Mental Health 101/Trauma Informed Care
Susan Rome, LSCSW, Deputy Director of Johnson County Mental Health Center, will present Mental Health 101 - a training on signs, symptoms and support for mental illness. Additional tools will be presented on how to support individuals who have experienced trauma in their lives.

Best Practices Panel: Day Services
Tips for engaging individuals, providing meaningful activities and offering choices throughout the day. Hear best practices from four Johnson County providers: Skills to Succeed, Dreams Work, and Willow Tree.

CBHT/ Substance Abuse
Learn about Community Behavioral Health Team (CBHT) services and how to access them. Then CBHT specialist, Tom Pool, will provide an overview of substance abuse symptoms, treatment and best practices.
Best Practices: Day Services

IDD Provider Spring Summit

April 12, 2018
DREAMS WORK!  

SKILLS TO SUCCEED  

WillowTree Supports
Different Providers/Common Ground

- Three providers with very different approaches and styles.
- Noted common themes and ingredients for success.
- Opportunity to utilize diverse approaches for positive outcomes.
Three Approaches

The structure, tools and activities that make the day work for each provider.
A Day in the Life…

DREAMS WORK!

Creating opportunities for young adults with developmental disabilities and significant physical challenges.
A Day in the Life...

SKILLS TO SUCCEED

Believing in a world of dignity and opportunity for all.
A Day in the Life…

WillowTree Supports

Seeking nothing less for individuals with a disability than a life surrounded by the richness and diversity of community.
COMMON THEMES

Across providers, discussion noted key themes that are building blocks for success.
Selecting the right staff for the right job.

First Who...Then What
HIRING

– Seek attributes & values over experience
– Culture fit
– Hiring DNA
– Attitude is everything
– Adequate ratios
TEAM

– Constantly support and develop team
– Communication is key
– Promote synergy
– Fun team building
Always choose attitude over experience. Always.

Barbara Corcoran
MENTALITY

– Is this a life you would want to live?
– Is this a place you would want to be?
– Is this how you would want to appear to people?
ENGAGEMENT

- Staff and participants are empowered to come up with ideas and be key players.
- Interactions build dignity and skills.
- Staff are not “supervisors” or “babysitters”, but enjoy the same meaningful day.
- Make life fun!
CHALLENGES

Across providers, brainstorming occurred about challenges and common issues.
DEALING WITH “NO”

– Offer options
– People choose their day
– Teaching responsibility
– Following through with commitments
MONEY

- Have to provide adequate resources to fulfill mission
- Creative options for cheap activities
- Ways providers pay for activities
- Encourage resource sharing
THE RIGHT MATCH

– No such thing as the “best provider” but about finding the provider that is the best match. People deserve to receive services from a provider that is a good fit.

– Complete tours & visits to ensure that the person and provider both know more about the other.

– Listen to communication.

– Promote choice and diversity in providers.
DISCUSSION

Opportunity for sharing ideas and discussing questions.
# Develop Your Wellness Plan

To have a well-rounded wellness plan strive for balance among physical, psychological, emotional, spiritual, and professional wellness. First, circle those areas in each domain that you do regularly. Next, identify one goal for each domain that you will focus on over the next 30 days. Finally, identify your social supports for each domain.

