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Co-occurring Disorders: Intellectual and Developmental Disabilities and Mental Illness

Slides 1, 2 and 3

No voiceover

Slide 4: Mental Health Wellness for Individuals with Intellectual and Developmental Disabilities (MHW-IDD)

Certificates of completion are available for each module. Please print or save your certificate immediately following completion of the course as they will NOT be available to you at a later time.

It is estimated that it will take you 50 minutes to complete this module. It **does** need to be completed in one sitting as your work will be lost if you close out this program during the middle of the module.

You can pause or back up at any time during the training but you cannot fast forward through slides. Slides will automatically advance once the voiceover is complete

Your computer must have speakers or you can attach a headphone or ear bud, so that you can hear the information said by the presenter. For those who are deaf or hard of hearing, a narrative of each slide is available in the Resources section of this online training.

Slide 5: Co-occurring Disorders: Intellectual and Developmental Disabilities and Mental Illness

Welcome to the first module in this course titled Co-Occurring Disorders: Intellectual and Development Disabilities and Mental Illness.

This module is directed towards Direct Service Workers, or DSWs, as they are fundamental to supporting recovery and mental wellness in individuals with an IDD who are also experiencing mental health challenges. However, the intended audience truly extends beyond those who are paid direct service workers. While the focus is on DSWs, the information in this module applies to all caregivers and other people who support individuals with an IDD.

In this module, you will gain valuable knowledge of how to support someone with an IDD who is also experiencing mental health challenges. We will begin by providing a brief overview of IDD and mental health conditions, and discuss what it means to have a co-occurring condition. This module will review specific mental health conditions and provide practical strategies and tools for direct service workers and other persons who support an individual with a co-occurring condition.

Outline:

- I. What are Intellectual and Developmental Disabilities?
- II. What are Mental Health Conditions?
- III. Biopsychosocial Approach
- IV. Key Concepts for Supporting Mental Health Wellness in Individuals with IDD (MHW-IDD)
- V. Specific Mental Health Conditions
- VI. Summary

Outcome: By the end of this course, you will be able to implement multiple strategies and tools to support an individual with a co-occurring condition.

Slide 6: What are Intellectual and Developmental Disabilities?

Let's begin with a very brief overview of Intellectual and Developmental Disabilities. An Intellectual Disability, or ID, is typically present at birth or during the developmental period and is defined by intellectual and adaptive functioning deficits in conceptual, social, and functional domains.

A Developmental Disability, or DD, is present before the age of 22 and is defined as a disability that involves impairments of general mental abilities that result in substantial functional limitation in at least three areas, including self-care; understanding and use of language, learning, mobility, or self-direction; and capacity for independent living. These domains determine how well an individual copes with everyday tasks.

Across the United States approximately 1.5% to 2.5% of the population has an IDD.

Slide 7: What are Mental Health Conditions?

Mental health conditions are defined by the National Alliance on Mental Illness (NAMI) as: conditions that impact a person's thinking, feeling or mood that may affect a person's ability to relate to others and function on a daily basis. Mental health conditions can take many forms and even people with the same diagnosis can have very different experiences. Diagnosis of a mental health condition requires clinical judgement by a professional.

When a person has both an IDD and a mental health condition, the person is considered to have a "co-occurring IDD and mental health condition".

Slide 8: Biopsychosocial Approach: Overview

Let us next discuss the Biopsychosocial approach. The Biopsychosocial approach means that we should consider every aspect of the person's life and how those aspects inform who the person is. If we only take a small piece of who the person is into account, we will never be able to see the whole picture and it may prevent us from being able to provide the right modes of support to the person. There are many factors which may contribute to the way the person is feeling or behaving. A key concept here is that all aspects of life impact each other.

As you can see from the graphic, there is a clear overlap in biological, psychological and social factors, and strengths that contribute to the person's overall mental health.

Slide 9: Biopsychosocial Approach: Biological Aspects

Biological aspects of a person's life can contribute to mental and social stress. Many mental health conditions, as well as many IDD, have an underlying genetic or biological component. For example, if a person has a family history of a particular medical condition, the likelihood of developing that condition increases. It is also true that if a person is physically ill, it will impact the way that person is able to handle the challenges of everyday life. A person can become withdrawn, irritable, easily frustrated, and have difficulty concentrating. In more severe cases, such as when a person has an infection or significant pain, a person can even appear to experience mental confusion.

