The behaviour seems unusual, but I don't know…

Is this Psychiatric

or

Behavioural?

Speakers

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Intro

All cases in this presentation refer to youth or adult persons with intellectual disabilities. All case examples are changed in name and detail so that real persons cannot be identified.

Overview

- Defining the difference between “behavioural” and “psychiatric”
- How is a psychiatric diagnosis made?
- How is a behaviour examined through the lens of a behaviourist?
- Case Studies leading into group participation
- Top 11 reasons to see a psychiatrist
- Top 8 reasons to see a behavioural consultant

- Intellectual disability occurs in approximately 1 to 2 percent of people.

- Psychiatric and behavioural problems occur three to six times more in these individuals than in the general population [1]

What are some behaviours we see?

- Hitting
- Withdrawl
- Skin picking
- Arguing
- Self Injury…

- And we ALL have behaviours that are undesirable, whether we are the client or the professional.

- So when is a behaviour something we need to bring forward to a psychiatrist? When should a behavioural consultant become involved?

Photo citation: https://uldissprogis.files.wordpress.com/2014/03/couple-arguing.jpg

Psychiatry

- Psychiatry is the branch of medicine devoted to the diagnosis, prevention, study, and treatment of mental disorders. These include various abnormalities related to mood, behaviour, cognition, and perceptions.

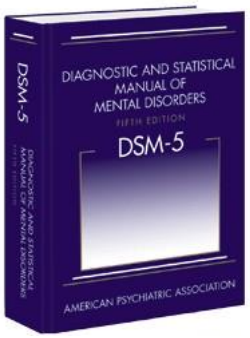
- Initial psychiatric assessments of a person generally begins with a case history and mental status examination. Physical examinations and psychological tests will be incorporated into the findings. Sometimes neuroimaging or other neurophysiological techniques are used or requested.

Psychiatry

- For clients with intellectual disabilities interviews with families and/or caregivers contribute information towards the psychiatrist's findings, especially for clients who have any communication deficits or limitations.

- Diagnoses are made according to the criteria laid out in the *Diagnostic and Statistical Manual 5* (DSM 5)

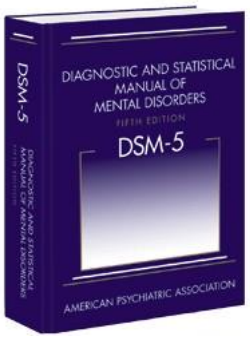
DSM 5



- The *Diagnostic and Statistical Manual of Mental Disorders* (DSM), a book published by the American Psychiatric Association (APA). It offers common language and standard criteria for the classification of mental disorders.

- Diagnoses consider aspects relate to biological, psychological, social and other dimensions of the client.

DSM 5



- The DSM 5 is a tool to be used in conjunction with other clinical data and the experience and judgement of the psychiatrist.

4 Perspectives on Psychiatric Diagnoses

1) Psychiatric illness

2) Dimensional disorders

3) Behaviour disorders

4) Problems related to living

Behavioural

Being a behavioural consultant is like being a detective…

Photo citation: http://ocdn.eu/images/pulscms/Njk7MDA_/083e54551448882f4f3aeddef15e7cc6.jpeg

A Behaviourist Will Look at a Persons's…

- History
- Patterns of behaviour
- Life Stressors
- Functional Assessment
- Environment
- Schedule
- Psychological Testing
- Medical history

» Note: a psychiatrist will also be looking at these things, but through a different lens

Photo citation:
http://static1.1.sqspcdn.com/static/f/673512/19796800/1344623455950/our_history.png?token=%2FsWkGkyTjXIgtQzatpAzWe49kBc%3D

