Everyday Supports of Adults with Dual Diagnosis (MI/DD)

—

Presenter: Lucy Esralew, Ph.D.

Trinitas Regional Medical Center

TRINITAS
Regional Medical Center

Objectives for Today's Talk

- Consider the challenges of adults with co-occurring mental health disorders and intellectual/developmental disabilities

- Consider ways that we can provide everyday supports for adults with dual diagnosis

What is Dual Diagnosis?

- When an individual with intellectual or developmental disability also carries a diagnosis of a psychiatric illness, we consider this person dually diagnosed:

- The consumer who is on the autism spectrum and carries diagnoses of Bipolar Disorder or Obsessive Compulsive disorder

- *Autism is the neurodevelopmental disorder and may or may not be accompanied by intellectual disability and BPD or OCD are the mental health disorders*

- The consumer who has Down syndrome and Major Depression

- *Down Syndrome is the neurodevelopmental disorder which is usually accompanied by ID and Major Depression is the mental health disorder*

- The consumer who has intellectual disability and Post traumatic Stress Disorder

Mental Health Problems Add Excess Disability

–   Mental Health problems affect:

➢   Motivation

➢   Self-confidence

➢   Concentration and attention

➢   Social relationships

➢   Ability to work

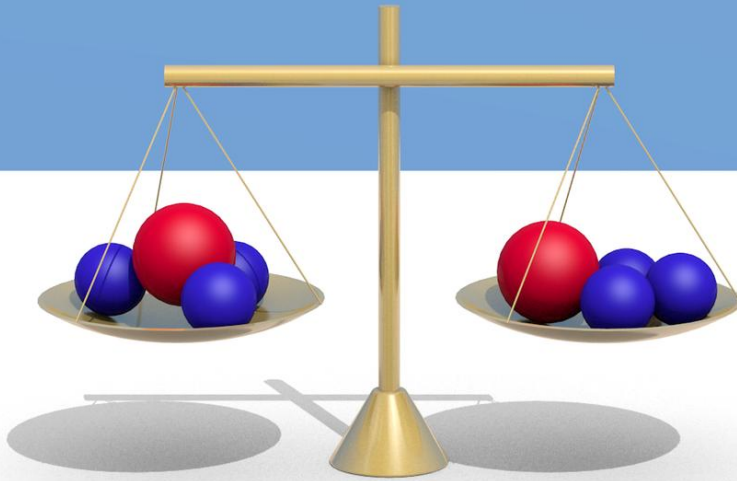➢   Ability to live independently

➢   Activities of Daily Living

Treatments, supports and services?

Considerations:
- ❖ **Promote Independence**
- ❖ **Promote Interdependence**
- ❖ **Increase Choice**
- ❖ **Increase Voice**
- ❖ **Safety**

Balance duty to care with support for choice, voice and self-determination

- We are trained to assist vulnerable individuals and act in ways that help keep them safe, but...

- Are we providing opportunities for choice, self-expression and self-determination?

- Do behavioral health challenges and the need for care preclude the rights of individuals to live in accordance with their values and preferences?

Person-centered versus Illness-centered care

– Driven by strengths and values rather than by diagnosis

✓ Consider the whole person and not just the mental health diagnosis

✓ Shared decision making (involves input for care recipient and collaborative planning)

✓ Helps individuals reach their valued health outcomes

✓ Considers Quality of Life

Mood Disorders

– **Bipolar Disorder**- is a cyclic mood disorder characterized by episodes of depression and episodes of mania

• Treated with medications such as mood stabilizers and psychological and social supports

– **Major Depressive-** extreme depression during which the person may stop eating, oversleep, be unable to keep a regular routine such as get up to go to work or program

• Treated with medication and psychosocial supports; need to watch for self-isolation, and involve person in activities (***behavioral activation***)

Thought Disorders

– ***Psychosis*** is a formal thought disorder in which the person cannot make realistic decisions and thinking is unrealistic

– ***Schizoaffective Disorder*** - a formal thought disorder that involves mood

– ***Schizophrenia*** - thought disorder which may include hallucinations, delusions and paranoia

– ***Major Disorder or Bipolar with psychotic features*** - mood disorders in which there may be hallucinations, delusions or illusions

– Treatment consists of medication, social supports, managing anxiety and positive daily routine

Anxiety Disorder

– Can include *Generalized Anxiety Disorder, phobias, Obsessive Compulsive Disorder*

– Fear that one is unsafe, undue worry and preoccupation with potential sources of difficulty or harm

– OCD can be very severe and interfere with pursuit of a daily routine; the person is ritual-bound and may not eat, sleep, go to the toilet or pursue activities because of their particular preoccupation.

