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# Applying Developmental Perspective in the Psychiatric Assessment and Diagnosis in Persons with ID

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# Recent developments within psychiatry

- The validity and reliability of contemporary diagnostic systems are questionable.
- The traditional theoretical underpinning of psychiatric diagnostics is being challenged.

# Issues which deserve adequate attention within the psychiatry

- - Physiological and psychological dysfunctions as a background of psychiatric disorders
- - Personality structuring as an important factor in mental health and mental diseases processes
- - Pathogenic processes
- - Developmental perspective

# Basic problems of current diagnostics and teratment in persons with ID

- Problem of application of currenrt categorical diagnostic criteria (interpretation of symptoms).
- Lack of attention for onset mechanism (pathogenesis) of psychopathology
- Insufficient attention for personality devlopment and its role in onset and presentation of psychopathology
- Lack of insight in basic psychosocial needs and connected life problems of involved person.

# Developmental perspective in persons with ID

- In view of the wide range of developmental impairments in persons with ID, the developmental perspective should guide the diagnostic and treatment selection processes.

# Developmental psychiatric view

- Psychopathology is a consequence of harmful intrinsic and extrinsic stimuli, which, in turn, cause maladaptive behaviour and malfunctioning of the CNS (Sroufe & Rutter 1984; van Praag 1999).

- The level and the quality of personality development play an important role in the vulnerability of the person for harmful stimuli and in the presentation form of the psychopathology.

# Four Dimensions of Developmental Psychiatric Approach

- Biological dimension
- Psychological dimension
- Social dimension
- Developmental dimension

## Developmental disturbances and psychopathology;

# Problems of Attachment

- Biological factors: problems of maturation and connection between limbic and orbito-frontal systems of the right hemisphere during the first 3 years of life can cause difficulties in attachment development with dysregulation of arousal and affect, and a failure of stress regulation as a consequence (Schore 2001).

- Psychological and social factors: Physiological and psychological adaptation of the child depends on adequate stimulation from the surroundings. Disturbed mother-child 'affect-synchrony' leads to the problem of 'internal working models', which, in turn, may cause an insecure attachment.

- Developmental factors: Disturbance and stagnation of attachment development increases vulnerability, which may lead to the emotional level specific maladaptive behaviour and psychopathology (e.g. anxiety disorder, withdrawal, aggressive behaviour, depression, borderline).

# Case I: Carlo, 7y., mild ID

- Problem: hyperactivity, aggressivity, destructivivity, eating and sleeping problems.
- History: difficulties in attachment phase (hospitalisations of the child, mother's illness), behavioral problems from the age of 2, different psychiatric and pedagogical treatments from the age of 4 (dg.: ADHD, CD, MCDD; therapy: risperidon, pipamperon, methylphenidate, melatonin, atomoxetine)
- Assessment: Somatic: no relevant findings, Psychological: WPPSI-R: VIQ 85, PIQ 52; Neuropsychological: attention problems, poor impuls controle, visuo-spacial problems, poor visual memory
- Observation: cooperative in a well structured surroundings, positive by clear tasks, asks lot of attention, controle and acceptance from important others.

# Case I: The problems

- Attachment problems ?
- Functional problems ?
- Iatrogen problems ?
- Problem behaviour ?
- Psychiatric disorder ?

# Developmental perspective in persons with ID focuses on:

- Biological and physiological development
- Personality development
- Level of emotional development
- Basic emotional needs
- Interaction pattern with surroundings
- Onset mechanism of disorder

# The personality development is determined by:

- The level of cognitive development
- The level of social development
- The level of emotional development

- Emotional system is a major component of human personality structure ( Collins& Depue 1992, Gray 1973, Plutchik 1980, Zukerman 1983)
- Emotions are stage-salient and serve adaptive functions (Izard et al. 2006)

# Phasic view at the personality development: At each developmental phase a personality structure is being formed

| PHASE | | STRUCTURE |
|---|---|---|
| Adaptation phase (0-6 m.) | – | Psychophysiological homeostasis |
| Socialisation phase (6-18 m.) | – | Secure attachment |
| Individuation phase (18-36m.) | – | Objective self |
| Identification (3-7j.) | – | Impulsive ego |
| Reality awareness (7-12j.) | – | Moral ego |

# Basic emotional needs

- Phase 1: regulation of physiological needs, adequate sensoric input, structure in space, time and persons, stimulation of attachment behavior
- Phase 2: bodily contact, attachment person, social stimulation, handling of material objects
- Phase 3: certain distance in contact, confirmation of autonomy, reward of social behavior
- Phase 4: identification with important person, learning from the example, social acceptance
- Phase 5: ‘golden rules’ of social behavior, social reward, social competence

# Level of personality (emotional) development and behaviour

- At each stage of emotional development a new psycho-social adaptation (due to new emotional needs) is being made with a stage specific behavioural features.

