

CONSCIOUS CARE & SUPPORT



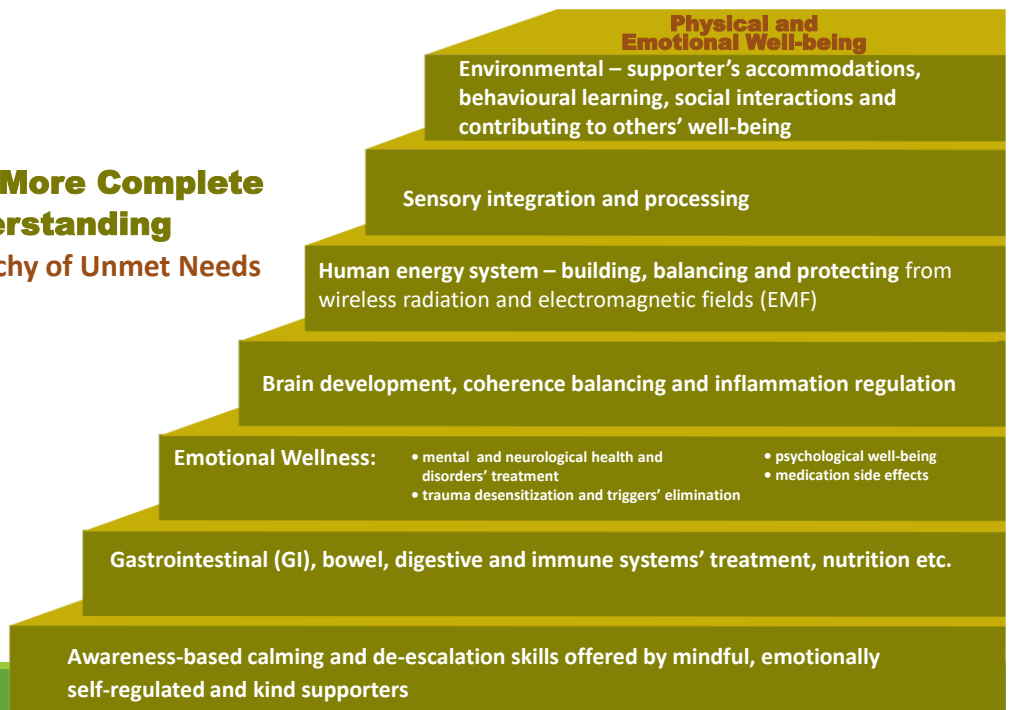
Week Three Emotional and Mental Health



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Toward A More Complete Understanding of the Hierarchy of Unmet Needs