– Treatment includes the use of anti-anxiety medications, relaxation strategies and coping skills development

Posttraumatic Stress Disorder

- Response to extreme stressor which can include the person being hyperfocused and vigilant of others, seemingly emotionally distant

- Individuals may have flashbacks which are mistaken for hallucinations

- Individuals may be actively in distress, exhibit behavioral problems

- This tends to be under-reported and under-treated, especially among consumers who have a history of institutional living

Work

- Mental health disorder may interfere with:
- ✓ The ability to follow instructions
- ✓ The ability to learn work-related tasks
- ✓ You may feel slowed-down by medication which may influence your productivity
- ✓ May interfere with your ability to get along with others at work, interfere with your ability to cooperate or function as a member of a work crew or team
- ✓ You may ignore hygiene or personal grooming
- ✓ You may feel alone, stigmatized and unable to assert yourself or advance your best interests

Community Living

– The tasks involved in managing your own affairs may seem overwhelming

– You may not have the social skills to get along with others (roommates, family members, neighbors)

– You may forget to handle tasks like paying the rent, going shopping, etc.
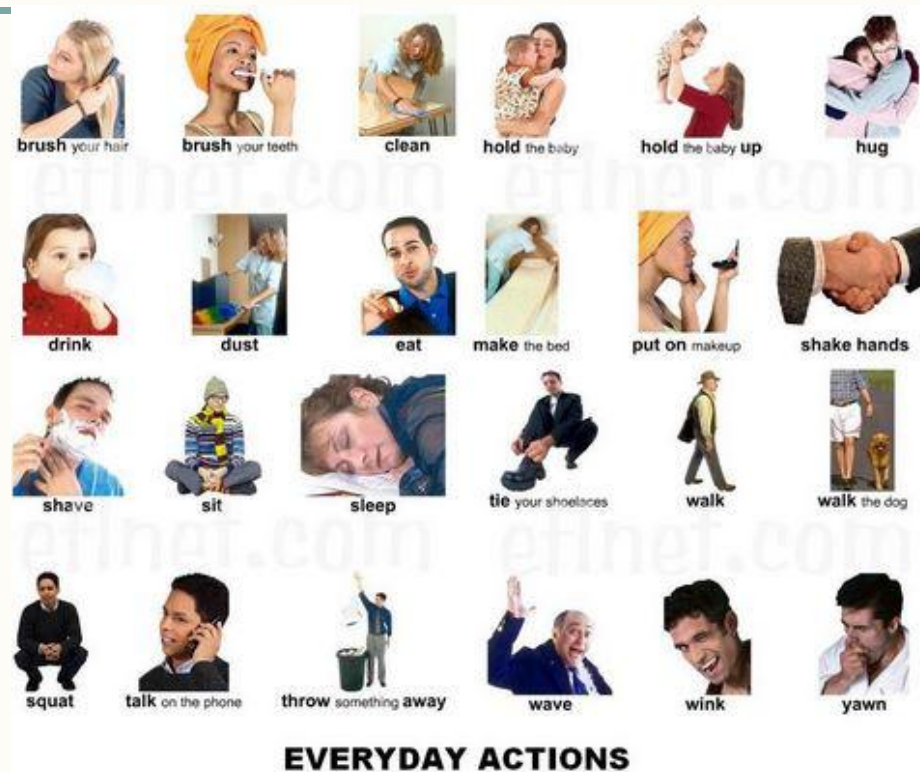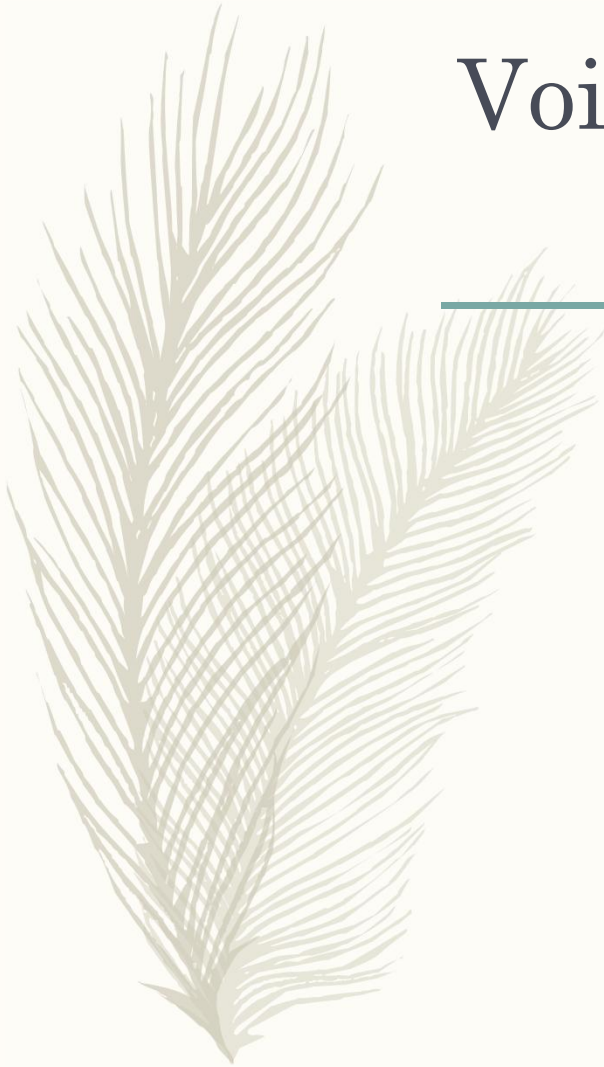
Relationships

