

# **FACILITATOR GUIDE**

## *Section 3: Assessing and Treating Mental Health Issues in Individuals with Dual Diagnoses*

Developed by



# Section 3

## *Assessing and Treating Mental Health Issues in Individuals with Dual Diagnoses*

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### Objectives:

After this training, participants will understand mental health diagnoses in the I/DD population, understand the importance of the whole-person approach and completing a biopsychosocial assessment, and effective therapies for sessions with the individual.

- Participants will be able to define dual diagnosis and diagnostic overshadowing as it pertains to individuals with I/DD.
- Participants will be able to explain the biopsychosocial model and its usefulness in assessing mental health issues in individuals with I/DD.
- Participants will be able to identify issues specific to individuals with I/DD that should be considered during the assessment.
- Participants will list effective therapies for treating mental health issues in Individuals with I/DD.

### Section Files:

PowerPoint  
Script  
Participant Guide  
Rise Course

### Other Sections in Series:

01 Introduction to Intellectual and Developmental Disabilities  
02 Trauma-Informed Care for Individuals with I/DD  
03 Assessing and Treating Mental Health Issues in Individuals with I/DD  
04 Navigating Appointments with Individuals with I/DD  
05 Crisis Prevention and Intervention

# Outline:

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1. **Introduction**
  - a. Whole-Person Approach
2. **Understanding Dual Diagnosis**
  - a. What is Dual Diagnosis
  - b. Common Mental Health Diagnosis in I/DD
3. **Diagnostic Overshadowing**
  - a. Definition
  - b. How to Avoid
4. **Assessment**
  - a. Biopsychosocial Assessment
  - b. Consideration of Behaviors
  - c. Medical Considerations
  - d. Tools for Assessment
5. **Treatment**
  - a. Effective Therapy Models
  - b. Consent for Treatment
6. **Case Studies**
  - a. Detailed analysis of case studies
  - b. Group discussions and evaluations

## Section 3 Facilitation Schedule – 60 mins total

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Presentation Pt. 1 Introduction Slides: 10-15 mins

Presentation Pt 2. Assessment: 20-25 mins

*mid-point*

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Case Studies: 20 mins

**Sticky Note Activity:** Take down any remaining sticky notes that have been answered

**Reflection and Break:** Remaining time

## Materials & Prep

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### Materials Needed:

- ☐ Case Studies, at the back of this guide
- ☐ Participant Guides

### General Prep:

- ☐ There are 4 Case Studies – they should be discussed in groups of 4-5. Print as many duplicates as necessary for the number of participants. If all 4 sections are being done in one day, print the entire case file, section 3 & 4 will happen after those section trainings. If only training Section 2, section 3 & 4 don't need to be printed.
- ☐ Q&A can be built into this session at the discretion of the trainer.



## Quick Guide: Introduction to I/DD

### Big Idea:

*Considering the whole person when doing the intake assessment is key to developing a broad picture of an Individual with I/DD. Challenges with communication and the complexities of their needs means that careful attention to detail and coordination between the care team is important before diagnosing and proposing a treatment plan.*

*In general, traditional therapy models have proven effective for individuals with I/DD, but some adaptations might be necessary. Working with these individuals will help you to gain knowledge and confidence in making those adaptations yourself, and there are resources to help learn those adaptations.*

**Timing:** approx. 50 minutes including case studies

<b>1. Introduction</b>	<b>7 slides</b>	<b>Timings:</b> 50 mins total 5 mins	<u>      <b>AM/PM</b>      </u>
<b>2. Understanding Dual Diagnosis</b>	<b>5 slides</b>	5 mins	
<b>3. Diagnostic Overshadowing</b>			
<b>4. Assessment</b>	<b>20 slides</b>	15 mins	
a. Biopsychosocial Assessment			
b. Consideration of Behaviors			
c. Medical Considerations			
d. Tools for Assessment			
<b>5. Treatment</b>	<b>6 slides</b>	5 mins	
<b>6. Case Studies</b>		10-20 mins	<u>      <b>AM/PM</b>      </u>
a. Detailed analysis of case studies			
b. Group discussions and evaluations			
<b>7. Key Takeaways and Q&amp;A</b>			

## 01 OPENING SLIDE

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### Facilitator's Notes

*If being used in the same Training Day as Sections 1 & 2, skip this and the following slide*

### Slide Text:

**Welcome** to our five-part training on working with individuals with an Intellectual and Developmental Disabilities diagnosis.

### Introduce self:

This training was developed by Woods System of Care under a grant funded by NJCDD to provide insight, guidance, and recommendations for providing safe, thoughtful care to individuals with IDD.

**Timing: 1 min**



### Do:

- This slide should be up as participants are entering and getting settled.
- Consider having some music playing in the background.
- Welcome Participants.

### Material Notes

*Throughout the facilitator's guide, in this section we will include additional information and references so that you can continue to learn and be able to provide participants with additional information as needed.*

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### Trainer Notes:

## 02 SECTION SLIDE

### Facilitator's Notes

*If being used in the same Training Day as Sections 1 & 2, skip this and the previous slide*

### Slide Text:

This training will be broken into 5 one-hour sections.

**Section 1:** Understanding Intellectual and Developmental Disabilities (I/DD)

**Section 2:** Trauma-Informed Care for Individuals with I/DD

**Section 3:** Assessing and Treating Mental Health Issues in Individuals with I/DD

**Section 4:** Navigating the Appointment

**Section 5:** Crisis Prevention and Intervention as Part of the Support Team.

By the end of this training, we hope that you will feel more confident working with individuals with I/DD and have concrete ideas for making the appointment go smoothly, creating and communicating a treatment plan, and utilizing resources for broadening your understanding of this community.

**Timing:** .5 min



### Do:

This slide should just be briefly touched on or can be hidden completely

### Material Note:

### Trainer Notes:

## 03 TITLE SLIDE

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### Facilitator's Notes

#### Introductions

*(Skip this if it's the third section)*

Please introduce yourself and share what your role is.

#### Slide Text:

##### Speaker Script:

Our next section is Assessing and Treating Mental Health Issues in Individuals with I/DD. In this course, we are going to explore three key areas: assessing mental health in individuals with I/DD, the special considerations that arise in this population, and potential treatment options that align with their unique needs. The next portion of this training will be on adaptations and modifications to the therapy session to make it accessible to individuals with I/DD.

