



The Insider

Life Span Institute at Parsons

September, 2003

Pat White, Editor

Presentations

Campbell, M., Lindeman, D. P., & Goosen, M. (2003, July). *Focus on change: Improving environment for young children with disabilities*. Paper presented at Kansas State Department of Education 2003 Annual Leadership Conference for special Education: A new era of results, Wichita, KS.

Cress, P. (2003, July). *No child left behind includes everyone*. Presentation at the MidAmerica Technology Institute, Overland Park, KS.

Hardman, M., Lindeman, D. P., & Scheffler, M. (2003, July). *Working collaboratively with your state department of education to improve CSPD activities*. Conference call presentation for Mountain Plains Regional Resource Center.

Lindeman, D. P. (2003, July). *ECHO update: Change in process*. Presented at the Kansas State Department of Education Special Education Advisory Committee, Wichita, KS.

Lindeman, D. P. (2003, August). *Inclusion: I have a few questions, do you?* Presented at SEK-CAP 0-5 Head Start, Girard, KS.

Saunders, R. R., & Saunders, M. D. (2003, September). *Teaching communication skills*. A series of workshops presented to staff at the School for the Junior Blind in Los Angeles, CA.

Publications

Doughty, A. H., & Lattal, K. A. (2003). Response persistence under variable-time food schedules following immediate and unsignalled delayed reinforcement. *The Quarterly Journal of Experimental Psychology(B)*, 56(3), 267-277.

Murphy, K. M., Saunders, M. D., Saunders, R. R., & Olswang, L. B. (in press). Effects of ambient stimuli on measures of behavioral state and microswitch use in adults with profound multiple impairments. *Research in Developmental Disabilities*.

Rea, J. A., Williams, D., Saunders, K. J., Dixon, M., Wright, K., & Spradlin, J. E. (2003). Covert sensitization: A generalization analysis in the laboratory and natural environment through the use of a portable-penile plethysmograph. *Behavior Analyst Today*, 4, 190-198.

Project Highlight

Interview with Kathleen M. Olson, Ph.D. (Spotlight Dual Diagnosis)

by Brookes Publishing Company's Editor Mike Konowitz for The Preview: Disabilities Edition

Before the 1980s, many clinicians didn't recognize mental health problems in people with developmental disabilities, often attributing any behavioral or emotional disturbances to their disabilities. Thanks to more research and a greater understanding of dual diagnosis -- the co-occurrence of developmental disabilities and psychiatric disorders -- now we know that not only can children and adults with developmental disabilities experience psychiatric disorders, but they also

experience them at a much higher rate than the general population. Moreover, diagnosing mood disorders like depression and psychotic disorders like schizophrenia can be complicated by the presence of behaviors and symptoms that result from an individual's developmental disability.

Dr. Kathleen M. Olson, co-author of two new manuals and videos on dual diagnosis, has more than 25 years of experience working with individuals with disabilities and almost 20 years of experience in the dual diagnosis field. The videos, co-developed with Jessica A. Hellings, M.D., and Patricia A. Black, M.S., are the first installment in a series of educational materials that Dr. Olson is developing for direct support professionals and families of people with disabilities. The videos explain dual diagnosis, dispel myths about psychiatric disorders, and outline the signs and symptoms of mood and psychotic disorders so that teams can collaborate more effectively around issues of diagnosis, treatment, and support.

The Importance of Team Diagnosis

- o depressed mood
- o diminished interest
- o weight gain or loss
- o insomnia or hypersomnia (excessive sleep)
- o feelings of worthlessness or guilt
- o decreased ability to think or focus
- o thoughts of death

Dr. Olson further clarifies, "The symptoms cannot be due to a mixed episode [manic and depressive symptoms, which may indicate bipolar disorder] and cannot be due to substance use or medical condition or bereavement."

A team approach is key to recognizing these kinds of behavior changes. Dr. Olson says, "You need the perspective of someone who has known the individual through time. This way, he or she will be able to convey the changes that have occurred [in the individual with a disability]." Having more than one constant member of the team who knows about and works regularly with the individual can enable an accurate diagnosis. The team will also be able to provide doctors with a clearer understanding of the individual's symptoms. "If the individual being dually diagnosed has cognitive limitations, he or she might say what the professional wants to hear, and the doctors need to know what the target behaviors are."

After the Diagnosis

Medication is often a primary strategy for treating psychiatric disorders, but it is by no means a panacea. Some medication may take time to work or cause undesirable side effects, such as behavior problems. "A diagnosis and improvement will not occur over night," Dr. Olson points out. "Treatment with medication, in some cases, is a trial-and-error process. Each person will need continuing, varying support from family and doctors." This is why the team should develop a support plan for each individual undergoing psychiatric care.

The team also has a key role in helping individuals (primarily those with mood disorders) recoup their hope and pleasure. It is possible after diagnosis and treatment for individuals with dual diagnoses to regain the ability to enjoy the activities that once held their attention. The team -- family, friends, and doctors -- should collaborate so that as signs and symptoms of the individual's psychiatric disorder begin to diminish, caregivers can reintroduce those pleasurable activities.

Staff News

Dick and Muriel's student, John Smagner, graduated last month. He will be employed at the University of Chicago.