

# Help for the Ombudsman

## *Assisting the Adult Home Resident*

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# Topics

- **Who's Who in Adult Homes**
- **Communication skills**
- **Medications**
- **Recovery and Illness Self-management**
- **The Ombuds Toolkit**



# Who's Who

- **People**
- **People with stories**
  - **Successes**
  - **Trauma**
  - **Incarceration**
  - **Losses**
- **People with mental illness**
- **People who are marginalized**
- **People who are stigmatized**



# Why does stigma still exist?

## ■ Media

- Newspapers, stress history of mental illness in crimes of violence
- Television sensationalizes crimes
- Comedians use disabilities as
- National advertisers use stigmatizing images as promotional gimmicks

# Your role

- **To see individuals**
- **To talk with individuals**
- **To hear individuals**
- **To support recovery**
- **To talk about individuals**

# What you are up against

- **Stigma**
- **Media spotlight**
- **Demoralized residents**
- **Demoralized minimum-wage aides**
- **Angry communities**

# What you need to know

- **What is mental illness**

- **Diseases that**

- » **cause mild to severe disturbances in thought, feeling and/or behavior**

- » **result in an inability to cope with life's ordinary demands and routines**

# What you need to know

- **> 200 classified forms of mental illness**
  - **common disorders**
    - » **depression, bipolar disorder, dementia, schizophrenia, substance abuse, anxiety**
  - **related to**
    - » **excessive stress due to a particular situation or series of events**
    - » **caused by a reaction to environmental stresses, genetic factors, biochemical imbalances, or a combination of these**





# What you need to know

- **Myth:** *“People who need psychiatric care should be locked away in institutions.”*
  - **Fact:** Today, most people can lead productive lives within their communities with a variety of supports, programs, and/or medications
- **Myth:** *“A person who has had a mental illness can never be normal.”*
  - **Fact:** People with mental illnesses can recover and resume normal activities

# What you need to know

- **Myth:** *“Mentally ill persons are dangerous.”*
  - **Fact:** The vast majority of people with mental illnesses *are not* violent. When violence *does* occur, it typically results from the same reasons as with the general public such as feeling threatened or excessive use of alcohol and/or drugs
- **Myth:** *“People with mental illnesses can work low-level jobs but aren’t suited for really important or responsible positions.”*
  - **Fact:** People with mental illnesses, like everyone else, have the potential to work at any level depending on their own abilities, experience and motivation.

# Major mental illness



- Personal histories lost, forgotten
- Difficulty organizing thoughts
- Trouble paying attention
- Anxious

# Major Mental illness

- Staff, others have anxiety around them
- All behavior is interpreted as being related to mental illness
- Few, if any, family connections remain
- Limited reservoir of resources to bolster self-esteem
- Limited, if any, social network

# Common Terms

- Psychosis
- Hallucinations
- Delusions
- Disorganized thinking
- Disorientation
- Affect/Mood
  - Lability
- Pressured speech
- Neurovegetative
- Tardive dyskinesia

# Schizophrenia

- Usually starts in 20's, may begin after 40
- Delusions
- Hallucinations
- Disorganized thinking
  - “Loosening of associations”
- Disorganized behavior
- Social withdrawal
- Lack of drive or initiative, apathy
- Emotional unresponsiveness, flat affect

