

Conversations in Dual Diagnosis:

The impact of formal thought disorder on conversation success
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What is Dual Diagnosis?

- ▶ Dual diagnosis refers to individuals with intellectual disability and a mental illness.
- ▶ Approximately 3% of the population are diagnosed with an intellectual disability.
- ▶ Prevalence rates of diagnosed mental illness vary, however the agreed prevalence is 39% of the population with intellectual disability also have a mental illness.
 - This equates to 250,000 people in Australia (based on population estimates)
- ▶ Focus on schizophrenia in this presentation.
- ▶ Schizophrenia is characterised by
 - Distortions of thinking and perception
 - Blunted or inappropriate affect

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Dual Diagnosis

- ▶ Recently accepted that individuals with intellectual disability can experience mental illness.
 - It was thought that individuals with intellectual disability were protected from psychological stressors that contribute to the onset of mental illness due to reduced cognitive abilities.
- ▶ Now it is recognised that individuals with intellectual disability can be more vulnerable to mental illness, perhaps due to poorly developed coping strategies.

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Diagnosis of Mental Illness

- ▶ In the general population, when a person becomes unwell, they are generally able to answer questions in a diagnostic interview.
- ▶ In people with intellectual disability, communication abilities are less functional, and answering the same questions used in a general population diagnostic interview can be unreliable.
- ▶ Psychiatrists look for behavioural correlates of emotional disturbances to aid diagnosis
- ▶ Psychiatrists rely on a combination of self-report, carer-report, and behavioural observations to diagnose the presence of a mental illness.

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Communication in Dual Diagnosis

- ▶ Limited knowledge of communication skills
- ▶ Reduced comprehension
- ▶ Reduced expressive vocabulary
 - Potentially due to reduced range of life experiences
- ▶ Reduced ability to form sentences
 - Potentially due to the impact of a mental illness

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Formal Thought Disorder

Formal thought disorder refers to disturbances in the form of thought as reflected through an individual's speech patterns
 (McGrath, 1996)

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Formal Thought Disorder

- ▶ Poverty of Speech
- ▶ Poverty of Content of Speech
- ▶ Pressure of Speech
- ▶ Distractible Speech
- ▶ Tangentiality
- ▶ Derailment
- ▶ Incoherence
- ▶ Illogicality
- ▶ Clanging
- ▶ Neologisms
- ▶ Word Approximations
- ▶ Circumstantiality
- ▶ Loss of Goal
- ▶ Perseveration
- ▶ Echolalia
- ▶ Blocking
- ▶ Stilted Speech
- ▶ Self-Reference
- ▶ Semantic Paraphasia
- ▶ Phonemic Paraphasia

Andreasen (1979)

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Formal Thought Disorder

- ▶ Positive formal thought disorder
 - Key features
 - Pressure of speech
 - Tangentiality
 - Derailment
 - Incoherence
 - Illogicality
- ▶ Negative formal thought disorder
 - Key features
 - Poverty of speech
 - Poverty of content of speech

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Methodology

- ▶ Case study examples of conversational features of adults with dual diagnosis and intellectual disability.
 - Participants with Dual Diagnosis
 - One case demonstrating positive symptoms of schizophrenia
 - One case demonstrating negative symptoms of schizophrenia
 - Participants with Intellectual disability
 - Cases selected that approximated the mean number of words per turn of each of the participants with dual diagnosis

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Methodology

- ▶ A sample of 100 turns analysed for each participant
- ▶ Analysis of conversations included:
 - Mean number of words per turn
 - Topic introduction, maintenance and change
 - Trouble and repair strategies

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Case Series Participants

- ▶ Sally
 - Diagnosed with intellectual disability and schizophrenia.
 - Displayed symptoms of **Positive** formal thought disorder
 - 54 years of age
 - Nonverbal intelligence quotient of 62
 - Difficulties with community use, functional academics, home living and health and safety
- ▶ Lisa
 - Diagnosed with intellectual disability and schizophrenia.
 - Displayed symptoms of **Negative** formal thought disorder
 - 42 years of age
 - Nonverbal intelligence quotient of 61
 - Difficulties with functional academics, health and safety and self-care.

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Case Series Participants

- ▶ Maxine
 - Diagnosed with intellectual disability
 - 38 years of age
 - Nonverbal intelligence quotient of 77
 - Difficulties with functional academic skills and home living
- ▶ Dina
 - Diagnosed with intellectual disability
 - 38 years of age
 - Nonverbal intelligence quotient of 63
 - Difficulties with functional academic skills, health and safety and self-care skills

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Results – Amount of Talk

- ▶ Participants with Intellectual Disability
 - Dina –
 - 1.53 words/turn (range 0 to 8)
 - Maxine –
 - 5.14 words/turn (range 0 to 20)
- ▶ Participants with Dual Diagnosis
 - Lisa –
 - 0.68 words/turn (range 0 to 9)
 - Sally –
 - 9.25 words/turn (range 1 to 57)

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Results – Amount of Researcher Talk