<table>
<thead>
<tr>
<th>Body</th>
<th>Mind</th>
<th>Heart</th>
<th>Spirit</th>
<th>Professional Wellness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat regularly</td>
<td>Awareness of needs, emotions, supports &amp; resources</td>
<td>Spend time with friends</td>
<td>Engage in reflection</td>
<td>Take a break during the day</td>
</tr>
<tr>
<td>Eat healthy balanced meals</td>
<td>Have your own mentor (therapy, spiritual guidance, etc.)</td>
<td>Keep in contact with those you find important</td>
<td>Spend time with nature</td>
<td>Engage with co-workers</td>
</tr>
<tr>
<td>Exercise</td>
<td>Journal/read</td>
<td>Self praise</td>
<td>Have a spiritual connection</td>
<td>Schedule time for tasks</td>
</tr>
<tr>
<td>Preventative health care (annual physical, dental exam)</td>
<td>Learn something new</td>
<td>Love yourself</td>
<td>Be inspired</td>
<td>Engage in rewarding projects</td>
</tr>
<tr>
<td>Take time off when sick</td>
<td>Do something that you are not in charge of</td>
<td>Do something just for fun</td>
<td>Be optimistic and hopeful</td>
<td>Set limits</td>
</tr>
<tr>
<td>Take vacations (including day trips, weekend get away', etc.)</td>
<td>Be aware your experiences (thoughts, judgments, beliefs, values, etc.)</td>
<td>Do something you enjoy</td>
<td>Take a break from being in charge</td>
<td>Balance &amp; variety of tasks</td>
</tr>
<tr>
<td>Do something active (dance, swim, walk, run, etc.)</td>
<td>Something, someone, and somewhere that is comforting</td>
<td>Cry</td>
<td>Accept not knowing</td>
<td>Create a comfortable work space</td>
</tr>
<tr>
<td>Engage in leisure activities</td>
<td>Be aware your experiences (thoughts, judgments, beliefs, values, etc.)</td>
<td>Laugh</td>
<td>Something meaningful in your life</td>
<td>Seek regular supervision</td>
</tr>
<tr>
<td>Take time to be intimate</td>
<td>Show others the various parts of yourself (i.e. humor, intellect, creativity)</td>
<td>Join a class</td>
<td>Pray, meditate, etc.</td>
<td>Voice your needs</td>
</tr>
<tr>
<td>Get regular sleep</td>
<td>Let yourself receive from others</td>
<td>Play with your child(ren)</td>
<td>Engage in something creative (sing, dance, write, act, etc.)</td>
<td>Have peer support</td>
</tr>
<tr>
<td>Take time away from the phone, computer, etc.</td>
<td>Be curious</td>
<td>Mentor</td>
<td>Mentor an employee</td>
<td>Develop areas of interest outside of work</td>
</tr>
<tr>
<td>Take vacation</td>
<td>Say no to extra responsibility</td>
<td>Family Outing</td>
<td>Advocate for a cause</td>
<td>Accept vicarious trauma</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Respect for colleagues</td>
</tr>
</tbody>
</table>

**Physical Wellness Goal:**

**Psychological Wellness Goal:**

**Emotional Wellness Goal:**

**Spiritual Wellness Goal:**

**Professional Wellness Goal:**
Mental Health

Susan Rome, LSCSW
What is Mental Health?

• What does mental health mean to you?

• Mental health includes our emotional, psychological, and social well-being.
Mental Health Disorders are Common

One in Five Americans

will have a diagnosable mental health disorder in any given year
Mental Health By the Numbers

50% of mental health concerns emerge before age 14.

75% begin by age 25.

1 in 25 adults experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.

Serious mental illness in the United States costs $467 Billion annually in lost productivity, healthcare expenditures and disability payments combined.

26% of homeless adults live with serious mental illness.

50% of inmates in the nation’s jails and 65% of juveniles involved in the criminal justice system have a mental health condition.

60% of individuals with a mental illness receive no mental health services.

Sources: SAMHSA, NIH, American Psychological Association, Missouri Department of Mental Health
Intellectual and Development Disorder - Dually Dx with Mental Illness

- **Approx 30% of those with IDD also have a mental health condition**

What is the difference?

- **IDD**
  - Refers to below average abilities to learn and process information and/or overall delays in development
  - Generally occurs before a person reaches adulthood
  - Below average intellectual functioning

- **Mental illness**
  - Refers to a person’s thought processes, moods, and emotions.
  - Can occur at any time in a person’s life
  - Intellectual functioning not a factor. People with mental illness can have below average, average, or above average intelligence.
Challenges in Diagnosing

• Lack of training
• Communication which may limit and individual in explaining what they are experiencing
• Cognitive limitations may decrease ability to discern what is happening
• Social limitations may lessen ability to discern what is “normal”
Common Signs and Symptoms

Changes in sleep, energy, appetite
Lack of interest or pleasure
Difficulty thinking, concentrating, remembering
Pounding heart, sweating, trembling or dizziness
Delusions or hallucinations
Grandiose plans
Persistently sad
Impulsiveness
Biopsychosocial Model

Mental Disorders are:

• **Biological** - genetically derived changes in brain structure and/or chemistry

• **Psychological** - impact of early life events on how the person interprets the world, unconscious conflicts, etc

• **Social** - the life story of the individual and it’s impact on illness (i.e. access to care)
Definitions

- **Psychotic:** Loss of touch with reality
- **Hallucination:** a sensory experience of something that is not there (auditory, visual, olfactory, tactile)
- **Delusion:** a fixed, false, non-culturally held belief. Can be complex, bizarre or not
- **Obsession:** a recurrent thought or irrational preoccupation
Schizophrenia

One of the most serious and disabling of mental disorders, it is estimated that one out of every 100 American men and women are afflicted with this disorder. It is characterized by confused thoughts, communication problems and mood swings.

Common symptoms:

- **Delusions** - Odd thoughts that have no basis in reality. Common examples of delusions are the conviction that someone is spying on them, trying to control their feeling or actions, planting thoughts in their heads, or reading their minds. They often exhibit the belief that they are someone else, such as Jesus, or the president.

