

Module 53 - Dual Diagnosis I

Feedback Exercises

Chapter 1 Study Questions

1. List 3 characteristics of the community-based model of treatment for people with a mental health disorder and I/DD.
2. List 2 myths that were prevalent prior to 1960 regarding people with I/DD and who displayed mental health disorder symptoms.
3. Define dual diagnosis.
4. Define mental health disorder.
5. List at least three outcomes a person may experience, if their mental health disorder is left untreated.

Chapter 2 Study Questions

1. The Diagnostic Statistical Manual is
 - a. Used to make a diagnosis.
 - b. Used in collecting data.
 - c. Used by behavior analysts to determine the function of a behavior.
2. T F A mental health disorder refers to a certain pattern of behavior(s).
3. T F The identification of the pattern of behaviors is only one factor that contributes to a diagnosis.
4. List the steps of a psychiatric assessment.
5. Diagnostic overshadowing is the process of attributing a person's symptoms to a specific condition. Choose the example of diagnostic overshadowing below.
 - a. Kristen's arguing and isolation may be due to her recent loss of her sister.
 - b. Ray's self-injurious behavior is caused by his cognitive disability.
6. Circle those professionals that are able to render a mental health disorder diagnosis.
Physician
Behavior Analyst
Psychiatrist
Neurologist
Support coordinator
Clinical Social Worker
7. List the name of the local or regional agency or institution that provides the following service:
 - a. Psychologist or psychiatrist -
 - b. Short term psychiatric stabilization -
 - c. Hospitalization -
 - d. Advocacy -

Chapter 3 Study Questions

1. Which description is considered a maladaptive behavior?
 - a. Answering the phone when it rings.
 - b. Putting the phone in the toilet when it rings.
 - c. Pressing the correct button to answer the phone.
2. Which description is considered an adaptive behavior?
 - a. Greeting co-workers as you meet them for the beginning of the work period.
 - b. Grunting when a co-worker says good morning.
 - c. Looking at the floor and not responding when a co-worker says "good morning."
3. Define behavior.
4. People use maladaptive behaviors for a variety of reasons. List three reasons
5. Symptoms are behavioral markers of a particular diagnosis. What is a symptom of depression?
6. Behaviors are things we do. What behavior might you do if you get a flat tire in the middle of heavy traffic?
7. Define Diagnostic Equivalent.
8. People with Prader-Willi syndrome are more prone to
 - a. Frustration because of their obsession with food
 - b. Attention deficits
 - c. Maladaptive communication behaviors.
9. We judge ourselves by our _____ but it is easy to judge others' maladaptive behavior by its _____.

Chapter 4 Study Questions

True or False

- _____ 1. Personality disorders are an enduring, long-term pattern of dysfunctional behaviors.
- _____ 2. Personality refers to a person's character traits.
- _____ 3. Personality is reflected in the way a person acts and reacts to others.
- _____ 4. Personality is formed over a lifetime of experiences.
- _____ 5. A person with schizotypal personality disorder may display eccentric beliefs.
- _____ 6. People with a narcissistic personality disorder are hypersensitive to criticism.
- _____ 7. Obsessive-Compulsive Personality Disorder and Obsessive-Compulsive disorder are the same disorder.
- _____ 8. Treatment for personality disorders usually relies on psychological and behavioral interventions.
- _____ 9. Generalized Anxiety Disorder is the most common anxiety disorder in the general population.
- _____ 10. People with I/DD experience mood disorders three to four times more than the general population.
- _____ 11. People with Obsessive-Compulsive Disorders are unaware of the effects of their behavior on their life.
- _____ 12. The main recognizable characteristic of schizophrenia is hallucinations, which sometimes occur in combination with delusions and illusions.
- _____ 13. It is best not to try to intervene when someone is experiencing a hallucination.
- _____ 14. While major depression tends to occur in separate episodes for a limited amount of time, dysthymia tends to persist more or less continuously in a milder, but nagging, form over a period of many years, sometimes over a lifetime.
15. People with paranoid personality disorder have a tendency to:
16. Name three features of the schizoid personality disorder:
17. List three methods of support for people who are emotionally distressed or have high anxiety.
18. Why is it difficult to diagnose a mood disorder in a person with I/DD?
19. Describe symptoms of Bipolar disorder manic episodes (Bipolar I & II).
20. List masked symptoms of depression in people with I/DD.
21. What should be the DSP's reaction to the symptom of inflated self-esteem in a person experiencing a manic episode?
22. What might contribute to a phobia (fear) for a person with I/DD?

