Anxiety and Intellectual Disability

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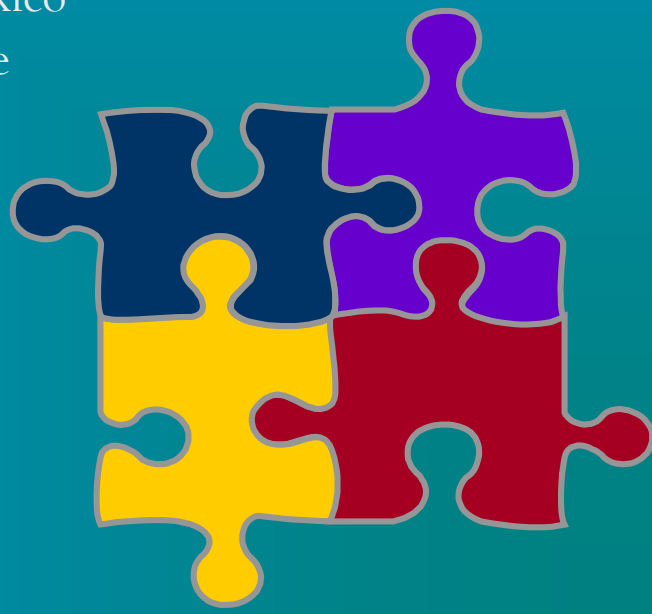


Learner Objectives

- Describe incidence of anxiety in individuals with intellectual disability (ID).
- List two potential causes of anxiety in individuals with ID.
- Identify symptoms and characteristics of anxiety seen in individuals with ID.
- Discuss two potential techniques to decrease anxiety for an individual with ID.

Definitions

- "Intellectual disability (ID) is the term used to define a developmental disorder characterized by both intellectual and adaptive functioning deficits."
- Replaced "mental retardation" in DSM-5
- Change led by renaming of organizations President's Committee for People With Intellectual Disabilities in 2003 and the American Association on Intellectual and Developmental Disabilities in 2006.

Identification and Characteristics of Anxiety in Adults with ID

"Anxiety and anxiety disorders are frequently comorbid with developmental disabilities including mental retardation, autistic disorder, Asperger's disorder and persons with pervasive developmental disorder not otherwise specified" [1-5]

How Many Clients with ID are Diagnosed with Anxiety Disorder?

- Adults with autism 3x rate of anxiety symptoms than adults with DDs
- Children with autism 55.5% met anxiety disorder criteria
- Studies14% to 26.85% adults with DD had comorbid anxiety disorder
- Associated with level of stress

Why Is Anxiety Hard to See in Clients with ID?

Anxiety may be overlooked by the DD itself

Valid diagnostic information hard to obtain

Difficulty describing internalizing symptoms of anxiety

Deficits in communication, social skills and intellectual functioning.

Challenging behaviors may mask anxiety

Limited number of empirical studies

Lack of standardized assessments specific to diagnosing clients with IDs and psychiatric co morbidities

Modified diagnostic criteria proposed

Characteristics/Symptoms Anxiety in Clients with ID

- Phobias
- Hypervigilant
- Panic
- Agoraphobia (afraid of open spaces)
- Obsessive Compulsive Disorder
- Screaming
- Self injury (picking, scratching, biting, sucking)
- Stereotypies (flapping, shouting, rocking)
- Generalized Anxiety Disorders
- Sleep disturbances
- PTSD
- Selective Mutism
- Tantrums
- Aggression

Generalized Anxiety DSM-5- Definition

Diagnosis (DSM-V criteria)

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

B. The individual finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):

Note: Only one item is required in children.

