



See Me for Me: Person-Centered Positive Supports for Individuals with Dual Diagnosis (MI/ID)



Disability Awareness Month

Principles of Person-Centered Positive Supports

- A Person-Centered Positive Support approach involves a realistic approach to an individual's situation:
 - ✓ Look for opportunities to support and leverage existing strengths
 - ✓ Moves away from a deficit-based approach to services
 - ✓ Take into account the individual's abilities, resources, challenges, values, opportunities, goals and dreams
 - ✓ Based on the view that we are all complex and that everyone has strengths and weaknesses
 - ✓ Start with what is present (not what is missing) and what works

Questions that accompany a Strengths-based Approach



- What can the person do?
- What are the conditions under which the person best does what he/she can do?
- What does the person want to do?
- What are the person's values?
- What are the person's goals and dreams?
- What are the barriers that need to be addressed in order for the person to have the life he/she wants?

Person-centered Supports

- In person-centered supports the person is at the center of services, treatments, programming, not the person's diagnosis
- The consumer and his/her supports need to know about mental health disorders
- The consumer and his/her supports need to know what the individual values
- The consumer and his/her supports need to understand the resources and barriers to obtaining valued outcomes in life
- Any action plan must consider the person:
"Nothing about me, without me!"



Person-centered versus Illness-centered care

- Driven by strengths and values rather than by diagnosis
- ✓ Holistic care
- ✓ Shared decision making
- ✓ Helps individuals reach their valued health outcomes
- ✓ Considers Quality of Life



Giving Voice to Culture and Tradition

- Different belief systems regarding psychiatry and non-medical approaches to mental health
- Different beliefs about the nature of mental health disorders
- What is the family value system around mental health wellbeing?



How do we evaluate needs?

- **Behavioral Phenotypes of Developmental Disorders**
 - ❖ Certain genetic disorders or neurodevelopmental problems come with higher risk of mental health or behavioral issues
 - DS comes with a higher risk of depression and anxiety during adulthood and dementia past age 50
 - ASD comes with higher risks of Bipolar Disorder or OCD
- **Medical Conditions and Health Issues**
 - DS is associated with congenital heart disease and thyroid problems
- **Psychiatric Illness/Mental Health Needs**
 - Fragile X is associated with anger management issues
 - Fetal Alcohol Spectrum Disorder associated with Impulse Control Disorder
- **Environment** (physical and social)

Four Square Score Card

MEDICAL

PSYCHIATRIC

**BEHAVIORAL PHENOTYPE (AS RELATES
TO DEVELOPMENTAL DISABILITIES)**

ENVIRONMENT

Impact of Mental Health Issue on the Life of the Individual

- A severe mental illness (Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depression, Obsessive-Compulsive Disorder):
 - May be life-long
 - May interfere with sleep, appetite, the ability to pursue personal care or daily activities, the ability to work or live independently (especially during acute episodes)
 - Can affect intimate relationships and friendships
 - Can affect the person's health status and longevity

What Information or Skill Set Does the Consumer Need?

- Functional communication
- Knowledge about specific mental health disorder
- Knowledge of the recommended pharmacological and non-pharmacological treatments
- Assertive communication with health care providers, family and staff
- Experience with making choices and decisions
- Coping and self-help strategies
- What do I value; what are my goals?



What information or Skills Set Does the Family or Staff Need?

- Knowledge about the consumer's specific mental health disorder
- Recognize signs of adverse medication response
- Observe signs and symptoms of active episodes
- What can the person do on a daily basis to maintain health and well-being?
- What does the person value; what are the person's goals?



What are the qualities of the Good Enough Team?

- Observant
- Curious about changes in functioning or behavior
- Good collaborators with consumer and with all service providers
- Good problem solvers
- Continuously re-evaluating if supports and services work
- Willing to learn from missteps
- Not “hung up” on blame if something doesn’t work



Functional Communication

- Individuals with limited language skills need opportunities to express their wants, needs and preferences
- Picture Exchange Communication Systems (PECS)
- Communication Boards
- Pictorial Calendars
- Translators



Personal Choice



- Does the individual know he/she has choices?
- Are individuals asked about their preferences for treatment and providers?
- Opportunities for choices should be included in every activity
- To what extent would providing individuals with choice lessen the likelihood of behavioral problems?
- The opportunity to voice preference or indicate preference should be encouraged in every activity



This Photo by Unknown Author is licensed under [CC BY-ND](#)

- Life Skills training opportunities
- ✓ ADLs to improve functional outcomes
- Social skills training opportunities
- ✓ Social stories to improve social understanding
- Anger management
- ✓ Coping skills
- Stress management
- ✓ Relaxation techniques

Skills Building Opportunities



Positive Routine

- Includes choice in activities
- Meaningful work and activity
- Balances necessary tasks with preferred activities
- Provides opportunities for social connection
- Provides opportunities for skills building
- Includes opportunities for exercise and movement

