

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
OFFICE OF THE MEDICAL DIRECTOR

4.18 PARAMETERS FOR ASSESSMENT AND TREATMENT OF INDIVIDUALS
WITH CO-OCCURRING DEVELOPMENTAL DISABILITIES (CDD) WITHIN SPECIALTY
MENTAL HEALTH PROGRAMS

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I. INTRODUCTION

The State of California Department of Developmental Services (DDS) states that developmental disabilities “include intellectual disability, cerebral palsy, epilepsy, autism and related conditions. Services are provided through state-operated developmental centers and community facilities, and contracts with 21 non-profit regional centers. Reference 1.

These disabilities typically have a high rate of co-occurring mental health issues, some of which require specialty mental health services. For example, according to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, the prevalence of mental disorders in people with intellectual disabilities is three to four times higher than individuals in the general population. In addition many individuals with co-occurring Autism Spectrum Disorder (ASD) will meet the diagnostic criteria for psychiatric disorders. For example, 70% of youth with ASD meet criteria for at least one psychiatric disorder, and 40 % meet criteria for two or more disorders. Reference 2, 3.

The Diagnostic Manual – Intellectual Disability (DM-ID 2) provides clinical guidelines and adaptations of mental health disorder diagnostic criteria for persons with intellectual disabilities. ICD-10 may further inform descriptive and diagnostic practices. Reference 4, 5.

Mental health services for individuals with co-occurring developmental disabilities can effectively treat these individuals’ mental health problems and also help them develop and sustain healthy meaningful relationships and achieve their personal goals. In order to achieve this outcome, mental health services should be sufficiently funded to appropriately assess and treat individuals with developmental disabilities.

II. GENERAL DESCRIPTION OF DEVELOPMENTAL DISABILITIES

- A. Autism Spectrum Disorder (ASD) is a pervasive neurodevelopmental disorder characterized by impairments in social communication and restricted, repetitive patterns of behavior, interests or activities (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition). The concept of “spectrum” relates to ASD symptom severity, with such symptoms’ expression ranging from mild to severe, and to some extent with intra-individual variability over time and in different contexts.
- B. Intellectual Disability (formerly referred to as “Mental Retardation”) is defined as impairments of general mental abilities that impact adaptive functioning in the cognitive, social and practical domains. These domains determine how well an individual copes with everyday tasks.

- C. Cerebral Palsy is an umbrella term that refers to a group of motor disorders affecting a person's ability to move. It results from damage to the developing brain either during pregnancy or shortly after birth. It can affect body movement, muscle control, muscle coordination, muscle tone, reflex, posture and balance. Those with cerebral palsy also may have visual, learning, hearing, speech, intellectual impairments, epilepsy, as well as significant emotional disturbance.
- D. Epilepsy is a central nervous system disorder (neurological disorder) in which nerve cell activity in the brain becomes disrupted, causing seizures or periods of unusual behavior, and/or sensations and variable loss of consciousness and is associated with a wide range of significant emotional disturbance.
- E. Other developmental disabilities have a range of signs and symptoms similar to, but not identical with, any of the referenced categories above and are associated with a wide range of emotional disturbances. Reference 6.

II. GENERAL PARAMETERS

- A. The presence of a developmental disability should never be the sole exclusion criterion for treatment of a co-occurring mental disorder that meets "medical necessity" criteria for treatment in specialty mental health systems.
- B. The presence of mental health signs and symptoms should be attributed solely to the presence of a developmental disability only after thorough assessment has ruled out the presence of other potentially contributory mental health disorders.