Slide 10: Biopsychosocial Approach: Biological Aspects Continued

Overall, people with IDD have a higher incidence of medical issues than the general population, but some may not be able to tell us how they feel. It is important for DSWs to observe changes in the person's health and to look for possible physical illness or unidentified pain, particularly when a person's behaviors don't seem to make sense, as the two may be linked. Challenging behavior can be the result of pain and discomfort and could decrease or stop when the person feels physically well again.

In the same token, taking extra care to encourage healthy habits can help a person feel emotionally and socially well. Research tells us that when people feel healthy, they feel emotionally better and are more likely to be able to handle the inevitable stress and frustration that comes in life. These health habits include regular movement and exercise, healthy eating, and sleeping.

Slide 11: Biopsychosocial Approach: Psychological Aspects

Similar to the biological aspects that shape a person, the psychological aspects of having an IDD and a mental health condition can be understood in the context of other areas of the person's life. For the same reasons biological aspects affect and shape a person, some people have a higher likelihood of having psychological challenges associated with IDD, which can increase the likelihood for stress. For example, due to verbal reporting difficulties, it can be challenging for individuals with IDD to accurately report when they are feeling ill, nervous or stressed. Symptoms of depression can cause a person to be withdrawn, which can have an impact on social life.

Another thing to consider when you are supporting an individual with IDD is that they may have challenges identifying, controlling and regulating skills, emotions and behavior, in a way that a person with typical development does not. This can include planning, organizing, paying attention, problem solving, finishing tasks, tolerating frustration, and impulsivity. These

“executive functioning” tasks which are associated with IDD can impact the ways in which a person navigates everyday life.

Slide 12: Biopsychosocial Approach: Social Aspects

Social aspects are also factors in the overall wellness of a person. Relationships, giving back, fun and enjoyment are important quality of life factors for all people and can play a role in making it through stressful times. This is particularly important for DSWs to remember since many people with an IDD are not given the opportunity or support to have meaningful social connections of their own choosing. Similarly, it can be difficult for the people we support to feel like they have an opportunity to give back in a way that is meaningful to them. This sense of loneliness and lack of purpose could result in added stress and a decreased ability to cope.

Slide 13: Biopsychosocial Approach: Summary

Research also shows that stressful life events can increase the likelihood of experiencing mental health conditions. Individuals with an IDD generally have less tolerance for stressful events, making them more vulnerable to mental health conditions. This means that what may not be stressful to you or I, for example, a small change in a scheduled activity due to bad weather or re-arranging the furniture, could cause high levels of stress for individuals with an IDD. This may subsequently increase the likelihood of stress and accompanying challenging behavior.

In order to understand how to support someone with IDD and co-occurring mental health conditions, it is necessary to always remember that strengths and skills, along with individual predispositions can impact each other across areas of life.

Slide 14: Application Exercise

Slide 15: Key Concepts for Supporting Mental Health Wellness in Individuals with an IDD (Slide 1 of 7)

As DSWs, there are a few things that we always need to consider when supporting someone with IDD and a co-occurring mental health condition.

First and foremost, we are all just people and desire a meaningful life. When we talk about “meaningful life,” this means that everyone has aspirations and dreams and we are all at our best when we have a sense of belonging, feeling valued, and having a purpose. It is also true that we all experience adversity and challenges and we do our best to get through it. Some people may think, “How can individuals with IDD and co-occurring mental health conditions experience a meaningful life?” Keep in mind that your idea of “meaningful” may be different from others. However, we all share the experience of having hopes and dreams and a desire to belong. We all have strengths and skills and there are also times when we may need additional help and support.

Slide 16: Key Concepts for Supporting Mental Health Wellness in Individuals with an IDD (Slide 2 of 7)

For example, if a DSW knows that an individual being supported really enjoys expressing himself through dancing or swaying to their favorite music, this should be incorporated into an

approach to use when the person becomes anxious. It is also a skill that can be used at all times in order to help the individual avoid becoming highly anxious. This is just one example of how a DSW can support the individual by building on strength or skills that are already there. It is key that individuals being supported have an opportunity to consistently build upon his or her strengths and skills, especially when the person is at his or her best. Doing so increases the likelihood that the person will use the skill when experiencing stress.

