ID Mental Health Therapy Guidelines

Treating Adults with Intellectual Disability (ID) and Mental Health Conditions

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Introduction

These practice guidelines are the result of a 5-year research process, which included an organized review of research articles published in scientific journals:

- research on the results of therapy for adults with intellectual disability (ID);
- research on the types of therapy practices that work for adults with ID.

The research process also involved focus group studies that interviewed:

- adults with ID who had experience with the mental health service system;
- therapists who had experience providing therapy to adults with ID.

Importantly, adults with lived intellectual disability and mental health experience supported this process as research team members and as research participants.

Adults with ID are at high-risk for mental health conditions. They may experience challenges in getting good mental health care.

Training can help therapists treat clients with ID. This guide provides a number of important things that therapists should plan to use in their professional practice.

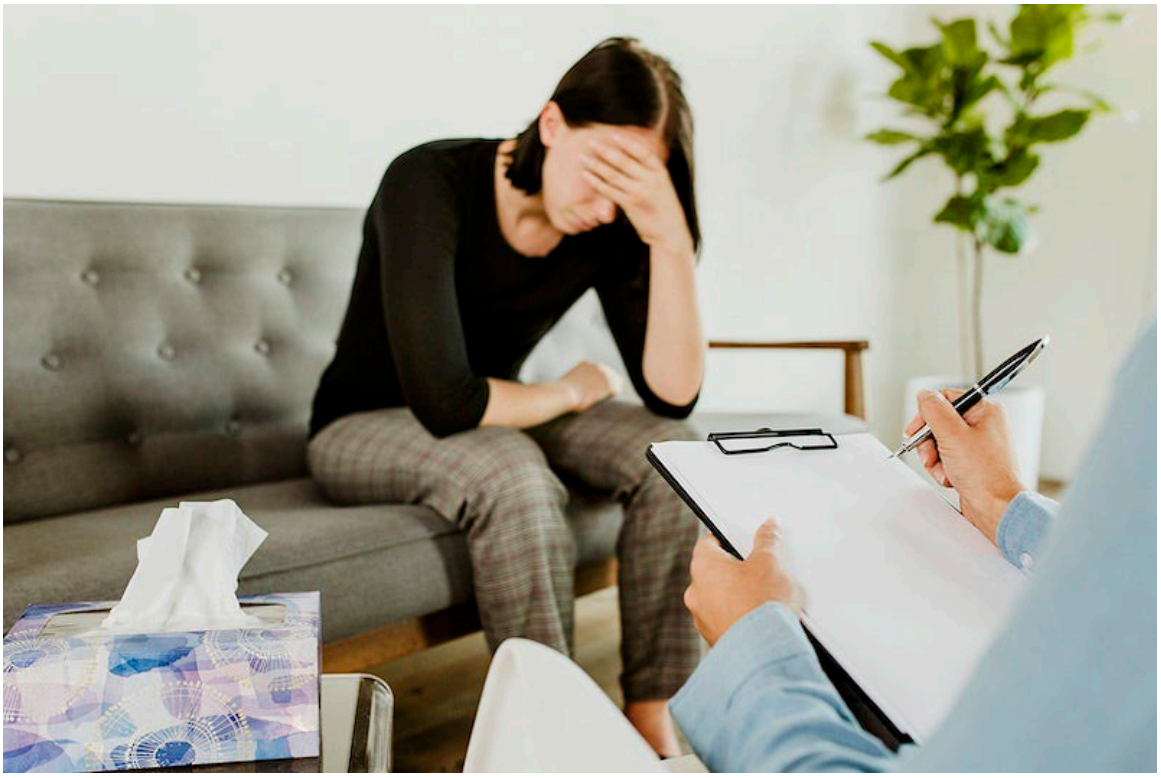
Fair Treatment

- Follow the Golden Rule – treat others as you would like to be treated yourself
- Give clients with intellectual disability (ID) the same respect as other clients
- Know that most adults with ID can manage their own life with support
- Ask the client if it is okay or not to talk about their therapy with a guardian
- Always think about the client's preferences & keep their best interest in mind
- Choose appropriate materials for language, learning, thinking, and age

- Be aware of what you think about other people and how you treat them
  - Do not discriminate or judge others before you get to know them
  - Do not guess what a person can or cannot do
  - Do not treat individuals poorly or unfairly
- Respect others for who they are and what they can do

Trauma-Informed Care

- Adults with intellectual disability have an increased risk of trauma
- Teach that trauma is a bad experience from the past that can cause stress or sadness throughout life; and share common examples of trauma:
  - Being a victim of crime, abuse, neglect, discrimination, or mistreatment
  - Sudden changes in life (e.g., loss of family, support staff, or relationship)
  - Accident, illness, medical procedure, natural disaster, poverty, etc…



- Understand the client's history of trauma and how it may impact their life
  - Ask if anything bad has happened in the past that still causes stress
  - Ask about things that trigger sudden feelings of sadness or worry
  - Ask how the client acts or behaves when they think about their trauma
- Share resources with the client's chosen support person to build a care team

Self-Advocacy and Self-Determination

- Empower the client to:
  - Lead and control their own therapy process;
  - Say whether or not they want to participate in therapy (consent/assent);
  - Make decisions about who is included and what is shared with them;
  - Share their preferences, interests, needs, strengths, and areas to improve;
  - Set, track, and complete personal goals that are important to them.