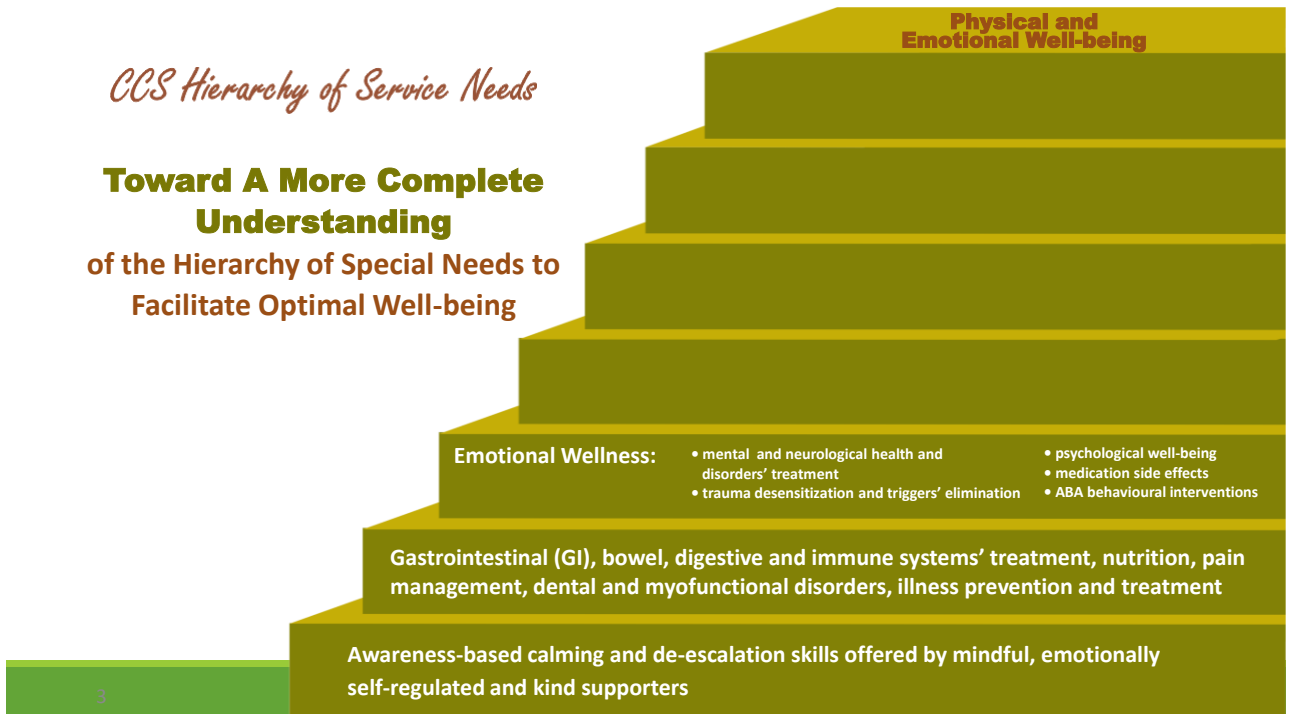


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CCS Hierarchy of Service Needs

Toward A More Complete Understanding
of the Hierarchy of Special Needs to
Facilitate Optimal Well-being



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Common Neurological and Mental Health Disorders



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- Seizure Disorders
- Anxiety
- Depression
- Obsessive Compulsive Disorder (OCD)
- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Post Traumatic Stress Disorder (PTSD)



Prevalence of PTSD

Given most relevant findings and studies* it would appear that there is a reasonable probability that PTSD sufficient to cause maladaptive expressions of behaviour effects **one out of every two to three people with developmental disabilities.**

* Reference Adverse Childhood Experiences (ACE) Study of 17421 individuals Felitti V., Stevens, J.E., 2001

People with Developmental Disabilities Hypersensitivity to Non Traumatic Life Events (i.e. Emotional Dysregulation [ED])

It may well be that the fear created by:

- Sensory irregularities causing overwhelm
- Isolation and lack of socializing
- Inability to cognitively comprehend and assess the safety of many normally stressful situations
- 'Normal' levels of yelling, shouting and criticism
- Exclusion, boredom and being bullied
- Other

....**could result in traumatic stress** for people who have autism or other developmental disabilities.

(Reference American Academy of Neurology 2012)

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Symptoms of a Triggered & Traumatized Brain That Often Causes Challenging Expressions of Behaviour

- | | |
|---|--|
| <ul style="list-style-type: none">▪ sensory irregularity▪ inattention▪ gut wrenching sensations▪ loss of control of bowels and urination▪ self-injury or injury to others▪ breathing becomes fast and shallow▪ intense feelings of heartbreak, emptiness, sadness▪ speaking with an uptight and reactive argumentative voice▪ not speaking at all | <ul style="list-style-type: none">▪ body movements that signal collapse, rigidity, rage or defensiveness▪ reactive and disorganized▪ "self control strategies" stop working▪ sounds and lights are intense and therefore fearful▪ unwanted images from the past take control of the mind▪ panic, fear, rage▪ shut down▪ thinking becomes slow and sluggish...and many more |
|---|--|