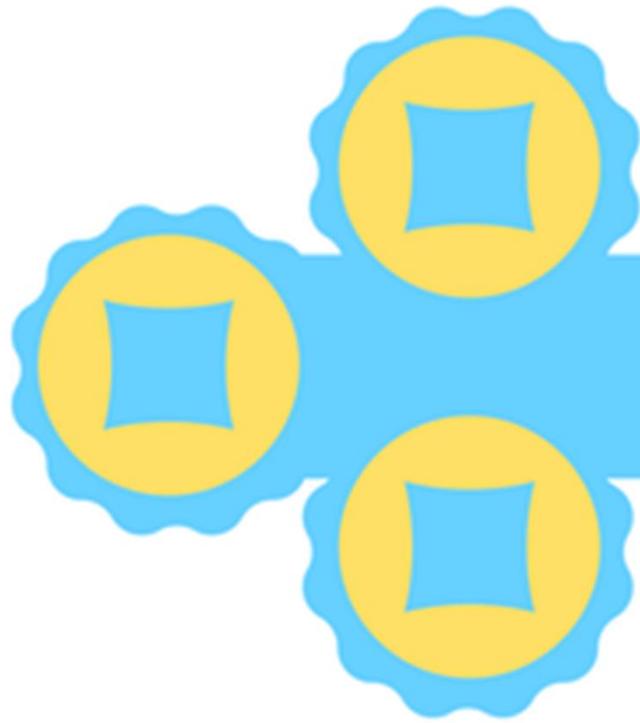
Tools for Person-Centered Positive Supports

- Motivational Interviewing
- Wellness Recovery Action Plan (WRAP)
- Toolkits (bipolar toolkit, depression toolkit, etc.)
- Counseling
- Support groups
- Put consumer in touch with a peer mentor who has lived with mental illness and is in recovery
- Assertive communication
- Role play, behavioral rehearsal

Knowledge Check

- Mental Health Needs constitute a major source of disability for individuals with developmental disorders
- Mental Health needs may be life-long
- Person-Centered Positive Supports leverage abilities, resources, interests, values, goals to address challenges





SCENARIOS

Four Square Score Card

MEDICAL

PSYCHIATRIC

**BEHAVIORAL PHENOTYPE (AS RELATES
TO DEVELOPMENTAL DISABILITIES)**

ENVIRONMENT

Scenario: Thomas is a 22 year old

- Thomas, a 22 year old male, is high functioning on the spectrum. He has just graduated from high school and began a new job at a supermarket with a job coach a month ago. He is excited about this job and takes it very seriously.
- Thomas has a diagnosis of Bipolar Disorder for which he has taken medication. However, he has recently complained that he is sleepy and slow at work and attributes this to his medication. He claimed that his supervisor commented that he will need to “pick up the pace” . In response, Tom stopped taking his medication. He has been experiencing sleep problems for the past 3 nights. He arrived late for work each of the past two mornings and this morning, when confronted, he became irritable and yelled at his supervisor. The site manager called up the job coach and said that he has been issued a warning but he will be let go if there is a future occurrence.
- **What do we need to consider in providing person-centered supports?**

Scenario: Mary is a 35 year old

- Mary is a 35 year old consumer with Down Syndrome and a history of Major Depression. She is also diagnosed with hypothyroidism, obesity, and obstructive sleep apnea. Her parents are no longer able to care for her. They are moving to an Assisted Living facility near where Mary will move into an apartment with a new roommate. Mary will receive her supports from a provider agency and two staff (whom Mary likes) have taken the lead in meeting with her to promote her transition.
- Her support staff report that she has recently missed several appointments to meet her new roommate and has not returned calls to agency staff this week. The thrift shop at which she works reports that she has not shown up or called in for work for the past week. This is unlike Mary who is usually reliable in her attendance at work.
- **What are some person-centered ways to provide positive support to Mary?**

Scenario: John a 48 year old man with Mild Intellectual Disability

- John is a 48 year old man with Mild Intellectual Disability who lives in an apartment with another consumer. He has a diagnosis of Obsessive Compulsive Disorder. He is on a cleaning crew and has worked on this crew for the past 15 years. He is treated for his OCD but has occasional episodes (“flare-ups”) when he gets stuck and cannot leave his home. He may spend up to 3 hours in the shower—foregoing work, meals and daily responsibilities.
- He worries a great deal about his health and has recently received word from his doctor to take a stress test because his EKG indicated some irregularities. Both his father and his older brother died before age 50 due to cardiac problems.
- His roommate reports that he is concerned about John who has resumed taking his 3-hour showers.
- **What are some ways in which we can provide person-centered positive supports to John?**

Wellness and Recovery Advocacy

CALL CARES at 1-888-393-3007

- ❖ There is no health without Mental Health
- ❖ Provide individuals, their families and all members of the team with information about how mental health affects individuals on a daily basis
- ❖ Check out the Wellness Recovery Action Plan
<http://mentalhealthrecovery.com/wrap-is/>
- ❖ Encourage people to seek professional help and to use self-help and support strategies
- ❖ Help people navigate the acute care system

Surround Yourself with Like-minded Associates...

- Join the National Association for Dual Diagnosis www.theNADD.org
- Ring the mental health bell!
<http://www.mentalhealthamerica.net/bell>



Questions??

Lucy Esralew

drlucyesralew@gmail.com