- **Hallucinations** - Commonly take the form of hearing voices that give instructions or insult the person. They may also occur as visual images, or even a feeling of touch, such as an itching sensation without actual stimulation.

- **Thought disorder** - Thinking and speech become disjointed, shifting from one topic to another. The logical connection between ideas disintegrate.

- Different features may dominate in the illness of different victims. For instance, *paranoid schizophrenia* is distinguished by overriding feeling of persecution, while someone with *disorganized schizophrenia* is generally incoherent but without delusions.
Bipolar Disorder
Formerly called Manic Depression

Characterized by dramatic mood swings, episodes extreme depression on one hand and mania on the other end, occurring rapidly or slowly or over a period of time

Common symptoms - Can experience mood swings from mania to depression, with “normal” period between these cycles. The length of the cycles varies from a few days to several months and can occur without warning.

• Excessive or inappropriate happiness
• Unreasonable or excessive anger or irritability
• Little or no need for sleep
• Grand delusions (unrealistic, fixed beliefs), such as believing one has close friendships with celebrities
• Provocative or offensive behavior
• Racing thoughts and rapid speech including abrupt shifts from topic to topic
• Living in the fast lane, such as increased sexual activity, overspending
• Excessive planning and over-ambitious participation in activities
Schizoaffective Disorder

Basically the combination of symptoms of Schizophrenia and Bipolar Disorder
Medications typically include an anti-psychotic and a mood stabilizer
Depression

• One in five people suffers from depression at some point in their life.
• Major depression, single episode or recurrent
Depression

Common symptoms of depression - these can range from a general “feeling down” to feeling suicidal.

• Persistent sad, anxious or “empty” mood
• Feelings of hopelessness, helplessness, worthlessness, guilt
• Loss of interest or pleasure in activities that you once enjoyed
• Insomnia or oversleeping
• Decreased energy, fatigue
• Appetite and/or weight loss or overeating and weight gain
• Restlessness, irritability
• Difficulty concentrating, remembering, making decisions
• Persistent physical symptoms that do not respond to treatment, such as headaches, chronic pain
Anxiety Disorders

- Phobia
- Panic Disorder
- Social Phobia (Social Anxiety Disorder)
- Obsessive-Compulsive Disorder (OCD)
- Generalized Anxiety Disorder (GAD)
- Post Traumatic Stress Disorder (PTSD)
- Acute Stress Disorder
Medications

• Not the only means for improved symptoms
• Side effects are common, particularly with certain meds
• To be effective they must be taken as prescribed
• Specially trained prescribers rare
Strategies for Effective Service

- Avoid making assumptions based on behavior.
- Reminder: mental illness is not the same as unusual, deviant, or criminal behavior.
- Respect the privacy of the individual.
- Be patient.
- Be clear and direct.
- Become knowledge and informed about mental health disorders.
- Help increase community awareness of mental health disorders.
- Correct negative stereotypes.
- Be creative.

Source: American Library Association - Tip Sheets Mental Illness
Strategies to Provide Effective Service

- Ask - “are you okay?”
- Be Patient
- Actively listen
- Smile
- Nod
- Give support and information
- Encourage appropriate professional help
- Encourage other support strategies
Johnson County Mental Health Center

Emergency and Crisis Services
- 24-Hour Crisis Line
- Emergency Services
- Crisis Services
- Crisis Recovery Center (CRC)
- Mental Health Co-Responders

Mental Health Services
- Children and Family Services
- Adult Services
- Deaf Services
- Medical Services
- Prevention Services

Substance Misuse
- Adolescent Center for Treatment (ACT)
- Outpatient Adolescent Services
- Adult Detoxification Unit (ADU)
Getting Someone Help

Johnson County Mental Health Center:
Main Line: 913-826-4200
Crisis Line: 913-268-0156

Finding Help:
United Way 2-1-1 - Search a database of contact information for organizations and agencies offering mental health help in the Kansas City metro as well as other health and human services. www.unitedwaygkc.org
Questions??

Staying Connected

@JoCoMNH
@MNHDirector
@MNHDepDirector

www.jocogov.org/mentalhealth
What can we do?
How can I help?