1. Restlessness or feeling keyed up or on edge.
2. Being easily fatigued.
3. Difficulty concentrating or mind going blank.
4. Irritability.
5. Muscle tension.
6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

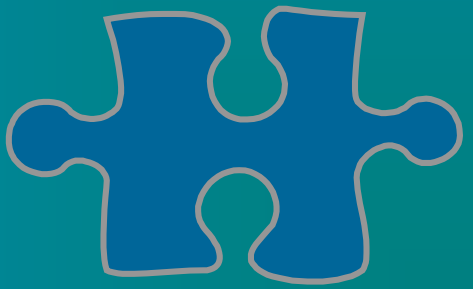
E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

Assessment Tools for Clients with ID and Anxiety

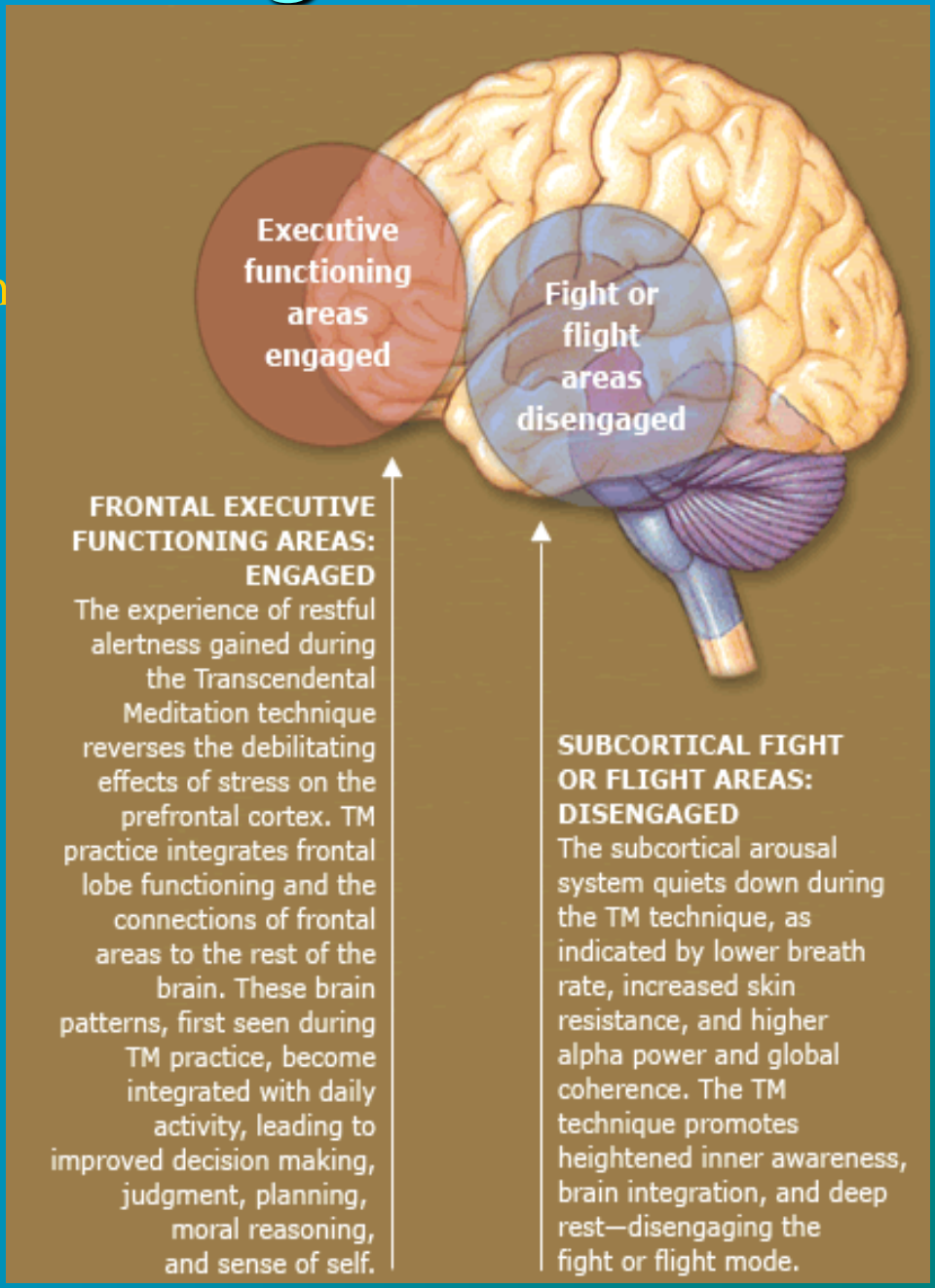
- Mood and Anxiety Semi-Structured Interview (validity, sensitivity, specificity and interpreter reliability in ID population)
- The Fear Survey (children and adults)
- Anxiety Depression and Mood Scale
- Glasgow Anxiety Scale
- Yale Brown OCD Scale (adult clients with autism and OCD have different obsessional content & compulsive behaviors than adults with OCD and no DD)

