

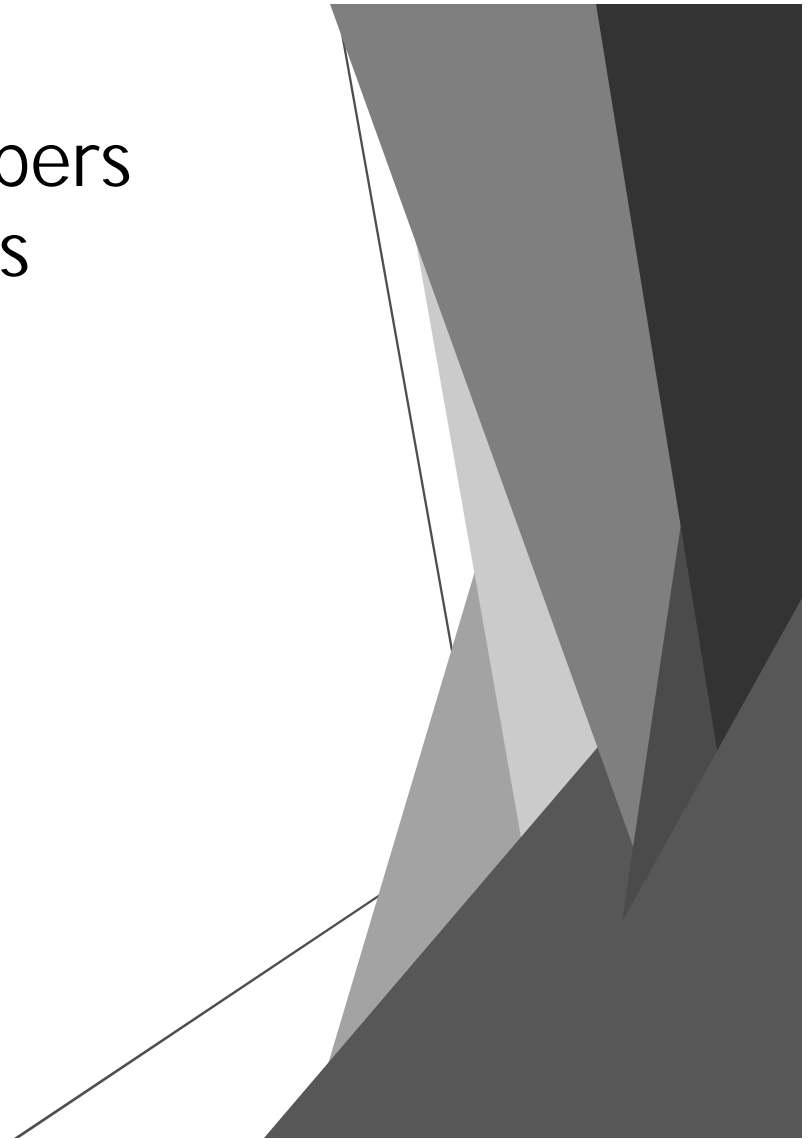
Group Work With IDD Members With Co-occurring Issues