- In unfavourable circumstances (e.g. unmet emotional needs or stress) maladaptive behaviours may occur with stage specific features.

- Sort and presentation of problem behaviour and psychiatric illness is linked with the level of emotional development.

# Assessment focuses on

- Biological aspects
- Developmental aspects: cognitive, emotional and social level, basic emotional needs, motivations and coping strategy.
- Psychological aspects: personality traits, adaptive and maladaptive behaviours, traumatic experiences, psychopathological conditions,
- Social aspects: interactions, milieu condition, unfavourable surrounding's events.

# Carlo: Important assessment findings

- Biological and physiological findings: EEG asymmetric, immature (r.>l.)
- Psychological findings: PIQ 85, VIQ 52, emotional level lower than 36 m. (2. and 3. phase)
- Neuropsychological assessment: visuo-spacial problems, poor visual memory, attention deficit, poor impuls control
- Psychiatric finding: disruptive behaviour
- Environmental factors: unfavorable circumstances in the primary milieu; unrecognized and unmet basic emotional needs.

# INTEGRATIVE DIAGNOSIS:

The goal of an Integrative Diagnosis is to explain the processes which have led to the psychopathology and to understand the presentation and the meaning of the disorder within given circumstances.

# Integrative diagnosis

- 1. Psychiatric diagnosis (DSM dg., Developmental psychiatric dg. Functional dg.)
- 2. Onset mechanism
- 3. Other bio-psycho-socio-developmental aspects: somatic and physiological features, personality characteristics, interaction aspects, environmental circumstances
- 4. Treatment strategy

# Carlo: Integrative diagnosis

- DSM IV: -
- Developental psychiatric dg.: Attachment disorder; problem (disruptive) behaviour
- Functional dg.: dysfunction of the right hemisphere.
- Onset mechanism: The problem behaviour has occurred on the basis of a disturbed attachment. The attachment disturbance has been probably caused, on the one hand, by functional problems of the right brain, and on the other hand by environmental and interaction difficulties.
- Other bio-psycho-social-developmental aspects
- Treatment strategy

# Importance of determination of the level of emotional development

- Knowledge of basic emotional needs
- Explanation of interaction patterns and onset mechanism of maladaptive behaviours.
- Understanding op psychopathology
- Appropriate planning of treatment

# Instruments for assessment of emotional development

- ITSEA (Infantil-Todler Social and Emotional Assessment; Carter & Briggs-Gowan 1999)
- VABS (Vinelad Adaptive Behavior Scale)
- FEAS; Functional Emotional Assessment Scale (Greenspan & DeGangi 1997)
- SAED; Schema for Appraisal of Emotional Development ; (Dosen 1990)

# Schema of Appraisal of Emotional Development (SAED) includes insight in:

- Processes involved in emotion activation
- Emotion expression
- Experiential components of emotions
- Relationship emotion – cognition
- Relationship emotion - behavior

# Ten aspects of emotional development

- 1. How the person deals with his own body
- 2. Interaction with caregiver
- 3. Interaction with peers
- 4. Handling of material objects
- 5. Affect differentiation
- 6. Verbal communication
- 7. Anxiety
- 8. Object permanency
- 9. Experience of self
- 10. Aggression regulation

# Phasic view at the emotional development: At each developmental phase a personality structure is being formed

| Phase | | Personality structure |
|---|---|---|
| 1.Adaptation phase | – | Psychophysiological homeostasis (0-6m.) |
| 2.Socialisation phase | – | Secure attachment (6-18m.) |
| 3.Individuation phase | – | Objective self (18-36m.) |
| 4.Identification phase | – | Impulsive ego (3-7j.) |
| 5.Reality awareness | – | Moral ego (7-12j.) |