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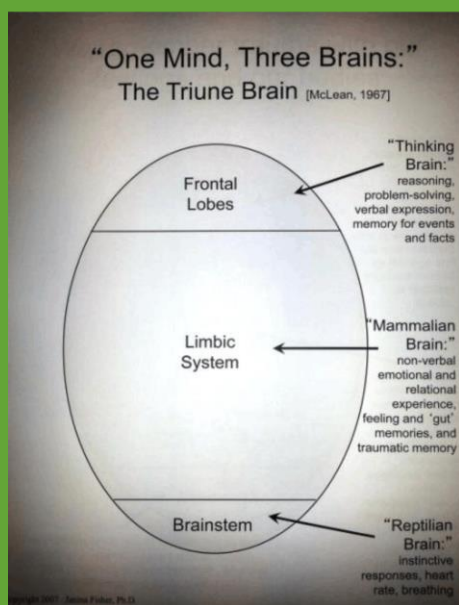
Understanding The Trauma Response of The Brain



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Triune Brain Theory



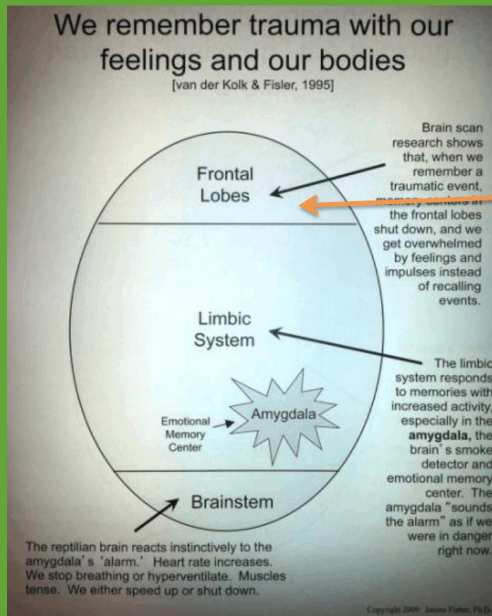
Thinking brain: reasoning, problem solving, verbal expression, memory for events and facts

Mammalian brain: non-verbal, emotional and relational experience, feeling and gut memories, and traumatic memory

Reptilian brain: instinctive responses, heart rate, breathing

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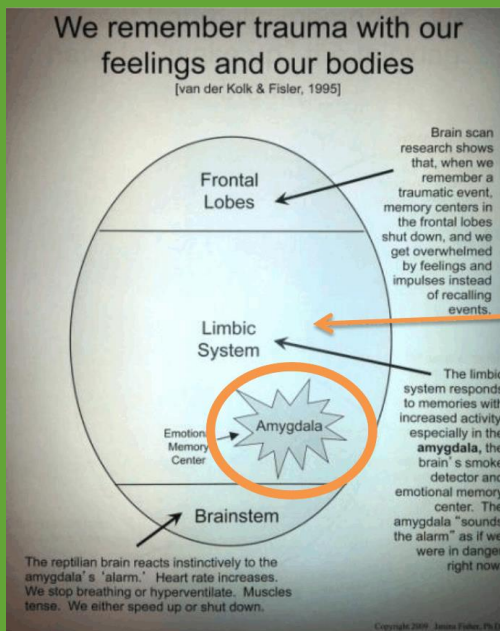
Trauma response



Brain scan research shows when we remember a traumatic event, memory centers in the frontal lobes shut down, and we get overwhelmed by feelings and impulses instead of recalling events.

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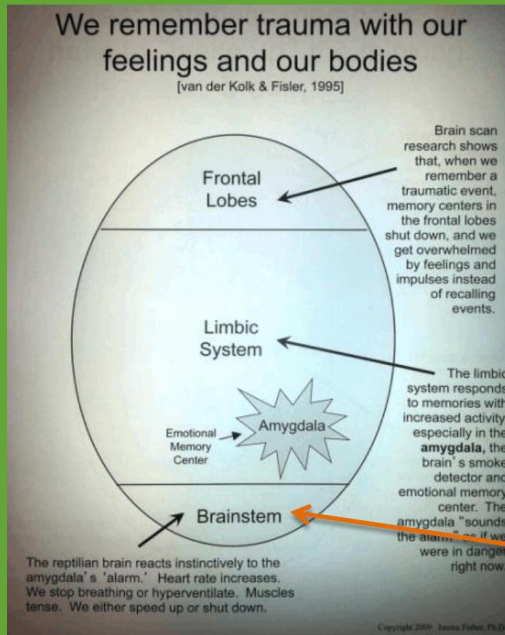
Trauma response



The limbic system responds to memories with increased activity, especially the amygdala, the brain's smoke detector and emotional memory center. The amygdala sounds the alarm as if we were in danger right now.