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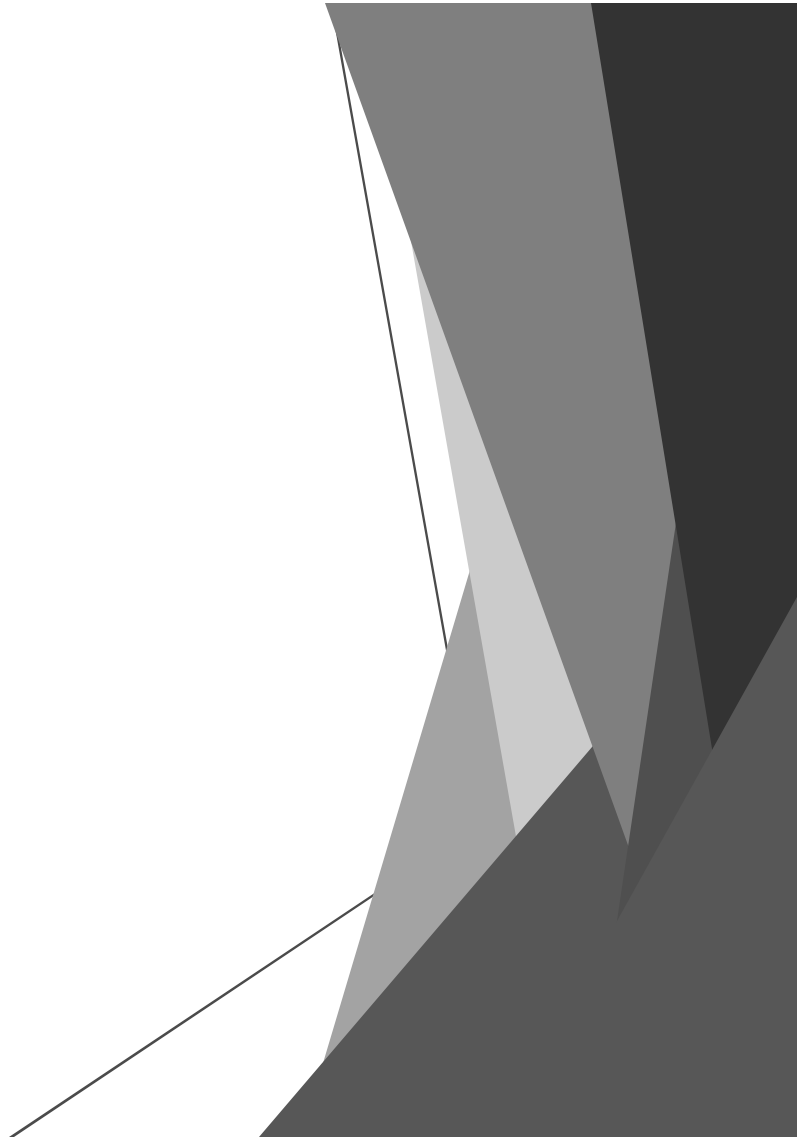
Group Work With IDD Members With Co-occurring Issues

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Thinking Outside the “Group Box”

- ▶ Group with IDD members is a lot the same: Group rules, the group process and teaching skills.
- ▶ However, there is a lot that is different: Dialogue, attention span, greater need for repetition, and emphasis on cause-and-effect.
- ▶ The lesson should be on a level that they can understand. Middle-school level has worked beautifully in “Life Skills.”
- ▶ When you are preparing, think: **SIMPLIFY** but don't be afraid to integrate the foundations of therapy into the session. i.e. DBT, CBT, etc.
- ▶ Facilitating group requires the therapist to accept the clients where they are “that day.” This may require a Plan B or C.
- ▶ Appeal to the child within to build rapport...



Radical Acceptance 101!

- ▶ Dealing with the diversity in group members has always been a challenge when facilitating group. Due to the differences between mild and moderate levels of IDD, this can be extremely challenging.
- ▶ Work with the challenges instead of trying to fix them. Radical acceptance is key. Meet the client where they are and work with their disability by including them in everything that you **can**. Improvise and don't make a big deal out of what they **can't** do.
- ▶ For example, you will have readers and non-readers. Adapt the exercises as much as you can, then enlist help from the group. Use the buddy system by asking a reader to buddy with a non-reader.
- ▶ Remember, this is a population that lives daily with limitations and seeming to be different. Empower them to achieve things they may never have been given the opportunity to try.

Going With the Flow

- ▶ So, you've got your session planned...
- ▶ It's important that the group therapist be sensitive to what IDD members need to talk about and be flexible enough to talk when they want to talk. (Within reason) Then...get back on subject.
- ▶ Be ready for their honesty...
- ▶ Sticking to a lesson plan may cause you to miss a golden opportunity to problem-solve or model a much needed life skill.
- ▶ Keep order and the flow of group going by re-directing a disruptive IDD member just like you would any other group member.
- ▶ Remember, progress for the IDD member with co-occurring issues will not look the same as it does for someone with a mental health diagnosis only.
- ▶ You may have to spend as much time addressing a behavior as simple as staying in their seat, saying "excuse me" or being respectful to each other as you do addressing the mental health issues.