**Timing: 1 min**



**Do:**

**Material Notes:**

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#### Trainer Notes:

## 04 AGENDA

### Facilitator's Notes

#### Speaker Script:

We will begin by looking at the concepts of dual diagnosis and diagnostic-overshadowing. Then, we will consider the Biopsychosocial Assessment Model for creating a comprehensive assessment and intake to inform treatment options. We will end with some case study discussions.

**Timing: .5 min**



**Do:**

### Material Notes

#### Trainer Notes:

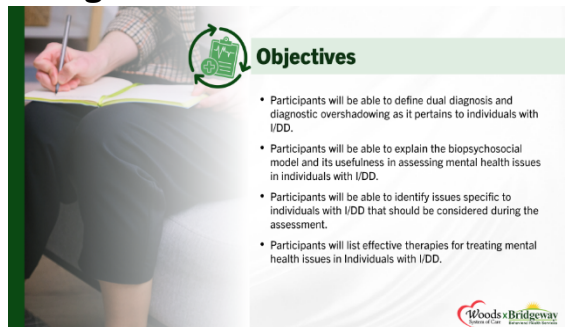
## 05 OBJECTIVES

### Facilitator's Notes

#### Speaker Script:

- Participants will be able to define dual diagnosis and diagnostic overshadowing as it pertains to individuals with I/DD.
- Participants will be able to explain the biopsychosocial model and its usefulness in assessing mental health issues in individuals with I/DD.
- Participants will be able to identify issues specific to individuals with I/DD that should be considered during the assessment.
- Participants will list effective therapies for treating mental health issues in Individuals with I/DD.

**Timing: 1 min**



**Do:**

### Material Notes:

#### Trainer Notes:

## 06 INTRODUCTION

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### Facilitator's Notes

#### Speaker Script:

Assessing and treating individuals with I/DD may feel challenging, but it's important to remember that they have the same needs, hopes, and challenges as anyone else. As a mental health professional, you already have the tools to support their mental health; working with I/DD just requires a slightly modified approach. With practice and time, you will gain the confidence to work with these individuals. Being willing and able to serve and work with this population helps to bridge the gap that they so often are faced with when trying to find quality care.

(Yao & Kabir , 2023)

**Timing: .5 min**



**Do:**

**Material Notes**

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### Trainer Notes:

## 07 PERSON-CENTERED APPROACH

### Facilitator's Notes

#### Speaker Script:

As a clinician, a Person-Centered approach is a strength that you already have as you begin to work with individuals with I/DD. The most important thing that you can do is to treat them like other people. They may need more supports to do things than other people, but they have hopes and dreams, pains and challenges, and strengths and weaknesses. Meeting them where they are with respect, dignity, and empathy will help considerably as you begin assessments and treatments.

**Timing:** .5 min

**Respect**  
**Dignity**  
**Empathy**



**Do:**

**Material Notes:**

### Trainer Notes:

## 08 UNIVERSAL PRECAUTIONS

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### Facilitator's Notes

#### Speaker Script:

In the previous course, we discussed the concept of Universal Precautions for Trauma-Informed Care. This idea is that these precautions are universal, and they can be applied to anyone regardless of whether they have experienced trauma. They are values that will inherently improve the interactions between individuals. In the next course, we will discuss the idea of Universal Design in Therapy. Universal Design is based on the idea that designing for accessibility serves everyone, regardless of whether they need it to be accessible at that moment in time. As we go through this course, consider what elements presented here might be good universal ideas that would be helpful regardless of the individual you are working with.

(University at Buffalo, n.d.)

Timing: .5 min



**Do:**

**Material Notes:**

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### Trainer Notes:



## 09 DUAL DIAGNOSIS

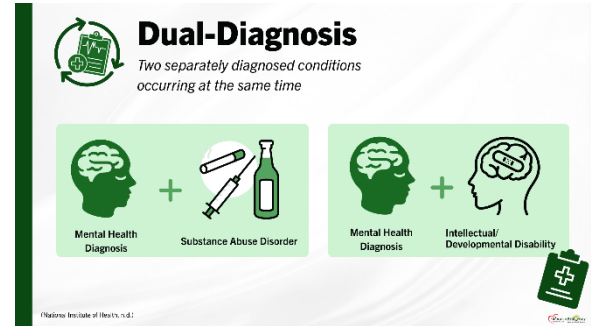
### Facilitator's Notes

#### Speaker Script:

Dual Diagnosis simply means that an individual has two (or more) separately diagnosed conditions. In traditional Mental Health settings, this would refer to a Mental Health diagnosis and a Substance Abuse Disorder. (*MedLine Plus*, 2024). In settings working with the I/DD population, this often refers to an I/DD diagnosis and a Mental Health Diagnosis. Regardless, they are two co-occurring conditions that require separate diagnoses and separate treatment plans. Ideally, these treatment plans are informed by each other and work together to help the individual.

(National Institute of Health, n.d.)

Timing: .5 min



**Do:**

**Material Notes:**

### Trainer Notes:

## 10 STATS

### Facilitator's Notes

#### Speaker Script:

Due to many different reasons, individuals with I/DD are at significantly higher risk for developing a mental health condition than the normal population. These risks include trauma and abuse, lack of access to adequate care and support, the stress of living with complex medical needs, genetics, and communication difficulties.

Consequently, research shows that people with I/DD are more vulnerable to stress, anxiety, and other mental health problems than people who do not have I/DD.

According to the latest National Core Indicator surveys, individuals with I/DD report that:

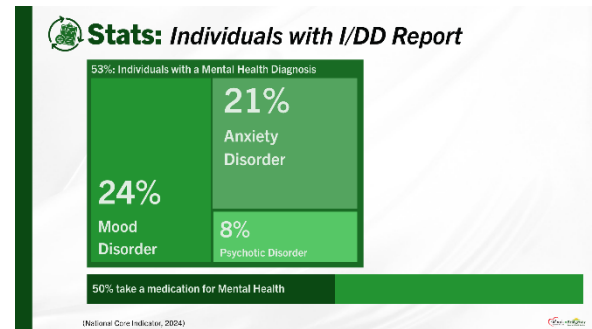
8% have a diagnosis of a Psychotic disorder  
21% have a diagnosis of an anxiety disorder and  
24% have a diagnosis of a Mood Disorder

50% report taking at least one medication for MH issues

While these rates have improved over the last 5 years, there is still a long way to go in improving Mental Health Care for Individuals with I/DD. We have included this whole fact sheet in your handout as it gives a succinct picture of the many different aspects of life for individuals with I/DD.  
(National Core Indicators, 2024)

#### Trainer Notes:

Timing: 1 min



**Do:**

**Material Notes:**

## 11 COMMON DIAGNOSES

### Facilitator's Notes

#### Speaker Script:

The most common diagnoses in this population are **Neurodevelopmental Disorders** such as:

- **ADHD**
- **AUTISM** - Autism is listed here because it doesn't fit into any traditional buckets of just I/DD or Mental Health. As we discussed in course 1, it is a neurodevelopmental diagnosis which sometimes affects cognitive functioning and adaptive functioning. It is included in the DSM-5.

