Developmental Disabilities Lecture Series

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People with Developmental Disabilities and Anxiety Disorders

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How to Stay Sane in This Crazy World...Promoting Positive Mental Health in Persons with Developmental Disabilities & Anxiety

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GOALS

• Proactive rather than Reactive Planning
• Building Wrap-around medical and behavioral supports to prevent more restrictive settings/institutionalization, and building caring communities
• Stay awake until the end of the morning
• HOWEVER...

Mental Health...What Is It?

• Is it the absence of Mental Illness?
• Can people with Developmental Disabilities (PWDD) be mentally healthy (healthier)?
• What about growth, dreams, hope, love?

Answer for Yourself

• On a Scale of 1(least healthy) to 10 (most healthy)
  – 1. My physical health today_______
  – 2. My physical health 5 years ago_______
  – 3. My emotional health today________
  – 4. My emotional health 5 years ago_______

Answer for your Clients

• As a group (On a scale of 1-10)
  – 1. My clients’ overall physical health_______
  – 2. My clients’ physical health 5 years ago_______
  – 3. My clients’ emotional health today________
  – 4. My clients emotional health 5 years ago_________

Crisis in Persons with Developmental Disabilities

• Crisis more common
• Limited coping options
• Limited allowed responses
• Person in crisis=system in crisis
• Systems in crisis want it stopped NOW
• How do we get there from here?
• WHAT GOT YOU HERE, WON’T GET YOU THERE!
How About…?

INSTEAD OF ALWAYS LOOKING OUT FOR THE NEXT CRISIS…

CAN WE PROMOTE POSITIVE MENTAL HEALTH IN PERSONS WITH NEURODEVELOPMENTAL CHALLENGES?

Reality

• PWDD and have experienced extreme levels of stress, degradation, humiliation, and institutionalization.
• PWDD are vulnerable to behavioral problems due to: developmental, biological, genetic, and environmental factors.

More Reality

Due to a number of factors, the vast majority of people with developmental disabilities do not reach achievable levels of development and experience higher than necessary levels of behavioral health issues including and perhaps ESPECIALLY ANXIETY!

Factors Contributing to Lack of Success with some PWDD who are difficult to treat

• Very complicated clinical cases
• Inaccurate and incomplete evaluation and diagnoses
• Inability to keep safe while providing treatment
• Too much management, not enough treatment
• Lack of intensive, longer-term treatment
• Inattention to developmental issues
• Lack of whole-person perspective
• Lack of sustained proactive approaches

LET’S CHANGE THAT!

Even Within Community Settings

• People still experience:
  – The most restrictive living environments
  – More traditional “day-programming”
  – Difficulties with the fine line between recognizing their mental/developmental needs with their chronological age: treated as a child but unable to enjoy ‘child-like’ items, personal space, choices, thoughts, etc.
  – At the same time, they are expected to “behave like an adult.”

Anxiety

• Anxiety is it’s most basic form is the worry of upcoming events. This anxiety is most intense when someone perceive lack of control over that future event, for example, meeting your future in-laws, 30 minutes before your final exam.
• As we have said, PWDD frequently have little control over their worlds.
• As such, anxiety is one of the most common mental health concerns for PWDD.
Anxiety in Persons with DD

- Most research suggests at least a 2X risk of psychiatric disorders in PWDD
- As the Anxiety D/O are the most common in all populations, it follows that Anxiety is at least 2X more common in PWDD
- People with Autism have a 3-4X risk of Anxiety!
- Even for those without a diagnosis of anxiety, anxious feelings are very common

ANXIETY & STRESS

- Stress is a constant
- Stress can be caused by both positive and negative events.
- Nevertheless, most issues resolve with natural supports.
- Long-term Stress is damaging to the whole person.

Your Stressors

- Identify your top 3 stressors
  - A.
  - B.
  - C.

Client Stressors

- Identify what you predict are your clients top 3 stressors
  - A.
  - B.
  - C.
  - How are these lists different?

Crisis

- A crisis occurs when an unexpected event happens, during which time usual coping strategies are ineffective.
  - This implies "usual coping strategies" have proven effective
  - In "crisis", a previous coping strategy that was both "usual" and "effective" may not work this time.

