IDD and Mental Illness: Three Approaches to Client Empowerment and Crisis Avoidance

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Learning Objectives

1. Identify the mental health needs in the IDD community.
2. Identify factors that precipitate crises for IDD clients.
3. Learn service models of crisis avoidance and stabilization.
According to the National Association for the Dually Diagnosed (NADD), the types of psychiatric disorders persons with intellectual or developmental disabilities experience are the same as those seen in the general population.
IDD & Mental Illness

- *Diagnostic Manual – Intellectual Disability* (MD-ID) notes that individuals with ID exhibit psychiatric and behavioral co-morbidity at rates that are two to three times greater than the general population.

- The general consensus among professionals is that 30-35% of persons with IDD will experience a psychiatric disorder (APA & NADD).
IDD & Mental Illness

- Persons with dual diagnoses can be found at all ages and levels of intellectual and adaptive functioning.
- This is not restricted by class, culture or continent.
- The individual’s life circumstances or level of intellectual functioning may, however, alter the appearance of the symptoms.
People with IDD have challenges that affect them in all areas of functioning. They have trouble in the cognitive area such as thinking, problem-solving, concept understanding, information processing and overall intelligence.

They may have physical impairments that impede their motor skills, such as walking, eating, and speaking correctly.
• Persons with IDD are more vulnerable to mental and behavioral disorders.
• They also are more restricted in their repertoire of coping skills.
• Not the least of which is the ability to verbally conceptualize and mediate their condition.
The presence of behavioral and emotional problems can greatly reduce the quality of life of persons with intellectual or developmental disabilities.

Thus, it is imperative that accurate diagnosis and appropriate treatment be obtained in a timely manner.
But it’s Not That Simple

- Appropriate diagnoses are often complicated by physical health conditions.

- Medical conditions can create symptomology or precipitate “behavior disorders” that can appear to be mental illness.
Appropriate diagnoses further complicated by limitations in the person’s ability to conceptualize what they are experiencing and to verbalize symptoms.

Diagnosis can also be compromised by our expectations.
Diagnostic Overshadowing is the tendency to attribute all behavioral, emotional and social issues to a certain diagnosis while other issues are not considered.

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Diagnostic Overshadowing

Diagnostic overshadowing occurs when professionals fail to recognize other symptoms or diagnoses by letting one condition "overshadow" all other aspects of the person's behavior.
Because persons with IDD are more vulnerable to stress – having less proficient coping abilities & resources – they are at greater risk to experience trauma.
Trauma leads to symptoms that may be misdiagnosed as:

- Oppositional Defiant Disorder
- Obsessive Compulsive Disorder
- Intermittent Explosive Disorder
- Bipolar Disorder
- Borderline Personality Disorder
- And others
IDD & Mental Illness

What should we do?

Now that we know that a crisis is likely to strike 1 out of 3 people with IDD?
Bluebonnet Trails Community Services

Beth McClary
Bluebonnet Trails Community Services

CRISIS SUPPORT TEAMS (CST)

Region 7 (Bastrop, Caldwell, Fayette & Lee Counties)
Region 8 (Burnet & Williamson Counties)
Lakes Regional MHMR Center

Ian Smith, Clinical Director
Crisis, Respite, and Wraparound IDD Services
Lakes Regional MHMR Center
START Tarrant

Michael J. Parker, PhD, Clinical Director
MHMR Tarrant

This is were we START.
MHMR Tarrant conducted a Gap Analysis of Crisis Services in Tarrant County for persons with IDD/ASD and comorbid behavioral health problems.
Findings and Recommendations from the Gap Analysis addressed:

- Communication
- Behavioral Health Services
- Quality and Accountability
- Specialty Services
- Workforce Development
Through the 1115 Healthcare Transformation Waiver, MHMR Tarrant County has developed crisis avoidance and stabilization services for people with IDD/ASD and behavioral health disorders by implementing the START model of services.
**START:**
*Systemic, Therapeutic, Assessment, Resources, and Treatment.*

START was developed in 1988 by Joan Beasley, PhD. The Center for START Services was founded in 2009 at the Institute on Disabilities at the University of New Hampshire.
The START model is designed to serve people with co-occurring diagnoses of intellectual/developmental disability (IDD) and behavioral (mental) health needs.

START teams work with existing community programs and supports to strengthen collaboration and communication among people and their families and the supports available to them.

START is not designed to replace services or supports but rather to enhance the system.
The START team provides supports to individuals at high risk of crisis events, which include trips to the Emergency Department and the Psychiatric Inpatient Units.