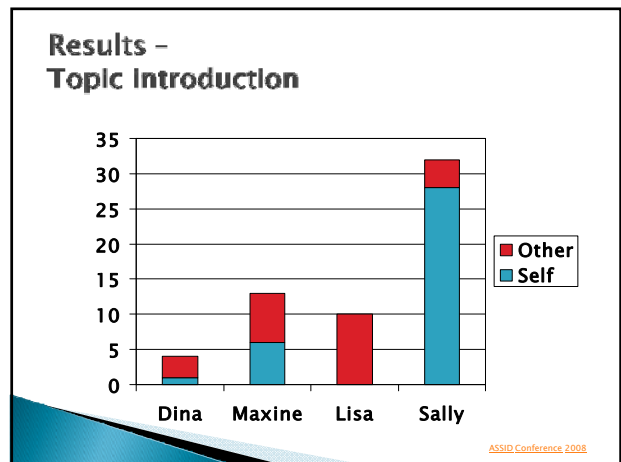
- ▶ Participants with Intellectual Disability
 - Dina – (1.53 words/turn)
 - Researcher – 5.31 words/turn (range 0 to 24)
 - Maxine – (5.14 words/turn)
 - Researcher – 5.49 words/turn (range 0 to 21)
- ▶ Participants with Dual Diagnosis
 - Lisa – (0.68 words/turn)
 - Researcher – 9.98 words/turn (range 1 to 27)
 - Sally – (9.25 words/turn)
 - Researcher – 3.78 words/turn (range 0 to 15)

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Results – Time taken to elicit sample

- ▶ Participants with Intellectual Disability
 - Dina –
 - 6 minutes, 50 seconds
 - Maxine –
 - 10 minutes, 45 seconds
- ▶ Participants with Dual Diagnosis
 - Lisa –
 - 11 minutes, 30 seconds
 - *For 62 turn sample*
 - Sally –
 - 9 minutes, 9 seconds

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Results – Topic Maintenance

- ▶ Intellectual Disability
 - Dina
 - 25 turns per topic
 - Maintenance types – responding to questions
 - Maxine
 - 7.69 turns per topic
 - Maintenance types – responding to questions; adding information
- ▶ Dual Diagnosis
 - Lisa
 - 6.3 turns per topic
 - Maintenance types – non-verbal maintenance
 - Sally
 - 3.22 turns per topic
 - Maintenance types – requesting more information

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Results – Off-Topic Responding

- ▶ Intellectual Disability
 - Dina – 1.92% of response
 - Maxine – 3.77% of responses
- ▶ Dual Diagnosis
 - Lisa – 5.36% of responses
 - Sally – 17.65% of responses

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Results – Trouble and Repair

- ▶ Intellectual Disability
 - Dina –
 - 31 instances of trouble. 28 of these were confirming researcher had understood her previous statement.
 - Maxine –
 - Repaired all 6 instances of trouble successfully.
 - Also indicated when she had not understood.
- ▶ Dual Diagnosis
 - Lisa –
 - One instance of trouble repaired successfully
 - Sally –
 - 7 instances of trouble. Difficulty responding to confirmation requests, greater success when responding to requests for information.

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Summary

- ▶ Individuals with dual diagnosis exhibit signs of formal thought disorder in their conversations
 - Positive formal thought disorder signs
 - Pressure of Speech, Tangentiality
 - Negative formal thought disorder signs
 - Poverty of Speech
 - General formal thought disorder signs
 - Perseveration, Distractible Speech

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Communication Suggestions

- ▶ Reduce distractions
 - Minimise objects on tables
 - Seat the person with their back to the window
 - Reduce background noise
- ▶ Provide support (pictures, words) to help stay on topic.
- ▶ Choose topics that are personally relevant and important to the person
- ▶ Use simple, clear and direct speech

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Contact Details

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Researcher: What are you doing for this year's Christmas?

Maxine: *I'm going to visit my family for Christmas lunch.*
<pause of 2 seconds>
And I'm getting my best friend Robert a Christmas card and scratch-it so he can win some money.

Researcher: That's very thoughtful of you.

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Researcher: Do you have any cats or dogs?

Dina: *(shakes head)*

Researcher: None that I can see

Dina: *I like Sound of Music.*

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Researcher: We can do that.

Maxine: *Yes.*
<pause of 4 seconds>
Want me to tell you my nieces and nephews names?

Researcher: Oh, for sure.

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Researcher: You are.

Sally: *Did you buy a diet coke when you go shopping?*

Researcher: Sometimes

Sally: *I do.*

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Researcher: What's your favourite thing to eat?

Lisa: *Lunch.*

Researcher: What did you have for lunch today?

Lisa: *<no response>*

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Sally: *I like hot chips. I like four cheese and tomoato sandwiches, diet coke, jacaranda ice coffee, <unintelligible> a day. I like rice bubbles, spaghetti and coffee for breakfast. I get asthma. I get migraine headaches, low blood pressure, sugar diabetes, seizures and I got a big blister on my foot, that's no good is it?*

Researcher: Oh no.

Sally: *And I got an e- asthma, migraine headaches, sugar diabetes, seizures and two fractured feet. Aren't I in a bad way love?*

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Researcher: Where do you know Wendy from?

Dina: *Little girl*

Researcher: She's a little girl?

Dina: *ME little girl. (spoken as she points to own chest then rocks arms)*

Researcher: Since you were a little girl?

Dina: *Yeah.*

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Researcher: Have you ever thought about getting a job?

Maxine: *What do you mean by that?*

Researcher: I know some people here that go out during the week and go to work. Have you ever done that before?

Maxine: *No. I don't want to.*

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