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Trauma response

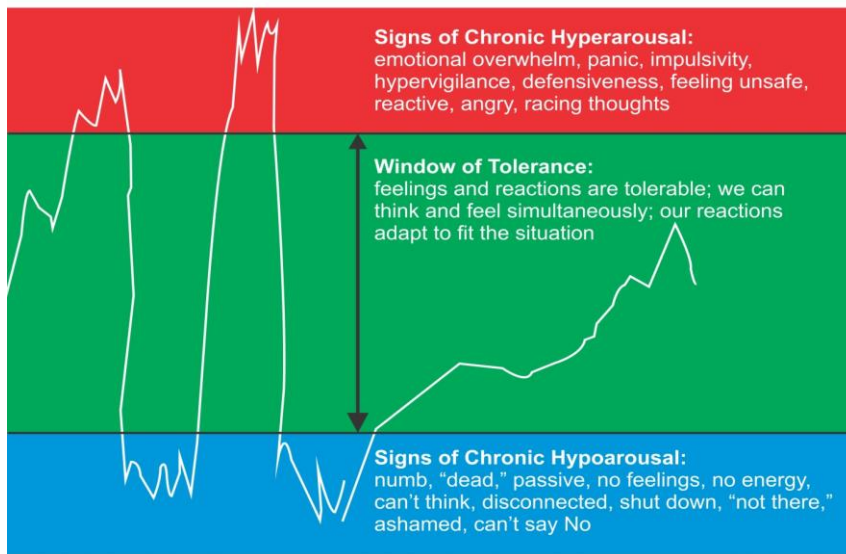


The reptilian brain reacts to the amygdala's alarm. Heart rate increases. We stop breathing or hyperventilate. Muscles tense. We either speed up or shut down.

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Trauma Closes The Window of Tolerance

After trauma, the nervous system remains prepared for danger (Ogden, Minton & Pain, 2006)



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How PTSD Changes Body And Brain Hard Wiring

“Trauma results in a fundamental reorganization of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think.”

“The act of telling the story doesn’t alter the automatic physical and hormonal responses of the body that remains hyper vigilant as it prepares to be assaulted or violated at any time.”

Bessel A. van der Kolk

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Medications and Side Effects



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There is inconclusive evidence that antipsychotics are effective in treating the behaviour of people who have a developmental disability who do not have a mental illness. About 56% of those with a developmental disability who live in a group home were prescribed antipsychotics. Of those, around 43% had no documented mental health issues.

Even for people with developmental disabilities and mental health issues that are commonly treated with antipsychotics, careful monitoring is vital. People with developmental disabilities may be more sensitive to side effects while, at the same time, less capable of articulating to doctors how they are experiencing them.

Reference:

Lunsky, Y. (2017). Researchers with the Centre for Addiction and Mental Health and The Institute for Clinical Evaluative.

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Mental and Neurological Health

- **Benefits and Risks of Psychotropic Medications:**
 - Anti-psychotics
 - Anti-anxiety
 - Anti-depressants
- **Akathisia and other Extrapyrarnidal Symptoms (EPS)**

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<i>Category</i>	<i>Examples</i>
antipsychotics	haloperidol (Haldol), droperidol, pimozide, trifluoperazine, amisulpride, risperidone, aripiprazole (Abilify), lurasidone (Latuda), ziprasidone (Geodon), and asenapine (Saphris)
SSRIs	fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa)
antidepressants	venlafaxine (Effexor, tricyclics, trazodone (Desyrel, and mirtazapine (Remeron)
drug withdrawal	opioid withdrawal, barbiturates withdrawal, cocaine withdrawal, and benzodiazepine withdrawal
sedatives	benzodiazepine (Ativan, Lorazepam, Clonazepam)
serotonin syndrome	harmful combinations of psychotropic drugs