What Causes Anxiety Disorders in ID?

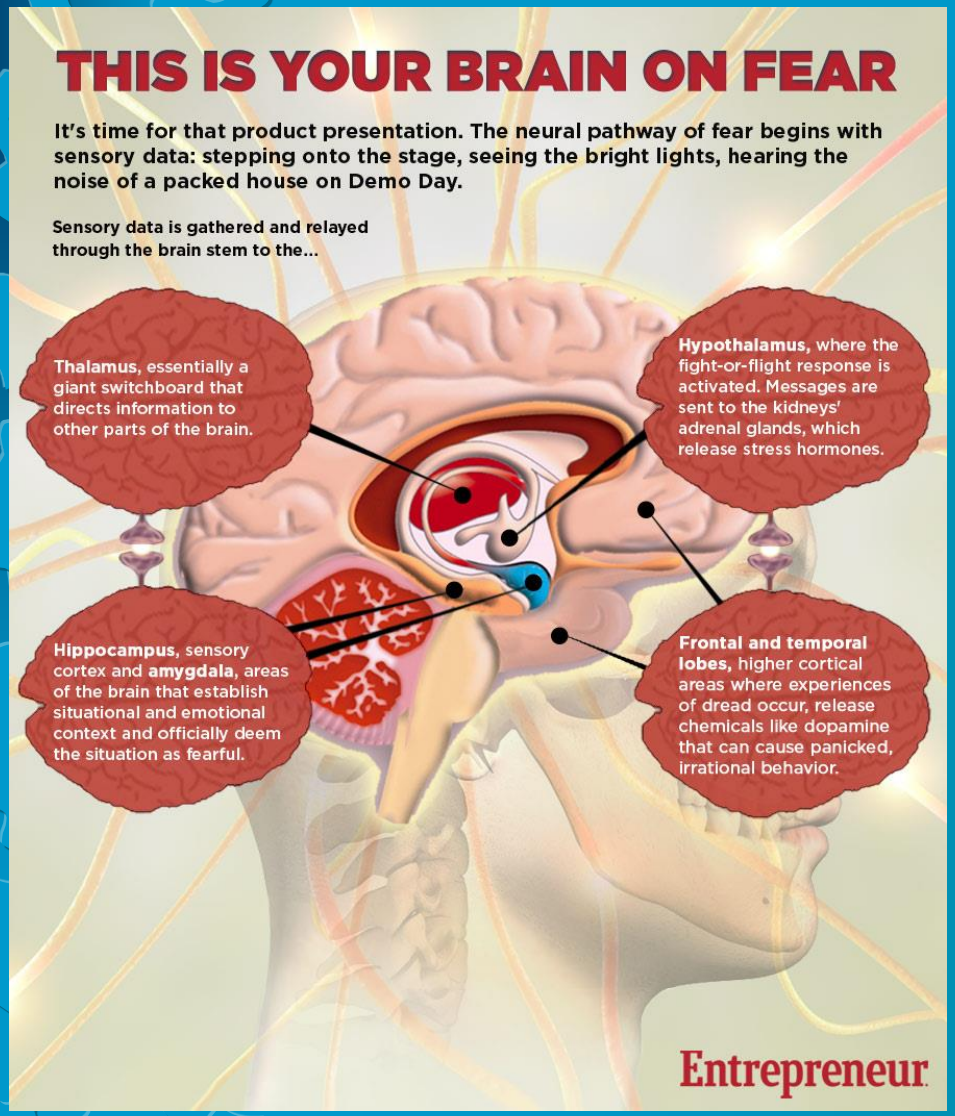


Neurobiological

- Dysregulation of autonomic nervous system activity - abnormal stress and autonomic system reactivity and brain function
- Sensory disintegration
- Abnormal cardiovascular and electrodermal responses
- Genetic temperament of family