**Slide 17: Key Concepts for Supporting Mental Health Wellness in Individuals with an IDD
(Slide 3 of 7)**

Second, all behavior has meaning. In order to know how to be helpful, we first need to give thought to **understanding the reason behind** a particular behavior. Because individuals with IDD often express their needs through actions versus conversation, the same behavior can mean more than one thing. It is more important to know **what the person is telling us about how they feel**, when they are acting a certain way, rather than focus only on the action itself.

The DSW is often the person who is in the best position to identify a possible purpose and underlying reason for a particular behavior. By building positive and meaningful relationships with the individuals you support, you have the opportunity to notice changes other people may not. Challenging behavior that may exist with low intensity and frequency throughout the person's life may increase greatly when the person is experiencing a mental health condition. DSWs should closely observe signs of stress, including changes in the frequency of challenging behavior, as this may be an indicator that the person needs additional support.

**Slide 18: Key Concepts for Supporting Mental Health Wellness in Individuals with an IDD
(Slide 4 of 7)**

Along similar lines, another challenge that can occur when we take a person's behavior at face value, is the "overshadowing" of mental health conditions. This is when people believe that an individual with IDD has challenging behavior because of their disability rather than considering there might be another reason for their behavior. One thing you might hear in situations like this is, "Oh, it's just behavioral" or, "Oh, that's just part of his or her IDD." This dismisses the fact that an individual can have IDD and also be experiencing stress or a mental illness, or may be experiencing emotional or physical pain. There are many other reasons someone may be "behaving" a certain way. Rather than being focused on the behavior only, the DSW must be focused on the reason for and function of the behavior. All behavior is communication and tells the DSW something about how the individual is feeling. Consequently, the same behavior can mean many different things.

**Slide 19: Key Concepts for Supporting Mental Health Wellness in Individuals with an IDD
(Slide 5 of 7)**

Third, some people with IDD may have limited verbal skills. They may think and communicate in very concrete ways and can have difficulty accurately reporting how they are feeling or what they are thinking. This is not true for all people with an IDD- some have great verbal and communication skills. However, it is common for people with an IDD to have difficulty with

processing, or making sense of and applying information. Because of this, some helping professionals will assume that a person with an IDD who seems to communicate appropriately also understands and can respond accurately, when this is not necessarily the case. One example of this is when a person asks an individual with IDD if he is hearing voices. The individual might answer “yes” to this question for a number of reasons. For instance, you are speaking to the person at this moment, so of course he is hearing voices-yours; the person has a strong desire to answer the question “correctly” and picks the answer that they think you want them to choose; *or* the person may actually be hearing voices.

Since some individuals with IDD can have difficulty with reporting, it is very important that the person who is supporting them is patient, makes the individual feel secure, pays close attention to the signals the person is making, including through their actions and behaviors, and takes the time needed to determine what the individual is trying to “say.”

Slide 20: Key Concepts for Supporting Mental Health Wellness in Individuals with an IDD (Slide 6 of 7)

Lastly, use a team approach. It is important to mention that it is not the DSW’s responsibility to handle all challenging situations on their own. Remember that you have a team available to you and can ask for help when needed. While it is not the role of the DSW to diagnose and develop treatment plans, you hold valuable information and observations that need to be taken into account. When in doubt, seek the support and assistance of your supervisor or team.

Along the same lines, DSWs should also keep in mind that medications often play an important role in the treatment of individuals with co-occurring conditions in improving their overall stability and quality of life. However, the role of medication can and should be just one factor. Other factors that are equally as important include therapeutic interventions, health and wellness activities and the day to day support offered by DSWs, family members, and other key support personnel.

Slide 21: Key Concepts for Supporting Mental Health Wellness in Individuals with an IDD (Slide 7 of 7)

It is important to pay close attention to changes the individual may experience, including if they begin looking extra groggy, have difficulty standing or walking by themselves, if they begin having difficulty eating, drooling, etc... These may be early warning signs of problems related to medications or other biopsychosocial factors. If you are worried about any of these things, it is important to report this information to your supervisor or team immediately.