History

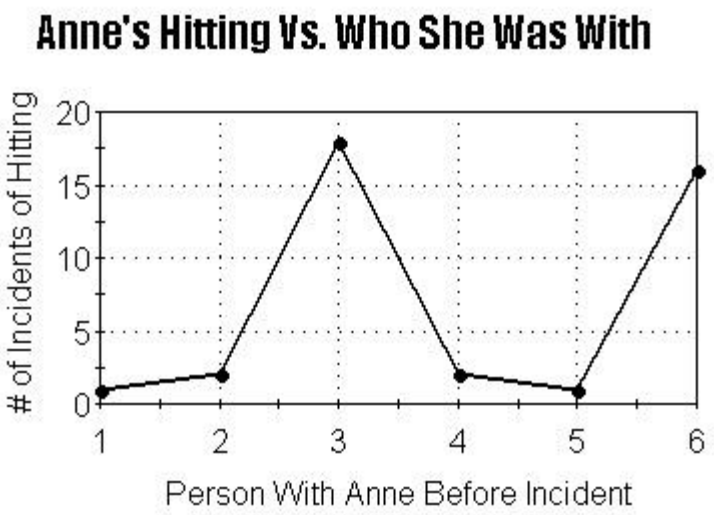
- A psychiatrist and a behaviourist will both look at a client's history.

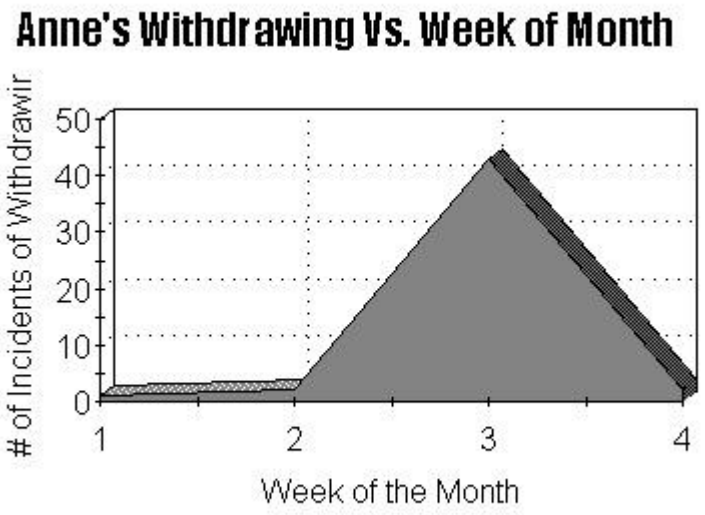
- While the psychiatrist will look for historical information regarding the person's genetics, previous diagnoses and behaviours that indicate mental illnesses, the behaviourist will look for historical information that indicates the genesis of a behavioural problem.

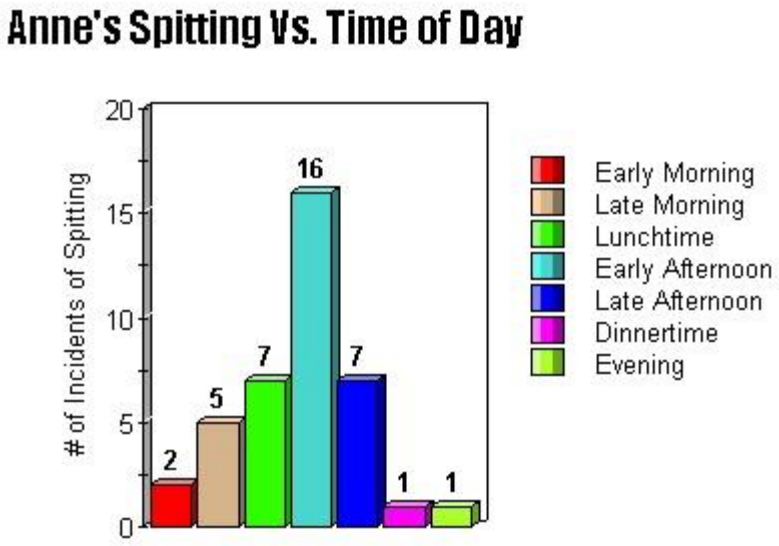
Photo citation:
http://static1.1.sqspcdn.com/static/f/673512/19796800/1344623455950/our_history.png?token=%2FsWkGkyTjXIgtQzatpAzWe49kBc%3D

