

NON VERBAL SIGNS OF
MEDICAL CONDITIONS

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1

Assessment

Should Include:
Bio-medical Factors
Psychiatric Factors
Psychological Factors
Social/Environmental Factors

2

Psychiatric Factors

3

Depressive Disorders

<p><u>General Population</u></p> <ul style="list-style-type: none"> • Depressed Mood, Most Days, Most of Day • Diminished interest in pleasurable activity • Significant weight loss or gain • Insomnia or hypersomnia • Psychomotor agitation or retardation • Fatigue or loss of energy • Feelings of Guilt and/or worthlessness • Diminished ability to concentrate • Possible suicide ideations/death thoughts 	<p><u>Developmentally Challenged</u></p> <ul style="list-style-type: none"> • Apathetic Facial Expressions • Social Withdrawal • Unresponsive to Reinforcers • Change in sleep patterns • Aggression to self, others, property • Decreased work performance • Talk about death/dying
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4

Behaviors to Monitor for Depressive Problems

- Smiling/Crying
- Response to preferred activities
- Time spent alone, i.e. in bedroom
- Sleep charts
- Meal refusals
- Weight
- Verbalizations
- Pacing or agitation

5

Manic Disorder Problems

<p><u>General Population</u></p> <ul style="list-style-type: none"> • Elevated, Expansive or Irritable Mood • Inflated self esteem/grandiosity • Pressure Speech • Flight of Ideas/Racing Thoughts • Distractibility • Increased in Goal-Directed Activity • Excessive Involvement in Pleasurable Activities 	<p><u>Developmentally Challenged</u></p> <ul style="list-style-type: none"> • Increased Aggression • Irritability • Acting as Staff • Unrealistic Goals • Disorganized Speech • Decreased Work Performance • Teasing Others • Fondling Others • Increased Masturbation or Public Masturbation
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6

**Behaviors to monitor for
Manic Problems**

- Smiling/Laughing
- Inappropriate Comments
- Cursing/Yelling
- Singing
- Work Performance
- Sleep Charts

7

Anxiety Problems

<p><u>General Population</u></p> <ul style="list-style-type: none"> • Panic Attacks • Phobias/Fears • Flashbacks • Excessive Worrying • Somatic Complaints • Avoid Specific Objects/Places • Social Withdrawal • Compulsive Rituals • Obsessions • Decreased Concentrations • Restlessness • Disturbed Sleep 	<p><u>Developmentally Challenged</u></p> <ul style="list-style-type: none"> • Increased Aggression • Irritability • Decreased Work Performance • Increased Elopement • Crying • Sleep Disturbances • Perseveration • Complaints of Vague Illnesses • Isolation • Attention Seeking • Odd Habits/Rituals
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8

**Behaviors to monitor for
Anxiety Problems**

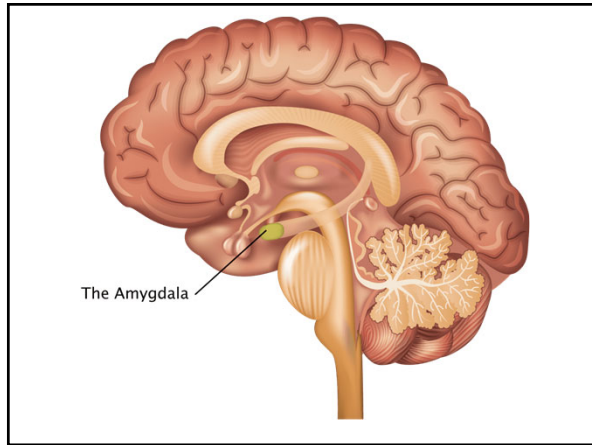
- Smiling /Crying
- Refusals
- Cursing/Yelling
- Changes in Work Performance
- Elopements
- Sleep Charts
- Visits with Physicians, Psychiatrists, etc.
- Time engaged in rituals