**Mood Disorders** such as:

- **BIPOLAR**
- **DEPRESSION**

**Psychotic Disorders** such as:

- **SCHIZOPHRENIA**

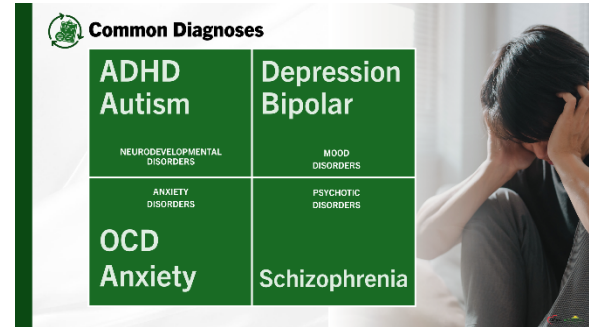
**Anxiety Disorders** such as:

- **ANXIETY**
- **OBSESSIVE COMPULSIVE DISORDER**

Commonly, an individual with I/DD expresses that something is wrong through behaviors. These behaviors can often be seen as anti-social, aggressive, or compulsive. This population has been medicated with anti-psychotics at a significantly higher rate than the general population. As we move into the next section, we will look at how important it is to look at the possible causes of the different behaviors so that medication isn't the first route. (King & Sheikh, 2024)

### Trainer Notes:

**Timing: 1 min**



**Do:**

**Material Notes:**

## 12 DIAGNOSTIC OVERSHADOWING

### Facilitator's Notes

#### Speaker Script:

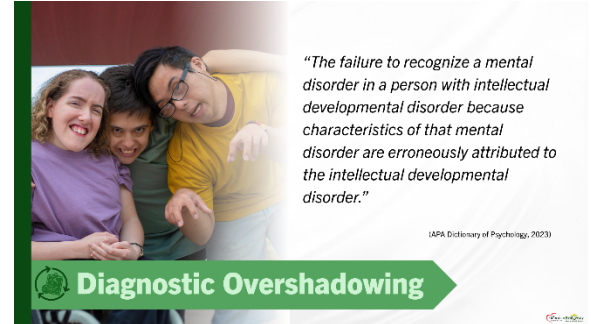
Another common issue for individuals with I/DD and their providers is having an issue or behavior be attributed to their I/DD diagnosis rather than it being attributed to a mental health issue. This is called diagnostic overshadowing.

For example, a patient with ASD may begin exhibiting anti-social behaviors and repetitive behaviors at school right before going to gym class. Attributing the behaviors solely to his diagnosis of Autism, when in reality it is due to his anxiety about not being able to do gym activities as well as everyone else, would be diagnostic overshadowing.

(American Psychological Association, 2023)  
(Dell'Armo & Tassé, 2024)

#### Trainer Notes:

Timing: .5 min



**Do:**

**Material Notes:**

## 13 DIAGNOSTIC OVERSHADOWING

### Facilitator's Notes

#### Speaker Script:

Misattributing most behaviors to simply being part of their I/DD diagnosis has led to a focus on treatments being based on behavior management plans that aim for compliance, or even the use of medication to restrain or control behaviors. This doesn't help resolve the actual mental health or medical condition causing the behavior, making recovery unlikely. In many cases, it can make the situation worse and cause more harm. Maladaptive behaviors can increase, and quality of life, adaptive functioning and mental health can decrease.

With thoughtful consideration, experience and a willingness to understand the individual, diagnostic overshadowing can be easily avoided.

(American Psychological Association, 2023)

(Dell'Armo & Tassé, 2024)

#### Trainer Notes:

Timing: 1.5 min



Do:

Material Notes:

## 14 PERSON-CENTERED

### Facilitator's Notes

#### Speaker Script:

First and foremost, the individual you are working with is a person with all the complexities, shifts, ups, and downs of any other person. A person-centered approach works to fully understand and appreciate the strengths and uniqueness of an individual without placing them in rigid categories. Automatically labeling someone as "dual-diagnosed" doesn't necessarily help their journey towards mental wellness. Recognizing the dimensional aspects of all the conditions an individual might have helps to create a more nuanced picture of the person and the challenges they face.

**Timing:** .5 min



**Do:**

**Material Notes:**

### Trainer Notes:

## 15 INTAKE & ASSESSMENT

### Facilitator's Notes

#### Speaker Script:

Due to the heightened risk of developing mental health conditions and the risk of diagnostic overshadowing, a robust assessment and intake is necessary when beginning to work with an individual with I/DD. When possible, you should work with not only the individual to complete the assessment, but also the Interdisciplinary team that works with the individual. Having an assessment model that considers all aspects of the person's experiences is also important.

**Timing:** .5 min



**Do:**

**Material Notes:**

### Trainer Notes:

## 16 BIOPSYCHOSOCIAL APPROACH

### Facilitator's Notes

#### Speaker Script:

The Biopsychosocial model is one such model:

according to

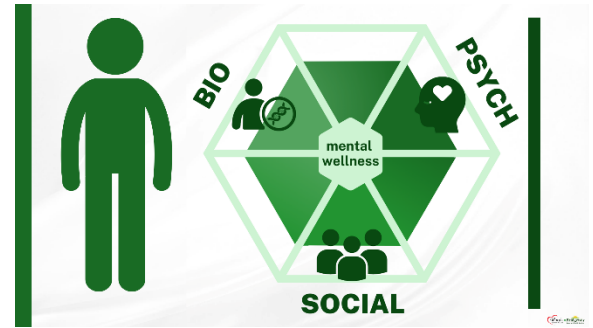
[NADD \(National Association of Dual Diagnosis\)](#)

"The biopsychosocial approach is a whole person approach to supporting patients to address all potential areas that may impact a person's response to treatments. Bio refers to the biological considerations, including physical health, genetics, medical conditions, medications, and so on.