Substance use and dependence, best treatment practices
How we can help:

- Dual Diagnosis
- Stages of Change
- Treatment Stages
- Redefine Recovery
Drug/Alcohol use is not addiction
Abuse: 12 Months + Social, role, or legal problems
Abuse + 3:

- Tolerance
- Withdrawal
- Desire to cut down
- Used more than wanted
- Used longer than wanted
- Less time with preferred activities
- Use despite problems
Drugs: 12%
Alcohol: 20%

Mood or Thought: 50%
Anxiety: 33%
It's pronounced... [MEN-tl IL-nis] not [KREY-zee]

Fight Stigma

any stigma still connected with MENTAL ILLNESSES or SUBSTANCE ADDICTION continues to prevent people from choosing LIFE-SAVING treatment options
Collaboration + Co-occurring Treatment for all Symptoms
Part 2)

Stages of Change

**THE STAGES OF BEHAVIOR CHANGE**

- **Pre-contemplation**: unaware of the problem
- **Contemplation**: aware of the problem and intends to take action
- **Preparation**: intends to take action
- **Action**: practices the desired behavior
- **Maintenance**: works to sustain the behavior change
Pre-Contemplation:

“What? No.”
Contemplation:

“I don’t know, maybe.”
“Okay, if I did it, what would it look like?”
“Let’s do this thing.”
Maintenance:

“I need to keep this up.”
Stages of Change:

“I need to keep this up.”

“Let’s do this thing.”

“Okay, if I did it, what would it look like?”

“I don’t know, maybe.”

“What? No.”
Change \(\neq\) Linear

**THE STAGES OF CHANGE MODEL**

- **Pre-Contemplation**
- Contemplation
- **Determination**
- **Action**
- **Maintenance**
- **Relapse**

**EXIT and RE-ENTER at ANY STAGE**

2 Steps Forward, 1 Step Back

"Fall down seven times, stand up eight."
IDDT:

THE STAGES OF BEHAVIOR CHANGE

**Maintenance**
works to sustain the behavior change

**Action**
practices the desired behavior

**Preparation**
intends to take action

**Contemplation**
aware of the problem and of the desired behavior change

**Pre-Contemplation**
unaware of the problem

Stages 7-8

Stages 5-6

Stage 4

Stage 3

Stages 1-2
Stage 1-2: Pre-Engagement and Engagement

Ask permission to discuss use.

Sobriety not required

Don’t start treatment

Alliance/Trust

Rapport

Basic Needs

Irregular Contact

Active Use
Family Support

Stage 3: Early Persuasion

- Build Awareness
- Harm Reduction
- Education
- Meaningful activities

Check Yourself, Not too Fast

Regular Contact

Reduced Use/No Change
Stage 4: Late Persuasion

- Reduction in Use
- Still Meets SUD Criteria

Intention to Quit/Reduce
- Build Discrepancy
- Suggest Options
- Provide Hope

What Benefits from Use?
- Sober Alternatives

Normalize
- Explore
- Fears
- Ambivalence
Stage 5: Early Treatment

- Ready for Treatment
- Willing to Change
- Efforts to Reduce
- Make “Sober” Activities Reality
- “Sober” Community
- Encouragement
- Refusal Skills
- Therapy
- NA/AA
- Therapy
Stage 6: Late Treatment

Do Not Punish Relapse

Reassurance
Encouragement
Hope
Focus: Positive Impact of Change
Reinforce

1-5 Months Not Meeting Criteria
Efforts to Quit
Relapse is Part of Recovery

Addiction ≠ Linear

Recovery ≠ Linear
Relapse is part of recovery. Don’t beat yourself up about it. What matters now is if you let it destroy you, or strengthen you.

StepHouse Recovery

I am not defined by my relapses, but by my decision to remain in recovery despite them.
Stage 7: Relapse Prevention

Encouragement

Follow BSP

Busy

Hope

Positive Surroundings

6-12 Months Not Meeting Criteria

Preparing for Sober Life
Stage 8: Remission/Recovery

- Redefine Terms
- Reinforce Relapse Prevention Plans
- Encouragement
- Hope
- “Sober” Living

Maintaining Change

1+ Year Not Meeting Criteria
IDDT:

Relapse Prevention/Remission

Early and Late Treatment

Late Persuasion

Early Persuasion

Engagement

THE STAGES OF BEHAVIOR CHANGE

MAINTENANCE
works to sustain the behavior change

ACTION
practices the desired behavior

PREPARATION
intends to take action

CONTEMPLATION
aware of the problem and of the desired behavior change

PRE-CONTEMPLATION
unaware of the problem
Part 4)

Redefine Recovery

**RECOVERY IS A JOURNEY, NOT A DESTINATION**
Less Time In Each Stage
Evaluating Stages of Change

- **Precontemplation (Denial)**
  - "What problem? I’m not thinking about it."
- **Contemplation (Ambivalence)**
  - "I wonder if I might have a problem? I’m thinking about it but not ready to decide anything yet."
- **Preparation / Determination (Admission)**
  - "I have a problem."
- **Action (Taking steps / Making changes)**
  - "I have a problem and I’m ready to do something about it."
- **Maintenance (Continuing what works)**
  - "I’m stabilized and doing well. How can I support my ongoing recovery?"
- **Relapse / Recycle (Trying again)**
  - "I’m stabilized but have relapsed. How can I get back into active recovery?"