9

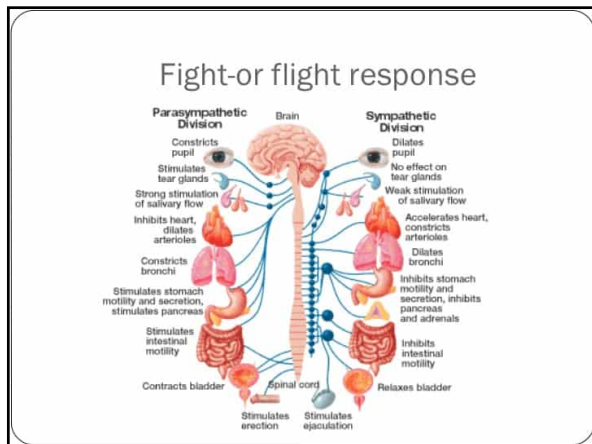
Impulse Control Problems

- Intermittent Explosive Disorder -aggression
- Kleptomania
- Pyromania
- Pathological Gambling
- Trichotillomania- Pulling out hair
- Impulse Control Disorder – NOS – Skin Picking

10



11



12

Thought Disorders and Persons with Developmental Disabilities

“Thought Disorders are very difficult to diagnose in persons with developmental disabilities. It is best to rule out other disorders first. This is especially true for those individuals with limited or no verbal communication skills.”

13

Myths Regarding Challenging Behaviors and Mental Illness with Developmentally Disabled Individuals

- **Myth 1** – Behavior always has functional significance **and is under the control of the affected individual.**
- **Myth 2** – If a behavior has functional significance it is **unlikely to be related to a psychiatric disorder.**
- **Myth 3** – A person with severe or profound disabilities is too impaired to develop classic psychiatric disorders.
- **Myth 4** – Bizarre behaviors, such as talking to yourself out loud, fantasy play, or talking to an imaginary friend, **always** represents psychosis.
- **Myth 5** – Drug therapy is **always** a restrictive form of behavior control. **All** regimens must, therefore plan and include a behavioral timetable for discontinuing medication treatment.

14

Potential causes of error when diagnosing M.I. when I.D. is present

- Intellectual Distortion
- Psychological Masking
- Cognitive Disintegration
- Baseline Exaggeration

15

Psychological Factors

16

- Psychological Factors
- History
 - Cognitive Ability
 - Temperament
 - Personality
 - Skills – Strengths/Deficits

17

- Sources for History
- Parents
 - Care Givers
 - Teachers
 - Trainers
 - Administrators
 - **Records Review**

18

Important Data from History

- Functioning Level
- Present Symptoms
- Developmental History
- Physical Systems Review
- Social History
- Present Situation
- Previous Medical/Psychiatric Treatment
- Care-giver attitudes/observations/understanding

19

Cognitive Ability Includes

- Level of ID
- Deficits
 - 1) Input
 - 2) Processing
 - 3) Output

20

Temperament/Personality

- Patterns of interactions and reactions to others and the environments
- Extreme signs and symptoms may lead to a diagnosis of a Personality Disorder

21

Perception vs. Perspective

22

Social/Environmental Factors

23

Social/Environmental Factors

- Life Events – Residential/ Recreational Work/ School/ Family/ Peers
- Sensory/Environmental
- Behavioral Concerns – Setting Events/ Antecedents/ Reinforcing or Punishing Consequences/ Conditioned Stimuli that Maintains Behavior

24

Life Events

- Realization of diagnosis of MR
- Birth/Death of Sibling
- Start/Change/End of School
- Onset of:
 Puberty/adolescence/menopause
- Dating/Relationships
- Being surpassed by siblings/peers achievements
- Emancipation of Siblings
- Out of Home Placement/Residential Moves
- Employment new or change
- Staff/Client Relationships Good/Bad/Loss of
- Inappropriate expectations
- Aging/Illness of Parents
- Death of Parents, Peers, Friends
- Loss of Friends
- Medical Illness
- Psychiatric Illness
- Divorce of Parents
- Physical Abuse
- Sexual Abuse
- Criminal victimization
- Exposure to violence
- Dislocation due to environmental phenomena

25

Sensory Problems

- Sensory Impairments may increase the incidence of emotional or behavioral disorders
- Sensory Integration Programs may increase awareness of one's environment

26

Behavior Concerns should start with a Functional Behavioral Assessment

- The Purpose of a FBA is to examine the pattern and contexts for persistent maladaptive behavior displayed by an individual to determine the function of the maladaptive behavior or target behavior.
- A **Target Behavior** should be measured and defined objectively, clearly, without vague terms like feelings or perceptions, so that it can be consistently identified by one or more observers.

