Things to examine when considering mental health treatment for TAY with co-occurring intellectual disabilities

General Definition of Intellectual Disability

As defined by the LA County DMH, Intellectual Disability includes impairments of general mental abilities that impact adaptive functioning in three domains. These domains determine how well an individual copes with everyday tasks. The 3 domains are Conceptual, Social and Practical.
Who are transitional age youth?

The accepted definition, including that used by the Los Angeles County Department of Mental Health, Transitional Age Youth are youth age 16 to 25. However, transitional age youth can encompass any age when a person has the desire to move forward into the next phase of their life, particularly marking the transition from adolescence and adulthood.

What are some of the challenges facing transitional age youth with a co-occurring intellectual disability?

Independence
Social Competence
Bullying
Interpersonal Relationships-Friendships
Sexuality – Safe Sex Practices

Career interests/meaningful use of time

Educational Opportunities

Financial Security

Family

Substance use / experimentation

The role of social media – Internet Safety

Community Integration

How do we find the balance
Types of Behaviors or Clues

- Overwhelming fear or terror
- Change in ability to cope
- Change in behavior

Types of Behaviors or Clues

- Decreased ability to handle stressful situations
- Increase in maladaptive behavior
- New onset/increase in self-injurious behavior
Types of Behaviors or Clues

Change in mood
Loss of motivation
Inability to express emotions
Extreme overreaction to small things

Types of Behaviors or Clues

Extremely low self-esteem
Suicidal thoughts
Change in energy or sleep patterns
Use of or abuse of alcohol or drugs
Extreme changes in appetite

Types of Behaviors or Clues

More or Less:
Level of activity
Irritability
Confusion
Disorientation
Lethargy
Withdrawal
Project Hope Observation Form #1

Please complete and bring to your appointment with the mental health provider. This form can be downloaded at www.projecthopeca.com

Your Name: ____________________________

Person You Observed: ____________________________

Relationship to Person: ____________________________

Preferred Language: _______

Changes in Activity/Behavior:

- Eating
- Appearance
- Mood
- Socialization
- Activities
- Other (Describe)

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Before and After:

Describe the person before the changes identified on page one. Tell what is happening now.

1. What were they like before recent changes?

______________________________________________________________________

______________________________________________________________________

2. What are they doing or communicating that appears different?

______________________________________________________________________

______________________________________________________________________

3. What may have caused the changes in activity or behavior?

______________________________________________________________________

______________________________________________________________________

4. Is there a specific time (daily, weekly, monthly, yearly) when changes are noticed in activity or behavior?

______________________________________________________________________

______________________________________________________________________

5. Is the change directed towards a specific person? Yes No

Who? ____________________________

Relationship: ____________________________

I have helped my caregiver fill out this observation form. We have reviewed the information together.

It is OK for my caregiver to share the information with my mental health provider only when I am at the meeting.

___________________________________________________________

Name: ____________________________

Date: ____________________________

PROJECT HOPE
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“The behaviors that are negatively impacting relationships, living situation or another pertinent aspect of the individual’s life can warrant a mental health evaluation”
Developmental Disabilities and their impact on life transitions
Mental Health

- According to the DSM-5, the prevalence of mental disorders in people with the intellectual disabilities is 3 to 4 times higher than in the general population.
- Co-occurring intellectual disabilities is a risk factor for developing a variety of mental disorders and may affect clinical presentation.
- Individuals with co-occurring intellectual disabilities are at greater risk for abuse and exploitation than the general population.

Mental Health

- Families of TAY with CID looking for mental health treatment should be aware that “The presence of an intellectual disability should never be the sole exclusionary criterion for treatment of co-occurring mental disorder that meets medical necessity criteria for treatment in specialty mental health systems.”
- The treating therapist, or treatment team should request and review as many records (e.g. IEP, IPP, CDER, Psychological, Medical) from the referred individual’s Service Coordinator at Regional Center as possible to assist them in completing a thorough mental health assessment.

Mental Health

- Ensure information is gathered from multiple informants (e.g. teachers, doctors, family members) and brought to the attention of the treatment team
- It is important that family members advocate for necessary services—this may mean applying multiple times, or appealing denials for services
Possible myths within the mental health provider community

- TAY with an ID will not benefit from mental health treatment
- A non-verbal TAY individual with an ID will not benefit from mental health treatment
- The mental health needs of a TAY individual with an ID should be served by the Regional Center system

Rule Outs to Consider

- Medical Causes
- Hormonal
- Dental
- Physical Pain or Discomfort

You Are the expert
Types of Services

- Therapy (Individual, Group or Family)
- Applied Behavior Analysis
- Psycho-educational Groups
  - Social Skills
  - Anger Management
  - Substance Abuse

School based Services / Special Education
- Residential Treatment / Group Homes
- Medication Management / Psychiatry
  - MDs, RNs, PTs, Case Managers
- Case Management
- Support Groups (Client or Family)
- Emergency Services
- Hospitalization

Securing Mental Health Services

- Call Regional Center for recommendations and assistance with making referrals
- Call DMH - Department of Mental Health
- Call treatment facilities or mental health agencies in your area
FOCUS ON THE MENTAL HEALTH

- FOCUS ON THE BEHAVIORS
- FOCUS ON THE SYMPTOMS
- FOCUS ON THE PATTERNS
- FOCUS ON YOUR CONCERNS

Questions & Answers

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