on information provided by caregivers.

d.) Mental health problems in people with developmental disabilities can be addressed most effectively when agency staff members adopt a proactive approach to support/ services.

*(End of Segment 4/1:05:00)*

## POINTS FOR DISCUSSION

1. If an agency's staff resources are extended to the limit, why would it be important to invest the time required for an interdisciplinary team to undertake the process of considering the referral of a consumer for a mental health assessment?
2. Why should a consumer's family be viewed as an active partner of the interdisciplinary team as it considers recommending an assessment for a consumer?



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