Structural Abnormalities



- Abnormalities of serotonin and dopamine
- Metabolic deficits in front cortex
- Structural abnormalities in amygdala and hippocampus and limbic system as a whole

Environmental

- Trauma/bullying
- Multiple homes
- Many transitions
- Stressful work and social situations
- Illness

Practitioner Issues

- Practitioners often feel inadequate to assess, diagnose and treat ID population, particularly if psychiatric issues in ID population.[8]
- Practitioner anxiety can often interfere with ability to provide good care.

Assessment

- Multi disciplinary
- Thorough assessment for possible physical cause of anxiety/agitation
- Applied behavioral analysis
- Multiple resources- home, work, family, particular those who know individual for long period of time
- Any recent trauma or anniversary or LOSS?

Treatments for Anxiety*

Environmental

- Life style
- Skill building
- Reduce stimuli
  - noise
  - clutter
  - lighting
  - temperature
- Earphones, earplugs
- Sunglasses
- Reduction in transitions
- Remove aversive stimuli

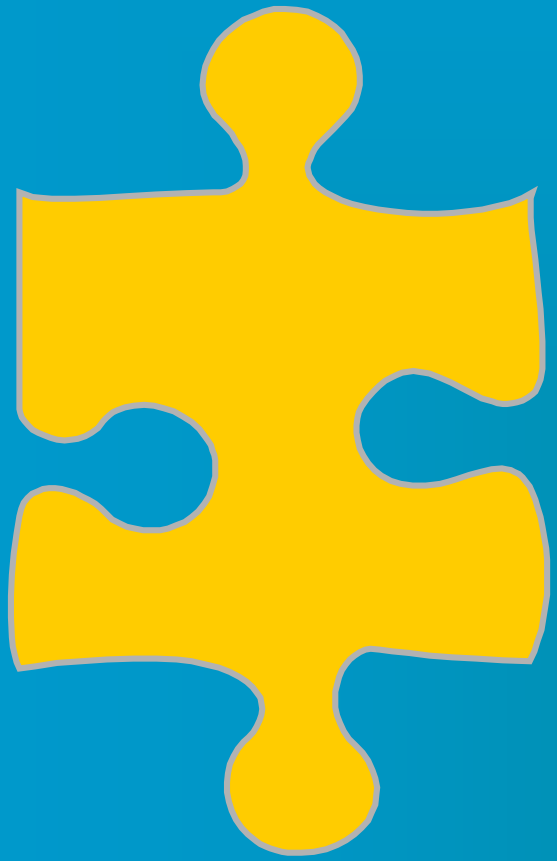
Biological

- SSRI's for repetitive symptoms, stereotypies, self-injurious, hair pulling
- Naltrexone- self harming behaviors
- Propranolol generalized anxiety
- Rare if ever benzodiazepine use as can disinhibit
- May pre medicate for anxiety provoking situations
- *often multifocal

Treatments for Anxiety (cont'd)

Behavioral

- Providing activities and opportunities to engage with others
- Teaching relatives and caregivers techniques for improving communication
- Setting boundaries, Redirection
- Positive reinforcement of desired behaviors,
- Noncontingent reinforcement procedures,
- Activity schedules
- Task correspondence training.

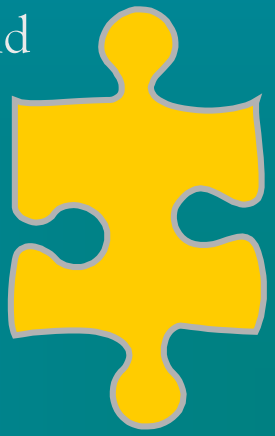


Interventions

Interventions will be more successful if they not only reduce the risk factors, but also promote the protective factors observed in resilient adults.

