

May 2025



Individuals with IDD and Falls



Falling is a leading cause of hospital admissions and avoidable deaths for individuals with intellectual and developmental disabilities (IDD).

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) defines a fall as “any situation in which someone descends (or falls) suddenly or involuntarily toward a lower surface or the ground.”

Individuals with IDD fall twice as much as their peers in the general population. Falling once doubles an individual's chances of falling again (2).

Half, or more, of all falls experienced by individuals with IDD result in injury, and of those, 10% or more are serious injuries such as fractures and concussion (1). Best-practice suggests every individual with IDD who experiences a fall should be examined by a medical professional as soon as possible.

There are physical, neurological, environmental, and medical reasons which can increase the risk for falls in IDD population.

Physical Risk Factors:

Some physical causes which increase the risk for falls in the individual with IDD are:

- Experiencing age related physical decline at an earlier age.
- Unsteady gait and/or muscle weakness.
- Poor balance.
- History of falls.
- Seizure disorders such as epilepsy which causes loss of muscle control.
- Delayed physical reaction time.
- Bladder and/or bowel incontinence, urinary urgency.
- Hearing and/or inner ear issues.
- Impaired vision.
- Reduced communication abilities and/or comprehension of directions (4).



Please direct questions or concerns regarding the “Health Trends” newsletter to the Office of Integrated Health Supports Network at communitynursing@dbhds.virginia.gov

Reference

1. Ho, P., Bulsara, C., Patman, S., Bulsara, M., Downs, J., & Hill, A.M. (2018) Investigating falls in adults with intellectual disability living in community settings and their experiences of post-fall care services: protocol for a prospective observational cohort study. *BMC Geriatrics*, 18(171), 2-9.
2. Ho, P., Bulsara, M., Patman, S., Downs, J., Bulsara, C. & Hill, A.M. (2019, December). Incidence and associated risk factors for falls in adults with intellectual disability. *Journal of Intellectual Disability Research*, 63(12), 1441-1452. Doi: 10.1111/jir.12686.
3. Maruszewska, A., Ambrozy, T. & Rydzik, L. (2025, March) Risk factors and socioeconomic determinants of falls among older adults. *Front. Public Health* 13:1571312. Doi: 10.3389/fpubh.2025.1571312
4. Pope, J., Truesdale, M., & Brown, M. (2020, August). Risk factors for falls among adults with intellectual disabilities: A narrative review. *Journal of Applied Research in Intellectual Disabilities*, 34, 274-285. Doi: 10.1111/jar.12805

Neurological Risk Factors:

Some neurological issues which may increase risk for falls in the individual with IDD are:

- Severity and level of intellectual and/or developmental disability.
- Unpredictable choices and impulsive behavior such as unnecessary rushing and/or running.
- Reduced awareness of their own risk for falls.
- Loss of mental focus with distractions and activities surrounding them in the environment.
- Slowed mental reaction times with an inability to rebalance if they start to fall.
- Cognitive damage as a result of IDD or other underlying medical conditions which may change the sensations in feet and legs (2).

Environmental Risk Factors:

Some environmental reasons which might increase risk for falls in individuals with IDD are:

- Cluttered living, walking or floor area.
- Varying levels, graded flooring or rug heights.
- Unlevel, uneven outside/inside walking surfaces.
- Wet or slippery when wet floors.
- Loose carpets or unstable rugs.
- Poor lighting in walking/living areas.
- Wearing poor fitting footwear (slippers, etc.).
- Damaged assistive walking devices or medical equipment.
- Improperly assisted transfers by a caregiver.
- Seat heights on chairs which are too low or too high (3).



Medication-Related Risk Factors:

- Taking four or more medications at one time (polypharmacy).
- Seizure medications and psychotropic medications side effects which cause dizziness, drowsiness, blurred vision, and low blood pressure.
- Heart medication side effects which may cause very low blood pressure making an individual feel lightheaded and dizzy when standing (2).

May 2025



ABA Snippets ...