27

Goals of a Functional Behavioral Assessment

- Identify the antecedent stimuli that control or trigger the maladaptive behavior
- Understand how setting events may influence behavior
- Understand the contingency between the behavior and the consequences

28

Some Questions to ask when Assessing the Function of Behavior

- What exactly is the behavior, defined in terms of frequency, intensity, and duration?
- Where, when, and with Whom does it occur most often?
- Where, When, and with Whom does it occur the least?
- Is it necessary to develop an intervention plan?
- Are there immediate triggers for the behavior?
- Do certain events make the behavior more likely?

29

ACCESS/GET Something	Cognitive _____	Attention _____
	Emotional _____	Tangibles _____
	Communication _____	Activities _____
	Control _____	Other _____
	Revenge _____	
	Physiological _____	
	Other _____	
	Sensory: _____	
	Auditory, Visual, _____	
	Gustatory ,Olfactory, _____	
	Tactile _____	
AVOID/ESCAPE Something	Sensory: _____	Setting _____
	Auditory, Visual, _____	Task _____
	Gustatory ,Olfactory, _____	Activity _____
	Tactile _____	Person(s) _____
	Cognitive _____	Academic Subject _____
	Emotional _____	Other _____
	Physiological _____	
	Other _____	

30

Frequency
 Duration
DURATION
 Intensity

31

**Functional Behavior Analysis
 Recommendation Questions**

- Are social and academic expectations reasonable?
- Is the individual offered choices?
- Is the environment responsive and supporting?
- Does the individual know a better way to behave?
- Is a better motivational/incentive system needed?
- Does the individual need to develop new skills to replace the maladaptive behavior, i.e., communication skills, relaxation skills, social skills, etc.

32

**It's Time for a Look at the
 Medical Issues!!**

33

Bio-Medical Factors

- Acute Conditions
- Chronic Conditions
- Genetic Conditions
- Developmental Conditions

34

Acute Medical Conditions

- Pain or Discomfort
- Adverse Medication Side Effects
- Allergies
- Constipation
- Sleep Disturbance
- Use of Caffeine/Nicotine
- Toothache/Dental Problems
- Premenstrual Syndrome/Menopause
- Urinary Tract Infections
- Headache/Sinus Infection/ Earache

35

Chronic Medical Conditions

- Disease with Psychiatric Symptoms
- Sensory Impairments
- Allergies
- Seizure Disorder
- Thyroid Disease
- Wilson's Disease
- Rheumatoid Arthritis
- Fibromyalgia

36

Behaviors Associated with Fetal Alcohol Syndrome

- Cluster of physical, neurological, neuropsychiatric, and cognitive abnormalities
- Attention Deficit/Hyperactivity Disorders
- Learning Disabilities
- Mental Retardation usually mild to moderate but can be Severe
- Conduct Disorders
- Depression
- Bipolar Disorders
- Alcohol/Substance abuse
- Avoidant/Antisocial/Dependent personality disorders
- Eating Disorders
- Anxiety Disorders
- Impulsivity
- Teasing and Bullying

37

Developmental Disabilities

- Intellectual Disabilities
- Pervasive Developmental Disabilities
- Epilepsy
- Cerebral Palsy
- Neurological Impairment
- Learning Disabilities

38

What Kinds of things need to be looked at in a Good Medical Review when Challenging Behaviors are an issue??

39

First Remember: Interdependence on a number of TEAM members is a strength not a weakness!!!

40

Medical Information
(From MD, Psychiatrist, Nurse, Family)

- Current Medications
- Blood Levels if appropriate
- Medication History
- Address all acute and Chronic Medical Issues
- **Comprehensive Medical/Developmental History**
- **Complete Physical Exam**
- **Appropriate Lab work Done**
- **Consultations by Specialists when indicated**

41

What to Rule Out?

- Psychiatric Symptomatology induced by medical conditions
- Psychiatric Symptomatology induced by medications
- Social Factors influencing Behaviors
- Environmental Factors influencing Behaviors

42

Questions to Consider

- Is a medication appropriate for the behavioral symptom?
- Is a medical procedure appropriate for the behavioral symptom?
- Is a Medical Workup necessary?
- Is a Neurological Workup necessary?
- Is a Psychological Workup necessary including cognitive and adaptive evaluations?
- Is a Psychiatric Workup necessary?
- Are the current diagnoses accurate? Are they being treated appropriately?
- Are there patterns in behavior or treatments?
- Is the Day Program setting appropriate?
- Is the Residential setting appropriate?

