**Dual Diagnosis II**

**Module 54**

**June 2015**

**Feedback Exercises**

**Chapter 1 Study Questions**

1. List four areas The World Health Organization identifies as risks for a mental health disorder.
2. What information might a professional who adheres to the developmental psychopathology theory gather in their assessment of a person exhibiting maladaptive behavior?
3. List three general behavioral characteristics of Prader-Willi syndrome
4. List three general behavioral characteristics of Williams syndrome.
5. How can the Case Manager/Program Coordinator/QDDP provide guidance/support to team members who have little knowledge about mental health disorders? ‘
6. Which model of psychopathology (Medical/Bio-Medical; Developmental Psychopathology; or Social) is described in each phrase below (Answers may be used more than once.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a. Focuses on understanding the interactions between biological, psychological, and social aspects of normal and abnormal development

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_b. Seeks to find out the cause of a mental health disorder by studying developmental experiences of people.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_c. Focuses on how to prevent or lessen the negative consequences of the disability through health care.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_d. Focuses on disability as a consequence of barriers to social and societal participation. Belief that the major factor to disability is not the physical impairment, but rather a society that fails to take the individual into account.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e. Attempts to understand how various experiences in the course of development can cause a person to use adaptive or maladaptive behavior.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_f. Is in agreement with the World Health Organization’s description of the cause of mental health disorders.

1. T F People with I/DD have a high risk of developing the full range of mental health disorders. Prevalence rates may be as high as 50%.
2. Some syndromes put a person at risk of a mental health disorder because of the challenges or barriers that disrupt the development of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ skills/behavior.
3. People with certain syndromes (i.e., Fragile X syndrome, Prader-Willi syndrome, Williams syndrome, Down syndrome, Autism) have specific vulnerabilities to developing dual diagnosis due to the \_\_\_\_\_\_ ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ typical of the syndrome.

**Chapter 2 Study Questions**

How might the program coordinator/QDDP assist the mental health professional in gathering information?

1. Match the assessment step with its description:

|  |  |
| --- | --- |
| \_\_\_\_1. Family History  \_\_\_\_2. Medical Assessment  \_\_\_\_3. Social and Developmental History.  \_\_\_\_4. Evaluation of Mental Status  \_\_\_\_5. Collecting auxiliary data | 1. Information about the present family or living situation, occupation, residential setting, and financial status. Looks at each stage (prenatal, infancy to adolescence, early and middle adulthood, and late adulthood) and ask questions related to typical milestones and events in that stage 2. Information about family history of mental disorders. The family history documents how the family members have influenced and been influenced by the person’s illness. 3. Medical history, a physical exam, and laboratory tests*.* Used to detect any medical cause for psychiatric symptoms. 4. Information gathered outside of the patient interview. It can include psychological and neuropsychological testing such as achievement and aptitude tests. 5. Describes the person’s appearance, behavior, speech, emotions, and cognitive and perceptual process. It is collected first hand and in the moment. This exam might include some standardized questions that assess memory, thought process, or attention span. |

1. Compare differences in the treatment approach mental health professionals might have for a person with I/DD to a person without I/DD.

1. Medications, therapy, and behavioral support plans for persons with Dual Diagnosis should be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the overall plan. This requires collaboration across disciplines.
2. List two challenges that may arise for a mental health professional who has little experience with I/DD or the interdisciplinary teach approach.
3. Describe how an interdisciplinary team might assist the mental health professional in gathering assessment information.
4. Describe how you would explain the principle of the least intrusive alternative to a mental health professional who has little experience with the I/DD population.
5. Arrange each step of the mental health professional’s assessment process in the order it is completed.

\_\_\_make a prognosis

\_\_\_obtain a history

\_\_\_determine a treatment plan

\_\_\_summarize principal findings

\_\_\_evaluate the person’s mental status

\_\_\_collect auxiliary data

\_\_\_provide a bio-psychosocial formulation

\_\_\_render a diagnosis

1. List one adaptation that can be used when interviewing a person with I/DD who says yes to all questions asked.
2. List one adaptation that can be used when interviewing a person with I/DD that has difficulty with time concepts.
3. Which of the following strategies might be helpful for interviewing people with limited verbal ability?

\_\_\_\_a. Use “when”, “how”, and “why” questions

\_\_\_\_b. Use pictorial multiple-choice questions

\_\_\_\_\_c. Frequently check understanding of conversation with the person

\_\_\_\_\_d. Use “yes/no” questions when gathering information related to emotions and feelings.

\_\_\_\_\_e. Use “who”, “what”, and “where” questions

\_\_\_\_\_f. Use abstract concepts instead of concrete.

\_\_\_\_\_g. Use longer sentences than the person uses.

\_\_\_\_\_h. Use plain language and avoid jargon.

\_\_\_\_\_i. Use words that the person uses.

\_\_\_\_\_j. Use passive verbs and past tense

\_\_\_\_\_k. Avoid leading questions

\_\_\_\_\_l. Be cautious about using humor.

\_\_\_\_\_m. Use the language system the person uses, i.e. sign language, assistive devices as needed.

