Support for people with co-occurring IDD and Mental Health Issues: The intersection of Positive Behavior Support, Mental Health Treatment, and Mental Wellness

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Positive (Behavior) Support

• Begin with this idea: People are people, with disabilities or without!

• Same types of problems, challenges, and ways to cope with the world.

• Number one cause of community difficulty for people with intellectual or developmental disabilities.
You get a request from your boss, but do not quite understand the request.

Your boss then zooms off after making the request.

• What are the good things to do?
• What are the bad things to do?
• What skills do you need to do the good things?
Think of a person with disabilities for whom you provide support. Go through the list of things that help us manage our behavior at work.

- Does s/he have these skills and life experiences? Is teaching these skills in the support plans you write?

- How does this impact mental health?
Disability Supports

• Our disability systems, including special ed., do a terrific job of making it very clear what is wrong with people.

• Supports for people with disabilities have generally focused on the identification of a disability (a weakness), followed by the application of interventions to remediate that disability.
Nobody ever accomplished anything because of what they couldn’t do. They accomplish things because of what they could do.

Nobody ever got a job, made a friend, or found love because of their faults.
Factors that increase risk of MI in Persons with IDD:

- Biological
- Psychological
- Social
- Family
- Coping skills challenged by disability
Psychiatric Diagnosis
Approx. 40% (NADD)

Dual Diagnosis – Either, Neither, or Both

Intellectual and/or Developmental Disability
An Additional Challenge

- Intellectual or Developmental Disability
- Psychiatric Diagnosis
- Problem Behavior
Will assist in clarifying:

• What the behavior is
• Why the behavior occurs
• If the behavior is:
  
  An attempt to communicate, or
  the result of a medical condition

It is often completed with interview and supported by observation and data collection
Setting Events and Antecedents

Setting events alter the reinforcing or aversive properties of potential antecedents. They explain **WHY** the antecedent can be a bigger deal some days than others.

Antecedents immediately precede Problem Behavior and trigger challenging behavior.

Problem Behavior serves a function for the person.

Consequences reward the Problem behavior.
Setting events do not trigger problem behaviors by themselves.

Setting events increase the likelihood that an antecedent event (demand/reprimand, etc.) will trigger problem behavior.

Setting events include environmental, social, or psychological factors.
Have you ever supported someone, and you just knew that the person was in a bad mood and the slightest thing might set the person off?

There probably was a setting event at play.

Sometimes you might know what it is; other times...
Setting Events and Antecedents

Something Sets me Up

And then Something Sets Me Off
Environmental setting events may occur when a person’s routine is disrupted and h/she may be unable to predict upcoming events.

For example, a person’s worksite might be unusually loud, putting the person in a bad mood.
Social setting events may include being left alone for a period of time.

For example, fighting with a family member or roommate.
Physiological Examples

Illness, pain, sleep deprivation, hunger and medication changes are a few examples of internal factors that may increase the likelihood of Problem Behavior.
An individual with an anxiety disorder may experience typical life events as more anxiety provoking.

When the person experiencing anxious thoughts and feelings is confronted by a typically neutral stimulus, h/she may experience this as highly aversive, and respond with problem behavior.

Mental wellness factors are relevant here as well!!!
### Mental Illness as a Setting Event

#### Clinical Examples: Anxiety

<table>
<thead>
<tr>
<th>Depression</th>
<th>Cued regarding going to work</th>
<th>Ignore cue and become aggressive</th>
<th>Avoid going to work. Work and paycheck used to be an incentive, but due to depression formerly preferred events are not preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low coping skills</td>
<td>Not that interested in work</td>
<td>Just got dumped by boyfriend</td>
<td></td>
</tr>
</tbody>
</table>
### JoAnn Cannon’s 15 Factors Related to Wellness

<table>
<thead>
<tr>
<th>Contact with Nature</th>
<th>Experienced Creativity</th>
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</thead>
<tbody>
<tr>
<td>Optimism</td>
<td>Balanced Nutrition</td>
</tr>
<tr>
<td>Work Satisfaction</td>
<td>Goal Accomplishment</td>
</tr>
<tr>
<td>Economic Essentials</td>
<td>Intellectual Stimulation</td>
</tr>
<tr>
<td>Coping with Stress</td>
<td>Rest and Sleep</td>
</tr>
<tr>
<td>Spirit Awareness</td>
<td>Time and Space Alone</td>
</tr>
<tr>
<td>Positive Self-image</td>
<td>Physical Prowess</td>
</tr>
<tr>
<td>Fulling Relationships</td>
<td></td>
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</tbody>
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The full Wellness appraisal entitled, “What is Right in Your life is available from Dr. Cannon at www.inwardboundventures.org
Relaxation is a need for all of us. Many people, with or without disabilities, have a tough time relaxing. Here are some strategies that work:

- Breathing meditation
- Visual meditation
- Long walks when you teach breathing meditation during walking time
- Aquatics for people with physical disabilities
- Listening to music
- Journaling
Are these included in your support plans?

Where would they fit?

• Behavior Support Plan?
• General Support Planning Document?

What data would you collect?
PBS Embraces Different Approaches to Behavior Support

- Behavioral (including Applied Behavior Analysis)
- Structural
- Communication-based
- Wellness
- Person-centered
- Mental Health
They All Are!

• Different things work for different people

• Different things work for different people for different days, different situations...

• Be flexible – PBS can include any of these
Comprehensive Intervention

• Elements of support may come from all areas

• Single strategies rarely used

• Deliver what the person needs

• FBAs guide everything

My #1 question: “Does the FBA explain this?”
• Medication: If a person has a psychiatric illness, medication is often the treatment of choice.

• Counseling: Counseling can be adapted to people with the range of abilities, and may take the form of individual or group therapy.

• Desensitization: Get a person used to the things that bother him or her slowly.

• Relaxation: Relaxation is a need for all of us. Many people, with or without disabilities, have a tough time relaxing. Here are some strategies that work: Breathing meditation, Visual meditation, Long walks when you teach breathing meditation during walking time, Aquatics for people with physical disabilities.
And more Mental Health

• Listening to music.

• CONTROVERSY: If person “stims,” maybe use that as a planned relaxation strategy?

• Journaling: Journaling means keeping a journal of some sort. Journaling is recommended very often with counseling for persons without disabilities. Journaling helps a person keep the sense of who s/he is among the hustle and bustle of daily life. If a person cannot write, use other forms of pictorial communication, such as photos or icons.
In disability, supports many of already know a lot of what Positive Psychology teaches in terms of the outlook, but we do not know the specifics that Positive Psychology is researching (Baker & Blumberg, 2011).
Strength-based Support

Build Enduring Personal Resources

Broaden Emotional Life

Transform people-produce upward spirals
Interventions to Increase Happiness

1. Gratitude visit
2. Three good things in life
3. You at your best
4. Identifying signature strengths
5. Using signature strengths in a new way

Seligman et al., 2005
How Can We Adapt Interventions?

Through
• Speed
• Number
• Abstraction
• Complexity

Morasky, 2007