Psycho refers to the psychiatric and psychological needs of a patient, including mental wellness, psychiatric diagnoses, mood, developmental stages, intellectual abilities, cognitive wellbeing, and the like.

Social refers to the social determinants of health – natural supports, friends, families, finances, transportation, linkage to community resources, food disparities, and jobs. Each of these factors combines to affect how a person responds to treatments for any given area of need. If a person does not have a secure place to live (social), then their response to habilitative or mental health supports (psycho) will likely be hindered."  
(NADD, 2022)

Timing: 1 min



Do:

Material Notes:

### Trainer Notes:



## 17 WHOLE PERSON APPROACH

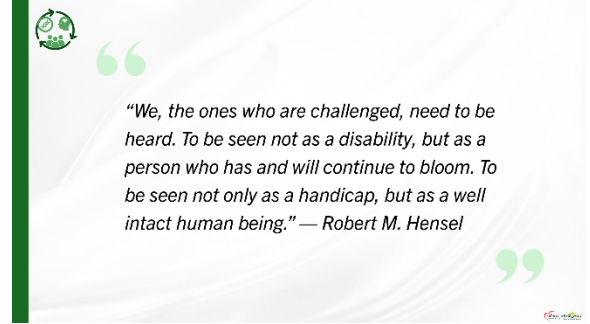
### Facilitator's Notes

#### Speaker Script:

As we dive deeper into this model of assessment, it's important to remember to keep the individual in the forefront of the assessment. Due to communication difficulties, difficult behaviors, and often the presence of support providers, it can be easy to look past the individual. Often, the individual might be referred to services by others and not even fully understand why they are there. Take the time to get to know the individual and build a rapport with them. Find out what they like to do, what they don't like. Discover what is important to them. Find out what barriers they face to getting the most out of life. Listen to their experiences and stories with empathy and respect. The end goal is the emotional and mental wellbeing of the individual, not just managing behaviors. And remember that communication isn't just verbal. Behaviors communicate important pieces of information. Consider what their behavior is communicating about the biopsychosocial situation.

#### Trainer Notes:

**Timing: 1 min**



**Do:**

**Material Notes:**

## 18 INTERDISCIPLINARY TEAM

### Facilitator's Notes

#### Speaker Script:

Because the lived experience of Individuals with I/DD can be complex, and because they often have difficulties with communication, it is important to also seek out information from the teams that supports the individual in addition to the information gathered directly from the individual. This can be difficult or time-consuming but is vital for completing a full assessment.

The **Interdisciplinary Team** refers to all the people who work with the individual, whether on a daily basis like a direct support professional or less frequently like physicians.

**Clinicians** that are important to have as part of the Interdisciplinary Team are:

Primary Care Physician,  
Occupational, Physical and/or Speech Therapists,  
other mental health providers etc.  
Other Specialists  
Dentists  
Psychiatrists  
Other Social Workers (school, vocational etc.)

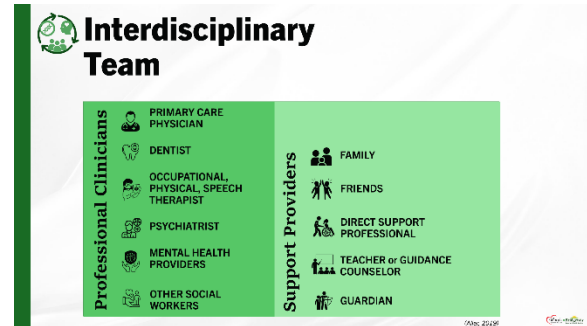
**Non-clinicians** are often the ones providing the day-to-day support these individuals need, and they have extensive observational knowledge of the individual. In this training, they are referred to as the Support Team. These include:

- The family or trusted friends
- Guardian
- Direct Support Professional
- Teachers

Some of the reports that might be helpful, if possible to obtain, are:

- Developmental disability diagnosis

**Timing: 2.5 min**



**Do:**

**3 Clicks**

*Click 1: Clinicians*

*Click 2: Support Team*

*Click 3: Repots*

**Material Notes:**

- Individual Education Plan (IEP) or 504 accommodations request (if the client is a student)
- Environmental or communication accommodations
- Psychological assessments
- Dental exams
- Reports from speech, occupational and physical therapists, and physicians
  - Developmental and neurological evals
  - Diagnostic Studies
  - Past psychological assessments
  - Previous medical and treatment plans

This Interdisciplinary Team might or might not exist and will look different for each individual. Use your clinic's form for the consent to release information and then begin to gather information from the people that you feel are most relevant for the individual you are working with. If they are on medications, then it is essential that you are in contact with their PCP. Other clinicians can be contacted at your initiative. When possible, communicate with these teams so all treatment plans are shared and up to date. This will require some time and working out the preferred means of communication. Some might prefer a phone call, while others want an e-mail. Also, don't forget that the guardian, family, or DSP might also be able to help you to form this team and connect with the different clinicians that can help you form a complete picture of the individual.

(Aller, 2019)

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### **Trainer Notes:**

## 19 INTEGRATED CARE MODEL

### Facilitator's Notes

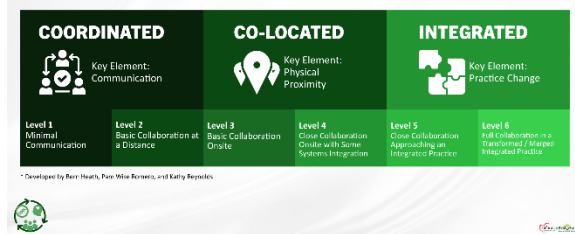
#### Speaker Script:

For these individuals, they often face very disjointed care which affects their well-being and successful community integration. An integrated care model such as what Woods Services and Woods System of Care is seeking to develop helps to mitigate some of these experiences by building a complete care team that shares all information. In the absence of such a system, it is important to try to coordinate care as much as possible between the family/direct support professional, the medical team, and other therapists. (Waxmonsky, Auxier, Romero, & Heath, 2014)

#### Trainer Notes:

Timing: .5 min

#### Integrated Practice Assessment Tool (IPAT)



Do:

#### Material Notes:

This is the model that Woods System of Care uses to demonstrate their approach to the Integrated Care Model. While this approach might not be the right fit for your clinic, it is insightful for how care can be better coordinated and communicated.