\_\_\_\_\_n. Avoid double negatives

1. Why was the DM-ID developed?
2. Place an X next to those statements that are true of the DM-ID.

\_\_The DM-ID can replace the DSM for help in rendering a diagnosis.

\_\_The DM-ID is used where the individual cannot self–report.

\_\_The DM-ID can be used by QDDPs, DSPs, Families, case managers to make a

mental health disorder diagnosis.

\_\_The DM-ID lists diagnostic equivalents of behavioral manifestations similar to

those in the DSM.

1. Describe the purpose of a screening tool (checklists, rating scales).
2. What are some methods/tools that will help teams identify and come to agreement on the observable behaviors they will be monitoring?
3. Why would it be important to collect observational data on the environment as well as behavioral data?
4. Check items below that should be included in a positive behavioral support plan.

\_\_\_ a general description of the person’s overall mood.

\_\_\_a statement of the function of the behavior (hypothesis)

\_\_\_anecdotal or narrative data collection

\_\_\_description and methods for environmental supports

\_\_\_description and methods for teaching a functionally-equivalent behavior

\_\_\_a behavioral description of the targeted behavior

\_\_\_data that describes the progress of the functionally equivalent behavior

1. When designing behavior support plans, decisions must be based on objective data. List the objective data that is necessary for teams to make decisions on medications and methods in positive behavior support plans.
2. Why is baseline data collected?
3. The \_\_\_\_\_\_\_\_\_\_is a ‘best guess” as to the function of the behavior.

**Chapter 3 Study Questions**

1. What is the most common type of treatment for people who have a mental health disorder in the general population?
2. Define the following terms:

* Psychotropic drug
* Pscyhopharmacology
* Neuroleptics
* Atypical antipsychotics
* Polypharmarcy

1. What is the purpose of using medications in the treatment plan for a person with dual diagnosis? Give an example.
2. Explain the statement, “Psychiatric symptoms can be emotional, motivational states that increase the probability of challenging or maladaptive behavior.”
3. What is the purpose of the functional behavioral assessment?
4. What are some explanations for over-reliance on medication for treatment of mental illness in people with I/DD?
5. According to the *Guidelines for Use of Psychotropic Medication*s, list three of the suggested guidelines for evaluating treatment effects.
6. According to the *Guidelines for Use of Psychotropic Medications*, list two of the suggested guidelines for polypharmacy.
7. According to the *Guidelines for use of Psychotropic Medications* monitoring for side effects should include:
8. Explain the statement, “The goal of medications should be to make the problem behavior responsive to change.”
9. Would data collection on the challenging or target behaviors cease once the medication for the treatment of the mental health disorder starts? Why or why not?
10. List factors that might be influencing the challenging or target behavior when completing a functional behavioral assessment.
11. Support for people with a dual diagnosis should is not exclusively focused on eliminating challenging behavior and eliminating stress factors. Where should the focus be?
12. What steps should the QDDP take to prepare for ongoing treatment reviews with the psychiatrist?
13. Define elements of a mental health crisis.
14. A value of crisis management is personal safety. What does this mean? Give an example.
15. A value of crisis management is evaluation. What does this mean? Give an example.
16. What is considered success in crisis management?

**Chapter 4 Study Questions**

**MATCHING**

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| --- | --- |
| \_\_\_\_1. Dialectical Behavior Therapy  \_\_\_\_2. Narrative Therapy  \_\_\_\_3. Motivational Interviewing  \_\_\_\_4. Rational Emotive Behavior Therapy | 1. Designed to help people change highly reinforced, long-term patterns of behavior associated with impaired emotion regulation. It is helpful in improving self-management skills. 2. A collaborative, ongoing conversation used to strengthen a person’s own motivation and commitment to change. It is person-centered. It is intended to strengthen the individual’s motivation and movement towards change 3. Problems that dominate the person’s life are identified and deconstructed. The person is supported in reconstructing stories that lead to better outcomes 4. The fundamental premise is that people do not get upset by the adverse event, but by their views of that event. |

1. List the four foundations of cognitive behavioral approaches:
2. Why have people with intellectual disabilities been seen as unable to benefit from cognitive and other talking therapies?
3. How does cognitive behavior therapy promote person-centered planning and positive behavior support? Give an example.
4. List three examples of intrinsic motivation.
5. List three examples of extrinsic motivation.
6. Describe an example of how a person might develop a maladaptive coping method in response to executive functioning or cognitive load difficulties.
7. List three cognitive abilities that are needed to benefit from cognitive behavior therapy.
8. Explain the statement, “Treatment (cognitive behavior therapy) is more generalizable if underlying emotions and beliefs associated with the behavior are addressed.”
9. What does ABC stand for in Rational Emotive Behavior Therapy?
10. How are personal stories used in Narrative Therapy?
11. How might the traditional method of cognitive behavioral therapy implementation be a hindrance to treatment for a person with I/DD?

16. How would you prepare DSPs to carry over cognitive behavior therapy goals and methods in the home and vocational program?