

MARYLAND DEPARTMENT OF HEALTH

Recognizing and Accommodating: Tips for Supporting Individuals with Behavioral Health Disorders and other Cognitive Disabilities

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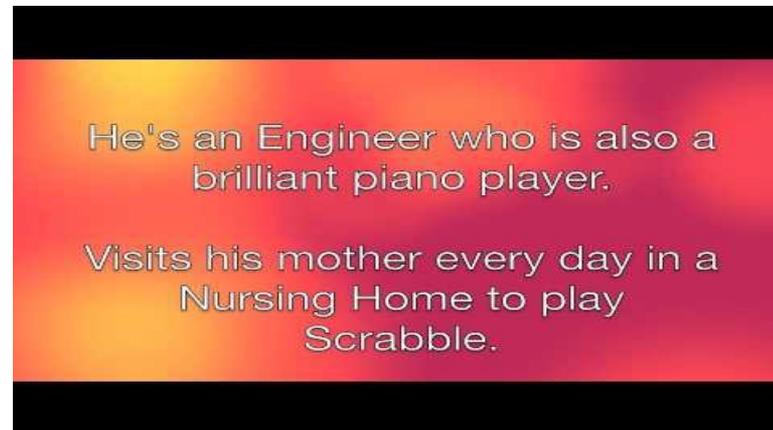
Many live with invisible, even undiagnosed disabilities. It is not uncommon for the signs and symptoms of disabling conditions to be misunderstood as the person being difficult or even dangerous.

If we understand the signs and symptoms as clues to a behavioral health disorder or disorders, we can help individuals access the services and supports they need to improve their quality of life at home, work and in the community. By doing so we can do our part to.....



<https://www.youtube.com/watch?v=QficvVNIxTI>

Stop The Stigma



In Their Own Words.... What is it like to live with a disability that is often “hidden”, from those with whom you interact?

Keep in mind that many individuals are living with behavioral health and cognitive related disabilities that are not fully understood by the person themselves, this makes it hard to advocate for services and accommodations on their own behalf.

What is the author describing? _____

“.....your vision narrows and begins to close down; it is like trying to watch TV through terrible static, where you can sort of see the picture but not really; where you cannot ever see people’s faces, except almost if there is a close-up; where nothing has edges. The air seems thick and resistant, as though it were full of mushed-up bread. Becoming _____ is like going blind, the darkness at first gradual, then encompassing; it is like going deaf, hearing less and less until a terrible silence is all around you, until you cannot make any sound of your own to penetrate the quiet. It is like feeling your clothing slowing turning into wood on your body, a stiffness in the elbows and the knees progressing to a terrible weight and an isolating immobility that will atrophy you and in time destroy you.”

What is the author describing?

“_____ is the devil on your shoulder that keeps whispering in your ear and, no matter what you try, the little demon won’t stop. He hasn’t stopped in the almost nine years I’ve lived with the illness, and he’s not about to stop now. He’s just quieted down a bit. I’d call him my companion but that would imply a degree of friendship, and there’s no way in hell I’m the little devil’s friend.”

What is the author describing?

“.....grocery shopping is a massive _____ trigger for me. This may sound absolutely ridiculous to you. But the idea of figuring out what to eat, making a list, picking out products, and enduring the actual shopping trip induces extreme _____ in me. I once had an _____ attack trying to pick out napkins because there were too many varieties and I burst into tears in the middle of the aisle. Another time the crowd of people was too much for me and I abandoned my cart and resigned myself to take-out.....Things that are simple or no-brainers for others cause me extreme _____.

.....some days I just wake up with it. My whole body is tense and my hands and feet tingle. I get out of bed feeling like I’ve forgotten something important and can’t remember what it is. This feeling can last all day and can make me exceptionally irritated. It makes focusing on tasks difficult and often makes me seem like my head is in the clouds. On these days I also tend to be very edgy.

Besides the symptoms mentioned above, I also get what I call sensory overload when I’m experiencing _____.”

What is the author describing? _____

By that point my vestigial self had grown used to my depressed self, with her somber mood and tenuous hold on life. Now a newcomer arrived. I seemed to have split into three: my shellshocked self, my depressed self and a brazen hypomanic self. We could practically hear the new girl sizing us up, cackling. Under her reign, we slept two hours a night. We ate half a sandwich and two potato chips a day. We packed the children's lunchboxes at 3 a.m. We began to study for the MCATs (the fact that we had never taken a biology or chem class seemed irrelevant). We telephoned long-lost friends. The hypomanic self's activities, from relentless lunch dates and impulsive spending sprees, left my tattered and depressed selves saying, "That's not us" and "We don't do that."

What is the author describing?

