

Supporting Common Diagnosis'

IDD Overview

Definition of Intellectual Disability

According to the APA:

- A **developmental disability** with limitations in:
 - **Cognitive function:** learning, reasoning, problem-solving, planning.
 - **Adaptive behavior:** skills needed for independence and age-appropriate functioning.
- Onset occurs during the **developmental period**.

Diagnosis Criteria

- **Diminished intellectual functioning:** reasoning, abstract thinking, judgment, academic learning.
- **Diminished adaptive functioning:**
 - **Conceptual domain:** literacy, numeracy, time, money.
 - **Social domain:** social cues, judgment, relationships.
 - **Practical domain:** personal care, daily living skills.

Levels of Adaptive Functioning

- Mild
- Moderate
- Severe
- Profound

Potential Causes of ID

- **Prebirth:** genetics, infections, harmful substances, medical conditions.

- **During birth:** lack of oxygen, premature birth, brain injury.
- **Postbirth:** accidents, toxic exposure, infections, tumors, medical conditions.

Support Strategies

- Educational and behavioral interventions
- Vocational training
- Family and community education
- Mental health support (dual diagnosis)

Focus Areas of Support

- **Executive Functioning:** planning, self-regulation.
- **Communication:** verbal and non-verbal methods.
- **Sensory Processing:** interpreting sensory input.
- **Autonomy:** promoting independence and control.

Behaviors of Concern

- May stem from:
 - Unmet needs
 - Communication barriers
 - Misdiagnosed or unaddressed conditions
- Often reflect a desire to be heard, validated, and in control.

Trauma and Abuse Risks

- Individuals with ID are at higher risk due to:
 - Limited self-protection and communication

- Desire to please others
- History of abuse
- Trauma can lead to behavioral and emotional challenges.

Best Practices for Support

- **Positive Approaches:** dignity, choice, understanding behavior.
- **Consistency:** builds trust and reduces confusion.
- **Self-Determination:** empowering individuals to make informed decisions.
- **Respectful Communication:** active listening, validation, honoring boundaries.

Dual Diagnosis combines:

Intellectual/Developmental Disability (ID)

- A **neurodevelopmental disorder** with deficits in:
 - **Intellectual functioning:** reasoning, problem-solving, learning.
 - **Adaptive behavior:** conceptual, social, and practical skills.
- Manifests early in development.

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Mental Illness

- A disorder affecting **thinking, mood, and behavior**.
- Causes distress and/or impaired functioning.
- Can occur at any age and does not necessarily affect IQ.

Dual Diagnosis

- **Prevalence:** 30–35% of individuals receiving services today

- **Contributing factors:**

- Stress
- Limited coping skills
- Language difficulties
- Negative social conditions
- Genetics
- Insufficient supports

Challenges in Diagnosis

- **Diagnostic overshadowing:** attributing symptoms to ID rather than MI.
- **Intellectual distortion:** difficulty expressing internal experiences.
- **Psychosocial masking:** atypical presentation of symptoms.
- **Medication masking:** side effects may obscure symptoms.
- **Baseline exaggeration:** misinterpreting normal behavior as symptomatic.
- **General population tools:** diagnostic methods may not be suitable for ID.

Behavior vs. Mental Illness

- Behavioral changes may signal mental illness:
 - Aggression, irritability, crying
 - Withdrawal, hygiene decline
 - Hallucinations, sleep/eating changes
 - Talk of trauma/loss
- **Key strategy:** observe patterns, intensity, and changes over time.

Treatment Approaches

- **Psychopharmacology** (medications)
- **Psychotherapy**
- **Behavioral management**
- **Day treatment programs**
- **Social skills training**
- **Residential services**
- **Crisis intervention**
- **Team-based care**

Support Techniques for Caregivers

- **Environment:** foster safety, respect, and positivity.
- **Communication:** validate feelings, listen attentively, use the “18-second rule.”
- **Trauma-informed care:** maintain routine, respect boundaries.
- **De-escalation strategies:** proximity, pace, purpose, persuasion, preemption.
- **Team collaboration:** consistent care, debriefing, revising plans.

Mental Health First Aid (ALGEE Framework)

- **A:** Assess for risk of suicide or harm
- **L:** Listen non-judgmentally
- **G:** Give reassurance and information
- **E:** Encourage professional help
- **E:** Encourage self-help and support strategies

Autism Spectrum Disorder

- ASD is a **neurodevelopmental disorder** affecting social interaction, communication, and behavior.
- It is a **lifelong condition** with symptoms appearing in early development.
- The term “spectrum” reflects the **wide range of symptoms and severity**.
- DSM-5 includes Asperger’s Syndrome, PDD-NOS, and other related conditions under ASD.

Core Symptoms

- Impaired social interaction
- Impaired language development
- Restricted and repetitive behaviors

Brain Function and Processing

- Individuals with ASD may have **altered neural connectivity** and **information processing difficulties**.
- Research shows people with ASD may “think in pictures” and rely more on visual processing than verbal communication.