Monitoring and Tracking



MENTAL HEALTH SYMPTOMS TRACKING TOOL								
WEEK OF _____				NAME: _____				
SYMPTOMS				very abnormal = 1		very normal = 10		
	MON	TUE	WED	THU	FRI	SAT	SUN	Avg.
sleeping patterns								
weight gain or loss								
concentration								
energy level								
decision making								
fatigue								

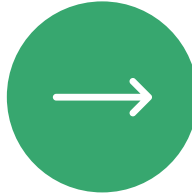
Reference: Beck's Depression Inventory (BDI), Beck's Anxiety Inventory (BAI)

Gut/ Brain Connection





**GI, BOWEL AND
DIGESTIVE HEALTH**



**IS THE FOUNDATION
FOR A**



HEALTHY MIND

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What To Do As A Supporter?



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Supporters – First Do No Harm

Let us ensure that Supporters do not become part of the reactive trauma response.

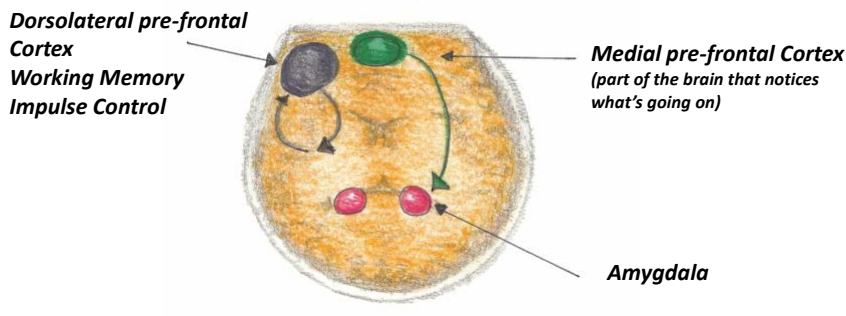
- The Supporter must catch and calm themselves (become Mindful) to avoid fearful **entrainment** of the person they support. "Fear begets fear, calm begets calm."
- Reduce/eliminate environmental triggers e.g. overwhelming stressors, people, places, situations etc. until coping skills are adequate.
- Interact calmly - Power for example yelling, always creates fear and manifests as challenging behaviours or withdraw.

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Mindful Emotional Self Regulation

The main way we can consciously access the emotional brain is through self awareness*, i.e. becoming mindful. Mindfulness increases connections in the medial pre-frontal cortex. This reduces anxiety for the Supporter and the Person Supported.



(*Research reference: J. LeDoux, "Emotion Circuits in the Brain", Journal of Neuroscience 33, no. 9 (2013) 3815-23)

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Supporting from the “Bottom Up” to Heal the Brain, Body and Being

1. Cardio Exercise e.g. mini trampoline, platform swing.
2. Be intentional with positive emotions e.g. body, eyes, smile all entrain positive.
3. Bilateral, Bio-meridian Awareness Based Calming as much as is possible.
4. Provide prescribed sensory integration exercises.

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Supporting from the “Bottom Up” to Heal the Brain, Body and Being

Teach/Model individual to do Calming Breathing Exercises

Exercise:

Mindfully inhale as arms are lifted to shoulder height.

Mindfully exhale as arms are lowered to side.

Let exhale be slower than inhale

NOTE: Mindful feeling body awareness activates the Vagus nerve. 80% of the fibres of the Vagus nerve run from the body into the brain. This means that one can directly calm a physiologically aroused (emotional brain) system by mindful movement practise.

Reference:

Harper, S. K., Webb, T. L., & Rayner, K. (2013). The effectiveness of mindfulness-based interventions for supporting people with intellectual disabilities: A narrative review. *Behavior Modification*, 37(3), 431–453.

Ratey, J., *Spark*.

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Engaging Family and Professionals

Engage the services of professionals.

e.g.

- A Qualified “Bottom Up” PTSD Counsellor e.g. EMDR Therapist
- Occupational Therapist
- Naturopath
- Psychiatrist
- Bio/Neurofeedback Specialist
- Other