III. ASSESSMENT

- A. Department of Mental Health (DMH) clinical staff (Staff) should request and review available records from Regional Centers and other health, mental health and other systems that provide services to individuals with a developmental disability. Any relevant issues that are contained in the records should be addressed. Special attention should be given to standardized tests of intelligence and adaptive functioning.
- B. If a client with a developmental disorder meets the criteria for specialty mental health services, the "primary diagnosis" for the specialty mental health program is the mental health diagnosis that those services are designed to address, or from which they remove treatment barriers.
- C. Staff should assess the strengths of clients with a developmental disability, and also should identify challenges, barriers and needs associated with achieving identified clinical goals.
- D. Staff should assess the abilities of family members and caregivers to meet the needs of clients with a developmental disability, and also assess for the presence of stressors related to caring for individual(s) with a developmental disability.

IV. TREATMENT PLANNING AND DELIVERY

- A. Treatment plans should include those mental health resources and treatments that can address and improve functioning in individuals with a developmental disability.
- B. Treatment planning should address challenges to accessing mental health services related to a developmental disability and should include strategies for overcoming those challenges.
- C. Treatment planning should address accessing the full array of community services and resources that promote optimal functioning of individuals with a developmental disability. Clinical staff should know how to effectively access Regional Center services, as well as services from health and educational providers.
- D. Mental health treatment delivery should promote effective collaboration and coordination with systems providing services to individuals with a developmental disability.
- E. Treatment planning should address any self-injurious, destructive, aggressive and/or disruptive behaviors.
- F. Psychotropic medication should be prescribed judiciously and not be used solely for long term behavioral control. Close monitoring of individuals for potential adverse effects should be carefully documented, including those that stem from the pathophysiology of the co-occurring developmental disability. The use of polypharmacy should be avoided when possible.
- G. If the developmental disability is secondary to an underlying medical condition that requires medication, psychotropic medications only should be prescribed after the client's underlying physiological condition(s) are assessed and addressed to determine if potential drug interactions or adverse effects are related to those conditions.
- H. Family members, caregivers and significant others should be included in the individual's treatment if the client so desires. Consideration should be given to these individuals' ability to support and participate in implementing the treatment plan.
- I. General health issues associated with a developmental disability should be addressed in collaboration with other healthcare providers and caregivers (if indicated). These health issues include, but are not limited to, smoking, poor diet and insufficient exercise, sexually transmitted diseases, and traumatic injuries.
- J. Treatment planning and delivery should address and monitor for the presence of the forms of exploitation to which individuals with a developmental disability can be vulnerable. Assessment should include direct discussion with both the client and caregivers if such exploitation is suspected.

V. TRAINING

- A. Staff should know the mental disorders commonly associated with developmental disabilities be able to identify and understand the ways mental disorders can present in persons with developmental disabilities, and seek consultation in order to adapt assessment methods and treatment interventions, such as evidence-based practices, to an individual's cognitive skills and adaptive functioning.
- B. Staff should have a comprehensive knowledge of the manner in which the developmental disability and associated underlying conditions affect the response of individuals to psychotropic medications, and should understand the risk and benefits of using psychotropic medications in individuals with developmental disabilities.
- C. Staff should be aware that adaptations from typical practice may be necessary to assess and treat clients with developmental disabilities. For example, clients may need more than one intake session in order to gather appropriate information; it may be beneficial to have family members present in the session to provide additional context to assist with understanding as well as historians for past medications and responses to medications. For additional assistance, see reference 3.
- D. Staff working with clients with a developmental disability should be aware of community resources that can assist in addressing developmental disabilities-related symptoms and know how to effectively access these resources.
- E. As with the general population, individuals with developmental disabilities can experience co-occurring substance abuse problems. The presence of substance abuse should be assessed for and resources be identified.

VI. REFERENCES

1. <http://www.dds.ca.gov/DDSHome Page.cfm> January 30, 2017
2. Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Publishing, 5th edition
3. [Spotlight on Disability Newsletter, September 2016, American Psychological Association](#)
4. Diagnostic Manual – Intellectual Disabilities (DM-ID-2) 2016: A textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability. NADD Press
5. ICD10
6. [Welfare and Institutions Code, Section 4512](#)