Get Back on the Horse

- Normalize
- Educate Others
Bringing it all Together
Drug/Alcohol use is not addiction

12 Months + Problems
Abuse + 3
Stages of Change:

“I need to keep this up.”

“Let’s do this thing.”

“Okay, if I did it, what would it look like?”

“I don’t know, maybe.”

“What? No.”
Relapse is Part of Recovery

Addiction Cycle:
- Guilt
- Emotional Trigger
- Craving
- Ritual
- Substance Abuse & Addictive Behaviors

Recovery ≠ Linear

The Stages of Change Model:
- Enter
- Pre-Contemplation
- Contemplation
- Action
- Maintenance
- Relapse
- Determination

Exit and Re-Enter at Any Stage
IDDT:

Relapse Prevention/Remission

Early and Late Treatment

Late Persuasion

Early Persuasion

Engagement

THE STAGES OF BEHAVIOR CHANGE

MAINTENANCE
works to sustain the behavior change

ACTION
practices the desired behavior

PREPARATION
intends to take action

CONTINUATION
aware of the problem and of the desired behavior change

PRE-CONTINUATION
unaware of the problem
Recovery is a journey, not a destination.
Understanding Trauma and Its Impact

NATE.WILLIAMS@JOCOGOV.ORG
Keep in mind..

- Trauma impacts everyone.
- The topic might bring up some STUFF.
- Take a break when you need to.
- It takes strength to acknowledge one’s vulnerabilities.
Facts Review

Event – Actual experience or threat of physical or psychological harm OR the withholding of material/resources crucial to health and development.

Experience – How someone assigns meaning to the event which depends on the individual’s perceptions.

Effects – The results of the experience of the event which includes neurological, physical, emotional, and cognitive changes.
Facts Review

- Private Events
  - Secrecy
  - Power imbalance
  - No choice
  - Sense of hopelessness
  - Sense of isolation
  - Sense of irretrievable loss

- Examples?
Facts Review

- Public Event
  - Shared experience
  - Sense of helplessness
  - Forces beyond control/choice
  - Sense of irretrievable loss

- Examples?
Facts Review

- Multiple traumatic events happening to the same person
- Multiple instances of the same traumatic event
- Environmental or community trauma

Chronic Trauma has a cumulative effect, impacting the brain, body and all aspects of functioning.
Facts Review

- When faced with stressful situations, our body and mind AUTOMATICALLY responds.
Fight, Flight, Freeze Response
Trauma Informed Care

- Breathe in through your nose for 4 seconds
- Hold for 4 seconds
- Breathe out through your mouth for 4 seconds
- Hold for 4 seconds . . .
- Repeat
- How can this skill be helpful in your work/life?
Impact

- Survival instincts/connections are strengthened which leads to...
  - Decreased memory
  - Attention difficulty
  - Loss of language
  - Difficulty regulating thoughts, feelings, & behaviors.
Impact

- Stress releases cortisol, and...

- Can lead to flashbulb memories of events associated with intense emotional reactions, both positive and negative...

- Which can be vivid in both visual recall and physical responses.
Impact

- Stress Response…
  - Adrenaline
  - Blood sugars
  - Heart rate
    ▪ Important because?

- Repeated stress has negative health effects
  □ Examples?
Impact

- Inability to concentrate/stay on task
- Difficulty with authority, feedback, redirection
- Irregular sleep
- Startle response
- Avoidance
- Numbing activities
- Aggression
- Focus on shortened life, dying, or death.
Impact

- Loss of purpose/meaning
- Loss of connections
- Loss of trust
- Feeling out of control
- Loss of sense of self
Bottom-Up Responses

Amygdala
Becomes “irritable”, Increasingly sensitive to triggers

Triggering Stimulus

Prefrontal Cortex
Frontal lobes shut down or decrease activity to ensure instinctive responding

Thalamus
Ability to perceive new information decreases

(Restak, 1988)
Challenge yourself to think, act, speak differently

What HAPPENED/What is HAPPENING to

What is wrong with you?

Language and attitudes matter.
How to care for yourself..

- Review the wellness plan worksheet and spend some time thinking about how you can improve your own wellness to combat symptoms of stress.

- Consider sharing this with a friend or a loved one.
Questions?