National Smile Day

Everyone, smile.

May 31st is National Smile Day (2). Behavior science can increase behaviors, like smiling. But this month I want to focus on the stars of those beautiful smiles. The TEETH.

Daily brushing is very important for everyone. Brushing every day doesn't just get you ready for National Smile Day, it helps prevent discomfort and pain. According to Kristy Childress, RDH, from the DBHDS/OIH dental team, brushing just 2 minutes 2 times a day can eliminate potential problems with infection or more serious issues that can cause pain (K. Childress, personal communication, March 28, 2025).

While this is true for everyone with teeth, many waiver recipients face additional challenges when it comes to dental hygiene. Some medications can cause dry mouth, leading to infection. Inflammation due to plaque can go undetected if a person is unable to communicate effectively. Inflammation in the mouth can lead to inflammation throughout the body (K. Childress, personal communication, March 28, 2025).

One way a person can improve toothbrushing by using self-management (SM). SM is a strategy where a person tracks their behavior and obtains a reward (1). Maik and colleagues demonstrated that SM could be used to improve teeth brushing for people living in group homes. They taught three adults how to mark "yes" or "no" on a checklist.

1. Mark a "Yes" for putting toothpaste on the toothbrush,
2. Mark a "Yes" front teeth,
3. Mark a "Yes" for left side teeth,
4. Mark a "Yes" for right side teeth,
5. Mark a "Yes" for bottom teeth,
6. Mark a "Yes" for brushing for a minimum of 2 min and
7. Mark a "Yes" for completing the checklist within 1 min of toothbrushing.

All three participants improved how well they brushed, how often they brushed and how long they brushed.

There are other behavior interventions to improve teeth brushing. A therapeutic behavioral consultation provider can help, and you can always reach out to the Office of Integrated Health.

You may contact DBHDS about these efforts via the following:

brian.phelps@dbhds.virginia.gov

References:

1. Miak, G., Zane, T., Kuhn, R. M., & Koegel, L. (2024). Using self-management strategies to improve toothbrushing for adults in supported community living. *Behavioral Interventions*, 39(4).
2. National smile day - May 31 - national day calendar. (n.d.).



DBHDS Crisis Hot-Line Virginia 988

VIRGINIA 988: Is answering the call to provide access to mental health crisis support.

With rising levels of anxiety, depression, emotional distress, and substance-related deaths, it's increasingly crucial for people to get immediate help if they're in a mental health crisis. That's why 988 began – to create a direct connection to support and resources for anyone experiencing mental distress. This easy-to-remember three-digit lifeline was launched in Virginia – and nationwide – in July of 2022.

The services of 988 don't end when the phone call does.

When you call 988, a trained crisis worker will be on the line to listen and support you with your situation. But that help isn't limited to one phone call. 988 can also be the entry point to Virginia's Crisis Services, a support system which offers a continuum of care to Virginians who are experiencing mental health distress. Along with 988, Virginia's Crisis Services include:

- Mobile Crisis Response, which comes to the person in crisis to help with on-scene evaluation, treatment, and intervention.
- Community-Based Stabilization, which includes support following an initial crisis either with services available in the community or via referral to a Crisis Stabilization Unit.
- Crisis Stabilization Units, which operate much like a hospital emergency department specifically for people in a mental health crisis. Typically, this involves a short-term stay (under 24 hours).
- Emergency Services, which are code-mandated services providing screening assessments to anyone who is identified as experiencing a behavioral health crisis who meets the criteria for involuntary commitment.
- REACH, the statewide crisis system of care for people with developmental disabilities.

988 is changing the way Virginia responds to mental health crisis.

With this three-digit code, calls that were once made to 911 for law enforcement dispatch are now directed to a trained mental health crisis worker. To learn more about Virginia 988 visit <https://988va.org/>

Reference:

Cunningham, L. (DBHDS). (2025, January). Virginia 988. The Virginia Department of Behavioral Health and Developmental Services [Internet].