- Staff can role model communication and relationship building

- Staff can create opportunities for relationships

- Staff can provide social coaching to consumers in difficult situations
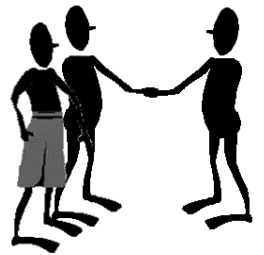
Activities of Daily Living

Voice in Wellness and Recovery

Functional Communication

- Individuals with limited language skills need opportunities to express their wants, needs and preferences

- Picture Exchange Communication Systems (PECS)

- Communication Boards

- Pictorial Calendars

- Translators

The Language of Wellness

- Mental health has its own unique jargon

- Provide individuals, their families and staff with:

  - information about mental health disorders,

  - explanations of medications,

  - develop a list of questions to discuss with the health care provider

- Review emergency protocols if relevant and discuss accessing the acute care system http://www.sccatnj.org/news_information.htm

Giving Voice to Culture and Tradition

– Different belief systems regarding psychiatry and non-medical approaches to mental health

– Different beliefs about the nature of mental health disorders

– What is the family value system around mental health wellbeing?

Choice in Wellness and Recovery

Personal Choice

- Does the individual know he/she has choices?
- Are individuals asked about their preferences for treatment and providers?
- Opportunities for choices should be included in every activity
- To what extent would providing individuals with choice lessen the likelihood of behavioral problems?
- The opportunity to voice preference or indicate preference should be encouraged in every activity

Difference between crisis and stabilization services

- Crises are when the individual is potentially dangerous to himself or others and usual methods of reducing risk are not working:

Aggression towards others, self-injury, property destruction, suicidality, elopement

The person can be screened at home or at program by a CARES clinician 1-888-393-3007 or by the local mobile PESS screener; the person may need hospitalization to reduce dangerousness

- Stabilization services include medication monitoring by a psychiatrist or APN, counseling by a psychologist or social worker, behavioral programming, or attendance of AIOPU; these are on-going supports to avert crisis

Behavioral Health versus Mental Health

- – Mental health services include PESS, inpatient psychiatric units (STCF and voluntary), county hospitals, state hospitals, partial care programs

- – Behavioral Health includes counseling, psychiatric monitoring, partial care programming that can be offered through a community health center, hospital outpatient or in private offices

Whom Do You Call?

- Mobile response from local Psychiatric Screening Center

- If not imminently dangerous, call appropriate Trinitas team:

➢ CARES **1-888-393-3007** for adults 21+ with IDD

The Emergency Room

Appropriate use of the ER

– The ER is not the place to sort out chronic problems or behavioral issues

– Encourage family and professional caregivers to have the consumer comprehensively assessed

– Often enhancement of daily schedule or environmental manipulations can result in significant improvement in behavioral presentations

Role of inpatient psychiatric hospitalization

- Reduce dangerousness

- Rapid tranquilization

- Assessment

- Observation

- May be opportunity to trial intervention that can be continued in community

- Hand-off to community provider or (in the case of someone who does not stabilize) hand-off to higher level, longer-term care e.g. county or state hospitalization

How do we find out more about what is driving consumer problems?