# SAED; Schema of Appraisal of Emotional Development (A. Dosen 1990, 2005)

- **1. How the person deals with his own body**
- Phase 1: discovers body parts
- Phase 2: uses bodily parts as instrument
- Phase 3:own body in interaction with others
- Phase 4: own body – center of the world
- Phase 5: competitive body

- **2. Interaction with the care giver**
- Phase 1. Via bodily (proximal) contact
- Phase 2. Via bodily contact and material (distal senses)
- Phase 3. Via signs and words
- Phase 4. Verbally and through creativity
- Phase 5. Through social and cognitive performances

- **3. Interaction with peers**
- Phase 1. No special interest
- Phase 2. Via material
- Phase 3. Beginning of personal interactions
- Phase 4. Plays with peers
- Phase 5. Cooperation, friendship

# SAED

- **4. Handling with material objects**
- Phase 1. No specific interest
- Phase 2. Discovers smell, taste, form, sound
- Phase 3. Search for inner structures of objects (destructive)
- Phase 4. Creative playing with objects (constructive)
- Phase 5. Productive, making real objects

- **5. Affect differentiation**
- Phase 1. Excitation, relaxation, anger, apathy, anxiety, pleasure, displeasure
- Phase 2. Love, anxiety for stranger, anger at loss of love object, sadness, joy
- Phase 3. Jealousy, fear of damaging the own body
- Phase 4. Happiness, empathy, pride, shame, beginning of guilt and conscience
- Phase 5. Responsibility, guilt, penalty, conscience

- **6. Verbal communication**
- Phase 1. Producing sounds
- Phase 2. Instrumental use of words, pointing
- Phase 3. Use of speech and of word “I”
- Phase 4. Verbalization of fantasy
- Phase 5. Verbalization of reality

- **7. Anxiety is caused by:**
- Phase 1. Unfamiliar and intensive sensory stimuli
- Phase 2. Separation from the caretaker
- Phase 3. Threatening of autonomy, or damaging of one’s own body
- Phase 4. Anxiety for failure
- Phase 5. Anxiety of depreciation (social anxiety)

# SAED

- **8. Object permanency**
- Phase 1. None
- Phase 2. Looks for hidden objects
- Phase 3. Uses transitional object
- Phase 4. Takes a distance from the love object
- Phase 5. Feels safe outside of own territory

- **9. Experience of self**
- Phase 1. Reacts to sensory and vegetative stimuli
- Phase 2. Reacts to caretaker (dyadic interaction)
- Phase 3. Fights for autonomy
- Phase 4. Accepts the rules of the important other (super-ego forming)
- Phase 5. Accepts the rules of the surroundings

- **10. Aggression regulation**
- Phase 1. With anger and rage, aggression is directed towards the self
- Phase 2. With frustration, aggression is diffuse (tantrums)
- Phase 3. With frustration, aggression is directed to particular person and objects (uncontrolled)
- Phase 4. Aggression is directed to particular goals (impulsive)
- Phase 5. Aggression is directed to particular goals (controlled)

# Maladaptive personality traits at the level of homeostasis

- Irritability to intensive sensory stimuli
- Passivity
- Stereotypy
- Withdrawal
- Tantrums because of changes in the environment
- Self-stimulation
- Self-injury behavior
- Problems with physiological function like sleeping and eating difficulties

# Maladaptive traits at the attachment level

- Stranger anxiety
- Impulsivity
- Aggressive outbursts towards caretaker
- Restlessness or apathy
- Compulsive handling of material
- Rapid mood swings
- Seeking bodily contact (indiscriminate) or avoiding it.
- Rituals
- Self-injury behavior when highly frustrated

# Maladaptive traits at the level of self-differentiation

- Constant attempts to attract attention
- Restlessness, chaos
- Distractibility
- Obstinacy
- Negativism
- Irritability
- Defiance
- Destructiveness
- No interest in peers
- Problems with physiological regulation (sleeping problems, incontinency)

# Maladaptive traits at the level of identification

- Dependent on supervision
- Egocentric
- Conflict with authority
- Fear of failure
- Impulsivity
- Shortage of self-regulation
- Shortage of self-trust
- Flight to fantasy
- Somatic complains

# Maladaptive traits at the level of moral Ego (7-12y.)

- Hyperactivity
- Attention deficit
- Authority conflict
- Inhibition
- Compulsivity
- Generalized anxiety
- Delinquency