Slides 22 and 23 Application Exercise

Slide 24: Specific Mental Health Conditions: Overview (Slide 1 of 2)

Now, we will discuss some specific mental health conditions and the differences that a person with a co-occurring condition might experience. Research indicates that individuals with IDD

experience a higher rate of mental health conditions than the general population. It is estimated that between 20-40% of all individuals with IDD will experience a mental health condition at some point in their lifetime. This awareness is relatively new. It wasn't until the 1980's that mental health and IDD professionals began to realize this. Additionally, for reasons we'll explore later in this module, mental health conditions in people who have an IDD may go unrecognized or undiagnosed.

The most common mental health conditions for individuals with IDD are depression, bipolar disorder, and anxiety disorders, including post-traumatic stress disorder (PTSD). However, while these mental health conditions are the most common, people with IDD can also experience a full range of mental health conditions, just like everyone else.

Slide 25: Specific Mental Health Conditions: Overview (Slide 2 of 2)

For any mental health condition, a number of signs and symptoms must be present at the same time. For example, a DSW observing that an individual has had an increase in sleep over the last week does not necessarily mean that the person is depressed. It could mean that the person is coming down with the flu, has become more active during the day and is more tired in the evening, or many other things. When the DSW observes that the individual's sleep has increased from 7 to 16 hours per day, eating patterns have decreased and the person has had crying episodes, and is isolating himself when awake, these symptoms together, may indicate depression.

In this module we will cover Depressive Disorders, Bipolar and Related Disorders, and specifically Mania, and Anxiety Disorders. Since trauma is the subject of Module 2 of this course, it will not be covered in this module. To learn more about Trauma and Trauma-informed Care, you can take module 2 of this training. There is also material in the resource section of this training course on PTSD.

Slide 26: Specific Mental Health Conditions: Depression Overview

Let's start with Depression, also called major depressive disorder. Depression is a disturbance of mood that is more extreme and longer lasting than the typical "ups and downs" or periods of sadness and grief that most of us experience at one point or another in our lives. It is a general state of feeling sad, gloomy and unhappy. Four to nine percent of all individuals with IDD are diagnosed with depression. This is higher than the rate in the general population, estimated at five to six percent. A major depressive episode can last as little as two weeks and as long as multiple months.

The major signs of depression for some people with IDD may not be what you would expect. When we think of depression, we often think of people having little energy, sleeping a lot and possibly crying excessively. While this may be the case for some individuals with IDD, this may not always be the case.

Slide 27: Specific Mental Health Conditions: Depression Symptoms

Core symptoms of depression	Possible presentation in individuals with IDD (DM-ID)
General feeling of sadness and depressed mood	Lack of emotional reactions, or flat affect, which means a lack of emotion or expression on face, decreased smiling or laughing, excessive crying, appearing tearful, or general irritability
Reduced interest in activities; fatigue	Unresponsiveness to preferred staff/people, spending more time than normal in room, not wanting to do things that are usually enjoyable.
Weight Changes	Changes in eating routines like not coming to the table or eating much less or more
Sleep Changes	Tantrum-like behavior during bed time or sleeping much less or more
Feelings of worthlessness	Increased need for reassurance, such as asking frequent questions repeatedly; Appearing to tire quickly; Saying things such as, “I’m dumb”, “I’m stupid”
Difficulty concentrating, restlessness	Increase in aggression or self-injury, increased vocalizations and movements such as pacing, decreased attention span.
Thoughts of death	For individuals with mild to moderate IDD, there may be a pre-occupation with and frequent discussion of the death of self, family, friends, pets or even a focus on funerals Impulsive threats to harm self or unconventional attempts at suicide may occur including running in front of traffic or jumping from windows.

The column on the left outlines the symptoms of depression. The column to the right describes how the signs of depression might look different when working with someone with an IDD. Depression can increase the likelihood of aggression and self-injury for individuals with IDD. Additionally, due to cognitive and communication deficits, individuals with IDD who have more significant support needs are more likely to show depression through behavioral means, such as aggression and self-injury. Please take a few moments to read how these symptoms may be expressed in someone with an IDD. Additionally, this table can be found in the course resource section of the training.

Slide 28: Specific Mental Health Conditions: Depression Support Strategies

Suggestions for supporting someone with depression may include:

- Focus on one topic at a time and be patient. People with depression sometimes have difficulty concentrating, and going from one topic to another can be confusing and difficult to follow. Give the person time to process and respond.
- Plan positive and pleasant activities in advance. Schedule times to do things that are enjoyable to the individual. Plan to do the activity with the person and notify them in

advance about your plans. You should also be prepared to end activities sooner than planned if the person is tired. You should praise the person with depression for any level of participation in activities.

