

## PSYCHIATRIC AND BEHAVIORAL OVERLAY



## DEMOGRAPHICS

- 30-70% OF THE I/DD POPULATION HAS AN ADDED BEHAVIORAL OR PSYCHIATRIC DIAGNOSIS

## PSYCHIATRIC DIAGNOSES

- DEPRESSION
- SCHIZOPHRENIA
- MOOD DISORDERS
- ADHD
- SCHIZOAFFECTIVE DISORDER
- BORDERLINE PERSONALITY DISORDER

## MEDICATIONS PRESCRIBED AS TREATMENT

- ANTIPSYCHOTICS
- MOOD STABILIZERS
- ANTISEIZURE MEDICATIONS
- BENZODIAZEPINES
- ADHD MEDICATIONS
- ANTIDEPRESSANTS
- HYPNOTICS AND SEDATIVES

## SIDE EFFECTS....OH MY!!!



## SIDE EFFECTS

- CLIENTS LIKELY TO EXHIBIT
- LIKELY TO BE SEVERE
- LIKELY TO BE AT EVEN LOW DOSES
- MAY BE UNABLE TO COMMUNICATE THEM
- MAY INCREASE "UNDESIREABLE" BEHAVIOR
- MISUNDERSTOOD BY STAFF/LACK OF ADEQUATE TRAINING

## MEDICATION USAGE



## REASONS FOR MEDICATIONS

- CLIENT CERTAINLY MAY POSSESS TRUE DIAGNOSIS.....BUT, SOMETIMES.....
- LACK OF ADEQUATE TRAINING OF STAFF OF WHAT CONSTITUTES A BEHAVIOR HARMFUL TO THEMSELVES OR OTHERS IS THE REASON SEEN FOR MEDICATION ADDICTION

## PSYCHIATRIST

- WHO TAKES THEM TO APPOINTMENT MAY HAVE AN IMPACT ON TREATMENT
- INFO GIVEN TO THE PSYCHIATRIST
- NEED TO "CONTROL BEHAVIOR"
- LACK OF IDT COMMUNICATION AND NURSING INPUT

## OKAY, NOW WHAT DO WE DO?



## MOVE TO COMMUNITY

- CONTROL OF BEHAVIOR IS NECESSARY IN THE COMMUNITY
- PRIMARY REASON INDIVIDUALS MOVE BACK TO MORE RESTRICTED ENVIRONMENT IS BEHAVIORAL NOT MEDICAL REASONS

## QUESTIONS???

