Into the GREY zone .......

The contribution of EMOTIONAL DEVELOPMENT to BEHAVIOURAL PROBLEMS in young people with developmental disability and significant psychopathology. Acknowledgements.

Dr Jenny Curran FRANZCP
Neuropsychiatrist, CDH
Disability Services, DCSI
South Australia
Psychopathology and ID

Einfeld and Tonge, 1996

• rate of 40%
• 3-4 times more prevalent than in control group
Psychopathology and ID

Associated with:

• Moderate ID
• Impaired language
• Poor social skills
• Limited adaptive behaviour
Psychopathology, ID and CAMHS

Children with limited intellectual functioning make a disproportionate contribution to overall child psychiatric morbidity

Emerson, Einfeld and Stancliffe 2010

.... Public health and child and adolescent mental health services need to ensure that services and interventions fit to the purpose and are effective for children with limited intellectual functioning
What do WE mean by Psychopathology?

Key elements

- **Abnormal or excessive** (need to know what are the parameters of “normal” for this population and for this individual)
- **Functional impairment**
- **Distress to self or other**

- **NOT** due to medical condition
- **NOT** due to functional behaviour
- **NOT** explained by cultural norms
Unwanted behaviours are the commonest reason for a mental health referral

- Robert Fletcher

- “the need for a thorough behavioural assessment may be essential” p.14
- Functional Behavioural Analysis
- Requires specific expertise
CDH Youth Psychopathology Service

- Targets 8 to 21 yr olds with DEV DIS (ID) and MI

- Utilises unique PROFILE of development including Emotional Development

- Uses tools to promote inter-agency communication and client and family participation

- Prior to our full involvement, **Rule out** as far as possible physical illness/pain or learned and/or functional behaviours as primary drivers
In to the grey zone?

• FBA and intervention has not been effective

• There is no DEFINITIVE evidence of a clear cut psychiatric disorder

• AND we have excluded a bio-medical cause
Emotional development

Emotional assessment in young people with intellectual disability with or without autism – how to assess?

1. tools suitable in clinical practice
2. that are not focused on only one element of emotional functioning e.g. attachment
   - *Vineland has socio-emotional subset*
   - *Schema for the Appraisal of Emotional Development (SAED)* – original in Dutch
   - *FEAS = Functional Emotional Assessment Scale*
   - *SEO-R is the latest version of the SAED*
Individual Neuro-developmental domains: The 5 point SPICE profile

- **Social development** (based on ADI-R items)
- **Physical/sensory** (motor, sensory, visual, hearing)
- **Intellect** (global, attention, judgment and exec functions)
- **Communication** (ADI-R)
- **Emotional** (including temperament) development
Measures of emotional development

- Often combined with social development eg “socio-emotional”
- Certain specific elements or aspects well defined typically in a research paradigm
- Little available suited to a clinical setting except FEAS and SAED
Greenspan’s “Milestones” for functional emotional assessment F.E.A.S.

- **Milestone 1**
  Self regulation and interest in the world

- **Milestone 2**
  Forming relationships, attachment and engagement

- **Milestone 3**
  Two way purposeful engagement

- **Milestone 4**
  Behavioural organisation, problem solving and complex sense of self

- **Milestone 5**
  Representational capacity, more elaborate symbolic thinking

- **Milestone 6**
  Emotional thinking and thematic play

Curran ASID 2014
Schema for the Appraisal of Emotional Development SAED

- Anton Dosen one of the original authors of SAED
- a semi-structured interview with a close caregiver
- assesses the level of emotional developmental based on a five stage system in 10 domains

Development in Adults with Autism and Intellectual Disabilities: A Retrospective, Clinical Analysis
- PLoS ONE 8(9): e74036. doi:10.1371/journal.pone.0074036
The SAED, now the SEO-R

Academics in Belgium and several other European countries currently researching and updating SAED
How do we use the SAED?

• Links the functional and medical frameworks of paediatrics and disability

• TO the child psychiatry “inner world” perspective
Over-simplified diagnostic dichotomy

‘Child psychiatry’ versus ‘paediatric’ frameworks for ‘diagnosis’

However both:
– Share developmental frameworks
– Recognise a larger system that sits around the child (family, school, community, culture)
Our ASSESSMENT framework

Neurorelational framework
- Interdisciplinary model
- Functionally considers 4 brain systems (sensory, regulation, memory/emotional, and executive system)
  - Bridge between two different paradigms
SAED Case study...Jasmin

- 5 yr 10 months old girl, lives with single mother

- Diagnosis of autism and developmental delay, plus Retts syndrome

- Major problems with anxiety

- Many previous services involved
Alert processing state
Jasmin’s difficulties reaching and maintaining alert processing state

• Discussion with her mother about Jasmin’s SPICE profile, her arousal levels, how they change and relation to emotional development

• How often Jasmin had to use “safe”, predictable and very familiar input eg the Wiggles DVDs to regulate?

• We decided to take closer look at her likely functional emotional developmental level using the SAED assessment
SAED Emotional Development Profile of “Jasmin” 5 yr 10 mo

Emotional areas assessed

Phase of Emotional Development

Actual stage: by SAED

Predicted stage: by age and IQ

Curran ASID 2014
Observed behaviour consistent with ideomotor dyspraxia

• Change of perspective enabled mother to observe behaviour in a new light

• Also allowed Mum to become a co-therapist

• Impact of developmental delay in one area on other areas of development

• Ideomotor Dyspraxia (motor/cognitive) on sense of self (emotional dev’t)

• “Anoetic ideomotor theory of autism” (Curran, e pub 2014)
Levels of interventions

• **Level 2 - neurorelational**
  Neurodevelopmental interventions targetting specific area of delayed emotional development

• **Level 3 – other agencies**
  “Traditional” psychological or allied health therapies

• **Level 4 – usually other practitioners**
  Biomedical strategies eg. Medication
Level 5: Systemic Interventions

- Family
- School
- Other agency eg CAMHS
- Advocacy

**Family work** may emerge as a significant part of intervention as Level 2 work occurs

**Working with other systems:** Not always feasible for GAP because of need to have partnerships with the other agencies, eg DECDs, Health, CAMHS – we have limited resources with which to set up and maintain interagency relationships
Tailored Level 2 program

• Broad aim: Building Jasmin's developmental emotional skills through experiencing her embodied “self” in different ways

• Goal 1. is to progress the embodied sense of self from a fragmented (anoetic) to a more coherent (noetic) body based self experiences

• Goal 2. to develop a more detailed internal body map

• Goal 3. to support “hot” relational interactions that link an intention of Jasmin’s to a specific action outcome, with Jasmin’s awareness and attention to the experience of her physical self (body) in that process
Outcomes

• No valid tool to directly measure embodied self experience in clinical setting (still out of sight)

• “Indirect measures”: improvements in speech, intentional nonverbal communications, social approaches, mood, sleep, better gross motor and motor planning skills, body curiosity self and other, toileting readiness

Curran ASID 2014
Summary: key learning points

Emotional development is an area of development important in mental health assessment in dual diagnosis.

Engagement with clients and carers: SPICE can enable parents, carers, clients, teachers to create shared developmentally informed narratives.
Thank you for listening!