Hans Selye

- Defined body’s reaction to stress as the General Adaptation Syndrome
  - Alarm reaction stage: physiological responses to Fight or Flight are initiated
  - Stage of Resistance: individual uses physiological reactions of 1st stage as a defense to deal with or ADAPT to stressor
  - Stage of exhaustion: if the individual is exposed to prolonged stress, coping reserves are tanked, exhausted person unable to adapt, stress related illnesses or even death occur.
HPA Axis

- Hypothalamus-pituitary-adrenal axis
- Levels of increased Corticotrophin-releasing factor (CRF) have been found in the Cerebral Spinal Fluid of pts with Depression & PTSD (effects of early adverse stress)
- Hippocampal (emotional regulation/memory) volume decreased in persons with depression & PTSD

HPA Cont.

- Stress is perceived by the limbic system
- Neurons in the limbic system activate the HPA axis which mobilizes the fight or flight system

Stage 1: Alarm Reaction

- Stress/ danger is perceived
- Do I run from the dinesuer to avoid being his dinner or kill it so he can be my dinner?
- Leads to increased epinephrine, Norepinephrin, thyroxin, and ADH (anti diuretic hormone – no time to pee when running from dinosaurs!

In Alarm Stage: Sympathetic Nervous System Activation

- Increases in: pupil size ("the better to see you with")
- lacrimal glands (Tears to aid vision)
- salivary flow
- Heart rate
- Bronchi (air flow)
- Adrenalin
- Decreases in:
  - Stomach motility
  - Pancreas
  - Intestinal motility (you can digest food anytime, but NOT now!)

Alarm Stage Results

- Increased energy
- Increased Basal Metabolic Rate
- Visual acuity
- Improved Oxygen & Glucose utilization
- Strength
- Heat production
- Alertness

More Results

- This is very time limited
- Dinner is either available for someone
- OR...
  - Stress effects more of the body
Stage 2: Stage of Resistance

- HPA reacts to increased body heat and decreased renal blood flow
- Turns off catecholamines which triggers ACTH and activates the adrenal cortex
- Lots of Adrenalin now available
- When there are no actual dinosaurs to fight, now what?

Resistance Stage Results

- Increased protein catabolism (breakdown)—During the initial stage, all the quickly available blood sugar is used up. The body then starts to break down protein.
- Additionally, once muscles are not fighting or fleeing, there is less sugar utilization which creates overall increased blood sugar

More Resistance Stage Results

- Increased peptic enzymes = more stomach acid
- Decreased lymphocytes & T cells
- Fatigue
- Malaise
- Initial weight loss, anorexia

More Stage of Resistance

- Subjective reports of Depression/Sadness/Anxiety
- Clotting problems
- Excess adrenal hormones convert cholesterol & unstructured lipids to increase overall cholesterol and triglyceride levels

To Recap: In Time, Stress...

- Increases:
  - Glucose
  - BUN
  - C Reactive Protein
  - Sodium
  - Insulin Resistance
- Decreases:
  - Eosinophils
  - T-cells
  - Potassium
  - Glucose utilization
  - Nitrogen Balance
  - Serum Protein (alters Rx usage)

Stage of Exhaustion

If an individual is exposed to prolonged stress, coping reserves (mental, physical, emotional) are tanked.
The exhausted person is no longer able to adapt.
Stress-related illnesses or even death occur.
Physical Features of Chronic Stress

• Infections
• GERD, ulcers
• Respiratory insufficiency
• Cardiac Problems d/t increased lipids/cholesterol
• Which leads to the number one cause of all health issues in the US today…

Metabolic Syndrome

• Hypertension
• Increased abdominal fat
• Increased insulin resistance
• Hyperglycemia
• Loss of lean muscle which lowers the BMR further

Mental Health Stress Related Illnesses

• PTSD
• Eating Disorders
• Mood D/O’s d/t a general medical condition
• Substance Abuse
• The “final straw” for genetically triggered illnesses (Schizophrenia, Bipolar)?

How We Spend Our Time

• As mental health professionals, we spend our time
  – putting out fires
  – minimizing symptoms
  – attempting to eliminate deficiencies

Reality for the Rest of US

• My husband of 27 years has spent all of those years attempting to eradicate my mechanical deficiency
• I could take class after class after class in auto mechanics, but none of you should drive any vehicle I have worked on
• Building on strengths will assist people towards more health than any deficiency reduction program ever will.