- Teach self-advocacy and self-determination as key therapy skills
- Use modeling and role-play to teach communication and goal-setting skills
- Always include the client in decisions, even if they have a legal guardian

For more information on self-determination: https://selfdetermination.ku.edu/

Accommodations and Supports

- Teach basic therapy skills with accommodations and supports, such as:
  - Clear, concrete communication, plain language, and real-life examples
  - Visual supports, including worksheets with images, tables, or charts
  - Practical, hands-on activities, such as modeling and role playing
  - Discussion prompts or questions to check for understanding

- Use technology to support teaching, learning, and practice (e.g., videos, apps)
- Know some individuals use assistive technology or communication devices
- Make digital information accessible to screen readers or text-to-speech
- Support persons or therapy partners can help with communication and practice, but the client needs to agree and choose who they want to include

Communication

- Ask and use language preferred by individuals (e.g., identity vs. person-first)
- Identify communication preferences and needs (e.g., large print, braille)
- Use clear communication and plain language in discussions and materials
- Use supports, like bolded lists, short sentences, and common words
- Know that ability and skill may be at different levels (e.g., someone who does not read may understand information that they hear and discuss with others)

- Be patient – give clients enough time to think and talk
- Ask one question at a time and pause to allow time to process information

Additional resources:

- Plain language: https://www.plainlanguage.gov/
- Inclusive language: https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines.pdf

Trust and Respect

- Set up a space where the client feels safe to talk with someone who cares
- Teach that meetings are private, unless they want a support person to help
- Ask the client to tell you the truth and believe what they say
- Listen and check what you hear to show the client that you value their story
- Ask about their interests to form bonds and build a good relationship

Review key terms from the American Psychological Association's dictionary:

- Active listening: https://dictionary.apa.org/active-listening
- Client-centered therapy: https://dictionary.apa.org/client-centered-therapy
- Intellectual disability: https://dictionary.apa.org/intellectual-disability
- Rapport (building good relationships): https://dictionary.apa.org/rapport

Self-Report

- Get information directly from the client throughout the therapy process:
  - Use tools and assessments made for adults with intellectual disability
  - Find out about the client's preferences, interests, needs, and strengths
  - Find out about their environment, living situation, and support system
  - Find out how they feel about therapy and what works or needs to change
- Get self-report information regularly to check on goals and inform updates

For more information on self-report tools and assessments:

- https://www.aaidd.org/publications/bookstore-home/assessment
- https://www.apa.org/pi/disability/resources/assessment-disabilities

Therapy Structure

- Always get consent or assent from the client to participate in therapy
- Understand why the client wants to participate in therapy
- Talk about the purpose of therapy and different types of therapy
- Set-up calm meeting spaces, and ask about the client's needs (e.g., low light)
- Allow more time to build trust, learn needs, teach skills, and review updates

- Be flexible with meeting time (e.g., shorter or longer time may be needed)
- Use accommodations and supports that meet the client's needs
- Ask the client if they want a support person to help them understand information, think about choices, and communicate their decisions

Support People

- Support people may help with therapy before, during, or after meetings:
  - They can help the client get ready and feel safe sharing their story;
  - They can help the client learn about treatments to help them feel better;
  - They can help the client practice skills learned during therapy at home;
  - They can help the client keep track of thoughts, feelings, and behaviors;
  - They can help the client and therapist communicate with each other.

- Always get permission from the client to include a support person or not
- Check with the client if it is okay to include a support person regularly
- Think carefully about when and how to include a support person
- Be sensitive to potential abuse from a support person
- Give the client power to choose who they want their support person to be

Therapist Quick Check:

- ☐ Did my client agree to participate in therapy, even if they have a legal guardian?
- ☐ Do I need help from a support person to communicate with my client?
- ☐ Did my client agree to include a support person and choose who they want?
- ☐ Do I know about my client's history of trauma and triggers that impact them?
- ☐ Did I set-up a safe, comfortable space to meet? Did I take time to build trust?
- ☐ Is my client in charge of their therapy? Are they making key decisions?
- ☐ Am I aware of my client's cultural background and preferred identities?
- ☐ Am I using accommodations and supports that meet my client's learning needs?
- ☐ Am I using clear communication and plain language to provide therapy?
- ☐ Am I using self-report tools made for adults with ID? Did I adapt an assessment?

For more information, resources, training, and certification: thenadd.org.

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NISONGER CENTER

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