- The ER is not the place to sort out chronic problems or behavioral issues

- Encourage family and professional caregivers to have the consumer comprehensively assessed

- Often enhancement of daily schedule or environmental manipulations can result in significant improvement in behavioral presentations

Effective resolution in crisis situations

- The person is stabilized in their natural setting

- The person has been referred to needed longer term stabilization services

- The person has not lost a placement because of his/her mental health crisis

- The person is receiving necessary pharmacological and non-pharmacological services and supports

- The valued system has become better equipped to recognize and respond to future challenging situations

Levels of Care within the Mental Health System

– Community Mental Health Centers

– Partial Care or day treatment programs

– Voluntary admission to local inpatient psychiatric units

– Involuntary admission to local Short Term Care Facility (STCF) unit

– Intermediate extended stay in a county hospital

– Admission to a state psychiatric facility (longer term inpatient treatment)

Navigating Wellness

Positive Routine

– Includes choice in activities

– Meaningful work and activity

– Balances necessary tasks with preferred activities

– Provides opportunities for social connection

– Provides opportunities for skills building

– Includes opportunities for exercise and movement

Skills Building Opportunities

- Life Skills training opportunities
- ✓ ADLs to improve functional outcomes
- Social skills training opportunities
- ✓ Social stories to improve social understanding
- Anger management
- ✓ Coping skills
- Stress management
- ✓ Relaxation techniques

Wellness and Recovery Advocacy

EDUCATE!

- ❖ Place Mental Health on the Civil Rights and Disabilities Agenda through trainings, seminars and events

- ❖ Provide individuals, their families and all members of the valued team with information about how dual diagnosis impacts everyday living

- ❖ Use the Wellness Recovery Action Plan http://mentalhealthrecovery.com/wrap-is/

- ❖ Help all members of the valued team understand the stressors and hassles of everyday living with illness and recovery

- ❖ Help people navigate the acute care system in your state

Extension for Community Healthcare Outcomes

- Trinitas Regional Medical Center holds three unique ECHO sessions per month that:

- Build local workforce capacity to assist individuals with complex needs

- Establish a learning collaborative around practice areas for which there is a dearth of qualified providers

- Democratize, problem solve and move relevant knowledge to where it is needed rather than move people to providers with relevant knowledge

CASE STUDY #1

- RS is a 26 year old unmarried Caucasian female who carries the diagnoses of Mild Intellectual Disability, Borderline Personality Disorder and Bipolar Disorder. She resides in a supervised apartment in which she shares a suite with two other consumers; she receives 20 hours a week of services from a DD provider agency. She works within a sheltered workshop that is run in conjunction with a local partial care program

- RS has a history of multiple ER presentations for aggressive behavior towards suitemates and staff and multiple attempts at self-mutilation (cuts self with sharp objects)

- She demonstrates poor impulse and anger management. She has been promiscuous in her sexual relations, is suspected to use marijuana on a regular basis and has been variably compliant with her medication regimen. Last ER presentation, she destroyed property at the partial care program during an argument with staff. She is currently on suspension

Crisis Resolution involves looking at the person within context

Let's consider RS:

– What does the person need?

– What do the person's caregivers need?

– What resources are needed within each of the individual's settings?

– What are the implications for systems change?

Summative Points

- Mental Health crises affect everyone within the consumer's natural settings (including family, staff and peers)

- Caregivers need to know the distinction between Behavioral Health and Mental Health services and the difference between acute care and stabilization services

- Caregivers need to recognize and effectively respond to "red flags" before situations deteriorate to the point of crises

- The individuals discussed in today's workshop can benefit from counseling, behavioral shaping, targeted pharmacology, Positive Behavior Supports and best practice care in order to avert unnecessary presentations to hospital ERs or unnecessary hospitalization

Mental health Supports for Families

- CARES **1-888-393-3007**

- Intensive Family Support Services www.mhanj.org/intensive-family-support-services

- MoM2MoM 1-877-914-6662 (MOM2) ubhcrutgers.edu/call-center/peer

- NAMI www.naminj.org 732-940-0991

- County Mental health Associations www.mha+county

- Family Crisis Handbook www.sccatnj.org or www.njamha.org/documents/FamilyCrisishandbook.pdf

Questions??

Lucy Esralew

lesralew@trinitas.org