Theories on Causes

- **Genetics:** Strong evidence from twin studies; no single gene identified.
- **Environmental factors:** Toxins, radiation, and pollutants may trigger genetic vulnerabilities.
- **Pregnancy complications:** Substance use and other prenatal issues.
- **Atypical brain development:** Enlarged brain regions, cerebellum malformations.
- **Vaccines:** Extensively studied and ruled out as a cause by Autism Speaks and CDC.

Facts and Statistics

- ASD affects **1 in 59 children** in the U.S.
- **Four times more common in boys** than girls.
- **40% of individuals with ASD may never speak**, but communication occurs through various means.

Associated Medical Conditions

- **Seizure disorders** (20–30% prevalence)
- **Sleep dysfunction**
- **Gastrointestinal issues** (up to 85% affected)
- **Pica** (eating non-food items)
- **Immune system deficiencies**
- **Pain sensitivity**
- **Hearing and visual impairments**
- **Food sensitivities/allergies**

Social and Emotional Challenges

- Difficulty understanding social codes, facial expressions, and emotions.
- Limited cooperative play and empathy.
- May engage in **parallel play** and struggle with abstract thinking

Language and Communication

- Delayed or absent language development.
- **Echolalia** (repetition of words/phrases).
- **Literal interpretation** of language.

- Challenges with **word rhythm, unconventional word use**, and **comprehension**.

Behavioral Traits

- **Limited interests** or intense focus on specific topics.
- **Need for routine**; changes can cause anxiety.
- **Repetitive behaviors**: rocking, flapping, lining up objects.
- **Self-stimulation** as a calming mechanism.

Sensory Processing

- **Hypersensitivity**: Overreaction to sensory input (e.g., lights, sounds, textures).
- **Hyposensitivity**: Craving sensory input (e.g., loud music, heavy blankets).
- Sensory issues can affect attention, sleep, and motor control.

Treatment Approaches

- **Biomedical**: Address medical issues before behavioral interventions.
- **Behavioral**: Applied Behavior Analysis (ABA), routines, breaks, and structured environments.
- **Communication**:
 - **Social Stories™**: Teach social cues and expectations.
 - **Rehearsal Guides**: Prepare for medical or social situations.
 - **AAC / Touchscreen apps**: TapSpeak, Touch Chat, etc.

Caregiver Support Strategies

- Accept differences and avoid judgment.
- Use clear, concrete language.

- Allow time for processing.
- Maintain routines and consistency.
- Avoid power struggles and support preferred activities.

Setting Events

- Biological or environmental factors that influence behavior (e.g., pain, change in routine).
- Recognizing and addressing setting events improves treatment effectiveness.

Positive Approaches

Help individuals with ASD:

- Grow and develop
- Make decisions
- Achieve personal goals
- Build relationships
- Participate in community life

Down Syndrome

- **Down syndrome** is a genetic condition caused by an extra copy of chromosome 21 (Trisomy 21).
- It is the most common genetic cause of mild to moderate intellectual disability.
- First clinically identified by Dr. John Langdon Down (1866); chromosomal cause discovered by Dr. Jerome Lejeune (1959).
- Occurs in 1 in 772 live births in the U.S., affecting all demographics.

Maternal Age and Risk

- Risk increases with maternal age:
 - Age 35: 1 in 350
 - Age 40: 1 in 100
 - Age 45: 1 in 30

Diagnosis

- Based on chromosomal testing and physical features at birth.

Common Physical Traits

- Flat facial profile, upward slant of eyes, small skin folds, protruding tongue.
- Decreased muscle tone, increased flexibility, deep palm crease, wide toe gap.
- Intellectual disability.

Medical Concerns

Systems Affected

- **Immunity:** Increased risk of respiratory infections.
- **Cardiopulmonary:** Congenital heart defects, lung pressure issues.
- **Neurologic:** Seizures, increased pain tolerance, Prone to Alzheimer's / dementia.
- **Eyes:** Vision issues, crossed eyes, eyelid inflammation.
- **ENT:** Sleep apnea, hearing loss, ear/sinus infections.
- **Endocrine:** Thyroid disorders, diabetes.
- **GI:** Celiac disease, GERD, constipation.

- **Musculoskeletal:** Poor muscle tone, joint instability, foot problems.
- **Genitourinary/Reproductive:** UTIs, urinary retention, puberty/menopause.
- **Dental:** Orthodontic issues, gum disease.
- **Obesity:** Common concern; managed with exercise, portion control, healthy diet.

Psychiatric and Behavioral Considerations

- Depression, anxiety, OCD.
- **Self-talk:** Normal behavior unless accompanied by concerning changes.

Aging and Life Expectancy

- Life expectancy has increased significantly.
- Individuals may experience premature aging, appearing older than they are

Caregiver Considerations

- Use concrete language and visual aids.
- Maintain routines and structure.
- Ensure consistent and routine health care
- Support generalization and decision-making skills.

Trauma Informed Care: Training Guide

Understanding Trauma

Definition

Trauma is:

- An emotional response to a terrible event (APA).
- A series of events or circumstances causing lasting harm to a person's physical, emotional, social, or spiritual well-being.