43

Advantages to Multimodal Approaches

- Accentuates assessment of multiple areas of functioning and cause
- Addresses interaction between individual factors and external events
- No dimension of the assessment is considered in isolation
- Leads to more innovative interventions

44

CLUES FOR SUPPORT STAFF

*WHAT SIGNS AND SYMPTOMS SHOULD YOU BE LOOKING FOR WHEN BEHAVIOR SUGGESTS A MEDICAL CONDITION?

*COMMON PROBLEMS AND THEIR SYMPTOMS

45

SIGNS

- **General Changes**
- Weight Changes
- Sleep pattern Changes
- Fatigue
- Activity Level Changes
- Fever
- **Skin**
- Rash
- Itching
- Sores not healing
- Change in color/texture of mole
- Hives
- **Skeletal**
- Joint Redness or Warmth
- Decreased Range of Motion at Joint
- **Head**
- Eye redness or drainage
- Ear pain/Pulling on Ears
- Change in Eating Patterns
- Nasal Drainage
- Gargling like voice or Coughing during or after meals

46

SIGNS cont.

- **Respiratory**
- Shortness of Breath
- Cough for more than 8 weeks
- Wheezing or noisy breathing
- **Cardiac**
- One arm or leg swollen
- Swelling/Edema of legs
- Chest pain
- Severe/acute heartburn
- **Gastrointestinal**
- Change in appetite
- Abdominal discomfort/pain
- Vomiting
- Diarrhea
- Dark/Black stools or bright red blood in stools
- **Genitourinary**
- Cloudy Urine
- Foul/Strange smelling Urine
- Increased frequency of urination
- Lump or knot in groin area
- Painful urination
- Severe Itching

47

SIGNS cont.

- **Women**
- Breast nipple discharge
- Abnormal vaginal bleeding
- Bleeding after menopause
- Vaginal discharge
- Burning on urination
- Vaginal Itching
- **Men**
- Straining to Urinate
- Low stream force
- Change in testicle size
- Scrotal Swelling
- **Neurological**
- Poor Balance
- Tremors
- Falls
- Headaches
- Weakness
- Abnormal Behaviors
- **Psychiatric**
- Mood Changes
- Loss of Interest
- Agitation
- Note: Changes in Behavior are not always psychiatric. Sometimes they are medical and behaviors are communication

48

SYSTEMS		MEDICATIONS/CONDITIONS						
IMMUNOLOGICAL								
ENDOCRINE								
EMC								
HEMODYNAMIC								
HEMATIC								
HEPATOINTESTINAL								
HEPATIC								
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49

Common Problems and Their Signs/Symptoms

- **Diabetes**- Increased drinking, increased urination, weight loss, decreased energy
- **Hypothyroidism**- Fatigue, weight gain, hair loss, dry skin
- **Cellulitis / Skin Infection**- Area reddened, hot, swollen, tender to touch, human bites high rate of infection
- **Sinus Infections**- Yellow/greenish nasal discharge
- **Seasonal Allergies**- periodic sneezing, clear nasal drainage, nasal itching, reddened eyes
- **Pneumonia**- fever, decreased energy, cough, yellow/green mucus, shortness of breath, rapid breathing
- **Reflux or GERD**- burning under breastbone, belching, regurgitation, better when sitting up, wheezing

50

Common Problems and Their Signs/Symptoms cont.

- **Ulcer**- Pain in stomach area, better after eating
- **Food Poisoning**- Abdominal pain, vomiting, diarrhea
- **Constipation**- Straining with BMs, small amount of blood in stool, small balls or knobby stool that is dry
- **Urinary Tract Infection**- Pain on urinating, frequent urinating, urine has bad odor
- **Prostrate Enlargement**- Straining to urinate, low stream force.
- **Concussion**- Abnormal behavior, drowsiness, headache, vomiting, weakness, or seizures after head trauma
- **Generalized Seizures**- sudden loss of consciousness with or without body jerking, may have bladder and/or bowel incontinence, drowsy and/or confused afterwards. Focal seizure may start on one side of body and spread to generalized seizure state.

51

Common Problems and Their Symptoms cont.

- **Coffee Ground Vomitus**- GI bleed
- **Projectile Vomitus**- could indicate bowel obstruction, may have coffee ground look, usually with abdominal distention
- **Foreign Body Ingestion**- No symptoms at times, vomiting, drooling, difficult swallowing, coughing, choking, or pain
- **Stroke**- Sudden loss of function in the region or side of the body. There may be a need to keep airway open
- **Poisoning**- Sudden, severe, and unexpected illness. Confusion, decreased consciousness, shallow and slow breathing, seizures, vomiting. Look for fragments of pills, plants, etc, open bottles/containers of poisonous items, breath smells like household product(s). Common poisons: Tylenol, Aspirin, Drain Cleaner, furniture polish, and vitamins.
- **Statewide Poison Center at Children's Hospital 800-222-1222**

52

NON VERBAL COMPLAINTS CUES

53

“In consultations from the past many professionals suggested that certain frequently repeated behaviors seem to be indicators/clues to medical problems.”