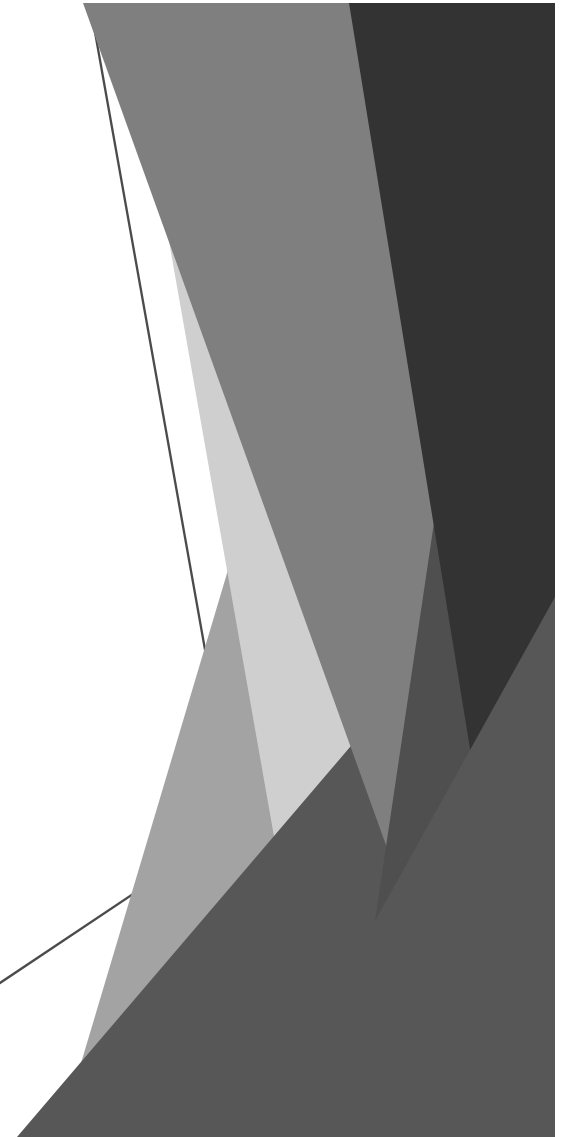
Using the Power of Listening

- ▶ The skill of being a good listener is paramount for a therapist but this is exponentially true when working with IDD group members.
- ▶ Intellectual disabilities often keep these clients in the developmental stage where the reasoning center of the brain is not fully developed.
- ▶ They demonstrate immaturity much like a child or adolescent unable to fully express their feelings. Typically, children act out when they can't explain what is wrong.
- ▶ Knowing this, the therapist is faced with the challenge of creating an atmosphere conducive for the IDD member to express themselves. It may be a garbled verbalization full of emotion, rambling, and stuttering before the "real deal" comes out. Be present in their moment, act interested, ask for clarification but make sure you **LISTEN.**
- ▶ Remember, their world is filled with staff and people who often tell them what to do more than they may have time to listen. Your group hour should belong to them!

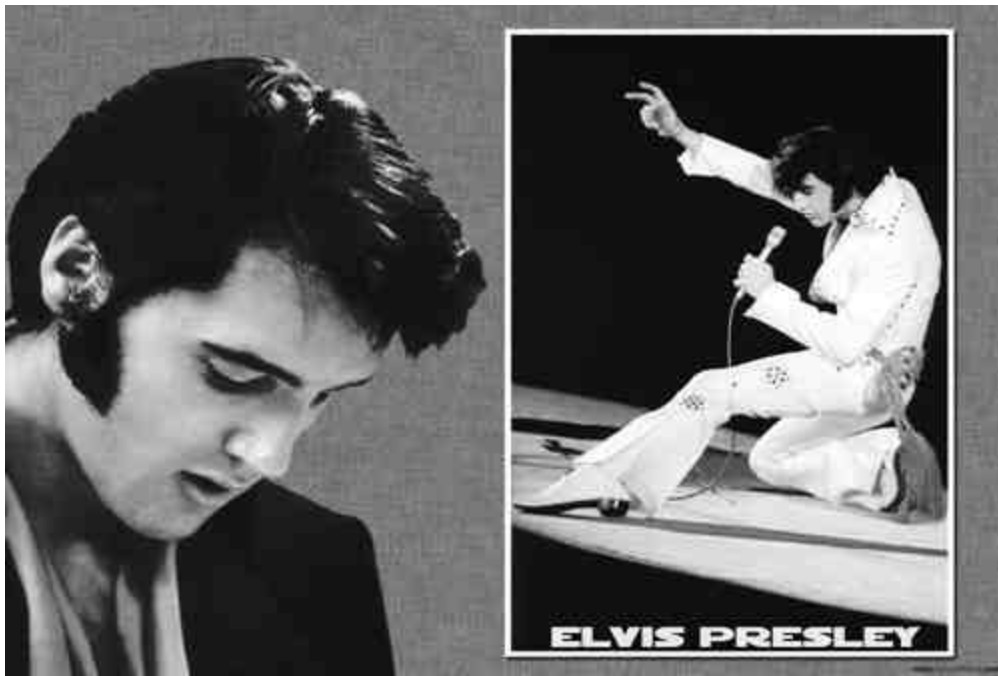
Making Sure You Include Fun!