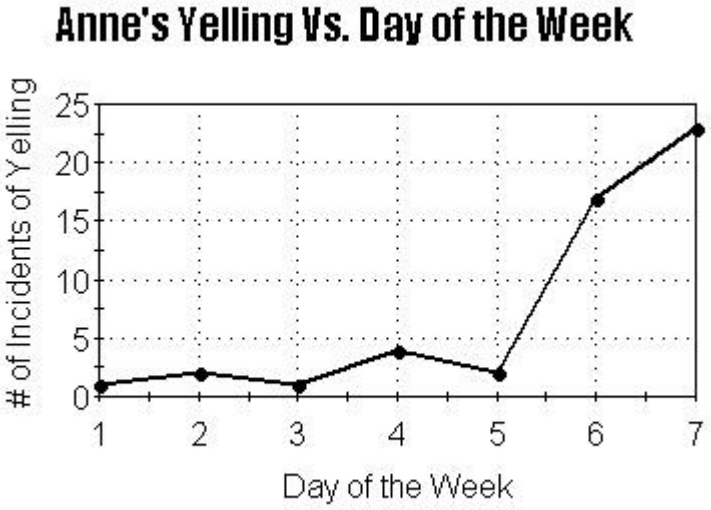
Patterns of Behaviour

- Data Collection
- Look at antecedents and responses
- If a behaviour happens in one place and never in another, it is not psychiatric
- Finding information about the person's behaviour across all environments can assist the behaviourist discover antecedents or consequences or circumstances that might be upholding the behaviour.


Anne's Hitting Vs. Who She Was With
# of Incidents of Hitting
20
15
10
5
0
1
2
3
4
5
6
Person With Anne Before Incident


Anne's Withdrawing Vs. Week of Month
# of Incidents of Withdrawir
50
40
30
20
10
0
1
2
3
4
Week of the Month


Anne's Spitting Vs. Time of Day
# of Incidents of Spitting
20
15
10
5
0
2
5
7
16
7
1
1
Early Morning
Late Morning
Lunchtime
Early Afternoon
Late Afternoon
Dinnertime
Evening


Anne's Yelling Vs. Day of the Week
# of Incidents of Yelling
25
20
15
10
5
0
1
2
3
4
5
6
7
Day of the Week

Life Stressors

Examples…

- Loss of a friend
- Loss of staff
- Wanting independence, while not able to achieve it
- Living situations
- Romantic breakups
- Communication difficulties
- Abuse
- Excessive noise
- Lack of support
- Moving homes [1]

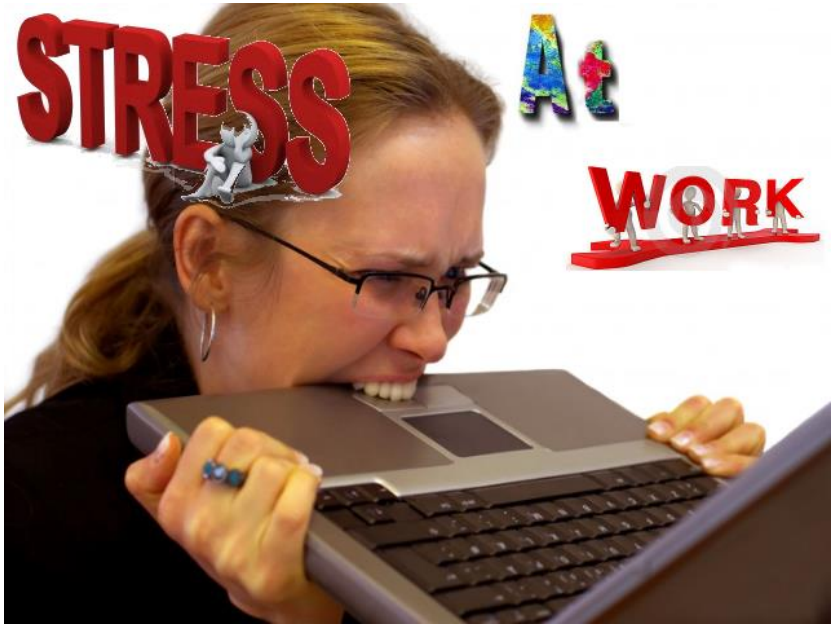


Photo citation: http://www.medifee.com/blog/wp-content/uploads/2014/12/stress-social-stressors.png
cause and effect https://sociopathworld.files.wordpress.com/2014/02/cause-effect.jpg