Our goal is help people gain a higher quality of life by improving the delivery system for people with IDD and behavioral health needs.
Who is Eligible for START?

- Children (6 and older) and Adults with IDD/ASD in Tarrant County who have a Mental Health diagnosis or have behavioral issues
- People can be referred by Service Coordinators, community agencies, providers, hospitals, doctors and clinics, etc.
Components of START Tarrant:

- Team of 10 START Coordinators
- Clinical Assessment, Planning and Treatment
- Crisis Response
- START Resource Center and Staff
- In-Home Supports
- Linkages with Community Providers
- Advisory Council
START Tarrant

START Coordinators:

- Undergo intensive training and certification outlined in the START model.
- Conduct assessments and develop plans to prevent and address crisis events.
- Are able to respond to consumer emergencies 24/7.
- Work with Individuals, their Families, Service Coordinators, Providers, Services Agencies, Physicians and Dentists to bring systems together.
Assessment:
Assessment tends to be systemic rather than traditional standardized testing.

In situations with greatest need, we perform *Comprehensive Service Evaluations*. 
Assessment Techniques:

- Aberrant Behavior Checklist
- Recent Stressors Questionnaire
- Matson Evaluation of Drug Side Effects (@ Resource Center)
- Eco-Maps

(In addition to interviews, observations and records reviews)
Crisis:
Crisis prevention and intervention plans are initiated from the beginning.

• *Short-Term Crisis Plan*
• *Cross-Systems Crisis Prevention and Intervention Plans*
START Resource Center:

- A home in the community that provides both planned and emergency therapeutic supports to START participants in times of need.
- The START Resource Center is designed to provide short-term therapeutic respite supports, assessments, crisis stabilization, treatment, and ultimately prevention of crisis events.
To receive *Therapeutic Crisis Respite* an individual must:

- Qualify for IDD services
- 18 years old or older
- Either the individual or the individual’s support system is “in crisis”
- Be able to benefit from a temporary change of setting
- Have a place to go when discharged from Therapeutic Respite.
Planned Therapeutic Respite may be utilized by individuals who have been served by the START program before, and who may be at risk of going into crisis. Planned Therapeutic Respite can help a guest bolster their coping abilities and achieve and maintain a healthy lifestyle.
Because the START Program does not bill for Therapeutic Respite Services, providers are not required to discharge individuals who receive services from the Resource Center. Providers are expected to send their staff who work with the guest to the Resource Center so they can consult with START staff and observe the intervention services being implemented.
Therapeutic Activities:

- Are person-centered and purposeful
- Are based on a Positive Psychology model
- Implemented to assist the guest in working towards their individual goals
- Help the guest discover interests and gain skills to pursue new leisure and recreation activities and improve quality of life (cont.)
Therapeutic Activities (cont.):
• Are designed to be replicable once the guest leaves the START Center
• Educate guests’ families/caregivers about preferred activities and new skills learned when transitioning back to their natural home
Sensory Room:

• Low-sensory room with activities providing a calming atmosphere
• Utilized for planned activities as well as an area to decompress for guests with increasing agitation - if so chosen by guest
• Designing room in consultation with MHMR OT with extensive experience developing sensory rooms
• OT suggested need for training of staff to understand proper use of equipment and developing procedures for safe sensory room use
In-Home Mobile Supports:
Provided by START Resource Center staff in person’s own home, family home or group home. START In-Home mobile staff work with the individual’s current paid and natural supports to help with transition, develop positive psychology behavioral plans, and provide consultation to promote skill building with the provider, and as follow up to prevent further crisis events.
Future Development:
- Clinical Education Teams
- Parent Coaches
- Internships
- OT, PT at Resource Center
- Expand Linkages and Community-partnered Services
START Leadership Team:

- Illayna Miller, LPC, Director of START Services
- Michael Parker, PhD, Clinical Director
- Dr. Sarah Hardy, Medical Director
- David Gunter, START Resource Center Director
- Lacey Eaton, Assistant Director/Team Lead
- Richard Garnett, PhD, Advisory Council Chair
"Time after time, I have found that when people are taken seriously, when they are respected, when their behavior is interpreted, understood and responded to accurately, when they are engaged in mutual dialogue rather than subjected to unilateral schemes of 'behavior management,' somehow as if miraculously, they become more ordinary. I know a number of people who have had severe reputations who have shed them when those supporting them listened more carefully."

_Herb Lovett, Ph.D_
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Questions & Response

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