- ▶ Developmentally, many IDD group members are emotionally immature. Their daily living skills are not fully developed and their attention span is limited.
- ▶ Including fun is a must. Include play into your session from time to time. Blow bubbles, color, make a soul collage, dance, put together a puzzle, etc.
- ▶ Remember, even adults suffering from various mental health disorders benefit from including pleasurable activities into their day. Balance in a person's life is strongly recommended and this applies to the IDD population as well. Balance "Have to's" with "Want to's." IDD clients want to have fun.
- ▶ Be open to their humor. Laugh with them...

Courage



Thank you, thank you very much!



Daily Living Activities(DLA):DD/MR DLA-20 Scores Converted to GAF Equivalent

Initial Scores

- ▶ Client: Intellectual Disability Level
- ▶ #1- 35.0 Mild
- ▶ #2- 54.0 Mild
- ▶ #3- 38.0 Mild
- ▶ #4- 40.5 Mild
- ▶ #5- 51.0 Moderate
- ▶ #6- 40.5 Moderate
- ▶ #7- 41.0 Moderate
- ▶ #8- 36.5 Severe

1 Year later

- ▶ Client: Change Score:
- ▶ #1- 42.0 7.0
- ▶ #2- 59.0 5.0
- ▶ #3- 47.5 9.5
- ▶ #4- 48.5 8.0
- ▶ #5- 57.5 6.5
- ▶ #6- 48.5 8.0
- ▶ #7- 47.5 6.5
- ▶ #8- 38.5 2.0

Words from them:

I asked the group to make a poster with me to encourage others to “Fall for group.” Here’s what they said group had done for them:

- ▶ Class calms me down.
- ▶ Helps my anger and my attitude.
- ▶ Teaches me things.
- ▶ I’ve learned to care about others.
- ▶ Helps me cope with difficult things in life.
- ▶ I think before I speak now.
- ▶ Reminds me to not talk back.
- ▶ Helps me to not be anxious when we go places.
- ▶ Decreases my depression by talking to people.
- ▶ I’m not alone. Others have problems too.
- ▶ Decreases my stress.
- ▶ Group is a blessing.
- ▶ Helps me solve problems.
- ▶ Helps me work as a team.

A Word From Support:

Feedback regarding the benefit of group versus individual therapy:

- ▶ Individual therapy did not improve the mental state or behaviors of my clients. It seemed to continue the constant cycle of reliving their past and kept them from moving on into their future and becoming more independent. It also impaired their ability to problem solve on their own or learn coping skills with their peers apart from constant supervision during difficult times in their daily lives and work environment.
- ▶ I recommend group for the IDD population because it is a more positive way for them to express themselves as well as learn ways to improve their life and their future. It helps them to let go of issues from their past and move on, focusing their attention on more positive outlets for issues they have in their daily lives.
- ▶ I have done this work for many years. I only wish that this type of group therapy had been available many years ago. I have seen significant improvement in each client that has been a part of this group as opposed to individual therapy that focused on their past. The group has given them a resource to learn life skills, improve their daily lives and help them to be better integrated into society. I hope this type of therapy can benefit others in this field.

Client Change:

These are quotes from staff regarding the changes they have noticed:

Client #1 has mild IDD, suffers from PTSD and anxiety.