Functional Assessment

- If a behaviour has a function – a reason for occurring - then it is likely not psychiatric.

- Assessing the function of a behaviour can include an interview with the person, his/her family and caregivers, or by direct observation.

- Using a rating scale a behaviour could be discovered to have a sensory, escape, request or avoidance purpose. [1]

Environment

- A behaviourist should conduct a thorough environmental assessment looking at a person's living arrangements, activities and lifestyle.

- When a disconnect is discovered between a person's desired life circumstances and his/her reality, environmental manipulations may assist.

Photo citation: http://greatist.com/sites/default/files/styles/big_share/public/Dirty-Dishes-feature.png?itok=CWBi8zUF

Schedule

- Some persons with intellectual disabilities are fine to go through life with a flexible schedule, but many, especially persons with Autism, find comfort in knowing what their day or week will be.

- Common problems with schedules:
  - They are non-existent, too childish, too advanced, have too much information, too little information, too many words, too few pictures, too little to do, too much to do, too much t.v./screen time

Photo citation: https://i.ytimg.com/vi/h8TaODeu7sE/maxresdefault.jpg

Psychological Testing

- Having access to a psychological test can be a treasure trove. Compare the findings and recommendations of the testing to the real life circumstances that your client is living.
  - For example: if the psychological testing shows that he has auditory processing troubles, you will want to make sure that not everything in his life is a verbal instruction or conversation. He might need pictures to assist him, sign language…

Photo citation: http://i.stack.imgur.com/bwH30.jpg

Medical

- Psychiatrists and behaviourists will both take into account a person's medication conditions.

  Examples

  - Fever induced psychosis
  - Constipation causing self-injury from the pain

Photo citation: https://www.touchsurgery.com/wp-content/uploads/2016/02/stethoscope.jpg

Behavioural - Overall

- There's a pattern
- There's a reason for the behaviour
- There's a function for the behaviour
- It happens in one place and not another
- Something may happen before that causes it
- Something may happen after that upholds it
- You need to be a detective to find out what is going on.

Psychiatric vs. Behavioural

- "Psychiatric conditions –
  - Disease reasoning is used. This assumes there is essentially a problem in brain functioning e.g schizophrenia, Alzheimer's disease, depression or mania.

- Behavioural conditions -
  - The assumption here is that a person has a health condition due to what s/he is doing. This is linked to individual choices, the antecedents and the consequences." [4]

Psychiatric vs. Behavioural

- “Clinicians tend to treat behavioral disorders by persuading patients to choose to alter their behaviour… and mental disorders tend to be managed with medications.
- **Volition** is the distinction between the two conditions.
- The symptoms of Mental disorders are involuntarily.
- Behavioural disorders primarily involve voluntary control.” [4]

Four Common Problems when Diagnosing a person with an Intellectual Disability:

1. Intellectual distortion [5]

- Concrete thinking or impaired communication abilities result in poor communication about their personal experience.
    - For example:
    - Client describes self as ‘scared’ instead of ‘mad’ because of poor verbal skills. [6]

Four Common Problems when Diagnosing a person with an Intellectual Disability:

2. Psychosocial Masking [5]

- Limited social skills and life experiences result in unsophisticated presentation of a disorder or misdiagnosis of unusual behaviour as a psychiatric disorder.

