



Exploring a Closer Look:



**AN ANALYSIS OF DUAL DIAGNOSIS IN
ADULTS WITH MENTAL ILLNESS AND
INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES**

INTRODUCTION – WHO ARE WE?

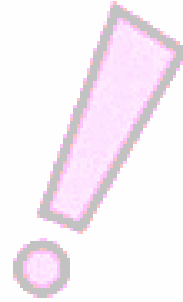
Medallion Care Behavioral Health

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Mental Health?



IDD?





Amelia Burke is a 47-year-old African American female residing in Camden, NJ. She lives with her mother and guardian, Dorothy Burke. Amelia has two siblings, one of whom is a co guardian with Dorothy but is not involved on a daily basis. Her older brother passed away when Amelia was 12. Amelia's father is not in her support system and has not been since Amelia was a child.

- Fetal Alcohol Syndrome
- Autism
- Unspecified Intellectual Disability
- Organic Personality Syndrome
- Seizure Disorder
- Schizophrenia.

THE CASE OF AMELIA BURKE



AMELIA'S CHILDHOOD

FASD was suspected at the time of birth but not officially diagnosed until Amelia was 18 years old. Amelia was born 2 weeks early with a low birth weight. Growing up, Amelia struggled with aggressive behaviors towards her family members as well as any professional staff involved in her care. It is noted that Amelia attended high school under a special education program as her IQ was reported to be at 40. After completing high school, she attended a Medical Day Care Program. As Amelia aged, it was indicated that her increasingly behaviors progressed. She acted aggressively toward staff at the day program and would often be unable to follow directives that would ultimately keep her safe. Due to the increase in behaviors, she was often in and out of crisis.

WHAT IS FETAL ALCOHOL SYNDROME?



Fetal Alcohol Spectrum Disorders (FASDs) are a group of conditions that can occur in a person who was exposed to alcohol before birth. These effects can include physical problems and problems with behavior and learning.



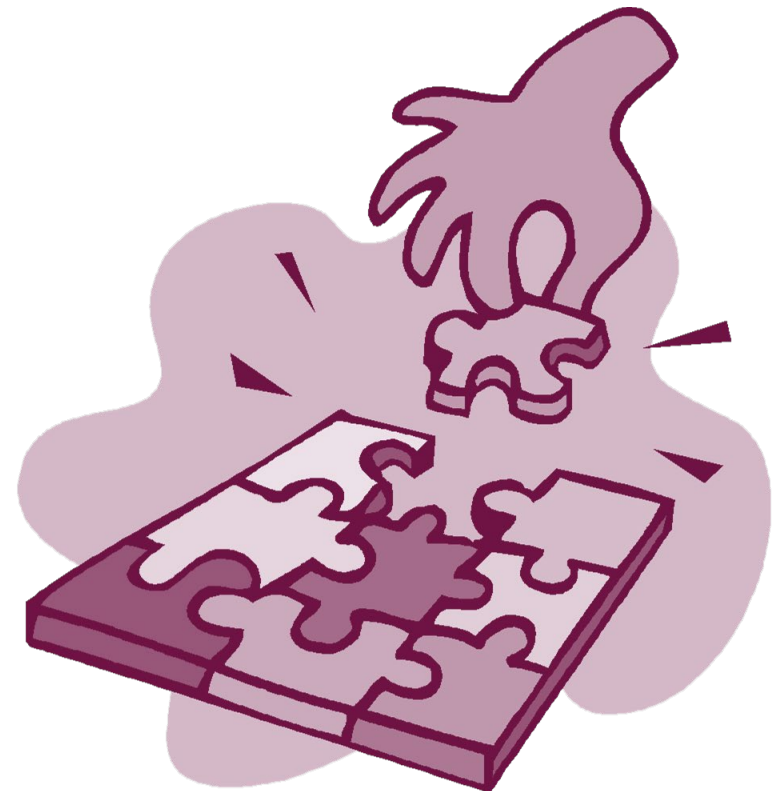
SIGNS AND SYMPTOMS

- Low body weight
- Poor coordination
- Hyperactive behavior
- Difficulty with attention
- Poor memory
- Difficulty in school (especially with math)
- Learning disabilities
- Speech and language delays
- Intellectual disability or low IQ
- Poor reasoning and judgment skills
- Sleep and sucking problems as a baby
- Vision or hearing problems
- Problems with the heart, kidneys, or bones
- Shorter-than-average height
- Small head size
- Abnormal facial features, such as a smooth ridge between the nose and upper lip

BACK TO AMELIA...

Suspected FAS at birth...

- She was born 2 weeks early
- Low birth weight
- Shorter than average
- She has difficulty with attention
- Poor memory
- Learning disabilities
- Speech and language delays
- Poor reasoning and judgment





MENTAL HEALTH PERSPECTIVE

Amelia has a listed schizophrenia diagnoses:

A mental health disorder that is often characterized with disordered thinking, feelings, and behavior

Criteria:

- Two or more of the following for more than a month period; Delusions, Hallucinations, Disorganized Speech, disorganized/catatonic behavior, and negative symptoms
- Decreased level of functioning and failure to achieve expected level of interpersonal, academic, or occupational functioning

BACK TO AMELIA...