- ▶ This client has poor relationships with his family who take advantage of him financially and emotionally. He has a difficult time maintaining his home and health due to his upbringing and his child-like mentality. He tends to play video games, play on his laptop or talk on his cell phone as opposed to completing his daily goals. He becomes very anxious and gets hysterical when things happen and tries to get someone to “fix it” for him. He has difficulty maintaining relationships because of anxiety and hyperactivity. He has to be directed constantly to stay focused, eat properly, clean his apartment and cook and store food properly. Life Skills has helped by addressing health and hygiene issues in group as well as teaching him problem-solving skills. He enjoys being with others so attending group is not a problem for him. His anxiety has improved and his dramatic behavior has decreased since he has been learning coping skills in group. He discusses the group sessions and repeats things Debra has taught him that has helped him.

Client #2 has Mild IDD and Bipolar disorder.

- ▶ This client was adopted and raised in a family that fostered children with disabilities for many years. The family set high expectations for him creating an atmosphere of severe anxiety. When his anxiety gets high, he throws things, yells, stomps his feet, slam doors and can become aggressive if he feels someone is upset with him. He has a difficult time relating to others because he is fearful of doing something wrong to upset them. He tends to get upset when he feels challenged by a difficult request. He becomes extremely anxious when he knows he is going somewhere for fear of being late or not having the time to get ready. This has been especially noticeable prior to going home for the holidays. He talks constantly about the group session after attending and looks forward to the next session. His behaviors have decreased since he has been attending group. He has learned better coping skills, how to relate to others and the importance of health and safety. His episodes of behavior have gone from 4-5 a year down to 1-2 a year. This is significant for him. It has improved his relationships with staff, his peers and especially his family. In the past, he has had to come back early from holiday visits due to his anxiety but this past Christmas, the family asked for him to stay longer.

Client #3 has mild IDD, mild depression and PTSD caused by the abuse she suffered under the care of her parents through her teen years.

- ▶ This client has focused on the past and used these issues to keep her from moving forward. When a therapist confronted her about her past, she would shut down and refuse to go back to therapy. She was apprehensive about attending group because she didn't want anyone to hear about her problems. However, during group therapy, she has improved by focusing on the Life Skills being taught and has rarely brought up her past over the last year compared to bringing it up daily in her conversations. She thinks less about her past and has better social interactions with peers and staff. Before, she would have tantrums when asked to complete her chores and state, "You just don't know what I've been through." She had poor social skills and issues with authority, arguing with anyone who told her what to do. Since she has attended Life Skills, we have actually been able to have conversations with her without the tantrums. She is also less argumentative and judgmental toward others.

Client #4 is a Thomas S client who is diagnosed with Mild IDD, Generalized Anxiety Disorder, and Dysthymia.

- ▶ This client was apprehensive about being in group at first because she gets aggravated by being in a group setting for long periods of time. She has always been unable to sit through a planning meeting without becoming anxious and having a flight response. She was not very vocal or social with others and would prefer to be alone. During her time in the Life Skills group her anxiety and apprehensive behaviors have subsided and she actually enjoys being in group and is very fond of Debra. When she gets in the van after group, she is very talkative about the session and very excited about the next visit in a couple of weeks. She has become more vocal about her wants, needs and desires. She is more outspoken about where she likes to go, what she wants to do, and her overall moods have improved greatly. She also does better in groups with less anxiety. This client has been prone to cycle 6-7 times a year becoming anxious and aggravated easily. Attending Life Skills has significantly reduced these cycles to 3 times a year. The coping skills she has learned in group has improved her anxiety dramatically.

Client #5

Diagnosed with Moderate IDD, Downs Syndrome and Bipolar Disorder.

- ▶ This client had very little time in the community prior to moving into the group home setting. He has struggled socially because of staying to himself in his room most of his life. He was so socially behind that it has been a difficult transition for him to be around people for long periods of time. A behavior plan was put in place for being disruptive, picking on others, destroying property and refusing to stay on task. He has had to be encouraged to come out of his room to watch a movie, go somewhere with the group or do his chores. Attending Life Skills has helped him become more verbal about his wants and needs, he participates well in group and has been acting more socially appropriate. He has learned to regard the feelings of others and listen to them when they are upset or have a disagreement with him. He is learning to cope better with situations that make him uncomfortable and learning how to fit into group. He tells staff about the group session when it is over and expresses a desire to return to group.