# Schizophrenia

## ■ Medication

- Antipsychotics

## ■ Psychosocial

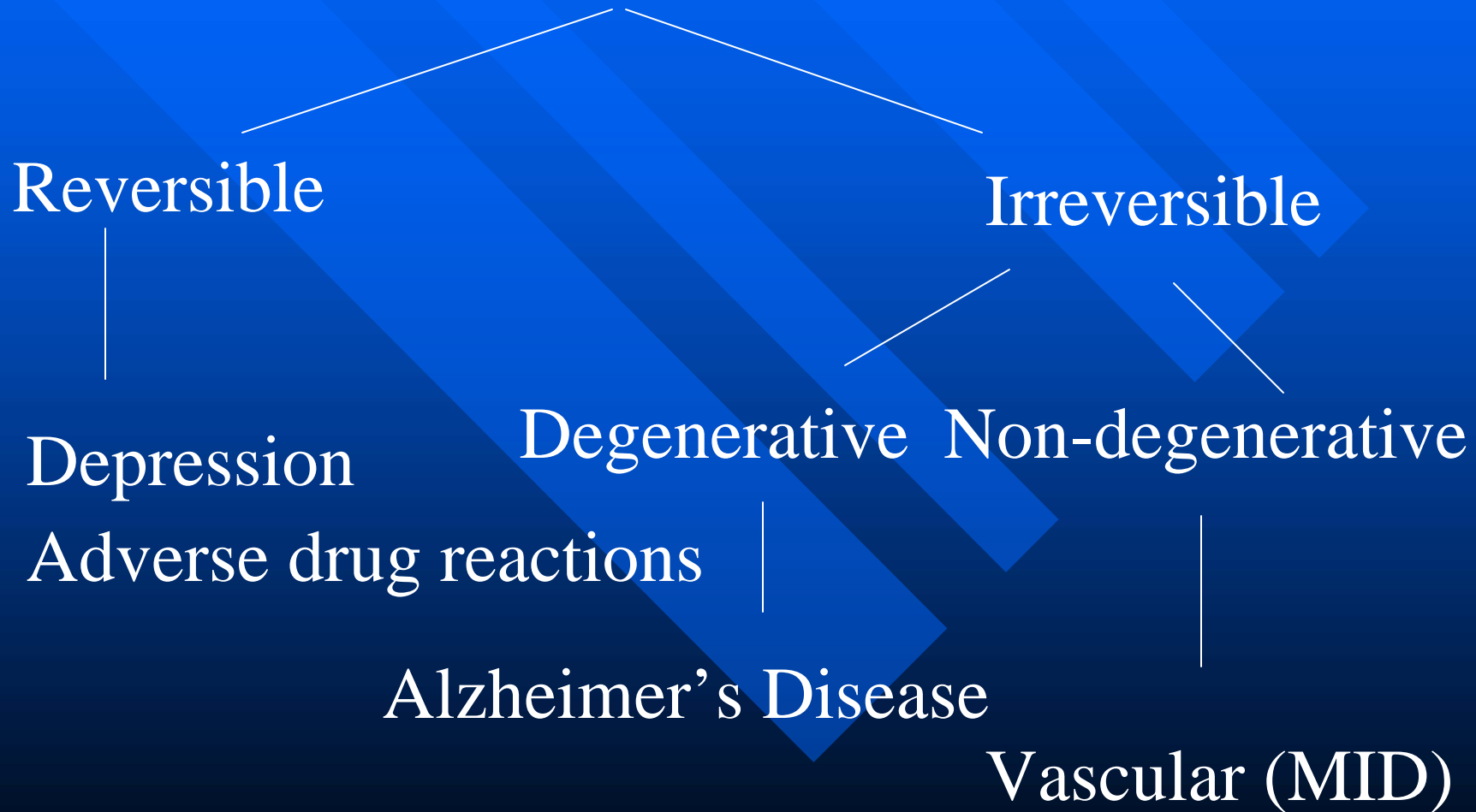
- Family education
- CBT
- Coordination

## ■ Rehabilitation

- Job
- Life skills
- Self-management
- Recovery



# DEMENTIA







# Dementia

- Amnesia

- Anomia

- Agnosia

- Aphasia

- Apraxia

- Treatment

- Medication

- Caregiver support

- Understanding behavior



# Depression

- "I feel blue"
- "I feel tired all the time"
- "Nothing matters"
- "I don't enjoy things anymore"
- "I don't want to live anymore"
- "I want to kill myself"



# Depression

- Sad mood, affect
- Anxiety, Irritability
- Low energy
- Poor appetite
- Poor sleep
- Poor concentration
- Loss of interest, pleasure
- Slow to answer questions
- Forgetfulness
- Move slowly



# Depression

- Pacing, hand-wringing
- Sitting quietly in corner
- Unkempt appearance, self-neglect
- Weight loss
- Hopelessness
- Guilt
- Thoughts of death or suicide
- Pessimism

# Depression

## ■ Medications

- Antidepressants
- Antipsychotics

## ■ Therapy

- Cognitive-behavioral
- Interpersonal
- Recovery

# Mania

- Euphoria, expansiveness
- Irritability
- Interest in multiple projects
- Grandiosity
- ↑ energy
- ↑ sex drive
- ↓ need for sleep

# Mania

- Pressured speech
- Infectious humor
- Lability of affect
- Disorganized thinking
  - “flight of ideas”
  - Puns, word play, rhyming

# Mania

- Treatment
- Medications
  - Mood stabilizers
- Recovery
- Illness self management



# Anxiety

- Anxiety

- Fear

- Avoidance

- Unease

- Generalized
  - Specific

- Phobias:

- Of social situations
  - Of open spaces
  - Of heights

# Anxiety

- Panic

- Unexpected attacks

- Worry about recurrence

- Stress

- Acute

- Post traumatic

- ↑Arousal

- Flashbacks

# Anxiety

- Medications
  - SSRIs
  - (Benzodiazepines)
- Cognitive behavioral therapy

# Personality Disorders

## ■ Personality

- We all have one
- Way of being in the world
- Patterns which endure

## ■ Disorder

- Not working (maladaptive)
- Inflexible
- Cause significant distress

# Drug Abuse

- Continued use despite negative consequences
- Alcohol
  - *“The disease that tells you you don’t have it”*
- Stimulants
- Marijuana
- Prescription drugs
  - Benzo’s
- Heroin

# Co-Occurring Disorders

- ↑ physical safety
  - ↑ overall health risks
  - ↑ impairment of life skills
  - ↓ chances for successful treatment
- all of which contribute to worse stigma

# The Ombuds ToolKit

- You
  - Optimism
  - Conviction/Hope
  - Energy
  - Knowledge
  - Communication skills
- Medication Pamphlet
- Recovery Workbooks
- AntiStigma “Press Kit”
- List of resources
  - national
  - local

# Communication skills

- **talking to residents who have**
  - **Depression**
  - **Psychosis**
  - **Difficult personalities**
  - **PTSD**
  - **Substance Abuse Disorders**
  - **Severe Anxiety**



# Communication skills

- **Anxious around other people**
- **Tentative around other people**
- **Difficulty organizing thoughts**
- **Trouble paying attention**
- **Movement disorders**

# Communication skills

## ■ What helps

- Active listening
- Empathy/Hope
- “I know you feel this way now, but you won’t always”
- Engage
  - » “Come to \_\_\_\_\_ with me today”

## ■ What doesn't

- False cheer
  - » “Its not so bad”
  - » “Cheer up”
- Personal philosophy
  - » “There are people here worse off than you”



# Communication skills

- Use gestures and visual cues or aids
  - Do not use gestures which threaten
- Communicate often
  - Avoid a constant stream
- Use the same words
- Take care with touch



# Communication skills

- *All behavior has meaning*
- *Attempt to communicate*
  - Express a need or a feeling:
- *Effect a change Start or Stop!*
- *Easier to change ours than others*
- *Whose problem is it?*

# Agitation

- Slapping thighs
- Clapping
- Yelling
- Screaming

- Self-referred

– **Something is wrong with me**

– **Do something!**

# Agitation

- Common causes
  - Pain
  - Constipation
  - Discomfort
  - Infection
  - Drugs
  - Hearing loss
- Make sense of the communication
- Address the underlying problem

# Aggression

- Hitting out
- Kicking
- Pinching
- Biting
- Threatening
- Swearing
- Other referred
- **Something is wrong with *you***
- **STOP! Leave me alone**

# Aggression

- Common causes
  - Fear
  - Anxiety
  - Frustration
  - Medications
  - Sensory loss
  - Crowded or noisy environments
  - Abrupt, tense or impatient staff



# What helps?

- Making sense of the communication
- Address the underlying problem
- Stop doing what you're doing
- Back away
- Stay calm
- Distract
- Communicate in soft, low voice
- Give directions slowly, one at a time

# ISOLATION

- Personality
- Paranoia
- Sensory loss
- Depression
- Substance Abuse

# Medications

## “Typical” Antipsychotics

- Target
  - hallucinations, delusions, disorganized thoughts and behavior
- Side effects
  - dry mouth, blurred vision, constipation, drowsiness and dizziness
  - Stiffness, drooling, shuffling gait, tremor
  - Slowing of thoughts, movements, sedation
- Common drugs
  - Thorazine, haldol, prolixin, stelazine, mellaril
  - Haldol, Prolixin, long-acting injections

# Medications

## “Atypical” Antipsychotics

- Target
  - hallucinations, delusions, disorganized thoughts and behavior PLUS withdrawal, apathy, self-neglect
- Side effects:
  - weight gain!!!!!!! Sedation
  - At high doses, similar to typicals
- Common names
  - clozapine (clozaril), risperidone (risperdol), olanzapine (zyprexa), quetiapine (seroquel), ziprasidone (geodon)

# Other Medication Side Effects

- Incontinence
  - ↑ Disorientation
- Urinary retention
  - ↓ Attention
- Constipation
  - ↑ Confusion
- Unsteady gait
- Falls

# Medications

## Antidepressants

- SSRIs
  - Target low mood, neurovegetative symptoms
- Side effects
  - sexual dysfunction, nausea, headache
- prolixin, sertraline (Zoloft), citalopram (celexa), paroxitene (paxil)

# Medications

## Mood stabilizers

### ■ Target

- extreme highs and lows
- impulsivity

### ■ Side effects

- tremor, weight gain
- sedation

### ■ Types

- Lithium
- Anticonvulsants
  - » depakoate, tegretol, neurontin
- Olanzapine

# Medications

- What inspires some people to stay on medication?
  - Being heard
    - » Partners in care
  - Liken mental illness to other medical problems
  - Support and information



# Medications

## ■ Questions to ask

1. How will this help me?
2. What specific symptoms can this help?
3. What is the name of this medication?
4. What are the risks and benefits?
5. What are the most significant advantages?
6. How long will it take me to feel the effects?
7. How will I know I am experiencing a side effect?

