Strategies for Addressing Mental Health-related Behaviors With Those We Serve

By: Danielle Easter, M.S.W., L.C.S.W
Veteran Justice Programs, Truman VA
Why Are We Here

- Understanding behavior vs. diagnosis or symptoms
- Not expected to be clinicians
- Diagnosis interesting but not always available
- How can understanding behavior assist with people you are working with?
Lethargic and/or Interpersonally Unresponsive

What Might I Do?

- Check medical stability
- Calm
- Supportive

What Might Cause This?

- Schizophrenia
- Over-Medication
- Sedative Intoxication (including alcohol)
- Dissociation associated with PTSD
- Poor diabetes management
Anxious and/or Labile (emotional)

What Might I Do?

- Deep breathing
- Encourage to talk with you about
- Grounding (to be trained in later in the day)
- Call for medical assistance

What Might Cause This?

- Anxiety disorder
- Recent stressor
- Anticipated event
- Use of stimulants
Hypervocal and/or Restless

What Might I Do?

- Simple 1-step instructions (as situation allows)
- Walk together (as situation allows)
- Check for medical stability

What Might Cause This?

- Manic episode
- Stimulants
- Withdrawal from substances (alcohol, opiates, benzodiazepines)
Easily Frustrated

What Might I Do?

- Acknowledge frustration
- Back off (as situation allows)
- Help find something that meets a basic need being expressed

What Might Cause This?

- Traumatic Brain Injury
- Recent setbacks
- Withdrawal from substances
Disinhibited

**What Might I Do?**
- Protect from harm
- Get to sit down
- Ask if been drinking or using drugs
- Check medical stability
- Call for medical assistance

**What Might Cause This?**
- Mania
- Alcohol intoxication
- Drug intoxication
- TBI
- Delirium
- Dementia
Confused and/or Disoriented

What Might I Do?

- Grounding
- Check to insure you are being heard & understood
- Simple 1-step instructions
- Check medical stability

What Might Cause This?

- Traumatic Brain Injury
- Dementia
- Intoxication
- Withdrawal
- Psychosis
- Delirium
Response to Internal Stimuli

What Might I Do?

- Grounding
- Accepting and understanding response
- Get to agree go to MHC

What Might Cause This?

- Psychosis
- Street Drug Intoxication
- Withdrawal
- Dementia
- PTSD flashback
Implication of getting individuals to treatment

- What we know
  - mental health and addiction treatment help
  - Getting individuals into treatment and encouraged continued compliance makes a substantial difference

- Resistance to treatment
  - Medication side effects
  - Potential harm to career
  - Security clearances
  - May appear weak to coworkers if they found out
  - Inadequate care/access
Since 9/11, some 2 million Americans served

70% of combat Veterans experienced firefights and other types of combat on regular basis

Life altering event at young ages

Trauma experienced can lead to invisible wounds.
Why This is Important

- Upwards of 25% of returning service members from OIF/OEF report mental health issue
- 20 Veterans every day are committing suicide
- Without treatment the consequences of mental illness for the individual and society are staggering
- Treatment works.
Now After film

https://www.youtube.com/watch?v=NkWwZ9ZtPEI
Grounding Technique
Grounding Technique

- What is one thing that you can see right now?
- Please describe it in detail.
- What else about it? And what else? And what else?

DETAILS . . DETAILS . . DETAILS
Grounding Technique

What is one thing that you can HEAR right now?
Please describe it in DETAIL.
What else about it? And what else? And what else?

DETAILS . . DETAILS . . DETAILS
Grounding Technique

► What is one thing that you can TOUCH right now?
► Please describe it in DETAIL.
► What else about it? And what else? And what else?