- Be creative in encouraging movement. Exercise and movement are known to be helpful when someone is depressed. You might turn on some music that you know the person enjoys and encourage her to dance with you. The DSW needs to be willing to participate and have fun as well. This is also something that should be encouraged on a regular basis even when the person is doing well.
- Use positive thinking and self-affirmation. The DSW can help the person identify positive attributes, and help them to say out loud the things that they like about themselves. It helps to remind the person that there are special qualities about himself that he and others appreciate. An example of a positive attribute is that someone is friendly and kind. The DSW can state, "I noticed that you are very friendly and helpful when others need it." Someone who is depressed will need frequent reminders of these positive qualities.

Slide 29: Specific Mental Health Conditions: Mania Overview

We will next move on to mania, which can be a part of bipolar disorder. Bipolar disorder is a combination of distinct periods of depression and mania. Mania means being in a state of over excitement or enthusiasm, without any real reason for being so. Severe mania might cause a person to act and feel out of control, to have confusion to the point of not being able to make a decision, or to display excessive physical activity and verbal behavior. What we might describe as mood swings and general irritability is likely **not** true bipolar disorder. As we have discussed and as you will see when we explore other mental health conditions, irritability is a sign of a number of different conditions. If someone has bipolar disorder and is experiencing a manic episode, we will see a cluster of other signs and symptoms that are outlined in the table that follows.

Slide 30: Specific Mental Health Conditions: Mania Symptoms

Core symptoms of Mania	Possible presentation in individuals with IDD (DM-ID)
Elevated mood	Playful, excited, more laughing and giggling, invading personal space.
Irritability/agitation	Increase in self-injury, pacing, possible aggression. Someone with IDD is more likely to experience irritability than elevate mood.
Inflated self-esteem "grandiosity"	Making claims that are likely untrue, exaggerating, reporting having mastered skills which are not feasible for the person.
Decreased need for sleep	Sleeping less than 3-4 hours per night, or not sleeping at all for days at a time; disruption at bedtime or early in the morning. Changes in sleep patterns can occur over time or can occur almost immediately.
More talkative than	Increase in talking or singing, perhaps cursing and repetitive

usual	speech or asking repeated questions; if a person is nonverbal, they may become noisier, making loud sounds/screaming.
Increase in goal directed activity	Restlessness, aggression, not wanting to cooperate, increase in rituals.
Racing thoughts and distracted	Disorganized or disconnected thoughts and speech, quickly moving or fleeting ideas.
Hyper-sexuality	Increase in masturbation, increase in touching and hugging, pre-occupation with sexual activity. Take into consideration the usual behavior when assessing changes in sexual behavior/activity or preoccupation.

The column on the left outlines the symptoms of mania. The column to the right describes how the signs of mania might look different when working with someone with IDD. Please take a few moments to read how these symptoms may be expressed in someone with an IDD. Additionally, this table can be found in the course resource section of the training.

Slide 31: Specific Mental Health Conditions: Mania Summary

For individuals who have limited ability to let others know what they are thinking and feeling, during periods of mood disturbances they may seem more irritable. For individuals who are non-verbal, inflated self-esteem may be difficult to assess. In this case, more attention and focus needs to be paid to **changes in sleep, eating patterns and overall activity levels**. Again, for non-verbal individuals, instead of being overly talkative, what you may see instead is an increase in attempts to interact with others such as interfering with another person’s personal space, holding your hand and pulling you to an activity or task. When we’re supporting someone with IDD who is experiencing mania, we have to take into account their developmental stage and what they understand as being realistic for them. For example, you may hear the individual say, “I want to go China today.” Another example of grandiosity for individuals with IDD may be acting as if they are staff or refusal to take medication because they “don’t need it.” In situations such as this, the DSW must be very observant and identify slight changes in behavior as part of a mental health condition.