Why was she diagnosed with Schizophrenia

- Disorganized speech/feelings
 - Changes in behavior
- Possibility of Delusions and/or hallucinations



WHERE DO WE BEGIN?



Intake - the importance of screening and assessment

- Taking a look at the individuals history
- Catering treatment to meet the needs of the consumer to ensure stabilization
- Understanding the importance of social for stabilization



UNDERSTANDING POSSIBILITY OF MISDIAGNOSIS

Study completed by John Hopkins reports overdiagnosis of Schizophrenia.

- Generally those that report “hearing” voices or display disorganized thinking or speech, often may be misdiagnosed.
- It’s reported that over half of the patients referred to John Hopkins for schizophrenia did not actually have the diagnosis.
- Differential Diagnosis: Generalized Anxiety Disorder or Major Depressive Disorder.

TREATING DUAL DIAGNOSIS

FASD?
Intellectual Disability?



Schizophrenia?

FASD TREATMENTS

CENTERS FOR DISEASE CONTROL AND PREVENTION

- MEDICAL CARE
- MEDICATIONS
- BEHAVIOR AND EDUCATION THERAPY
- PARENT TRAINING
- ALTERNATIVE APPROACHES



AMELIA'S INDIVIDUALIZED RECOVERY PLAN

Medication Education/Counseling:

Need: It may be beneficial for a consumer to have an understanding of their psychiatric medications as it assists with developing and growing their medications alleviate any maladaptive behaviors or negative symptoms associated with their diagnosis in order to maintain recovery.

Goal: Consumer currently has limited knowledge on her psychiatric medications and wants to learn how her medications help her. She wants to understand how her medications assist with decreasing behaviors and how it makes her feel when on and off her medications.

Objective: Amelia will be able to state how her medication makes her feel, 70% of the time.

Health Awareness:

Need— It is important to be able to maintain a proper diet and exercise to ensure physical wellbeing.

Goal- Consumer wants to work on managing her health better. Client has difficulty with managing her health especially when it comes to her weight and nutrition. Client wants to have a better understanding of being what it means to be healthy.

Objective: Amelia will be able to give an example of a healthy snack 2x weekly 70% of the time.

Self Expression:

Need: It is beneficial for a consumer to be able to appropriately express self as it allows for continued stability as well as other positive aspects such as increase in mood, self esteem, cognitive functioning, and alleviation in stress and anxiety.

Goal: Consumer wants to be able to work on expressing her emotions so she can feel less stressed in social settings.

Objective: Amelia will be able to state the negative effects of holding her feelings in 2x weekly 50% of the time.

AMELIA'S INDIVIDUALIZED SERVICE PLAN

Outcome: Amelia will continue to engage in structured activities on a daily basis

Service- Day Habilitation

Outcome: Amelia will increase her independence with daily living

Service- Community Inclusion Services

Outcome: Amelia will continue to learn how to complete her activities of daily living on her own on a daily basis

Service- Guardian will supervise and assist with ADLs



HOW DO WE BRIDGE THE GAP?



Continued Research

Correspondence in treatment planning

with all team members

Education: professionals and

family/social members



AN EXAMPLE: SUPPORTED PSYCHOTHERAPY





QUESTIONS? COMMENTS?



RESOURCES

- Centers for Disease Control and Prevention. (2022, January 11). *Basics about fasds*. Centers for Disease Control and Prevention. Retrieved September 17, 2022, from <https://www.cdc.gov/ncbddd/fasd/facts.html>
- Famy, C., Streissguth, A. P., & Unis, A. S. (1998). Mental illness in adults with fetal alcohol syndrome or fetal alcohol effects. *American Journal of Psychiatry*, *155*(4), 552–554. <https://doi.org/10.1176/ajp.155.4.552>
- Gentile, J. P., & Jackson, C. S. (2008). Supportive Psychotherapy with the Dual Diagnosis Patient: Co-occurring Mental Illness/Intellectual Disabilities. *Psychiatry (Edgmont (Pa. : Township))*, *5*(3), 49–57.
- Montag, A. C., Hull, A. D., Yevtushok, L., Zymak-Zakutnya, N., Sosyniuk, Z., Dolhov, V., Jones, K. L., Wertelecki, W., Chambers, C. D., & CIFASD (2016). Second-Trimester Ultrasound as a Tool for Early Detection of Fetal Alcohol Spectrum Disorders. *Alcoholism, clinical and experimental research*, *40*(11), 2418–2425. <https://doi.org/10.1111/acer.13232>
- *Study suggests overdiagnosis of schizophrenia*. Johns Hopkins Medicine Newsroom. (2019, April 22). Retrieved September 17, 2022, from <https://www.hopkinsmedicine.org/news/newsroom/news-releases/study-suggests-overdiagnosis-of-schizophrenia>