22. Give three examples of typical behaviors of a person diagnosed with OCD (Obsessive-Compulsive Disorder)?
23. How might a person dually diagnosed with PTSD express their fear?
24. List four strategies that are considered best practice for supporting individuals who experience Post-Traumatic Stress Disorder.
25. What is one thing a DSP can do when a person displays feelings of worthlessness (depression and a manic episode)?
26. It is difficult to diagnose personality disorders in people with I/DD because (more than one answer may be correct)
 - a) The diagnosis requires subjective information about thoughts and emotions.
 - b) People with I/DD have personalities shaped by their diagnosis
 - c) The diagnosis relies on experiences with relationships, which is usually lacking in a person with I/DD's life.
 - d) People with I/DD usually have limited understanding of abstract concepts such as intimidation, manipulation, remorse, or empathy.
27. A person with Generalized Anxiety Disorder displays (circle all that apply):
 - a) Worry about future danger
 - b) Avoid close relationships
 - c) Worry when there is no real danger
 - d) Person anticipates future danger
 - e) Manipulates others
 - f) Lacks empathy
28. A person who is dually diagnosed and has Generalized Anxiety Disorder may display anxiety by (circle all that apply):
 - a) Sadness
 - b) Irritability
 - c) Refusal to do daily routines
 - d) Eccentric or peculiar beliefs
 - e) Pacing
29. What are the criteria for the diagnosis of depression (use the acronym DEPRESSING).
30. To be diagnosed with a phobia, the person must avoid the _____, _____, or _____ with extreme _____ when it cannot be _____. The distress must interfere with _____, _____, _____, or _____.

31. _____ is a disturbance that lasts at least _____ and includes at least _____

of active-phase symptoms of the following: delusions, hallucinations, disorganized speech, disorganized or catatonic behavior.

32. Which of the following statements about schizophrenia is true?

- a) Persons with schizophrenia are always dangerous to others.
- b) Schizophrenia is caused by poor parenting.
- c) Persons with schizophrenia have a split personality.
- d) It is possible for a person to have a psychotic disorder even though the person does not speak or use a formal communication system.
- e) Every person who has a hallucination or delusion has schizophrenia.

33. _____ are imagined sensations that seem frighteningly real and can take control of the person.

34. Explain the difference between hallucination, delusion, and illusion.

35. List at least three ways to support someone who is experiencing a hallucination:

Chapter 5 Study Questions

True or false

- ☐ 1. The medical model relies solely on professionals to help the person with dual diagnosis.
- ☐ 2. Person-centered planning uses the capacities of a person with dual diagnosis to plan.
- ☐ 3. Person-centered plans require teams to share knowledge.
- ☐ 4. The medical model focuses on the capacities of the person with dual diagnosis to develop a treatment plan.

5. Define baseline data.

6. Circle those data that would be considered baseline.

- a) Sleep pattern before intervention.
- b) Response to medication
- c) Eating habits before the intervention
- d) Incidents of challenging behavior after medication was started.
- e) Incidents of challenging behavior before the medication was started.
- f) Incidents of refusals to do activities of daily living before the intervention.

7. List at least two perspectives/attitudes/concerns each team member will bring or have at the planning meeting.

- a) Psychologist/Behavior Analyst
- b) Direct Support Professional
- c) Psychiatrist
- d) Family member
- e) Person supported
- f) Program Coordinator/Internal Case Manager/QDDP

8. List the questions the team should ask before a referral to a psychiatrist or clinical psychologist is made.

9. List at least five questions that should be asked when gathering background information.

Chapter 6 Study Questions

1. For people without I/DD the usual treatments for a mental health disorder include: (circle all that apply)
 - a. Psychoanalysis
 - b. Family therapy
 - c. Weight loss
 - d. Shock therapy
 - e. Support groups
2. Describe how a psychiatrist might use medications to treat a mental health disorder.
3. Describe how a behavior support plan might be used in a treatment plan for a person with a dual diagnosis.
4. Describe how a method of Cognitive Behavioral Therapy may be used in a treatment plan for a person with dual diagnosis.
5. List one reason Cognitive Behavioral Therapy might not work in a treatment plan for a person with dual diagnosis.
6. A person you support has just changed medications for their mental health disorder. List your responsibilities related to this change.