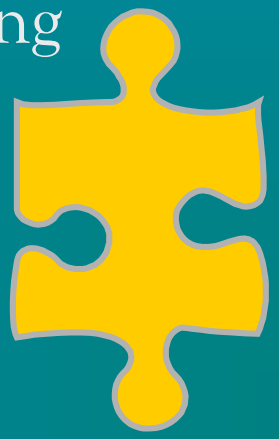
Group Home Interventions

- Create a peaceful, calm and relaxing home environment
- Support positive behavior when anxious
  - Monitor behavior especially during common problem times
  - acknowledge and reward positive behavior
  - use reminders and review of behavior expectations.
- Respond to problem behavior consistently and effectively
  - Use consistent procedures in responding to minor and serious problem behaviors. Institute procedures for problems solving meetings.



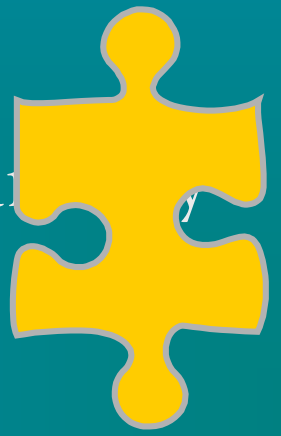
Group Interventions

- Establish and teach the house rules and procedures around creating and maintaining a calm, supportive and relaxing home for all.
- Be aware and proactively manage common stressful times: transitions, unstructured times, new situations
- Promote social and emotional functioning
- Use rewards effectively
- Manage angry/acting out behavior



Individual Interventions

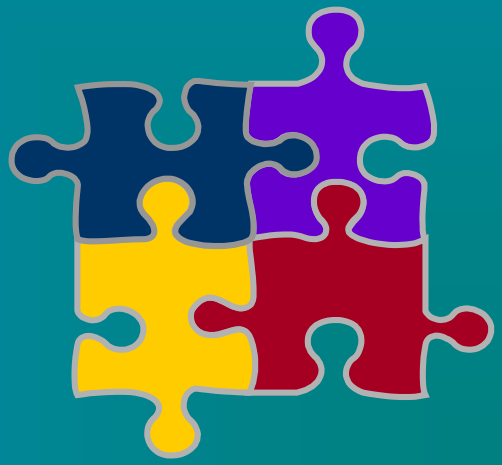
- Analyze specific behaviors related to anxiety and trigger
- Consistently reinforce positive, calming, relaxing behavior and use of skills
- Use of proactive and instructive modeling strategies to encourage positive behaviors and problem solve with the client
- Teach client with ID to self-monitor a[illegible] and cue when needed



Piecing it All Together: What Does All of this Mean?

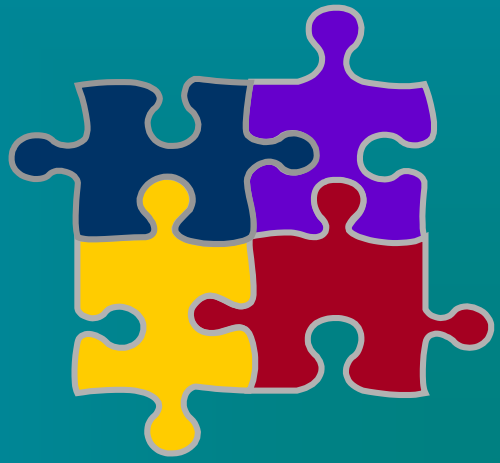
Family Involvement

- Parents- use a "partnership approach" to client's success with managing anxiety
- Provide daily calendar to record anti anxiety exercises to reinforce desired behavior.
- Encourage positive parental reinforcement of specific desired behaviors



What Direct Care Professionals and Clinicians Should Avoid

- Use of only reactive behavioral strategies
- Model antisocial behaviors by yelling or insulting client with ID
- Use of harsh punishment
- Only coercive interactions with client with ID