Your Deficits

• Identify 3 things your are not good at?
  – If you never learn these items, will it matter?
  – If it matters, what is stopping you from learning?
  – Is this something you are willing to devote the time, energy, and pain to change?
The Importance of a Driving Philosophy

A whole-person, developmental perspective
People who feel competent are at a lower risk for anxiety. How do we help people feel competent?

Philosophy

People First
All People are UNIQUE
Differences vs. Disabilities
Value Relationships
Proactive vs. Reactive
Psychological and Physical Safety

More

• The Right To SELF Control
• Teaching People
• Teach Developmentally
• Address challenges
• Interactive Environments are Learning Environments

Promoting A Positive Sense of Self

• Do we value people for just being themselves?
• Do we view people as being “abled” or “disabled”
• Are persons expected to "accept their disability", or to appreciate their uniqueness?

Us vs. Them

• Teaching Control vs. Taking Control
• There is a double standard!
• Choice
• Shared Power
• Consequences vs. Punishment
• Consequences that are natural, compassionate, rational, and are for the goal of SELF responsibility

Prepare People for Changes and Challenges

• Create Learning Experiences
• Teach Skills that Increase Ability to Adjust and Obtain Needed Resources
• Maximize Opportunities
Motivation:
Energy and Direction for Life

Motivation
• Where does your energy come from?
• What are you motivated by? (Hint: Money, fame, power, positive regard, etc.)
• Do different things motivate different members of your family? Your clients?

Three Requirements of Hope
• Dreams
• Desire
• Belief

Dreams
• Identify one dream you wish to see happen in the next year
• In the next 5 years
• How will you make this happen

Promoting Sense of Humor – Yours and Theirs
• Improves perceived quality of life.
• Reduces anxiety and effects of stress.
• Triggers physiological changes such as stimulating circulation, improving respiration, boosts pain-reducing endorphins, and increases immune system.

Supporting PWDD/PWMI's Faith
• Having beliefs effects quality of life, perception of happiness, and mental and physical health.

"Faith – the openness of the heart to the possibilities of God – keeps hope alive"

Lewis Smedes
**PROMOTING RELATIONSHIPS**

**Teaching Social Skills**
- Poor social skills have been associated with challenging behavior and emotional difficulties.
- Need to give more attention to assessment, teaching, and practice of social skills important to mental health.
- Group situations are ideal for teaching social skills.

**Increase functional Communication**

This is not just an “Us” vs. “Them”

**Learning to Cope**

- Identify your top 3 coping strategies
  - 1.
  - 2.
  - 3.

- Do they work for you ALL the time?

**Universal Coping Strategies**

(NOT ALL ARE HEALTHY!)

- Smoking
- Drinking
- Illicit Drug use
- Aggression
- Relaxation techniques
- Sleep
- Quiet/Avoidance
- Withdrawal
- Exercise
- Food
- Talking with others
- Hobbies
- “Therapy”
- Distraction
- Religious activities
- Humor
- Somatization

**COPING 101**

- Teach coping strategies
- Teach “no”
- Allow “no” as a choice
- True rights and responsibilities
- Listen
- Provide boundaries when appropriate
Teaching Coping Skills

- Ability to cope effectively with changes and challenges is crucial to MH
- Programs have been adapted for PWDD using self-monitoring, self-talk, and self-control:
  - What is the problem?
  - What can I do about it?
  - What will happen?
  - How do I do it?
  - How did it work?

Dealing with Emotions

- Recognize
- Understand
- Express
- Manage

Teach Positive Thinking

- Negative thinking and chaining are related to anxiety.
- Model positive thinking.
- Rephrase concerns into more positive terms.
- Help them practice saying positive things.

As a Result

- Your identified 3 stressors
- Your driving philosophy
- Your hopes and dreams
- New/current coping strategies
- I WILL...

Management takes Minutes
Development takes years
REFERENCES/READING SUGGESTIONS

ANXIETY AND PERSONS WITH DEVELOPMENTAL DISABILITIES

Prepared by Sue Gabriel


WEB MD Anxiety Disorders: Types, Causes, Symptoms, Diagnosis, Treatment...www.webmd.com/anxiety-panic/.../mental-health-anxiety-disorders Learn more about anxiety disorders, including types, causes, symptoms, diagnosis, treatment, and prevention.