- Example:
- A client presents giggling and acting silly and is misdiagnosed as having psychosis. [6]

Four Common Problems when Diagnosing a person with an Intellectual Disability:

3. Cognitive disintegration [5]

- Strange and unusual behaviours are seen in response to minor stressors, and are misdiagnosed as a psychiatric disorder.
  - Example:
  - A client is highly aggressive and irritable and bothered after a favourite staff member leaves, yet is diagnosed with schizophrenia.[6]

Four Common Problems when Diagnosing a person with an Intellectual Disability:

4.Baseline Exaggeration [5]

- Prior to the onset of a disorder there are high levels of unusual behaviours, making it difficult to recognize the onset of a new disorder.
  - Example:
  - A person who already had poor social skills and was withdrawn becomes more so and begins to experience other signs and symptoms of depression. This is missed because staff reports are inaccurate and staff turn-over means that no-one is aware of the overall change in the person's functioning. [6]

Diagnostic Overshadowing

- "When any or all behavioural problems are wrongly attributed to the person's intellectual disability. This means that psychiatric illnesses, antecedents, consequences, life stressors , medical needs, etc. are not considered by the clinician and therefore the client will receive a misdiagnosis or inadequate treatment.
  - Example:
  - A person with an intellectual disability regularly won't eat his food because he says there are bugs crawling in it, but rather than consider psychosis or any other behavioural miscommunication it is erroneously determined that he does not need medical care, as that is what one would always see from people with intellectual disabilities." [6]

Photo citation: http://www.clemmergroup.com/newsl/images/overshadow-350.jpg

Case #1

Problem:

Johnny spends hours and hours on the computer, is withdrawn and irritable

Query:

Depression or Behavioural?

Psychiatric:
Major Depressive Disorder[7]

Highlights:

- Depressed mood most of the day (e.g., sad, empty, tearful, irritable)
- Markedly diminished interest or pleasure in all, or almost all,
- Significant weight loss
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or excessive or inappropriate guilt
- Diminished ability to think or concentrate
- Recurrent thoughts of death or suicide

Photo citation: http://cdn.tinybuddha.com/wp-content/uploads/2015/10/Depressed-Woman.png

Hours on a Computer – Behavioural Possibilities

- Life Stressors
  - Avoiding grief and loss
  - Loss and friends and staff
  - Family breakdown

- Psychological Testing:
  - Poor receptive communication

- Environmental:
  - Can't move on in life: transitioning and has no goals or plans

Case #2

Problem:

Ethan won't get out of bed in the morning

Schizophrenia or Behavioural?

Photo citation: http://mzo5g3ubj8u20bigm1x3cth1.wpengine.netdna-cdn.com/wp-content/uploads/2015/02/TEEN-SLEEP.jpg

Psychiatric: Schizophrenia [7]

Highlights:

In DSM-5, two of these five symptoms are required AND at least one symptom must be one of the first three

1) delusions,
2) hallucinations,
3) disorganized speech,
4) disorganized or catatonic
5) negative symptoms

Photo citation: Copy of painting "Homage To Pablo Picasso" Permission by JOHN NOLAN C, www.nolanart.com

Won't Get Out of Bed – Behavioural Possibilities

- Schedule:
  - Ethan has nothing to get up for, no events in his day

- Patterns – Data Collection:
  - This is the only time he spends with his mother, as she is busy with work until late every day and evening. This problem only occurs when his mother tries to wake him, never for any other person.

Won't Get Out of Bed – Behavioural Possibilities

- Life Stressors:
  - He is being bullied at school and doesn't want to go there

- Environmental:
  - He has been staying up late at night playing on his electronic gadgets and he is too tired to get up
  - There is much strife in the family and mornings are generally chaotic and full of arguments.

Case #3

Problem:

Martha is very hypersexual, having sex with strangers she just met on the bus, going behind the bushes in the park and is not using any safe sex practices.

Query:

Bipolar or behavioural?