What Direct Care Professionals and Clinicians Should Do

- Understand that working with ID with anxiety (and possible CB) can be frustrating and exhausting
- Directly TEACH good emotional self care skills as a matter of routine and part of structure of the day
- Model and teach good self care skills, ie. relaxation, and downshifting skills and have them do return teaching
- Develop and use individualized interventions for anxiety in ID
- Understand how the helper-client anxiety and conflict cycle starts and how to derail or de-escalate it

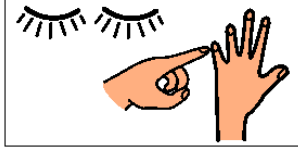
Implications for Practice:

- Be aware of the complex relationship between psychopathology/anxiety and CB in patients with ID.
- Analyze complex relationships in those with ID
- Perform thorough diagnostic procedures.
- Attention to different dimensions of functioning, i.e. biological/physiological, psychological, social & environmental dimensions.
- Requires a multidisciplinary and multidimensional approach to explore the dynamics between psychopathology/anxiety and ID

Calm Down Checklist

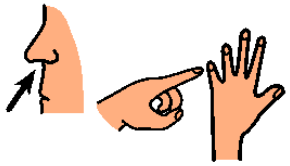
When I am frustrated, angry or upset, I will choose to....

close eyes and count to five



ask for a break

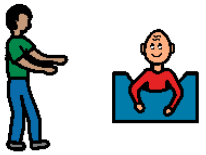
take deep breaths and count to five



ask to take a walk

ask for a sensory activity

ask for help



Learning to Relax

- When I get worried, anxious, angry or tense my body can feel many different ways..
-
- My teeth may be clenched
- My hands may feel sweaty
- My hands may be in a fist
- My face may feel warm
- My muscles may be tight and hurt
-

- When I begin to feel angry or tense there are many ways to help me relax
-
- Close my eyes and take 5 deep breaths
- Ask to take a break
- Ask to take a walk
- Ask to stand up and stretch
- Get a relational fidget

- Questions?

References

1. Stavrakaki C, Lunsky Y, Bouras N, et al.: Depression, Anxiety and Adjustment Disorders in People with Intellectual Disabilities. Psychiatric and Behavioural Disorders in Intellectual and Developmental Disabilities, 2nd edn. New York, NY, US, Cambridge University Press, 2007
2. Saulnier C, Volkmar F, Bouras N, et al.: Mental Health Problems in People with Autism and Related Disorders. Psychiatric and Behavioural Disorders in Intellectual and Developmental Disabilities, 2nd edn. New York, NY, US, Cambridge University Press, 2007
3. Schlauch RC, Gordon KH, Schmidt NB, et al.: The Assessment, Diagnosis, and Treatment of Psychiatric Disorders in Individuals with a Dual Diagnosis: The Co-occurrence of Developmental Disorders and Psychiatric Disorders. Mental Health Care for People of Diverse Backgrounds. Abingdon, United Kingdom, Radcliffe Publishing, 2007
4. Tantam D: Psychological disorder in adolescents and adults with Asperger syndrome. Autism 4(1): 47–62, 2000. doi: 10.1177/1362361300004001004
5. Masi G, Favilla L, Mucci M: Generalized anxiety disorder in adolescents and young adults with mild mental retardation. Psychiatry 63(1):54–64, 2000.
6. Davis, E., Saeed, S. A., & Antonacci, D. J. (2008). Anxiety disorders in persons with developmental disabilities: empirically informed diagnosis and treatment. Reviews literature on anxiety disorders in DD population with practical take-home messages for the clinician. *Psychiatric Quarterly*, 79,249–263.
7. http://greatist.com/happiness/reduce-anxiety

References

8. Agarwal, R., Guanci, N., & Appareddy, V. L. (2013). Issues in treating patients with intellectual disabilities. Psychiatric Times, August- http://www.psychiatrictimes.com/special-reports/issues-treating-patients-intellectual-disabilities#sthash.ARN9g3AJ.dpuf