Client #6 has Moderate IDD, Mild Depression and suffers from a speech impediment.

- ▶ This client has had poor social skills, bullied others and has become physically aggressive if she doesn't get her way. She has been married in the past but the marriage ended in divorce because of physical aggression from both parties. She is always looking for a boyfriend but relationships create jealousy and physical aggression toward the male friend. She is demanding in all of her relationships at church or in the community by ordering them to take her out to eat, pick her up to go somewhere, calling them at inconvenient times during the day and night as well as asking them for money. Life skills has helped this client to improve her daily life by learning appropriate social interactions, coping skills, and anger management. She is in an overall better mood on a daily basis. She reports to staff that she participates and enjoys what she is learning in the group.

Client #7 has Mild IDD, Schizophrenia, and Bipolar Disorder.

- ▶ This client is pleasant most of the time, loves to laugh and spend time with others. However, there are times when she becomes anxious and agitated about living in a facility and wants to live close to her family. There is a history of alcohol and drug abuse in her family. She smokes and obsesses about having her cigarettes. She has a hard time understanding issues regarding her safety and well being and accepting that her family is not able to take care of her. She enjoys drawing, making jewelry and playing board games and cards with her peers. Coming to Life Skills has decreased her anxiety and agitation about wanting to move back with her family and becoming upset with staff over this. Life Skills has helped her concentrate on here and now and her future instead of the dysfunctional life she left behind many years ago. She enjoys the classes and talks about participating in group.

Client #8 has Severe IDD and Intermittent Explosive Disorder.

- ▶ This client is oppositional with others most of the time. He can be pleasant with those who are not with him all the time but very argumentative with his peers and the group home staff. He would prefer to live with his mother but due to her age and his aggression toward her, he can no longer live with her. He does not like to do chores and gets upset when asked to do anything. He expects the other clients to do everything and blames others for doing something to him or making him mad as his excuse for not completing his chores. He needs constant assistance to stay focused or complete a task. He is very childlike and attention-seeking even if it's negative attention. He does not concern himself with the feelings or emotions of others. Attending Life Skills has improved his behaviors but given his Severe IDD and mental challenges, his progress is not as significant as his peers. However, he thoroughly enjoys going to group and having the social contact. Going to group gives him positive thoughts for that day. He thinks highly of Debra and relates to her very well.

Client #9 is a new client in group. There is no data on her yet. She has Mild IDD, Generalized Anxiety Disorder and Moderate Depression.

- ▶ This client was abandoned by her mother and raised by a father who would not admit or get her help for her mental issues. He kept her out of school from Middle School on and she never graduated. She would have tantrums and scream at anyone who tried to help her or talk to her. Her father helped her get a job at 18 and she worked for nearly 23 years. After her father died, she lost her job causing major financial problems. With very little family support, she depended on people in the community and eventually had to be placed in a facility. She was very unhappy at first and it has taken several years for her to understand that she has to maintain her life because the community cannot pay her bills or buy her things. She has had numerous tantrums and argues with her peers and staff when she is anxious or unhappy. She gets anxious when plans are changed or can't do what she wants at that moment. Due to her anxiety and restlessness, she has started Life Skills and in just a few sessions, she has learned problem-solving skills to handle a situation properly and realized that she doesn't have to have a tantrum to get her needs met.

In closing...

- ▶ When working with IDD group members, you will be called on to be a teacher, a mom, warm and fuzzy, a kid and sometimes an actress. IDD clients often struggle to pick up on the subtle delivery of information or instruction. Therefore, a more animated and theatrical approach makes a bigger impact. Making a big deal out of their accomplishments or simply when they “get it” is very important to them. Clap for them, smile and beam with praise for them. Then, stand back and watch them grow!
- ▶ Remember, many IDD clients have endured a lot of hurt in their lifetime and continue to do so. They have been teased, shunned, and excluded. Some have even been victims of abuse. Many miss their families and long to see them. They need a therapist with heart and empathy for them. Trust me...you can't out-give them. They will teach you more about life and honesty than you can imagine.