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Substance Abuse and Persons with Developmental Disabilities

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A Growing Concern Nationally….

- People with Intellectual Disabilities have experienced increasing levels of community participation since deinstitutionalization. This freedom has facilitated community inclusion, access to alcohol and drugs, and the potential for developing Substance Abuse Disorders.

“People with ID/SA/SMI were less likely than their counterparts to access treatment.

Increased recognition of the Issue

“People with physical and cognitive disabilities are more likely to have a substance use disorder and less likely to get effective treatment for it than those without such a coexisting disability.”

From: Substance Abuse Disorder Treatment for People with Physical and Cognitive Disabilities
Treatment Improvement Protocol Series #29
SAMHSA (1998; most recently revised 2012)
Arizona is #1 - the fewest persons with Developmental Disabilities living in institutional settings

- 86% of persons with developmental disabilities who are enrolled with the Division of Developmental Disability are living in the community or in the family home.
- 17% live in state operated homes, skilled nursing facilities or the one state institution, Arizona Training Program in Coolidge.

The result...

- Higher rates of substance use and abuse
- Significant need for Substance Abuse services for persons with Developmental Disabilities
- Our “super-utilizers” of services often have both Behavioral Health and Substance Abuse issues

Epidemiology

- 1999: Study of 122 Adults with Mild or Moderate Intellectual Disability living in community settings
- Prevalence:
  - Any Alcohol Use = 39%
  - Any Drug Use = 4%
  - Tobacco Use = 20%
  - Misuse of any substance = 18%

McGillicuddy and Blane, Substance use in individuals with mental retardation Addictive Behaviors. 1999, 24(6): 869-878

Substance abuse in teens with Developmental Disabilities

- In a study of Medicaid data, 2.7% of 1669 youth with Intellectual Disabilities (ID) had a diagnostic code for substance abuse related treatment.
- These youth were more likely to be male and have a co-occurring serious mental illness (such as schizophrenia)
- In comparison with youth with typical development, teens with ID and substance abuse were more likely not to engage in treatment and more likely to drop out.

Synthesis of Epidemiologic Findings

- The individual with ID and SA usually begins substance abuse early to late adolescence
- A 1997 study indicated that basic education about drugs was absent from health education programs for persons with ID
- This same study showed that a desire to “fit in” and social or peer pressure leads to initiation of substance abuse.


SA, ID and Trauma

- Similar to substance abusers of typical development, many persons with ID and SA have a History of Trauma.
- Interviews with 10 persons with ID and SA found the most often self-reported reasons for substance use were to escape past trauma and loneliness.


Sullivan & Knutson (2000)

- Studied 50,278 children enrolled in public and parochial schools in Omaha, Nebraska. Sample included children who were in special education or early intervention programs.
- 3,262 were identified as having disabilities:
  - Behavioral Disorders (37.4%)
  - Mental Retardation (25.3%)
  - Learning Disabled (16.4%)
  - Speech and Language Impairment (6.5%)
  - Orthopedic and Hearing Impairment (~1% each)
  - Visual Impairment and Autism (Less than 0.5% each)

Epidemiology of Abuse in Children with Disabilities

- Study identified 4,503 Maltreated Children; 1,102 of these had an identified disability
- Rate of maltreatment for children without disabilities = 11%
- Rate of maltreatment for children with disabilities = 31%

Children with Developmental Disorders were four times as likely to be physically, emotionally or sexually abused or neglected than children with typical development.


Teaching refusal skills has been shown to be effective. McGillicuddy & Blane, 1999

Improvement in social supports and psychotherapy focusing on issue of trauma can be beneficial. Taggart, 2007

When screening for substance abuse issues:

1. Be as specific as possible! Rather than ask if they “use alcohol,” as if they like to drink beer, wine, wine coolers, etc.
2. Use different sized glasses or bottles as props rather than asking how many ounces of alcohol they drink.

Suggestions for Counseling

1. Ask simple, straight-forward questions and be prepared to repeat them if needed.
2. Ask the individual to repeat back what has been said to them in their own words.
3. Generalization may be difficult: for example, a person with ID may need assistance to learn that the same refusal skills he has learned to use when he is at a party can be used in a bar, too.
From TIP #29: more suggestions for counseling

- Abstract concepts and metaphors may be difficult for the person with ID to understand.
- Role playing and rehearsal may be very useful.
- Pick smaller, more specific goals: cashing the SSI check at a bank, not a liquor store, for example.
- Group counseling can be useful as well.

Core Features of Community-Based Treatment for Sex Offenders with Developmental Disabilities

- Individual Treatment (continually re-enforcing motivation for treatment)
- Psychiatric Evaluation and Management
- Group Based intervention targeting social skill development and reduction of offense related thinking
- Alcohol and drug awareness – use of alcohol and drugs increases the likelihood of re-offending

Lindsay, W. The Treatment of Sex Offenders with Developmental Disabilities: A Practice Workbook (Malden, MA: Wiley & Sons) 2009

Thank you very much!

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