DETAILS . . . DETAILS . . . DETAILS
Grounding Technique: Utility

May be useful with intrusive thoughts/flashbacks

May be useful in any situation where more attention to current circumstances would be beneficial
Visual Indicators
Possible Approaches

- Listen to Veterans account of problem
- Reduce stimuli and distraction
- Clear concrete 1 step direction
- Acknowledge frustration
- Check to insure you are being heard & understood
- Calm and supportive
- Help find something that meets a basic need being expressed
- Grounding
WHERE ARE YOU

Sounds of Trauma by David Lynch Foundation
War Environment

- Climate, Gear, Technology, Accessibility to treatment, Type of Warfare...
My Back hurts!
Exposure
PTSD-Clinical Criteria

*Trauma-experiencing or witnessing life threatening event

*Symptoms lasting more than a few months and interfering in life:

A) Re-experiencing
B) Avoidance
C) Negative thoughts or feelings (began or got worse)
D) Hypervigilance (trauma related arousal/ reactivity)
Resilience

Not everyone who experiences trauma develops PTSD
Routine Post-Deployment Readjustment vs. PTSD

Symptom Severity
Symptom Duration
PTSD is Not a Broken Brain

Serious threat to life →

Recording of environment (sights, sounds, etc.)

Recordings become triggers

New exposure to triggers engages “fight or flight”

The problem: Over-application of “fight or flight” in situations that are not life threatening
Impact of PTSD

- Undermine effective coping and capacity to stay out of crises
- Symptoms that undermine coping
  - Nightmares/sleep problems - can be extreme - 1-2 sleeping hrs/night for month
    - Possible Behavioral Implications: Low frustration tolerance, reactive, emotional, lethargic
  - Avoiding people, places, and thoughts that remind of the trauma - undermines ability for peer support
    - Possible Behavioral Implications: disinclined to accept helpful/supportive response from others; leery of agreeing to change in immediate environment
  - Feeling detached from others - undermines family/social support and ability to get treatment.
    - Possible Behavioral Implications: wants to simply be left alone; disinclined to accept help
Signature Wound: Traumatic Brain Injury

Around 15-20% OEF/OIF veterans meeting criteria for TBI (WRAMC, 2006; Hoge et al., 2008)

Between January 2003 and March 31, 2008, DVBIC military, VA and civilian sites combined have seen a total of 6,602 patients with TBI. (DVBIC, 2008)
Mild TBI (Concussion)

- Accounts for 85-90% of TBI’s
- May be measurable impairments in functioning without loss of consciousness
- Diagnosis based on acute symptoms
- Most frequent initial symptoms: Headache, dizziness, fatigue, mental slowing/fog, poor concentration, memory problems
- Memory most susceptible to initial change
- Severe cognitive impairment is uncommon in mTBI
Recovery after a single mild TBI

- Most severe symptoms are evident within minutes of injury
- Recovery begins within minutes to hours
- Symptoms do not worsen over time
- Delayed symptom onset is relatively rare
Moderate/Severe TBI

- 35-60% develop chronic neurobehavioral and/or physical symptoms
- More severe initial injury, less likelihood of complete recovery
- More severe persistent symptoms, less likelihood of school and/or work success
- Impairments may yield behavioral problems
Persistent symptoms associated with moderate/severe TBI

Emotional
- irritability, dysregulation, lack of range

Cognitive
- short term memory, attention, info processing, word finding, executive functions

Behavioral
- impulsivity, disinhibition, apathy
Overview of Tips

WHEN ABLE:

✓ Lower lights and minimize distractions.
✓ Lower radio
✓ Tap on car to get attention (don’t slam)
✓ Use low, calm voice
✓ Grounding...Get them in the here and now...(Where were you heading? Do you know what street you are on now?)
✓ Ask about military (“I see you have a veteran plate...thanks for your service! what branch were you in?”; IF you are a veteran and feel comfortable—disclose branch, etc).
✓ Do not crowd Veteran. Designate one responder to take the lead.
Overview of Tips

- Remain calm
- Listen more than you speak
- Maintain eye contact
- Act with confidence
- Do not argue
- Do not pass judgment
- Limit questions-let them do the talking
- Use supportive, encouraging comments
- Be honest-there are no quick solutions but help is available
Warning Signs of Suicide

- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Feeling trapped—like there’s no way out
- Increasing alcohol or drug abuse
- Withdrawing from friends, family, and society
- Anxiety, agitation, inability to sleep, or sleeping all the time
- Dramatic changes in mood
- Perceiving no reason for living, no sense of purpose in life

