



Manifestations of Mental Disease and Disability in Adults

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Guardianship

Essential Elements:

- **Individual lacks capacity to make or communicate responsible decisions**
- **Due to mental disease or disability**
- **Least restrictive alternative**

Mental Disability

➤ Intellectual Disability (ID)

(formerly known as Mental Retardation)

- **Intellectual Deficits**
 - IQ ~ 70 or below ($\leq 2\%$)
- **Adaptive Deficits**
 - communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, safety
- **Onset during the developmental period**

Severity of Intellectual Disability

- **Mild**
 - **Moderate**
 - **Severe**
 - **Profound**
- **Severity now determined by degree of adaptive impairment, not IQ**

Presentation of Clients with ID

- **Slow Cognitively**
- **Concrete Thinking, Limited Reasoning Ability**
- **Agreeable, Childlike, Naïve**
- **Vulnerable to Exploitation**

- **You should:**
 - **Break down complex information**
 - **Check for comprehension**
 - **Tell me what I just explained?**
 - **Use multiple choice or Y/N format**

Some Causes of ID

- **Birth Defects**
 - **Genetic Syndromes**
 - e.g. Down Syndrome
 - **Fetal Alcohol Syndrome**
- **Labor & Delivery Events**
- **Childhood Diseases**
 - e.g. meningitis
- **Environmental Hazards and Deprivation**
 - e.g. lead paint

Mental Disease

- **Major Neurocognitive Disorder**
(Formerly known as Dementia)
- **Delirium**
- **Schizophrenia & related conditions**
- **Depression/Pseudodementia**
- **Bipolar Disorder**
- **Substance Abuse**

Normal Aging vs. Dementia

- **Can be difficult to distinguish**
- **Expect mental and physical decline**
- **Neuropsychological testing is gold standard**
- **Physicians as diagnosticians**
- **Family members as informants**

Diagnosis of Dementia

(Major Neurocognitive Disorder)

- **Significant decline from previous level of functioning in 1+ cognitive domain** (attention, executive functions, memory, language, perceptual-motor, social cognition)
 - Concern of an individual, and
 - Substantial impairment on neuropsychological testing ($\leq 2\%$)
- **Deficits interfere w/ independence in daily activities** (e.g. bill paying or medication management)

Some Types of Dementia

- **Alzheimer's Disease**
- **Vascular Dementia**
- **Mixed Dementia**
- **Frontotemporal Dementia**
- **Due to Head Injury, Other Medical Condition**
- **Alcohol Related Dementia**

Dementia of the Alzheimer's Type

- **Most prevalent type**
- **Progressive dementia**
- **Impaired memory, thinking and behavior**
- **Stages: Mild, Moderate, Severe**

Mild Alzheimer's Disease

- **Most difficult to distinguish from normal aging**
- **Difficulty forming new memories**
- **Repetitive questioning**
- **Difficulty with problem solving, complex tasks and sound judgment**
- **Changes in personality**
- **Difficulty organizing and expressing thoughts**
- **Getting lost and/or misplacing belongings**
- **Sundowning**

Moderate Alzheimer's Disease

- **Greater memory loss**
- **Increasingly poor judgment**
- **Deepening confusion**
- **Greater help needed with ADL's**
- **More significant changes in personality**
- **Behavior problems**

Severe Alzheimer's Disease

- **Loss of ability to communicate coherently**
- **Total assistance with ADL's**
- **Decline in physical abilities**

Vascular Dementia

- **Brain damage from impaired blood flow to brain**
- **Variable presentation due to location and severity of vascular accidents**
- **Can present well, may not appear demented**
- **Memory loss, confusion may be less prominent**
- **Look for problems with reasoning, judgment, planning**
- **Apathy**

Delirium (Acute Confusional State)

- **Acute onset**
- **Gross disorientation and confusion**
- **Awareness, attention fluctuate during the day**
- **Often see hallucinations, delusions**
- **Decline from baseline cognitively**
- **Can be misdiagnosed as dementia**
- **Dementia can underlie**
- **Organic cause**
- **Generally treatable and reversible**

Schizophrenia

- **Disorder of thought and perception**
- **Delusions, hallucinations, disorganized speech, disorganized behavior, negative symptoms (flat affect, lack of initiative)**
- **Lack of contact with reality – limits reasoning**
- **Can see cognitive decline over time**
- **Effectiveness of medication**
- **Schizoaffective Disorder**

Paranoid Schizophrenia

- **Not found in DSM-V**
- **Less disorganized speech and behavior, fewer negative symptoms**
- **Can present as higher functioning**
- **Preoccupation with paranoid delusions can be central organizing factor in person's life**
- **Delusional system may be tighter, more difficult to work with; can't persuade**

Clinical Depression

- **Mood Disorder – lasting 2+ weeks**
- **Can have hopelessness, despair, withdrawal, suicidal ideation, psychotic symptoms**
- **Can change perceptions, judgment, decision making**
- **Largely treatable condition; episodic**
- **Pseudodementia – effect on cognition can mimic dementia**

Bipolar Disorder

- **Episodes of mania and depression; can see long periods of unstable moods**
- **Different problems with responsible decision making in different mood states**
- **Poor judgment, reckless behavior, poor appraisal of future in mania**
- **Problems with diagnosis, medication compliance, lack of insight, psychosis**

Substance Abuse

- **Presentation varies with:**
 - **Type and number of substances used**
 - **Frequency and duration of use**
 - **Co-morbid psychiatric conditions**
 - **Extent to which life is organized around substances**
- **Issues of judgment**
- **Can have cognitive impairment due to prolonged substance use; improves with sobriety**

Enhancing Client Interactions

- **Approach with respect**
- **Don't be afraid to discuss client's limitations**
- **Be aware of client's psychiatric diagnoses**
- **Adjust communication based on:**
 - **Cognitive impairment**
 - **Difficulty attending**
 - **Psychotic interference**
 - **Extremes of mood**

Enhancing Client Interactions

- **Tailor communication to level of functioning:**
 - **Complexity of concepts**
 - **Word choice**
 - **Length of conversation**
- **Provide key information in writing**
- **Check for comprehension**
 - **Go beyond “Do you understand?”**
- **Limitations may/not affect decision-making**