OHIO Mental Health Network for School Success

MIAMI UNIVERSITY
CENTER FOR SCHOOL-BASED MENTAL HEALTH PROGRAMS

Project AWARE Ohio
ADVANCING WELLNESS and RESILIENCE in EDUCATION

Information Brief

Dual Diagnoses:
Intellectual Disability & Mental Health Issues

Ohio Department of Education

DEFINITIONS

Although not a new phenomenon, there has been increasing attention paid to the mental health issues that are experienced among students who also have intellectual disabilities. Before discussing the comorbidity (i.e., co-occurrence) between the two, it is important to understand the definitions of each. Intellectual disabilities are characterized by **below average intellectual abilities and adaptive functioning that occur before the age of 18**. More specifically, below average intellectual capabilities are determined by standardized tests of intelligence that result in an overall intelligence quotient (IQ) of approximately two standard deviations or more below the mean. Further, adaptive functioning refers to an individual's ability to effectively meet daily needs (i.e., eating, dressing, socializing) given his/her age and culture.[3] Mental health problems refer to **significant disturbances in behavior, mood, thought processes and/or interpersonal relationships**. Individuals with intellectual disabilities experience the same mental health issues as those without intellectual disabilities. Some common types are[20]:

Type	Description	Major Sub-Categories
Mood Disorders	Significant mood disturbance characterized by substantial elevation and/or lowering of mood	Depression, bi-polar, and mania
Anxiety Disorders	Exhibit excessive fears, somatic complaints, and significant nervousness that interferes with daily functioning	Panic disorder, agoraphobia, OCD, and PTSD
Psychotic Disorders	Characterized by delusions, hallucinations and/or disorganized behavior	Schizophrenia, schizoaffective disorder, and schizophreniform
Personality Disorders	Enduring patterns of dysfunctional behavior that can include inflexible and maladaptive personality traits	Paranoid, anti-social, borderline, and avoidant

There are several other disorders that can co-occur with intellectual disabilities, including feeding or sleep disorders, autism spectrum disorder and attention-deficit/hyperactivity disorder. Although these are important issues to consider when working with students with intellectual disabilities, this article will focus on comorbidity with the mental health problems outlined above. However, please refer to the third chapter in *Comorbid Conditions in Individuals with Intellectual Disabilities* that is cited at the end of the brief for more information.[14]

INTELLECTUAL DISABILITIES AND MENTAL HEALTH: COMORBIDITY

Students with intellectual disabilities are more likely to experience mental health problems compared to the general population. Although estimates vary, a recent review suggests that the comorbidity rate is between **30 and 50 percent** for children and adolescents. This study also indicates the relative risk of mental disorder associated with intellectual disabilities ranged from **2.8 to 4.5**.[6] This issue is relevant here in Ohio as approximately **one-third** of individuals with intellectual disabilities (or 57,000) will have a co-occurring mental illness.[4]

There are several reasons why this comorbidity might exist. First, students with intellectual disabilities might experience excessive levels of **stress**, which are a risk factor for mental health problems. More specifically, individuals with intellectual disabilities are more likely to experience **negative social conditions** (i.e., social rejection, stigmatization and lack of acceptance) and **school failure** compared to their typically developing peers, which can both lead to greater levels of stress. Further, research suggests social support and coping skills can both offset the negative impact of stress on mental health. However, students with may have **limited coping skills, language difficulties and inadequate social supports**, so they are less likely to be protected by some of these factors compared to their typically developing peers.[20] In addition, students with intellectual disabilities have been found to report lower levels of **tolerance of differences** and **community support**, fewer **future goals** and higher levels of **emotional sensitivity** compared to their typically developing peers, which can all increase their vulnerability to the development of mental health problems.[9]

Despite these relationships that likely contribute to the development of mental health issues among students with intellectual disabilities, it is important to note that the relationship between intellectual disabilities and mental health is not fully understood. Further, not all students with intellectual disabilities experience mental health issues and there is significant diversity that exists

within both intellectual disabilities and mental health. Therefore, it is likely that there are other biological, psychological and social factors that contribute to this comorbidity and need to be considered when working with this population of students.

HELP AND SUPPORT IN SCHOOLS

Given the significant comorbidity that exists, it is critical for schools to consider mental health issues when working with students with ID. Schools need to first be able to conduct **accurate assessments** to determine if any problem behaviors are resulting from mental health issues. Assessments can be difficult because intellectual disabilities symptoms can often mask mental health issues, but the following section provides some guidance regarding how professionals can most effectively assess this population of students. Mental health assessments heavily rely on **self-report** measures, which can be challenging for students with more severe levels of intellectual disabilities who typically have poor communication skills and cannot easily describe their thought processes and emotional issues.[17] Therefore, it is best to collect information from a variety of informants. However, when appropriate, it is still important to meet and talk directly with the student with intellectual disabilities. **Semi-structured interviews** are most often used[17], and the following strategies are provided below to help obtain accurate information when interviewing a student with intellectual disabilities:

- Use **simple vocabulary** and create **short sentences;**[11]
- **Avoid "yes" or "no" questions** because some students with intellectual disabilities might agree with any statement or question that is given;[11]
- **Cross question** or **asking a question in different ways** can help clarify a student's response.[4]
- Ask **one question at a time** and wait for a response before moving on with another question;[11]
- **Confirm understanding** after asking a question.[11]

In addition to interviews, there are several **assessment tools** that have been used with this population to gather information regarding mental health. Some examples of these assessment tools are outlined in the table below:

Assessment for Dual Diagnosis[13]	**Screens for psychopathology for individuals with mild or moderate developmental disabilities**
Developmental Behavioral Checklist-Parent/Caregiver or Teacher[7]	Assesses emotional and behavioral disorders in children and adolescents with developmental disabilities
Emotional Problems Scales- Self Report and Behavior Rating Scales[15]	Identifies psychopathology and emotional problems in individuals 14 years old or older who have mild developmental disabilities
Reis Scales for Children's Dual Diagnoses[18]	Assesses dual diagnoses for children between 4 and 21 with mild to severe developmental disabilities

Finally, assessments should utilize **systematic observations**, especially for students who have limited communication skills. Functional assessments are often used to determine the function of a student's behavior. It is important to keep in mind that behaviors resulting from mental health problems tend to **persist** throughout the day in **multiple contexts**, whereas behaviors resulting from the environment will typically only occur under specific circumstances.[11]

After a thorough, multidimensional assessment, the school can more effectively determine any relevant mental health concerns and better serve the student. It is important to consider how to help the student's family, as parents of students with dual diagnoses report higher levels of parenting stress and need for support compared to parents of children with intellectual disabilities as the sole diagnosis.[5] Thus, the strategies below are recommended to support both the student and his/her family.

SUGGESTIONS FOR STUDENTS

- **Social Skills Training** can help students develop the interpersonal skills necessary for positive social interactions. The following list provides some suggestions for conducting social skills training with students with intellectual disabilities:
  - Skills should be taught **kinesthetically** in a **social environment;**[19]
    - Involve **peer support specialists** who are students with intellectual disabilities who have mastered the skills.[19]
  - Break down skills into several **steps** that are **repeatedly** practiced;[19]
  - Demonstrate the skill by **role-playing** with **familiar** examples;[19]
  - Students should first practice the skill in the **classroom;**[19]
  - Assign **homework** by asking students to record situations that required the skills they learned;[19]
    - Discuss these situations and use them as teaching points.[19]
  - **Practice** the skill outside of the classroom;[19]
  - Provide students with **immediate feedback;**[19]
- **Cognitive-behavioral therapy** can be an effective option depending on available resources at school.[2] However, cognitive-behavioral therapy is more likely to benefit individuals who have the cognitive capabilities of at least a six- or seven-year-old.[16] Thus, when working with students with intellectual disabilities, appropriate modifications may need to be made to the therapeutic approach. With consideration of cognitive functioning (e.g., memory deficits, attention difficulties, slower learning rate), some recommended modifications include the following:
  - Use **simple**, **concrete** language;[12]
  - Check in with the student often to **ensure understanding;**[12]
  - Provide a lot of **structure;**[12]
  - **Minimize distractions;**[12]
  - **Shorten** the duration of therapy sessions;[12]
  - Incorporate **recent, real-life** scenarios and actively plan for skills learned to be generalized to real settings;[12]
  - Utilize **visual materials** and **role-plays** as much as possible;[12]
  - Provide **additional time** for the student to process a given question and respond;[12]
  - Teach **self-determination** by helping students learn how to:
    - Set personal goals;[10]
    - Plan steps for achieving the goals;[10]
    - Implement a course of action;[10]
    - Evaluate their performance to make future behavioral adjustments to reach goals.[10]
- **Mindfulness-based** therapy is a specific type of therapy that can help students with several different mental health issues by increasing their attention and awareness of emotions and helping them regulate these emotions. A couple of modifications are listed below that will help make this therapy more effective for students with intellectual disabilities:
  - Review **vocabulary** that will be used during therapy sessions beforehand;[4]
  - Incorporate **mood charts** or other **visual materials** to assist the student with accurately identifying emotions.[4]
- Regardless of the specific treatment approach, **communication issues** are likely to occur due to language difficulties associated with intellectual disabilities. Incorporating some of the following **assistive tools** and **guidelines for speaking** during treatment can facilitate better communication and yield more accurate information from students with intellectual disabilities[4]:
  - **Pictorial representations** can help students accurately identify their emotions;[8]
  - **Picture journaling** can help students identify and process their thoughts and emotions. This involves journaling by drawing or inserting pictures, rather than words;[8]

SUGGESTIONS FOR STUDENTS (CONT.)

- **Music** can help facilitate information regarding students' emotional states;[8]
- It might be necessary to **interpret** behavior for the student by identifying emotions (e.g., "You look happy when you talk about going to art class.");[4]
- Ask the student to **repeat** his/her response if there is a misunderstanding about what was said;[4]
- Use "**who**," "**what**" and "**where**," questions instead of "how" and "why";[4]
- Avoid abstract questions, jargon, idioms leading or confrontational questions and double negatives;[4]
- Use **concrete** rather than figurative language;[4]
- Avoid conversational punctuations (e.g., "you know");[4]
- Use **active verbs** and the **present tense** whenever possible.[4]

- Encourage students to participate in activities within their **communities** (e.g., service learning projects) to help connect them to wider sources of support.[9]

SUGGESTIONS FOR FAMILIES

- Provide families with a "friendly ear" to talk to by informally listening to their concerns;[5]
- Assist parents with finding local mental health care for the students;[5]
- Provide families with information regarding caring for their own physical and mental health.[5]

Again, given the diversity of issues within intellectual disabilities and mental health disorders, any strategy is going to need to be specifically tailored to the individual student and his/her unique needs. However, the above suggestions can serve as general starting points or preventative strategies to best support students with intellectual disabilities and the positive development of their mental health.

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