Photo citation: https://i.ytimg.com/vi/l_zDac41spg/maxresdefault.jpg

Psychiatric – Bipolar Disorder

- Manic episode:
  - High spirited and on top of the world, or very irritable or "revved up" in an extreme way, more energy than usual.
  - Grandiose
  - Decreased sleep
  - Excessive and/or loud quick talking
  - Distractible
  - Multi-tasking
  - Risky behaviours (sex, car racing, spending money)
  - Racing thoughts

Psychiatric – Bipolar Disorder

- Dramatic mood swings.

- Depressive episode: may feel sad and hopeless (see previous)

Photo citation: http://static.communitytable.parade.com/wp-content/uploads/2013/07/roller-coaster-ftr.jpg

Having Sex with Strangers - Behavioural Possibilities

Communication deficits (Psychological testing) and History (lack of sex education):

- Doesn't understand what a stranger is
- Doesn't understand she can say "no"
- Doesn't understand safe sex practices
- Doesn't understand private versus public locations
- Believes everything she sees on t.v.
- Uses electronic devices in an unsafe way

Photo citation: http://www.soc.ucsb.edu/sexinfo/sites/default/files/files/styles/large/public/field/image/safersex.png

Case #4

Problem:

Jerry worries a lot about many things. He asks staff the same questions over and over again, yet never seems consoled. He likes to save things, especially newspaper clippings that he likes. They are starting to take over his living space.

Query:

Are we looking at OCD? Anxiety? Or something behavioural?

Photo citation:
http://i.dailymail.co.uk/i/pix/2011/12/21/article-2076822-0F3A0DA100000578-532_634x379.jpg

Psychiatric – Obsessive Compulsive Disorder

Highlights:

- Obsessions:
  - Intrusive, repetitive and persistent thoughts, urges, or images that cause distress
  - The thoughts do not just excessively focus on real problems in your life
  - You unsuccessfully try to suppress or ignore the disturbing thoughts, urges, or images

- Compulsions:
  - Excessive and repetitive ritualistic behavior that you feel you must perform, or something bad will happen. They take up at least one hour per day. Examples include hand washing, counting, silent mental rituals, checking door locks, etc.
  - One performs these physical rituals or mental acts to reduce the severe anxiety caused by the obsessive thoughts.

- The obsessions and compulsions are excessive or unreasonable

Behavioural Possibilities

- History
  - Showed us that he likely has undiagnosed autism, which is psychiatric but can be helped behaviourally as well.

Photo citation: http://i.cbc.ca/1.3677395.1468431230!/fileImage/httpImage/image.jpg_gen/derivatives/16x9_1180/ocd.jpg

Sometimes the answer is both…

- Both OCD and Autism Spectrum Disorder (ASD) are psychiatric diagnoses that can be helped both with medication (comorbidities) or with behavioural supports

Case #5

Problem:

Anne has been hitting her family a lot, and they no longer know how to keep themselves and Anne safe.

Query:

Psychosis or behavioural?

Photo citation: https://judgybitch.files.wordpress.com/2012/11/415.jpg

Psychiatric - Psychosis

One or more of the following:

- Hallucinations
- Delusions
- Catatonia
- Thought Disorder
- Impairments in social cognition

