Hypothetical Case Studies for North Network TUTORIAL - Dec 8, 2011

Behavioural Strategies for Supporting Persons with a Dual Diagnosis
Marta VanDersmaken

Marta is a 47-year-old woman with Down syndrome and mild ID who had lived with her mother until she died a year ago. She had not been receiving any supports in the developmental services sector until her mother’s death and had a close relationship with her.

Marta’s mother was known to be a rather stoic and severe woman who was very directive with Marta, and Marta looked to her for guidance in most areas of her life. There is no record of Marta ever exhibiting behavioural difficulties until she moved into a residential placement with full time staffing and 3 other women with developmental disabilities.

Approximately 4 months after the move, Marta began exhibiting aggressive behaviour towards one of her full time staff, Sarah, whenever Sarah would try to encourage Marta to do things that she did not want to do at the time. Typically, Sarah would give Marta choices in a soft tone of voice when asking Marta to do things. On occasion, particularly in the morning, Marta would raise her voice to Sarah saying “You not my Mom! Go way!” Sarah typically responded to these statements in a soft tone of voice and would usually continue encouraging Sarah to do one of the things that Sarah was asking.

Increasingly, Marta’s frustration increased to the point where she would strike out at Sarah. This is now occurring 3-4 times per week when Sarah is working with her and recently Marta has struck Sarah without apparent provocation. The other two full time staff in the home, all women, are older and tend to take a more stern approach with Marta – not giving her choices and threatening negative consequences when she does not do what they are telling her to do. They have never experienced the aggression that Sarah has experienced and report that Marta “behaves herself” when they are working with her.

Sarah has recently gone on sick leave.

Questions:

1. Describe the problem and explain why it’s a problem.
2. What aspects of the person, their environment, their background, make them vulnerable to these types of problems?
3. What could be happening here and how could you determine whether or not you are correct?
4. What additional information would be helpful to collect?
5. What do you think you could do to help this person?
Ann

“Ann” is 45 years old and lives in an apartment with community supports. She moved to downtown from a residential area approximately two years ago. Ann has been active in Special Olympics winter sports and she plays in a baseball league. She has been recognized locally for her accomplishments in sport and her participation appeared to be a source of pride for Ann. She was also employed by Community Living five mornings each week and had scheduled activities during the afternoon.

Gradually over the past two years Ann’s work schedule has been reduced and her contract work is now only available 2-3 times each week. She is also employing a cleaning lady and grocery shopping only every other week, reducing her hours of support. Ann’s move places her in closer proximity to her mother, with whom she has a volatile relationship and there are ongoing concerns that each is borrowing money from the other.

Ann has a mild developmental delay. She also has diagnoses of bipolar disorder and schizophrenia which are treated with medication. Behavioural concerns with low mood include overspending, withdrawal from scheduled activities and aggressive behaviour. Concerns associated with elevated mood include irritability, pressured speech and restlessness as well as impulsive spending. Ann typically responds to stressors in her life with behaviours of excess ie. overeating, overspending and purchasing collectibles for her apartment. Previously Ann was able to improve her independence with managing spending by self monitoring the purchase of lottery tickets and of collectibles.

Since moving into the downtown area Ann has struggled with her spending and with managing her emotions. Self reporting shows that most of her money is spent on coffee and snack purchases or on collectibles for her apartment. Ann is frequently having coffee with her mom and her mom’s circle of friends, including at times when contract work is available. Attendance at work and at sports events is irregular and her relationship with her primary support worker is somewhat strained. Ann reports conflict and requests for assistance from her mom frequently. Ann is persistently critical of the supports in place for her. Her struggle to manage her emotions is straining her relationships with others and placing her at risk financially.

Questions:

6. Describe the problem and explain why it's a problem.
7. What aspects of the person, their environment, their background, make them vulnerable to these types of problems?
8. What could be happening here and how could you determine whether or not you are correct?
9. What additional information would be helpful to collect?
10. What do you think you could do to help this person?
Sam Handling

Sam is a 24-year-old man who has been diagnosed with autism and has moderate ID. He lives with his parents and attends a day program at a local Community Living organization. He has attended the day program for three years and has always lived with his parents. He travels to and from his day program by public transportation for people with disabilities. Occasionally, a member of his family transports him.

A month ago, Sam was found masturbating in an unoccupied classroom at his day program. The day program staff told him that he needed to do that at home and in private.

Two days later, Sam was at a local mall accompanied by his younger brother when he was arrested for masturbating in one of the service hallways (he had managed to leave his brother’s side when his brother was not looking). Sam was released with a warning when his parents intervened on his behalf and explained that he has never exhibited that kind of behaviour before.

Over the next 3 weeks, Sam increasingly engaged in masturbation while at the day program (4/5 days), though would do so in the bathroom - often not returning to the program for an hour at a time. Staff have had to go and frequently check on him and ask him to return to the program. They have told his parents that there is no point in him attending the day program if he is spending so much time in the bathroom masturbating.

At home, he has tended to spend more time in his room with the door closed, and his parents have frequently heard him awake in the night in his room, talking to himself. Otherwise, his parents have not noticed any significant changes in his behaviour.

Recently, he was discovered masturbating in the vehicle that transports him to and from his day program and was suspended from using the service.

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4. What additional information would be helpful to collect?
5. What do you think you could do to help this person?