Slide 32: Specific Mental Health Conditions: Mania Support Strategies (Slide 1 of 2)

Individuals with an IDD who are also experiencing mania can benefit from the following supports:

- A reduction in stimulation - for example limit the number of people, noise and activities in order to create a calm environment.
- Have brief conversations with the person as longer conversations can be confusing and difficult for a person with mania to follow.
- Encourage sleep and monitor this closely. Changes in sleep patterns are a strong indicator of mania. If the DSW notices changes in sleep, it should be reported immediately.
- Do not get caught up in the individual’s unrealistic expectations and do not try to convince the person that they are being unrealistic. Rather, use what we call

“grounding” strategies, which simply means that we will help the person stay present and in reality. The DSW can engage the person about real-life things such as what he had for breakfast, the activities he will do later in the day or the weather. You could ask what is for dinner or how the individual will spend the evening.

Slide 33: Specific Mental Health Conditions: Mania Support Strategies (Slide 2 of 2)

- Recognize the emotion, not the fantasy or grandiosity. Arguing or trying to convince someone with mania that their thinking is unrealistic is stressful to the person and will not be helpful to you either. The DSW might instead say, “I notice that you seem upset (or any emotion can fit here—angry, worried, anxious, frustrated). Let’s talk about how I can help you feel better.” You might offer pictures of two or three (don’t offer too many choices because it can be overwhelming!) things that might help the person feel better such as shooting hoops or going for a walk.

Slides 34, 35 and 36: Application Exercise

Slide 37: Specific Mental Health Conditions: Anxiety Disorders (Slide 1 of 4)

Next, we will talk about anxiety disorders. These tend to occur with high frequency for people with IDD. It is the most likely mental health condition for this population. About twenty five percent of all individuals with IDD have some level of anxiety throughout their lives. This is higher than the general population, which is estimated at about eighteen percent. It is also likely that anxiety disorders are underdiagnosed in the IDD population since accurate diagnosis requires the ability to clearly report worry. This can be challenging for individuals with IDD as worry and general anxiety are abstract concepts.

Slide 38: Specific Mental Health Conditions: Anxiety Disorders (Slide 2 of 4)

Anxiety occurs across a spectrum and can go from general stress and worry, to anxiety and nervousness, and then to panic. There are a number of different ways that someone might describe anxiety. Let’s review a list of terms that you might see used to describe anxiety.

Nervous	Scared	Worried
Panicked	Apprehensive	Shook up
Concerned	Afraid	In a tizzy
Worried sick	Restless	Stressed

From this list, you can see that there are many different ways to describe anxiety and you can also see why accurate descriptions of anxiety could be difficult for individuals with an IDD to identify. At times, especially under extreme stress, anxiety can be difficult to identify for individuals with typical IQ’s. Since individuals with more severe levels of IDD may have more limited communication skills and lower ability to cope, it is likely that high levels of anxiety can result in aggression and self-injury.

Slide 39: Specific Mental Health Conditions: Anxiety Disorders (Slide 3 of 4)

Individuals with an IDD are at such high risk of anxiety because of the frequency of transitions they experience. This may include changes in housing, staff and other day-to-day transitions. While these may not cause stress for a person of typical development, they can be very challenging for individuals with an IDD. Other factors that make individuals with an IDD vulnerable to anxiety include an overall lack of personal control in their lives, an increased risk of abuse, neglect, trauma, and stress in social environments (i.e. isolation, bullying).

Slide 40: Specific Mental Health Conditions: Anxiety Disorders (Slide 3 of 4)

Some other signs of anxiety that can occur for an individual with IDD include: an increase in self-soothing or self-stimulating behaviors such as rocking, eating or bathing; a need to be close to a trusted person (“clingy”); difficulty concentrating; and repeatedly asking clarifying questions. For individuals with more significant support needs, who may also be non-verbal, it is important to observe changes in body presentation such as difficulty sitting still, sweating, or being red faced. Close observation is needed in these situations since the individual may be unable to articulate how he or she is feeling.