# Recovery

**A way of living to make the most  
out of life**

# Recovery

- *“... the act of gaining and taking back hope, personal identity and abilities – from loss due to disorder, injury, or submission to powerlessness.*
- *It is also a taking back of trust in one’s own thoughts and choices so as to restore mental, emotional, social and biological order. It may be lifelong, intermittent, or shortterm.”*
- *Public Health Model for the Recovery of Adult Mental Health was developed by Dornan and colleagues (2000)*



# Recovery

- The ability to have hope
- Trust my own thoughts
- Enjoy the environment
- Feel alert and alive

# Elements

- **Internal factors**
  - *Hope is the central theme*
- **Self-managed care**
- **External factors**
- **Empowerment**



# Language of recovery

- Providers talk about “compliance” and “treatment resistant”
- Consumers talk about “choice” and “right to refuse”
- partnership of equals
  - between clinician and client
  - between traditional and alternative services



# *The language of recovery*

- “I just accept them, the real person. Then they will present more and more of themselves to you.”
- Of paramount importance is
  - the belief in the person’s capacity to recover
  - willingness to be clear, honest and informative
  - desire to learn from each individual what they feel, think and want
  - an ability to use this information in the manner most helpful to that person



# Interventions

- Treatment
  - alleviating symptoms and distress
- Crisis intervention
  - controlling and resolving critical or dangerous problems
- Case management
  - obtaining the services clients need and want
- Rehabilitation
  - developing clients' skills and supports related to clients' goals – role functioning





# Interventions

- Enrichment
  - engaging clients in fulfilling and satisfying activities
- Rights protection
  - advocating to uphold one's rights
- Basic support
  - providing the people, places, and things clients need to survive
- Self-help
  - exercising a voice and a choice in one's life
- Wellness/prevention
  - promoting healthy lifestyles



# Exercise

- any kind of physical activity is a great idea
- some medications may cause fatigue and weight gain
  - regular physical activity can ultimately decrease the sedation effects and weight gain
  - people with schizophrenia may avoid social interactions at gyms or in exercise classes
- exercise offers an opportunity to be with other people without having to depend on verbal communication

# Exercise

- **Find a supportive environment**
- **Work out in a safe place**
- **Enlist the support of family and physician**
  - Even individuals who are working out by themselves should find someone they can talk with about their routine

# Resources

- National Alliance for the Mentally Ill (NAMI)  
1-800-950-NAMI  
[www.nami.org](http://www.nami.org)
- National Alliance for Research on Schizophrenia and Depression (NARSAD)  
1-800-829-8289  
[www.narsad.org](http://www.narsad.org)

# Resources

- **American Association of People with Disabilities**  
**1-800-840-8844**  
1819 H Street, Northwest, Suite 330  
Washington, DC 20006  
Website: <http://www.aapd-dc.org>
- **HUD Housing Discrimination Hotline**  
**1-800-669-9777**
- **National Institute of Mental Health**  
**301-443-4513**  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

# Resources

- **National Mental Health Association (NMHA)**  
**1-800-969-6642**  
1021 Prince Street  
Alexandria, VA 22314-2971  
Website: <http://www.nmha.org/>
- **National Resource Center on Homelessness  
and Mental Illness**  
**1-800-444-7415**  
262 Delaware Avenue  
Delmar, NY 12054-1123

# Resources

- **National Clearinghouse for Alcohol and Drug Information**  
**1-800-729-6686**  
PO Box 2345  
Rockville, MD 20847-2345  
Website: <http://www.health.org/>
- **National Depressive and Manic-Depressive Association**  
**1-800-82-NDMDA (1-800-826-3632)**  
730 North Franklin Street, Suite 501  
Chicago, IL 60610-3526  
Website: <http://www.ndmda.org/>

# 'Press' Kit

- Real People Who Made and Make Real Contributions —

Despite Mental Illness



# Resources/ACES

- **Troy, NY**  
Northeast Career Planning  
Maureen Melia and Kiki Garg 518-273-0818
- **Stone Ridge, NY**  
Ulster County Community College  
Sandra Bollin 914-687-5073
- **Albany, NY**  
Northeast Career Planning  
Cristin Sullivan 518-438-3445