The tyranny of hindsight is devastating.
Facts about Veterans and Suicide

- It is estimated that close to **one million people** make a suicide attempt each year.
- One attempt every 34 seconds.
- Suicide is the 10\textsuperscript{th} leading cause of death in the U.S.
- **18\%** of all deaths by suicide among U.S. adults were Veterans.
- An average of **20** Veterans died by suicide each day. Six of the 20 were users of VHA services.
- Homicide is the 15\textsuperscript{th} leading cause of death in the U.S., which is approximately half the number of annual suicides.

https://www.veteranscrisisline.net

2016 Suicide Data Report
Veteran-specific risks

- Veterans are more likely than the general population to use firearms as a means for suicide.
- Frequent Deployments to hostile environments (though deployment to combat does not necessarily increase risk).
- Exposure to extreme stress.
- Physical/sexual assault while in the service (not limited to women).
- Length of deployments.
- Service-related injury.
<table>
<thead>
<tr>
<th>Myth</th>
<th>Reality</th>
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<tbody>
<tr>
<td>If somebody really wants to die by suicide, they will find a way to do it.</td>
<td></td>
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<td>Making one form of suicide less convenient does not usually lead people to find another method. Some people will, but the overwhelming majority will not.</td>
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Common myths vs. realities

<table>
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<td>Asking about suicide may lead to someone taking his or her life.</td>
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### Common myths vs. realities

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<td>Asking about suicide does not create suicidal thoughts. The act of asking the question simply gives the person permission to talk about his or her thoughts or feelings.</td>
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## Common myths vs. realities

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<td>There are talkers and there are doers.</td>
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### Common myths vs. realities

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<td>Most people who die by suicide have communicated some intent. Someone who talks about suicide provides others with an opportunity to intervene before suicidal behaviors occur.</td>
<td>Almost everyone who dies by suicide or attempts suicide has given some clue or warning. Suicide threats should never be ignored. No matter how casually or jokingly said, statements like, &quot;You'll be sorry when I'm dead,&quot; or &quot;I can't see any way out&quot; may indicate serious suicidal feelings.</td>
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<td>If somebody really wants to die by suicide, there is nothing you can do about it.</td>
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Most suicidal ideas are associated with treatable disorders. Helping someone connect with treatment can save a life. The acute risk for suicide is often time-limited. If you can help the person survive the immediate crisis and overcome the strong intent to die by suicide, you have gone a long way toward promoting a positive outcome.
<table>
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| He/she really wouldn't die by suicide because... | • he just made plans for a vacation  
• she has young children at home  
• he made a verbal or written promise  
• she knows how dearly her family loves her |
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<td>The intent to die can override any rational thinking. Someone</td>
<td>Someone experiencing suicidal ideation or intent must be taken seriously and referred to a clinical provider who can further</td>
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<td>experiencing suicidal ideation or intent must be taken seriously</td>
<td>evaluate their condition and provide treatment as appropriate.</td>
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Veterans Crisis Line: Call, Chat, or Text

Let Veterans know they’re not alone. Share to show your support.
De-Escalation “Universal Truths”

• All people want to be treated with dignity and respect.

• All people want to be asked rather than told to do something

• All people want to be told why they are being asked to do something.

• All people want to be given options rather than threats.

• All people want a second chance.
We need your help!

With your help, we can identify and assist Veterans with access to treatment services.
How to identify who is a Veteran

- Screening Questions:
  1) Did you ever serve in the U.S. Armed Forces?
  2) In what branch did you serve?
  3) Did you ever serve in National Guard or Reserves? Federal order?
  4) How much time did you serve?
  5) What type of discharge did you have?
Resources

- Enroll in VA Healthcare
- National Homeless Call Center
- Veterans Crisis Line
VeteransCrisisLine.net/SpreadTheWord

Let Veterans know they’re not alone. Share to show your support.
Questions?

Contact me at ollie.easter@va.gov