“Each week I will write about something that I have done like leaving my keys in New York and having to take a taxi to work, and realizing once I got to work that my laptop was locked in my desk drawer, with the keys I needed to open that drawer in, need I say it...New York. I’ll write about these “screw-ups” to show that they happen all the time to people with and without _____, and I’ve found that one of the best ways to live life is to have a sense of humor about them. But I’ll also write about my triumphs: the obstacles I’ve overcome, the successes I’ve had, even the little things, like the fact that after I wrote one of my most recent blogs I spell-checked it and didn’t find a single error.”

What is the author describing?

I am a 17 year survivor. To look at me you would never know that I was in a coma for at least 3 days with a coma score of 3. The only scars I have from the car accident are the ones I hide with my hair. Therapist's prognosis was grim at the time of the accident, however I overcame many of the obstacles that they predicted I would have. I returned to my life in 4 weeks and have been teaching ever since.

I have many lasting symptoms of _____, but because my parents believed I had a full recovery, I discounted what I felt. I forget names of my students and co workers. I can not call words fluently. Movies and books are no longer enjoyable because I don't remember them.

It all came to a devastating blow when I hurt my Best Friend. We had plans to spend time together. She had to change the plans. The change sent me into orbit. I could not handle the change in plans and I was mean to her because of it. I hurt someone that I love. Spontaneity is so hard for me. Change is hard for me. I get mad so easily. I say things I don't mean and find myself apologizing often.



Match the Person to the Disability They are Living With

- George Clooney
- Montel Williams
- Justin Timberlake
- Ellen DeGeneres
- Tom Cruise
- Demi Lovato
- Multiple Sclerosis
- Depression
- Traumatic Brain Injury
- Bipolar Disorder
- Dyslexia
- Obsessive Compulsive Disorder



Depression: Signs & Symptoms

adapted from www.mayoclinic.org

Signs: what others may notice

- Angry outbursts
- Irritable towards others/
annoyed about seemingly small things
- Weight lost or gained
- Slowed speaking or body movements
- Seem distracted
- Appear agitated
- Isolates
- Complain of back pain/headaches

Symptoms: what the person is feeling/experiencing

- Sad, tearful
- Feeling worthless, guilty, focused on past failures (real or perceived)
- Can't muster energy for tasks large or small
- Insomnia or oversleeping
- Can't take pleasure in life's usual delights



Generalized Anxiety Disorder

adapted from www.mayoclinic.org

Signs: what others may notice

- Person is restless
- Person is easily startled
- Appears resistive to suggestions or trying new things
- Difficulty making decisions
- Looks really tense
- Sweating/appears shaky
- Appears to be a real perfectionist

Symptoms: what the person is feeling/experiencing

- Feels irritable, worried and “keyed up”
- Finds it hard to let go of worry, may worry about excessive worrying
- Worrying that is out of proportion to concerns/events
- Carrying every option in a situation all the way to its possible negative conclusion
- Muscle aches, headaches, stomach trouble



Schizophrenia : Signs & Symptoms

adapted from www.mayoclinic.org

Signs: what others may notice

- Doesn't always make sense when they speak
- Isolating from friends & family
- Appear to be lazy or unmotivated
- Poor hygiene
- Flat affect/poor eye contact with others

Symptoms: what the person is feeling/experiencing

- Disorganized thoughts (word salad)
- Delusions (false beliefs)
- Hallucinations (hearing or seeing things/people that are not present)
- Sleeping difficulties
- Thoughts of self harm/injury



Bipolar Disorder (manic/hypomanic phase) : Signs & Symptoms adapted from www.mayoclinic.org

Signs: what others may notice

- Person isn't sleeping or sleeping very little
- Unusual talkativeness
- Hard to follow what they are saying
- Acts irritated
- Very self-involved, very sure of themselves
- Increased goal directed activity observed at school, home, work
- Risk taking behavior with possible adverse consequences, e.g. excessive shopping, sexual activities, business ventures

Symptoms: what the person is feeling/experiencing

- Racing thoughts
- Distractible
- Feeling very energetic
- Agitation
- Psychosis-delusions



Learning Disabilities: Signs & Symptoms

adapted from www.mayclinic.org

Signs: what others may notice

- Poor penmanship
- Poor math skills
- Hard time reading out loud
- Clumsy
- Looks like they are “spacing out”
- Late or misses appointments
- “Acts out”

Symptoms: what the person is feeling/experiencing

- Trouble understanding and following directions
- Memory issues
- Frustrated easily
- Perplexed as to why despite high test scores, as teachers and family say, they can’t “apply themselves”

Traumatic Brain Injury: Signs & Symptoms

Signs: what others may notice

- Difficulty following directions
- Disorganized
- Flies off the handle (impulsive)
- Limp/can't use one arm/hand
- Has noticeable scars on their face and/or head
- Has a scar across their throat
- Wears a eye patch
- Get's stuck on topics/actions
- Argues/self involved
- Lies
- Is manipulative