Types of Trauma

- **Single Incident:** One-time events (e.g., accidents, natural disasters).
 - **Relational Trauma:** Harm caused in the context of relationships (e.g., abuse, neglect, discrimination).
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Relational Trauma

Examples

- | | |
|---------------------------------------|---|
| • Abuse (physical, sexual, emotional) | • Family breakdowns |
| • Neglect by institutions | • Frequent moves or placements |
| • Bullying, discrimination | • Living with disability in a non-inclusive world |
| • Loss or bereavement | |

Impact

- Alters how individuals perceive themselves, others, and the world.
 - Can lead to **hypervigilance** or **shutdown responses** when triggered.
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Signs of Trauma

Emotional

- Anxiety, sadness, irritability
- Phobias or irrational fears

Cognitive

- Poor attention, memory, problem-solving
- Negative self-talk, flashbacks, nightmares

Physical

- Sleep issues, muscle tension
- Weight changes, rapid heartbeat

Behavioral

- Self-injury, withdrawal, risky behaviors
- Avoidance of people or places
- Acting out trauma

Medical/Forensic Indicators in ID/A

- Unexplained injuries, scars, surgeries
 - Frequent UTIs, genital inflammation, or abnormal genital touch frequency
 - Fear of bathing/dressing
 - Sexualized behaviors or food inspection
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Trauma Responses

Hyperarousal

- Pacing, aggression, startled response, risky or destructive behavior
- Difficulty concentrating or sleeping

Hypoarousal

- Shutdown, dissociation, lethargy
- Appears bored or zoned out
- Under-responsive to stimuli

Averse Health Effects

- Obesity
 - Ulcers
 - High blood pressure
 - Early dementia
 - Weakened immune system
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♥ Trauma-Informed Care (TIC)

Definition

An approach that assumes individuals may have trauma histories and seeks to:

- Understand trauma's impact
 - Avoid re-traumatization
 - Integrate trauma awareness into care, recognize signs & symptoms
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✚ TIC Strategies for ID/A

Relational Focus

- Early unsafe relationships can prime stress responses for future relationships.
- Healthy attachments build emotional regulation.

Daily Practices

- Use respectful, empowering language.
- Offer choices in meals, activities, appointments.
- Collaborate rather than dictate.
- Validate feelings and experiences

Shift Thinking



Creating Safety

Emotional Safety

- Be present and nonjudgmental.
- Use body language intentionally.
- Ask supportive questions:
 - “What helps you feel safe?”
 - “How can I support you right now?”

Physical Safety

- Consider location, layout, and privacy.
 - Ask:
 - “Where do you feel safest?”
 - “What concerns you about this space?”
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Building Trust & Empowerment

- Avoid hidden agendas.
 - Listen actively and believe the person.
 - Include individuals in decisions.
 - Respect autonomy and dignity.
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Health Prevention

- Track medical history, nutrition, sleep, mood.
 - Respond to changes and follow up.
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Key Takeaways

- TIC doesn’t require certification—just compassion and awareness.
- Applying TIC principles helps individuals with ID/A heal, feel safe, and trust again.
- Trauma-informed relationships “do no harm” and promote recovery.

Relaxation, Stress Management, and Mind-Body Exercise

Benefits of Relaxation and Stress Management

- Improves **mood, concentration, and sleep**
- Reduces **stress hormones, blood pressure, and muscle tension**
- Boosts **immune function and energy**
- Helps manage **chronic pain, anxiety, and depression**
- Enhances **confidence and resilience**

Mental and Physical Exercises

Mental Activities:

- Memory games (e.g., “Going outside on a cold day”)
- Visualization and drawing from memory
- Storytelling and cognitive recall games

Physical Activities:

- Stretching, aerobic, and strength training
- Seated and wheelchair-friendly exercises
- Use of pool noodles, hula hoops, balloons, and Therabands
- Combined activities (e.g., ball toss with questions, noodle volleyball)

Relaxation Techniques

- **Deep breathing**
- **Progressive muscle relaxation**
- **Guided imagery**
- **Mindful eating**
- **Meditation**
- **Yoga and Pilates**
- **Music and art therapy**

Common Barriers to Relaxation

- Lack of time or access
- Skepticism about effectiveness
- Resistance from body/mind
- Inconsistent practice

Caregiver Stress and Fatigue

Causes:

- Long shifts, low pay, emotional demands
- Lack of recognition or support
- Feeling unsafe or unable to “fix” situations
- Perfectionism and unrealistic expectations

Symptoms:

- Physical: headaches, chest pain, fatigue
- Mental: anxiety, irritability, racing thoughts
- Behavioral: withdrawal, sleep/appetite changes, substance use

Tips to Prevent Caregiver Fatigue

Self-Awareness & Monitoring

- Identify stress triggers
- Notice physical responses
- Track changes in mood and energy

Build Support Systems

- Connect with peers and co-workers
- Share experiences and coping strategies

Practice Daily Stress Relief

- Use relaxation techniques regularly
- Engage in physical activity (walking, dancing, swimming)
- Spend time in nature

Reframe Thinking

- Focus on what you can control
- Let go of perfectionism
- Maintain perspective

Protect Your Health

- Prioritize sleep and nutrition
- Continue pleasurable activities
- Seek professional help when needed