54

**General Themes of these Clues may be
Psychiatric or Medical
Here are Some Tips**

- Same symptoms in the same person can mean something different every time they occur
- ALL signs and symptoms “mean” something
- The pain one can control is preferred over the pain one cannot control
- Itching can be excruciating
- Many clients can't ask, don't know they can ask, don't know how to ask, or have been conditioned not to ask for help
- Other signs of discomfort or pain may be less noticeable
- Chronic pain is different than Acute pain
- Medications, Pathology, or Trauma may alter autonomic reactions to pain
- Watch for: What is touched, What is numbed, and what is avoided by movement

55

Some Behaviors & Possible Causes

- **High Pain Tolerance**- experience with pain, fear of expressing pain, delirium, neuropathy, medication side effects
- **Fist in mouth/Down Throat**- Gastroesophageal reflux, dental problems, asthma, rumination, nausea
- **Biting Side of Hand/Whole Mouth**- sinus problems, ear problems/Eustachian Tubes, dental problems, paresthesias/hand
- **Biting Thumb/Objects with front teeth**- sinus problems, ear problems
- **Biting with Back Teeth**- dental problems, otitis/ear infections
- **Uneven Sitting**- hip pain, genital discomfort, rectal discomfort
- **Odd/unpleasurable masturbation**- prostatitis, urinary tract infection, candidal vaginitis, pinworms, repetition phenomena-PTSD
- **Waving head side to side**- declining peripheral vision, reliance on peripheral vision

56

Some Behaviors & Possible Causes cont.

- **Walking on Toes**- arthritis in ankles, feet, hips, or knees, tight heel cords
- **Intense rocking, preoccupied look**- visceral pain, headache, depression
- **Won't sit**- akathisia, back pain, rectal problem, anxiety disorder
- **Whipping Head Forward**- atlantoaxial dislocation, dental problems
- **Sudden Sitting Down**- atlantoaxial dislocation, cardiac problems, seizures, syncope/orthostatic hypotension, vertigo, otitis, thrown off balance
- **Waving Fingers in front of Eyes**- migraine, cataract, seizure, rubbing of blepharitis, corneal abrasion

57

Some Behaviors & Possible Causes cont.

- **Pica**- general: OCD, hypothalamic problems, history of under stimulating environments, cigarette butts: nicotine addiction, generalized anxiety disorder, glass: suicidal, paint chips: lead intoxication, sticks, rocks, other jagged objects: endogenous opiate addiction, dirt: iron or other mineral deficiencies, feces: PTSD, psychosis
- **General Scratching**- eczema, drug side effects, liver/renal disorders, scabies
- **Self Restraint/Binding**- pain, tics, other movement disorders, seizures, severe sensory integration deficits, PTSD, paresthesias
- **Scratching Stomach**- gastritis, ulcer, pancreatitis(also pulling at back), porphyria, gall bladder disease
- **Head Banging**- pain, depression, migraine, dental issues, seizures, otitis, mastoiditis, sinus problems, tinea capitis
- **Stretched forward**- gastroesophageal reflux, hip pain, back pain

58

Symptoms with Underlying Conditions

59

General Pain / Discomfort

- | | |
|---|---|
| • Arthritis | • Hydrocephalus |
| • Bone Fracture | • Intestinal obstruction |
| • Cardiac Disease | • Medication Toxicity |
| • Cervical subluxation | • Occult Infection (sinusitis, otitis media, dental, urinary tract infection, vaginitis, prostatitis) |
| • Constipation | • Ocular and Vision Problems |
| • Dehydration | • Pneumonia |
| • Dental pathology | • Psychiatric Disorders/ & Depression |
| • Electrolyte or Glucose abnormality | • Rectal Fissures |
| • Gastroesophageal reflux with or without esophagitis | • Seizures |
| • Headache/Migraine | • Sepsis |
| • Hernia | • Trauma, Abuse, Neglect |