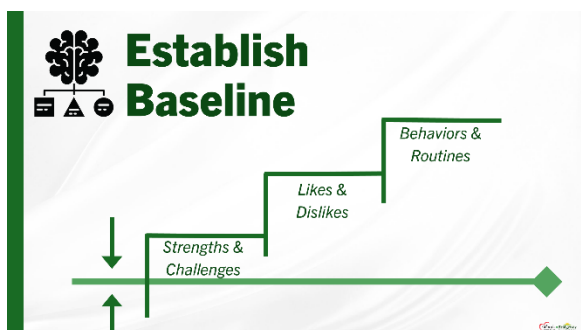
## 20 ESTABLISH BASELINE

### Facilitator's Notes

#### Speaker Script:

The final goal of this kind of assessment is to form a baseline picture of the individual's strengths and challenges, their likes and dislikes, their typical behaviors and routines. Forming a complete understanding of what their "normal" is will provide the standard which emerging behaviors can be compared and considered against.

Timing: .5 min



Do:

#### Material Notes:

#### Trainer Notes:

## 21 THE ASSESSMENT

### Facilitator's Notes

#### Speaker Script:

What does this type of assessment look like in practice? As a clinician, you already possess the skills to conduct thorough assessments.

Ensure that you are:

- identifying strengths
- being genuine
- validating feelings
- gathering the perspective of the client
- completing a thorough history
- assessing any changes in adaptive functioning
- performing a mental health status exam and
- being trauma-informed

(Mental Health and Developmental Disabilities National Training Center, 2024)

We will now look at some additional considerations to take into account during a biopsychosocial assessment that might be more specific to individuals with I/DD.

#### Trainer Notes:

**Timing: .5 min**



**Do:**

**Material Notes:**

## 22 BIOLOGICAL & MEDICAL CONSIDERATIONS

### Facilitator's Notes

#### Speaker Script:

The biological portion of the biopsychosocial assessment looks at the individual's general physical health, physical disabilities, and genetics. When it comes to the individual with I/DD, this is a very important side of the assessment due to the fact that they typically have complex medical needs and often are unable to communicate changes in health as effectively as the general population.

**Timing:** .5 min



**Do:**

*Bullet points enter on click*

**Material Notes:**

### Trainer Notes:

## 23 MEDICAL ISSUES

### Facilitator's Notes

#### Speaker Script:

It's important to have up to date medical information as well, because individuals with I/DD are at increased risk for other medical conditions that can cause discomfort, pain, or other barriers to living their best life. Often, individuals with I/DD don't express pain the same way as others. They may not verbalize their pain at all, or it might be expressed only through negative behaviors such as head banging or sleeping abnormal amounts. If you suspect that the behavior might be caused by medical issues, refer the individual to their Primary Care Physician to rule out any underlying medical conditions.

#### Trainer Notes:

Timing: .5 min

**Medical Issues**

- Complex conditions
- Causing pain or discomfort
- Difficulty expressing pain

BIO

© COPYRIGHTED MATERIAL  
ASSESSMENT

#### Do:

*Bullet points enter on click*

#### Material Notes:

## 24 BRAIN FUNCTION

### Facilitator's Notes

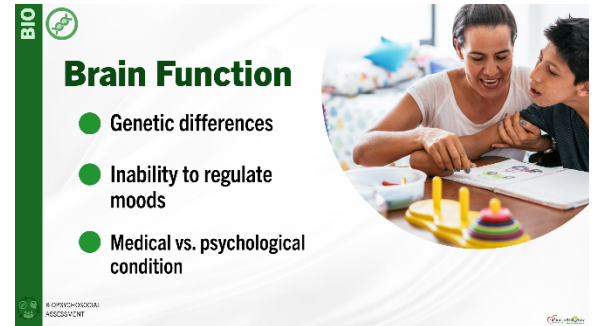
#### Speaker Script:

Some individuals with I/DD have an inability to regulate their moods due to genetic differences in brain functioning. If the individual you are working with has such a diagnosis, it's important to know this because this would be a medical condition, NOT a psychological condition, and treatments would be different.

It's important to not personalize maladaptive behaviors. This is important for you as a therapist, as well as for the Support Team, to remember. They are not acting out vindictively, they are acting out because something is bothering them, and they don't have any other way of expressing it. They don't have the skills to self-regulate that other people do. This is something that needs to be taught to them.

#### Trainer Notes:

Timing: .5 min



**BIO**

### Brain Function

- Genetic differences
- Inability to regulate moods
- Medical vs. psychological condition

© 2020 PSYCHOSOCIAL ASSESSMENT

#### Do:

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#### Material Notes:



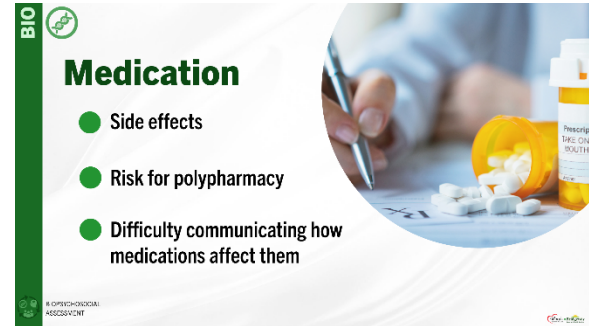
## 25 MEDICATION

### Facilitator's Notes

#### Speaker Script:

Being aware of the different medications an individual is on is important because side effects of the medications can also affect behaviors of individuals. Often, individuals are on many medications, and they are at risk of interactions and being over medicated. This can create complicated loops of continuing to add meds on top of meds to counteract their effects. Be careful not to over-medicate and consider the side effects of the medications that they are on. Side effects of medications can be the cause of negative behaviors, and an individual might have difficulty communicating this.

**Timing: .5 min**



#### Do:

*Bullet points enter on click*

#### Material Notes:

### Trainer Notes:

## 26 PSYCHOLOGICAL CONSIDERATIONS

### Facilitator's Notes

#### Speaker Script:

The psychological portion of the biopsychosocial assessment looks at their behaviors, personality, self-esteem and impulsivity, as well as at their intellectual functioning and cognitive well-being. This is where having a full picture of their I/DD diagnosis can be helpful to understand their level of intellectual functioning, and adaptive functioning.

