Intellectual Impairment: Use Developmental Lens

**BY DIANA MAHONEY**
*New England Bureau*

**BOSTON —** Failure to use a developmental framework when assessing mental illness in children and adolescents with intellectual disabilities can hinder the accurate diagnosis of psychiatric disorders, and lead to inappropriate and possibly dangerous treatment, according to Lauren R. Charlot, Ph.D.

“It’s important to consider the ways in which an individual’s developmental stage affects his or her behavior and thoughts,” Dr. Charlot said at the annual meeting of the American Society for Adolescent Psychiatry.

“Some symptoms or behaviors that would seem pathological for a typically developing individual may be ‘typical’ for a person with a particular set of skills and challenges when under stress,” said Dr. Charlot, of the department of psychiatry at Baylor College of Medicine in Houston.

For example, she said, an adolescent with similar cognitive features to a typically developing preschool-age child might engage in self-talk—talking out loud to himself or herself—under stress. “Developmentally, this behavior is appropriate, but if you don’t apply a developmental perspective, it seems abnormal and could easily be mistaken for psychotic ideation.”

The most important consideration when evaluating individuals with intellectual delays is the link between developmental stage and cognitive processes. Studies have identified multiple developmental effects on psychopathology in people with intellectual disabilities, Dr. Charlot noted. Among the developmental effects most likely to have an impact on psychiatric evaluation in this patient population are:

| Mental illness, characterized by poor understanding of abstract concepts and resolving of conflicts | Dr. Charlot |
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| These kids may be talking to people who are not present, and they may express wishes as beliefs, Dr. Charlot said. Unfortunately, she added, “this behavior is often mis-construed as hallucinations or delusions,” even though it is a consequence of cognitive development rather than psychotic thinking. |
| Prelogical thinking, which is characterized by primitive, incomplete thought processes and may present as seemingly tangential rambling. Normal among adolescents, this mode of thought can be symptomatic of mental illness—particularly schizophrenia—in typically developing adolescents and adults, Dr. Charlot said. “This type of prelogical thinking is common at baseline in people with intellectual delays, and it tends to get exaggerated when they’re under stress, which is often reported as ‘racing thoughts.’ But it’s not a consequence of psychosis. It relates to an inability to understand logical relationships between subjects,” she said. |
| Concrete thinking, whereby language and perceptions are interpreted literally. The limited ability to understand abstract language and ideas can lead individuals to misinterpret questions that are asked of them which may then be attributed to a psychiatric disorder in adolescents with intellectual disabilities, “You need to ask the question: ‘what is usual behavior for this patient?’” Dr. Charlot stressed. “Because the clinical population of intellectually disabled individuals is highly heterogeneous, you need to know what the individual person’s baseline [behavior] is. You cannot use general population reference group [data] to determine if a symptom or symptoms are evidence of psychosis or other psychopathology.” |
| Additionally, Dr. Charlot continued, “ask yourself if the behaviors and symptoms are pathologic for a person functioning at this developmental level.” For example, if you are assessing an adolescent who appears labile and “all over the place,” she said, “that’s not unusual for an intellectually disabled individual who is experiencing stress.” |
| Before assuming that alterations in mood and behavior are reflective of a psychiatric disorder in adolescents with intellectual impairment, “hunt for possible sources of physical distress,” Dr. Charlot said. |
| Among the many medical problems that can manifest as behavioral issues are constipation, gastroesophageal reflux disease, seizure disorders, hypothyroidism, hypertension, anemia, candidiasis, urinace tract infection, diabetes, hypercholesterolemia, and obesity, she said, adding, “I can’t tell you how many cases of adolescents with severe regressive behavior turned out to be constipated.” |

Often, because of poor language skills, these individuals are unable to articulate physical complaints. “Many of these behaviors which may then be attributed to a psychiatric disorder, she said at the meeting cosponsored by the University of Texas at Dallas.

Finally, if and when a psychiatric syndrome is identified, “be careful not to automatically attribute any future alterations in mental status or behavior as being secondary to the psychiatric problem,” Dr. Charlot said.

Under all circumstances, “comprehensive treatment should be directly derived from comprehensive assessment.”

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**Early Family-Based Intervention Might Help Prevent Antisocial Behavior**

**BY CAROLYN SACHS**
*Contributing Writer*

**KAI, HAWAII —** Preschoolers at genetic risk for antisocial behavior may benefit from family-based preventive intervention, Dr. Glen O. Gabbard said at the annual meeting of the American College of Psychiatrists.

“I worked in the prison system for 6 years. One of the things you see again and again is that antisocial patients are not very responsive to individual therapy,” he said.

If they don’t receive any treatment until they are adults, “you’re not going to get anywhere with them,” said Dr. Gabbard, Brown Foundation Professor of Psychoanalysis and professor of psychiatry at the University of Texas Health Science Center at Houston.

“We need to start thinking about early preventive approaches based on family therapy rather than individual therapy,” he added.

In a recent study that he discussed, investigators enrolled 92 preschoolers who were considered to be at substantial genetic risk for antisocial behavior because they had siblings with a history of juvenile delinquency (Arch. Gen. Psychiatry 2007;64:172-9). The children were randomized to one of two groups. In the family-intervention group, the preschoolers and their parents had 12 weekly group sessions and 10 biweekly home visits over a 6-month period. The control group received assessments and monthly telephone calls. Salivary cortisol levels were measured as an indicator of stress response. Since salivary cortisol levels are lower in people who exhibit antisocial behavior and have conduct problems, “the thought here is that maybe the early-life experience can alter cortisol release,” he noted.

In one study, Gabbard said, “the control group of children who had undergone family-based intervention had increased salivary cortisol levels when faced with entry into an unfamiliar group of peers. Sometimes in their reading of social groups so that they had more anxiety,” Dr. Gabbard said.

The antisocial patient doesn’t enter the amygdala in the way that a borderline person does,” he observed. The antisocial patient has “less of a fear response.” Family-based preventive intervention may play a role in boosting activation of the amygdala and modifying the hypothalamic-pituitary-adrenal axis them, which is faced with a threatening situation, he said.

“Preventive family therapy may give us some hope in what has been a rather dismal history of treatment,” he said.

The clinical population of children and teens with developmental disabilities is heterogenous, so know what the individual’s baseline behavior is.

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**Factors Identified for Earlier Dx of ASD**

**BY KERRI WACHTER**
*Senior Writer*

**PHILADELPHIA —** Children are likely to be diagnosed with autism spectrum disorders at a younger age if there is a shorter period between referral and evaluation, Dr. Ginger Janow said at a meeting of the Eastern Pediatric Research Network at Temple University in Philadelphia.

Early diagnosis of autism spectrum disorders can make a big difference in outcomes.

“The one thing that’s been shown consistently to affect outcomes is early intensive behavioral intervention,” said Dr. Janow of the Children’s Hospital at Montefiore, New York.

Early diagnosis at the primary evaluation (rather than at a supplemental evaluation), decreased time between referral and evaluation, and increased fine-motor and adaptive delays.

The diagnosis was not correlated with insurance status, estimated income, or language delays.

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