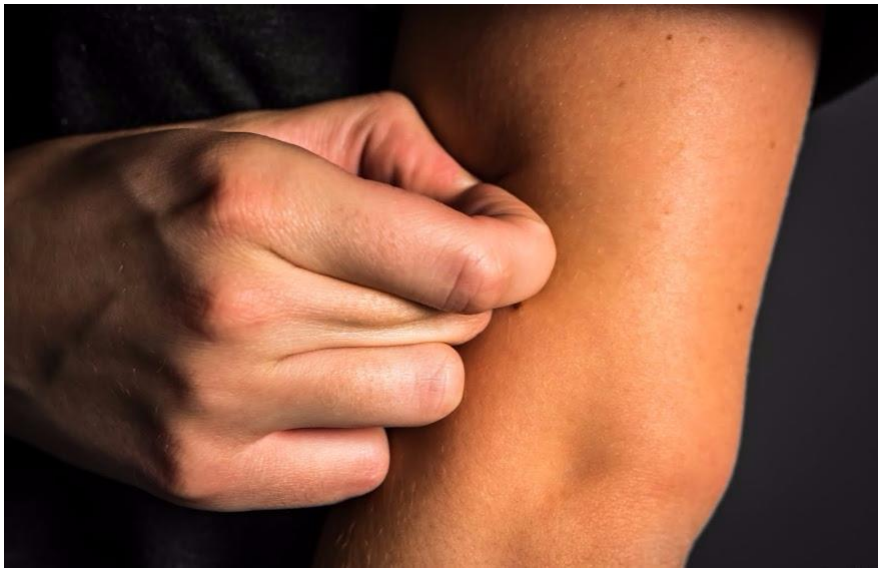
Behavioural Possibilities

- Data collection + medical
  - She is hitting when she is in pain – patterns of toothaches
  - There's a pattern of hitting during her monthly cycle

Case #6

Problem:

Amy picks her skin. She is worried and restless much of the time. Her arms are pock-marked, her legs are bleeding.



Query:

Is this anxiety or behavioural?

Photo citation: http://psychcentral.com/disorders/wp-content/uploads/2014/04/Skin-picking_408299a.jpg

Psychiatric - Anxiety

Highlights:

- Excessive anxiety and worry
- Difficult to control worries
- Restlessness, feeling keyed up or on edge.
- Being easily fatigued.
- Difficulty concentrating or mind going blank.
- Irritability.
- Muscle tension.
- Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).
- Symptoms cause significant distress or impairment in functioning.
- Not due to substance use or a medical condition

Photo citation: http://theresponsechurch.com/wp-content/uploads/2014/03/anxietyfb.jpeg

Behavioural Possibilities

Functional Assessment:

- Skin picking is sensory for Amy. Therefore we will endeavor to meet her sensory needs in other ways.

Additionally interviews with staff show that she has been overwhelmed with her daily tasks and not coping well in general, so she needs assistance in these areas.

Schedule:

- In the examination of her schedule it was found that there were many “coffee breaks” during the day, and her level of caffeine was causing her to be jittery and upset.

Case #7

Problem:

Devin has Down Syndrome. For years he has had the job of setting the table, but lately he won't do it. He is stubbornly refusing to help out, and staff are frustrated with his "willful non-compliance."

Query:

Alzheimer's or behavioural?

To us the job looks like this--To him the job looks like this

Photo citation: https://s-media-cache-ak0.pinimg.com/originals/c6/7d/d3/c67dd3069bc96a16532eca279abdf094.jpg and http://www.artflyz.com/server16-cdn/2016/05/13/simple-elegant-table-settings-party-elegant-party-table-settings-da358141d23992f3.jpg

Psychiatric - Alzheimer's/Major Neurocognitive Disorder

- Family history or genetic testing
- Diagnosis of Down Syndrome
- Decline in memory and learning, and at least one other cognitive domain
- Steadily progressive, gradual decline in cognition without extended plateaus.
- No evidence of mixed etiology. [8]

Behavioural Possibilities

- People often say someone is “willful” or “stubborn.” Instead say “what is that behaviour telling me?”

- Functional assessment:
  - Escape/avoid: things are too noisy and hectic for him to handle
  - He has no interest in the task/dislikes the task
  - He feels others are getting better/more fun jobs or that things are unfair (is he right?)

- Do a task analysis: is he forgetting some of the steps? How can we assist him, make the steps easier for him?

- Schedule
  - shows problems happen around 4:00. Perhaps low blood sugar is at play?

Are we right?

- We diagnosed a mental illness and prescribed medications. Did they help?
- We instituted positive behaviour supports – did they make a difference? (changing the environment, meeting their needs, helping their communication, incentives, etc.)

reasons he might need to see a psychiatrist

1. He is having a difficult time getting through day to day life. He is not functioning as well as he used to. He may forget where he needs to be going, what he needs to be doing, or how to complete a task. This behaviour is a change for him. There is no reasonable explanation for why this is happening for him.