Timing: .5 min



**Do:**

*Words enter on click*

**Material Notes:**

### Trainer Notes:

## 27 INTELLECTUAL & ADAPTIVE FUNCTIONING

### Facilitator's Notes

#### Speaker Script:

Their intellectual functioning and adaptive functioning often affect their ability to integrate within the community. It will also inform you about the level of supports that they need to integrate well. How well these supports are being provided and how they are functioning can contribute significantly to their mental well-being. This is why having reports from developmental and neurological evaluations is so important. If the individual isn't able to communicate well, the support provider, guardian, or family might be able to provide insight. Understanding their cognitive level will also help to inform you as a clinician how you might need to modify treatments and how much they will understand.

#### Trainer Notes:

Timing: .5 min



**Do:**

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**Material Notes:**

## 28 BEHAVIORS

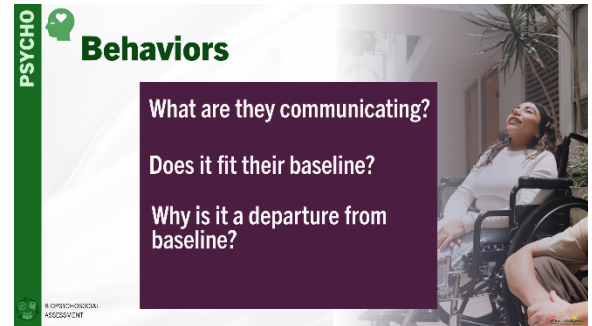
### Facilitator's Notes

#### Speaker Script:

Lastly, we come to behaviors. As has been mentioned previously, behaviors can be a significant way that an individual with I/DD communicates how they are doing. Looking at a behavior as a communication tool can be very important for forming a correct assessment of the underlying issue. Creating a complete biopsychosocial assessment to understand an individual's baseline then allows you to understand if the behavior is a departure from that baseline, and what might be causing it. Without having the full picture, it's not possible to form effective treatment plans.

#### Trainer Notes:

Timing: .5 min



**Do:**

*Words enter on click*

**Material Notes:**

## 29 SOCIAL DETERMINANTS

### Facilitator's Notes

#### Speaker Script:

The social portion of the biopsychosocial assessment considers all of the different social determinants of health and the effects they have on an individual's well-being. For individuals with I/DD, these determinates contribute significantly to their disparities in health and well-being.

Timing: .25 min



**Do:**

**Material Notes:**

### Trainer Notes:

## 30 TRAUMA

### Facilitator's Notes

#### Speaker Script:

As discussed in the previous course, individuals with I/DD experience trauma at a significantly higher rate than the general population. As you complete an assessment, screen the individual for trauma - and you can assume there are most likely some sources of trauma even if they aren't the main reasons for the current referral. For individuals with significant trauma, trauma therapies are effective and useful for individuals with I/DD.

Timing: .5 min



**Trauma**

- High rates of trauma
- Screen for trauma
- Trauma therapies effective for this population

**SOCIAL**

**Do:**

*Bullet points enter on click*

**Material Notes:**

**Trainer Notes:**

## 31 SUBSTANCE ABUSE

### Facilitator's Notes

#### Speaker Script:

It is also important to screen for substance abuse. Just because they have a disability doesn't mean they don't abuse substances. The rate for substance abuse in the I/DD population is the same as for the general population.

Timing: .25 min



**Substance Abuse**

- Substance abuse rate is the same as the general population
- Screen for substance abuse

**SOCIAL**

**Do:**

*Bullet points enter on click*

**Material Notes:**

**Trainer Notes:**

## 32 COMMUNITY INTEGRATION

### Facilitator's Notes

#### Speaker Script:

Learning about their community integration is also very crucial. As discussed in the previous course, individuals with I/DD are often at risk of isolation and loneliness. They often have a hard time integrating into the community. Discover their wishes for jobs, activities, religious needs, etc. Changes in these things can have a big impact on their mental well-being.

**Timing:** .5 min



**SOCIAL**

**Community Integration**

- At risk of loneliness and isolation
- Difficulty integrating
- Discover what they like, which could be starting points for community activities

#### Do:

*Bullet points enter on click*

#### Material Notes:

### Trainer Notes:

## 33 LIFE CIRCUMSTANCES

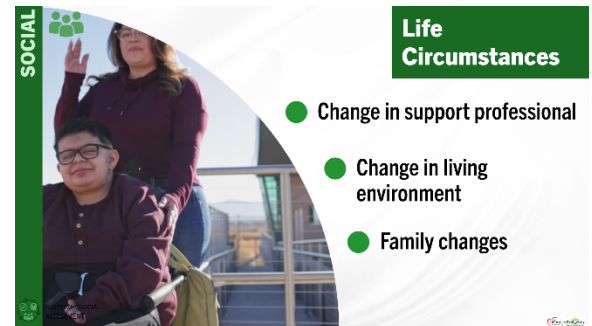
### Facilitator's Notes

#### Speaker Script:

Alongside general community inclusion, learn about their life circumstances. Have there been changes in support providers? Has their living environment changed? Any changes in close relationships? Often, these individuals don't have control over their support providers and living arrangements. Changes or anticipated changes in these areas can have an outsized impact on their behaviors and mental health. They might also have difficulty expressing what has changed or how it makes them feel. It will be important to use all the tools and techniques you have as a therapist to encourage and facilitate sharing. This might be using art or music, or other ways to begin to build that trust and relationship, so the individual is comfortable and able to share.

#### Trainer Notes:

Timing: .5 min



#### Do:

*Bullet points enter on click*

#### Material Notes:



## 34 TOOLS FOR ASSESSMENT

### Facilitator's Notes

#### Speaker Script:

There are a variety of different assessment tools that can be used during the intake to give you a picture of the individual's adaptive functioning and behavioral needs. Some of the assessment tools that might be used to evaluate underlying causes of behaviors are:

- Aberrant Behavior Checklist (ABC-2)
- Motivation Assessment Scale (MAS)
- Functional Assessment Screening Tool (FAST)

Some of the tools that can help you understand their adaptive functioning and what they are capable of are:

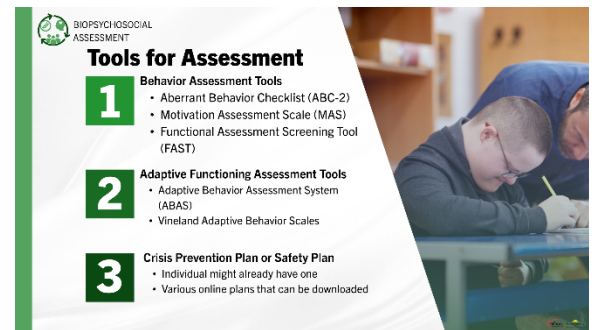
- Adaptive Behavior Assessment System (ABAS)
- Vineland Adaptive Behavior Scales

You may or may not have access to these tools, and some individuals might already have reports from these assessments from other visits to psychologists and psychiatrists. If they are available, they can be used in conjunction with other reports from the IDT, and your own intake and assessment to inform your choice of treatment. These assessments are just some of the tools that can help to pinpoint the pain points. The end goal is creating a complete picture of the individual, to know what their goals are and to help them overcome limiting behaviors and emotions so they can live their fullest life.