Slide 41: Application Exercise**Slide 42: Specific Mental Health Conditions: Anxiety Disorders Support Strategies Overview**

Strategies to support individuals with an IDD who are also experiencing anxiety may include:

- Reduction of anxiety or stress in the environment. For this, it is necessary for the DSW to help the person create a peaceful, calm environment and also provide opportunities for the person to do things that are enjoyable. What this looks like will vary from person to person, but some examples might include using calming, quiet music, dimming the lights, going outside for fresh air, or even just reducing the amount of visual stimuli (turning off the television, removing clutter, etc.).
- Minimize any unneeded change and plan ahead if a change to a routine is expected. For example, if you and the person you support typically go to play basketball on Tuesdays but you know that the weather on Tuesday is going to be poor, the best approach when supporting someone who is prone to anxiety is not to wait until it is time to play basketball to make other arrangements. Rather, you could let them know the day before that it is likely to rain. You could even show the person the weather report. You can then both come up with alternatives to your usual plan. If the person you support understands best through the use of a calendar, then you can write the new activity on the calendar. Strategically managing the environment to reduce overall anxiety and stress is a key strategy to supporting someone with an IDD who is anxious.

Slide 43: Specific Mental Health Conditions: Anxiety Disorders Support Strategies (Slide 1 of 2)

Some strategies that can be useful to DSWs & supported individuals with an IDD and anxiety include:

- Have empathy for the people you are supporting. “Listen” to what the person’s behavior is telling you. Pay attention to verbal and non-verbal cues including what the person actually says, body language, posture, facial expressions and whether the person makes eye contact.
- Use consistent approaches among DSWs. Communicate with co-workers about what works and what doesn’t. Be open to learning from each other and sharing observations and ideas.
- **Prevention is vital to supporting mental wellness** in the people you support that have co-occurring conditions! Pay close attention to early warning signs of a mental health issue and ask for support from your co-workers when needed. Early warning signs may be different for all people. What is key for the DSW is to recognize changes in the person’s everyday behavior and appearance that indicate that the individual may need extra support. Additional ways to help support someone towards mental wellness may include:
 - Encourage healthy habits such as diet, exercise and sleep.
 - Relaxation strategies such as deep breathing and journaling can be used daily. When used preventatively, overall stress can be reduced.
 - Use praise and positive ways of engaging the person to help them feel good about themselves

Slide 44: Specific Mental Health Conditions: Anxiety Disorders Support Strategies (Slide 2 of 2)

- Let the individual have control over their own life; give them the freedom to make real choices. These decision making opportunities should be meaningful to the extent possible.
- Schedule activities that the person enjoys. These activities should be available to people at all times and should not be contingent on behavior.
- **Relationships are key.** It is important that the DSW gets to know the person he/she is supporting. Make a point in spending time with the person doing things he/she enjoys. Through your relationship you can support the person to identify their inherent strengths to learn about themselves and to develop a positive sense of identity along with fostering creativity and imagination.

Slide 45: Specific Mental Health Conditions: Relationships

You might be wondering how we can use all of the strategies and still maintain boundaries. You can be genuine (who you are) and still keep the focus on the person you are supporting. Remember having genuine relationships is key to helping a person with a co-occurring condition achieve mental wellness. However, it is important to recognize that your role in the relationship is inherently one of unequal power. It is often easy to fall into patterns of “telling people what to do, when to do it, how to do it, and where to do something.” In order to support a person with co-occurring disorders achieve mental wellness, it is essential that you build trust. This comes from showing dignity and respect to the person, ensuring safety, providing opportunities for learning and growth, supporting them in making choices for

themselves, and being clear and consistent regardless of the emotion involved or situation at hand. Consistency in the relationship between the DSW and the individual provides an opportunity to model what a relationship should look like between the person and others. Consistency in relationship boundaries will also decrease the individual's anxiety because he or she always knows what to expect.

Slide 46: Co-occurring Disorders: Summary

The key take away points from this module are:

- Individuals with IDD are much more likely to have a mental health condition than the general population; even though they are less likely to be diagnosed.
- The most common mental health conditions for people with IDD are mood disorders- depression and bi-polar (mania) and anxiety disorders, as well as trauma; although people with IDD can and do experience any mental health condition.
- Mental health conditions present differently in everyone. Close observation on the part of the DSW is very valuable.
- Changes in overall mental health can increase the likelihood that someone with IDD will act in a way that could cause harm to self or others.
- Understanding the bio, psycho, and social factors that make up a person will greatly increase your ability to support the person effectively and improve chances for a positive outcome.
- There are many positive, strength-focused approaches that can be used with individuals with IDD who have challenging behavior, no matter the diagnosis.
- And last, even when situations are challenging, approach them with a positive attitude and with empathy and understanding towards the individual you are supporting. These things considered, you are more likely to be successful.