Symptoms: what the person is feeling/experiencing

- Hard time understanding what is said and what is written
- Hard time expressing ideas and feelings
- Can't easily figure out how to negotiate new situations
- Trouble reading nonverbal cues
- Can remember old information like special holidays, family members but struggle with remembering what happened yesterday or even 20 minutes ago
- Sees double
- Doesn't understand why old friends aren't in touch

Behavioral Health Disorders in general place individuals at a greater risk for Suicide and Suicidal Ideation as well as Self-Injurious Behaviors

“What people don’t comprehend is that mental pain is and can be more devastating than physical pain”

Kevin Hines, Cracked Not Broken (2013)
Mr. Hines survived a suicide attempt made by jumping off the San Francisco Bay Bridge

Adverse Childhood Experiences (ACE)

A study by Drs. Felitti and Anda helps us to better understand the relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse.

Adverse Childhood Experiences (ACE)

Of the 17,000 surveyed:

- Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, **had 4 – 12 fold increased health** risks for alcoholism, drug abuse, depression, and suicide attempts
- A strong relationship was found between exposure to abuse during childhood and **multiple** risk factors later in life

Am J Prev Med 1998; 14(4)

Trauma-Informed Approach

<http://www.samhsa.gov/nctic/trauma-interventions>

We can think of incorporating the guidelines below as an accommodation for individuals with a history of trauma, who maybe living with a hidden disability.

According to SAMHSA's concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed:

Realizes the widespread impact of trauma and understands potential paths for recovery;

Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and

Seeks to actively resist ***re-traumatization***."

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.

We have universal design such as grab bars in bathrooms, automatic doors in public places...

What about universal design and practices to **accommodate individuals whose cognitive and behavioral health related disabilities are barriers to accessing the services and resources they need or are seeking?**

By structuring the environment, anxiety and possible triggers can be reduced

This being said with the understanding that there are changes that can be made on an individual level that are relatively easy as opposed to systemic changes that don't occur quickly.

Agency Environmental Components for Trauma Informed Care adapted from:

http://www.integration.samhsa.gov/about-us/TIC_Environmental_Scan.pdf

- Welcome Signs
- Initial Greeting
- Staff is friendly/respectful/caring/welcoming
- Area with chairs and children's books/puzzles/games/toys
- Walls are painted in a soothing color (soft blue/grey/green/pink)
- Carpet/flooring safe and non-institutional in appearance
- Plants
- Fish tanks
- Water falls/features
- Lighting soothing/noninstitutional
- Soothing smells (lavender)
- Artwork has empowering themes, is diverse
- Consumer rights posted
- Literature available in Spanish and other languages

Strategies for Communication

- Speak in short, concrete sentences
- Give people verbal “heads up” to know what to expect at different points of your transaction
- Maintain eye contact, even if the individual is not able/willing
- Pause to allow individuals with whom you are speaking to allow for processing of the information you are sharing
- Check in frequently with individuals to ensure they are understanding what you are saying
- Ask them to paraphrase back to you what you have shared with them

Strategies for Communication

- Offer sheets of paper and pen so people can jot down notes while you are talking and/or encourage them to use their phone or other device to either verbally record key information or to type information into a “notes” app
- If someone appears to be getting upset or overwhelmed, ask if they need a break
- Make sure to encourage any use of strategies to retain multi-step directions that work for the person, use of smartphone apps such as notes apps, voice recording to refer to later
- Create short checklists of frequently shared information, policies, directions and instructions you can give to individuals to review while you provide the information verbally

Accommodating the Symptoms Of Brain Injury

**[http://ohiovalley.org/informationeducation/accommodatingbi/accomm
odationspresentation/](http://ohiovalley.org/informationeducation/accommodatingbi/accomm
odationspresentation/)**

This handout, although created
For people living with cognitive
issues related to a history of brain
injury, many of the strategies are
applicable to cognitive challenges
from other conditions

Recommendations and Resources

If possible, arrange for a Mental Health First Aid Course for all staff-contact the Mental Health Association of Maryland

Resources

- Maryland's public behavioral health system, information on state and local resources can be found here:
<http://maryland.beaconhealthoptions.com/participants/files/Participant-Handbook.pdf>
- Maryland Mental Health Association www.mhamd.org
443-901-1550 <https://www.mhamd.org/getting-help/free-publications/downloadable-publications/#pub3>
- Brain Injury Association of Maryland www.biamd.org 410-448-2924
- Maryland Department of Disabilities www.mdod.maryland.gov
- National Alliance on Mental Illness (NAMI)
<http://namibaltimore.org/about-nami/contact/>
- Maryland Crisis Hotline: 1-800-422-0009, callers to this number will be routed to resources in their local area

Contact Information

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