The final item mentioned here, the Crisis Prevention Plan, is important to have on file. This is a plan that will give you guidance on what to do if the individual faces a crisis. It should include what their triggers might be, what are good ways to de-escalate, and who to call for support. Because of the complexity of their situation, individuals with I/DD might go into a crisis state much quicker and more often than others. Knowing how to help them is very important. Having this plan upfront can potentially help to prevent crises. In the participant guide, several free downloaded options are linked if an individual doesn't have a crisis plan.

#### Trainer Notes:

**Timing: 2 min**



**Do:**

*Categories enter on click*

**Material Notes:**

## 35 EFFECTIVE THERAPY MODELS

### Facilitator's Notes

#### Speaker Script:

When considering the most appropriate therapy to recommend for an individual, it's important to remember that a wide variety of different models have been successfully used with individuals with I/DD. While minor modifications might be necessary - and therapies heavily reliant on talking might need to be avoided for some - in general, many different models are effective. The following are some examples that have been effective for individuals with I/DD:

**ABA** - Applied Behavioral Analysis

**CBT** - Cognitive Behavior Therapy

**DBT**- Dialectical Behavior Therapy

Mindfulness

Family based intervention

**PBIS** - Positive Behavioral Intervention and Supports

The National Association of State Directors of Developmental Disabilities Services (NASDDDS) has compiled a series of short videos giving practical help for adapting these common therapies for individuals with I/DD. Covering adaptations is beyond the scope of what we can cover today, and so we would recommend that you explore this resource; it is linked in your participant guide. In short, most modifications will be common sense modifications, and as you do with any individual, you tailor it to work for them and their goals, and you adjust throughout the treatment in order to continue to meet those goals.  
(Aller, 2019)

**Timing: 1 min**



**Do:**

#### Material Notes:

Link to NASDDDS adaptation courses

<https://www.nasddds.org/i-dd-and-mental-health-support-resources/>

### Trainer Notes:

## Facilitator's Notes

### Speaker Script:

The National Association of State Directors of Developmental Disabilities Services has a website of adaptive strategies for common therapies that might be used with Individuals with I/DD. They have both video versions and print versions. The link to this page is in the Resource Guide and is a good place to start if you want specific information on adapting common therapies.

<https://www.nasddds.org/i-dd-and-mental-health-support-resources/>

Timing: .5 min



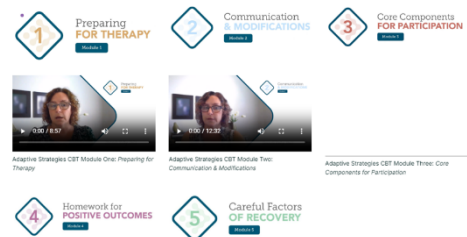
#### Adaptive Strategies Video Series

People with IDD represent a diverse and unique population of individuals who are often higher than the general population and can benefit from the same evidence-based interventions which are used for people without IDD. This series will feature specific interventions and treatments highlighting modifications and adaptations for people with IDD. Please feel free to share with clinicians and community members!

English

#### Adaptive Strategies: Cognitive Behavioral Therapy (CBT)

Developed through a collaboration between NASDDDS and the Louisiana's Office for Citizens with Developmental Disabilities



#### Therapy Modification Briefs

Despite long held beliefs that people with Intellectual and/or Developmental Disabilities (IDD) may not benefit from mental health treatment, we know that people with IDD can successfully utilize integrated medical and mental and behavioral healthcare (Evins, Williams, and Mennick, 2014). To that

end, on behalf of Louisiana's Office for Citizens with Developmental Disabilities, we offer briefs which outline modifications to personalize traditional mental health treatments for persons with IDD.

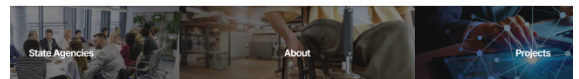
Targeted to mental health practitioners, we hope that these briefs will be shared and used to effectively improve outcomes particularly for those people with IDD and on-occurring mental health conditions.

- Adaptations to Assertive Community Treatment for IDD
- Adaptations to Cognitive Behavioral Therapy for IDD
- Adaptations to Dialectical Behavior Therapy for IDD
- Adaptations to Positive Parenting Program for IDD
- Adaptations to Trauma Focused CBT for IDD
- Adaptations to EMDR for IDD
- Adaptations to Multisystemic Therapy for IDD

#### Further supporting resources:

- IDD Mental Health Therapy Guides (The Ohio State University Nisonger Center)
- Modifying Psychopharmacologic Interventions for Traumatic Brain Injury (NADDA)

This brief is produced by ACL's Traumatic Brain Injury (TBI) Technical Assistance and Resource Center (TARAC) and provides clinicians with information and an array of accessible approaches for modifying psychopharmacologic interventions for TBI. This brief is also general towards assisting brain injury personnel partners better with their behavioral health providers on best practices for TBI-related interventions. Content for this brief was drawn from "Section VI: Psychopharmacologic Interventions for TBI" of the Administration for Community Living (ACL) Behavioral Health Guide: Considerations for Best Practices for Children, Youth, and Adults with TBI, available at: [https://www.acf.hhs.gov/programs/2022-05/78TARAC/Br\\_Book\\_Final\\_May2022\\_Accessible.pdf](https://www.acf.hhs.gov/programs/2022-05/78TARAC/Br_Book_Final_May2022_Accessible.pdf). The section was written by Michael Chiu, MD, and Lindsey Gurin, MD, NYU Langone Health.