60

Change of Consciousness

- Bowel Obstruction
- Head Injury
- Hydrocephalus
- Medication Reaction
- Metabolic Condition
- Pneumonia
- Seizures
- Sepsis
- Stroke

61

Breathing Difficulty

- Aspiration with Chemical Pneumonia
- Asthma
- Bowel Obstruction
- Congestive Heart Failure
- Foreign Body in Lungs
- Pneumonia
- Sepsis
- Reflux (also Wheezing)
- Obstructive Apnea (also Sleep Disruption)

62

Sudden Sitting

- Atlanto-axial dislocation
- Cardiac Problems
- Seizures
- Syncope or orthostatic hypotension
- Vertigo

63

Unwillingness to sit or uneven sitting

- Akathisia
- Back pain
- Genital Discomfort
- Hip Pain
- Psychiatric disorders including Anxiety
- Rectal, vaginal, or prostrate discomfort

64

Hand or Fingers in Mouth

- Asthma
- Dental Pathology
- Eustachian / middle ear problem
- Gastroesophageal Reflux
- Nausea
- Sinus Problem

65

General Scratching

- Atopic Dermatitis
- Eczema
- Pancreatitis, liver, or Gall Bladder diseases
- Medication Side Effects
- Renal Disorder
- Scabies

66

Unusual or recurrent masturbation

- Prostatitis
- Urinary Tract Infections
- Candida Vaginitis
- Pinworms

67

Pica

- Hypothalamic Problems
- Psychiatric Disorders
- History of understimulating environments
- Iron Deficiency
- Lead Poisoning

68

	Agglutins	Amalgam	Amia	Change in Appetite	Cocaine	Empoison	Endocrine Imbalance	Encephalitis	Enuresis	Fatigue	Ferrous	Mineral Intake	Muscle Weakness	Respirators	Social Disruption	Stress	Uterine Disturbances	Visual Changes
Acid Inhibitors																		
Alpha Blockers																		
Antianginal																		
Antiarrhythmics																		
Anticholinergics																		
Anticoagulants																		
Antidepressants																		
Tricyclics																		
Antidiabetics, oral																		
Antihistamines																		
Antiparasitics																		
Antipsychotics																		
Anesthetics																		
Barbiturates																		
Benzodiazepines																		
Beta Blockers																		
Calcium Channel Blockers																		
Corticosteroids																		
Diuretics																		
NSAIDs																		
Opioids																		
Stimulant Medications																		
Thyroid Hormones																		

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69

Some Psychiatric Symptoms that may be caused by Medical Illnesses

70

Seven horizontal lines for notes.

Psychosis with hallucinations/delusions possible causes

- Hepatitis, Sympathomimetics, Von Gierke's Disease, Anticholinergic intoxication, Cerebral allergies, Temporal Lobe/Mixed Sensory Lobe Seizures, Pick's Disease, Medication Toxicity (antabuse, cimetadine, levodopa, anticonvulsants), Addison's Disease, Hypothyroidism, Uremia /Azotemia, Hypocalcemia, Hyponatremia, Metal poisonings, Huntington's Disease, Vitamin A toxicity, Brain Tumors, Simmond's Disease, Pernicious anemia, Electrolyte imbalances, Hypoparathyroidism, Hyperthyroidism, Wilson's Disease, Vitamin B12 deficiency, Sensory Deprivation, Hyperinsulinism

71

Seven horizontal lines for notes.

Excited states (mania and hypomania) can be caused by:

- Amphetamines/Sympathomimetics, Alcohol (intoxication/withdrawal), Hyperadrenalism, Hyperparathyroidism, Hyperthyroidism, Klinefelter's Syndrome, Sometimes part of (see Psychosis Section) other symptomology, Steroids or Cushing's Disease

72

Seven horizontal lines for notes.

Depression can be caused by:

- Alcoholism
- Sydenham's Chorea
- Carcinoid Syndrome (small intestine cancer)
- Malignancies especially of the pancreas
- Parkinsonism
- Sedative/hypnotic abuse
- Amphetamines/ Sympathomimetics
- Folic Acid deficiency
- Insecticide and gaseous poisonings
- Hartnup's Disease
- Viral Illnesses
- Medications (Steroids, antiarrhythmics, antihypertensives, oral contraceptives, antiinflammatories)
- Endocrinopathologies (thyroid, parathyroid, adrenal, pituitary)

73

“The more you practice these assessment techniques, the better you will get at solving your non verbal signs of something medical”

74