2. She is having big mood swings that are not explainable by hormone changes, drug use, medications or life circumstances.

reasons he might need to see a psychiatrist

3. His motivation is low, even for events he enjoyed. He feels very sad and hopeless most of the time, yet nothing in his present or past would suggest this degree of chronic despondency.

4. His sleep has changed.

5. She feels anxious, worried, afraid or irritable most of the time. Her heart might race and her breathing rate increase. No environmental factors are present to reasonably uphold this anxiety.

6. He can't sit still or concentrate even for the most interesting of interactions or events. He gets enough exercise and doesn't over-consume caffeine.

reasons he might need to see a psychiatrist

7. She is suicidal.

8. Her anger is significant and out of control. She might want to hurt others and may enter fights with little or no provocation.

9. Compared to a few years ago he is having more problems than usual with remembering and having a logical thought process. His speech is sometimes more difficult to understand.

reasons he might need to see a psychiatrist

10. Her relationship with food and eating is unusual and/or troubling.

11. He talks when someone isn't there. He feels disconnected from himself or his surroundings. He thinks he has "magical" thinking and personal powers that are illogical.

reasons why it might be Behavioural

1. There's a genesis to the behaviour. Now, or at one point in the past, it served a purpose for the client. (History)

2. There's a pattern, for example it happens in one place and not another, with one person and not another (Data Collection).

3. She has experienced many life stressors.

4. There's a reason for the behaviour. It serves a purpose, a function, for the person. (Functional Assessment)

reasons why it might be Behavioural

5. There is a disconnect between the person and the environment in which he is living and being.

6. Schedule: too full, too empty, too little to do, too much written, etc.

7. Psychological testing - Our client may not be able to articulate needs or frustrations. For example, he may have great verbal skills, but poor receptive language difficulties (Communication).

reasons why it might be Behavioural

8. Medical or healthy living issues. For example, pain can manifest behaviourally. General health issues such as significant caffeine consumption, energy drinks, thyroid problems can affect baseline energy levels. This isn't just "behavioural" but important to keep in mind.

What is the difference between mental disorder and behavioural disorder?

- “It is difficult to draw a line between these two. All mental disorders are behavioural disorders but all behavioural disorders are not mental disorders. Physiological and psychological factors (internal factors) dominate in mental disorders whereas in behavioural disorders sociological factors (external factors) dominate.” [9]

Psychiatric vs. Behavioural

- “The primary difference between a behaviour disorder and another type of psychiatric disorder is the presence of choice. Psychiatric conditions are considered to be involuntary while in behavior disorders, choices are essential. This is not to suggest that behavior disorders do not also have physical roots, however.” [10]

Dr. Robin Friedlander…

- “Overall you need to be curious, and not have premature closure of your opinions.”

Resources

- 1. http://www.psychguides.com/guides/psychiatric-and-behavioral-problems/
- 2. Bienvenu, Davydow and Kendler, 2011
- 3. *Melika Paknia, Qazvin Islamic Azad University*
- *4. BA Ola, Lagos State University*
- *5.* Sovner, 1986
- *6. Steven Reiss + quote from:*
- http://www.cambridge.org/catalgue/catalogue.asp?isbn=9780521608251&ss=exc Psychiatric and Behavioural Disorders in Intellectual and Developmental Disabilities, 2nd Edition, Edited by Nick Bouras, *King's College London*, Geraldine Holt, *King's College London*
- *7* Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (Copyright © 2013). American Psychiatric Association.
- 8 http://psychcentral.com/disorders/alzheimers-disease-symptoms/
- 9 Anirudh Kumar Satsangi, Dayalbagh Educational Institute, https://www.researchgate.net/post/What_is_the_difference_between_mental_disorder_and_behavioural_disorder
- 10. http://www.healthyplace.com/other-info/mental-illness-overview/brain-disorders-mental-disorders-vs-behavioral-disorders/