Do:

Slides appear to scroll

Click on white square to play a portion of the video

Material Notes:

## Trainer Notes:

## 39 TREATMENT PLANS

### Facilitator's Notes

#### Speaker Script:

Be aware of the situation that many individuals with I/DD are coming from. They need varying levels of support to perform daily life tasks. This means they are in a dependent state, and they might not be used to speaking for themselves, making their own choices, or feeling free to state their preference. Often, they default to being agreeable because it is the easiest way to answer, even if it's not how they actually want to answer. Take the time to speak to the individual, not to a caretaker or support provider. Work with the individual to allow them the space and freedom to express what they need and want to express, and this might be an initial skill that needs to be worked on with the individual before even more in-depth therapy or treatment can begin.

Balancing how much you speak with a support provider and how much time the support provider spends in the therapy session with the individual can be difficult to navigate. It is recommended that, when possible, you should work and communicate directly with the individual and encourage the support provider to be outside the room. Work with the individual and the support team to find the appropriate balance and to make everyone feel safe, but also to have agency and choice.

#### Trainer Notes:

Timing: 1 min



Do:

#### Material Notes:

Link to NASDDDS adaptation courses

<https://www.nasddds.org/i-dd-and-mental-health-support-resources/>

## 40 SCAFFOLDING FOR SUCCESS

### Facilitator's Notes

#### Speaker Script:

As you think about treatment plans, remember that it can often take a lot longer for individuals with I/DD to reach the same goals as another individual. You should plan on it taking at least double the amount of time. The sessions themselves will progress slower due to communication differences. The goals will need to be broken down into much smaller steps than for other individuals. Some of the goals might also seem very basic, such as:

- Making eye contact
- Delaying gratification

Figure out very targeted goals to overcome issues that are currently having a negative impact on them, and work to increase their skillsets to overcome these issues. These goals should be person-centered.

Timing: 1 min



**Do:**

**Material Notes:**

## 41

### Facilitator's Notes

#### Speaker Script:

For every goal, break it down into much smaller steps. Have patience if progress is slower than expected, maintain encouragement that they can accomplish their goals, and adapt the goals and steps as necessary for them to be successful.

Timing: .25 min



**Do:**

*Icon Points appear on click*

**Material Notes:**

### Trainer Notes:

## 42 CONSENT FOR TREATMENT

### Facilitator's Notes

#### Speaker Script:

When it comes time to get consent for treatment, first establish if the individual has the ability to process and understand information. Also, know if the person is their own guardian or if they have a guardian. Many individuals, even with borderline ID (intellectual disability), will have a guardian. In this case, it is the guardian that gives consent for treatment. If the individual doesn't have a guardian and you feel that they should, this can be something that you advocate for. Even if the individual doesn't provide legal consent for treatment, as much as possible, communicate directly to the individual in easy-to-understand ways so they can comprehend what the treatment will be and agree to it.

If they don't have a guardian or they act as their own guardian, when getting consent for treatment, remember to be patient, and speak directly in short, easy-to-understand sentences. Give them space and time to consider and respond.

In the next course, we will consider communication challenges more in depth, and discuss practical suggestions for communicating well with individuals with I/DD.

In the end, do the best that you can in gaining consent for treatment, and always refer to your legal team if you have any doubts or questions.

In addition, if the individual gives their own consent for treatment, it is important to get consent and permission to speak with a case manager or guardian about the therapy sessions and in case of a crisis situation.

#### Trainer Notes:

**Timing: 1.5 min**



**Do:**

**Material Notes:**

## 43 ACTIVITY: CASE STUDY

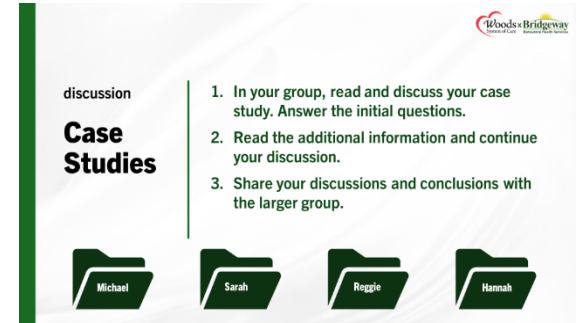
### Facilitator's Notes

#### Speaker Script:

##### Case Study Directions:

1. Group participants into groups of 4-5.
2. Distribute the first section of the Case Studies to the group.
3. They should read and discuss the first page and questions.
4. Next, they should read the additional information and continue the discussion.
5. If there is time, they can share their conclusions with the larger group. Alternatively, all the groups discussing the same case study could share their conclusions with each other.

**Timing: 10 – 20 mins**



The graphic is titled "Case Studies" and includes a "discussion" section. It lists three steps: 1. In your group, read and discuss your case study. Answer the initial questions. 2. Read the additional information and continue your discussion. 3. Share your discussions and conclusions with the larger group. Below the steps are four folder icons labeled Michael, Sarah, Reggie, and Hannah. The logo "Robbins Bridgeport" is in the top right corner.

**Do:**

**Material Notes:**

### Trainer Notes:



## 44 KEY TAKEAWAYS

### Facilitator's Notes

#### Speaker Script:

##### Dual Diagnosis & Diagnostic Overshadowing:

Care needs to be taken to fully understand all the diagnoses an individual has and to not misattribute behaviors to the wrong diagnosis.

##### Whole Person Approach:

It's important to consider the whole person when conducting the intake assessment. Look at **biological**, **psychological**, and **social** components in an individual's life to fully understand their challenges and goals.

##### Treatment:

It's important to scaffold all goals for an individual into smaller steps, and seek out additional resources for strategies on adapting therapy models to individuals with I/DD.

Timing: 1 min



Do:

Material Notes:

Trainer Notes:

## 45 REFLECTION

### Facilitator's Notes

#### Speaker Script:

During the break, take a moment to write down something that you want to remember, that you want to share, and that you were surprised by.

Timing: 1 min



Do:

Material Notes:

Trainer Notes:



## Case Studies

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*The goal of the case studies is for participants to have a chance to discuss and decide on a course of treatment for an individual with I/DD. There are four different Individuals each with their own case. The case study is broken into 3 sections so they can be used after Section 3, Section 4, and Section 5. Each portion will require the learner to apply what they have learned in the previous sections to decide how to proceed with the case study.*

### **Instructions:**

- Divide the group into smaller groups. You can use all the case studies if it's a large group or you can use only some of the case studies if it's a smaller group.
- Each group should get their own case study, and they should use the same case study after each section.
- Give the groups a set amount of time to discuss and answer the questions.
- If there is time, return to the large group and discuss what each group decided.

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