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Mental Health Screening with Chemically Dependent and Brain Injured Clients

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Personal Bias

- Mental health experts have tended to:
 - Over-simplify human behavior
 - Over-pathologize human behavior



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Mental Health Screening as a Process

- A way to conceptualize a client and their situation. A “snap shot.”
- Goal: Achieve an “understanding” of the person and their behavior.



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Most mental health symptoms develop, evolve and manifest themselves within a context or personal situation.



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Psychosocial History



- Current living situation
- Employment
- Education
- Military
- Family
- Current primary relationship
- Legal
- Medical
- Substance use/abuse/treatment history
- Mental health



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Mental Status/Behavioral Observations

- Alert & oriented
- Presentation
- Sleep
- Memory
- Attention & concentration
- Thought process & content
- Insight & judgment
- Impulse control
- Mood
- Affect
- Symptoms



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Psychological Symptoms

- We all have them.
 - Self-defeating beliefs and behaviors
- Coping strategies
- The diagnosis as a symptom cluster
- What we see are often psychological “states,” not full disorders.



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Psychological Symptoms (cont.)

- DSM
 - The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
 - Symptoms not due to the direct psychological effects of a substance (drug abuse or medication) or a general medical condition (brain injury/concussion).



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Most Frequently Encountered Diagnoses

Mood Disorders

- Major Depressive Episode
 - Must have depressed mood most of the day nearly everyday or significant loss of interest or pleasure in all or most activities.



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Most Frequently Encountered Diagnoses

Mood Disorders (cont.)

- Dysthymic Disorder
 - Depressed mood most of the day, for a majority of days for at least 2 years.
 - No major depressive episode or manic/hypomanic episode.



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Most Frequently Encountered Diagnoses

Mood Disorders (cont.)

- Manic (1 week) & Hypomanic (4 days) Episode
 - Must be a change in mood
 - A distinct period of abnormally and persistently elevated, expansive or irritable mood.



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Most Frequently Encountered Diagnoses

Mood Disorders (cont.)

- Bipolar Disorders
 - To be diagnosed with bipolar disorders, the symptoms must be a major change from the persons normal mood or behavior.



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Most Frequently Encountered Diagnoses

Mood Disorders (cont.)

- **Bipolar I Disorder**
 - A manic or mixed episodes that last at least seven days or serious manic symptoms requiring hospitalizations
- **Bipolar II Disorder**
 - Recurrent major depressive episodes with hypomanic episode
- **Bipolar Disorder NOS**



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Anxiety Disorders

Psychological Symptoms

- Feelings of fear, panic, apprehension
- Restlessness
- Difficulties concentrating
- Feeling tense
- Excessive worry
- Irritability



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Anxiety Disorders (cont.)

Physical Symptoms

- Accelerated heart rate
- Sweating
- Shortness of breath
- Trembling or shaking
- Chest pain



Anxiety Disorders (cont.)

Behavioral Responses

- Avoidance
- Fight, Flight, Freeze



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Anxiety Disorders (cont.)

- Panic Disorder
 - Fear another panic attack and loss of control
- Social Phobia/Social Anxiety
 - Evaluation by others and possible embarrassment
- Obsessive-Compulsive Disorder
 - Obsessive thoughts
 - Compulsive Behaviors



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Anxiety Disorders (cont.)

- Post-traumatic Stress Disorder (PTSD)
 - Exposure to a traumatic event in which (both)
 - The event involved actual or threatened death, serious injury or threat to the physical integrity of self or others.
 - Persons response involved intense fear, helplessness or horror.
 - Persistent re-experiencing
 - Persistent avoidance
 - Persistent increased arousal



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Anxiety Disorders (cont.)

- Generalized Anxiety Disorder
 - Excessive worry and inability to control the worry
- Substance Induced Anxiety Disorder



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Personality Disorder

- An enduring pattern of inner experience and behavior that deviates markedly from the person's culture.
- Pattern is inflexible and pervasive across a broad range of situations.



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Cluster B Personality Disorder

- **Antisocial Personality**
 - Pervasive pattern of disregard for and violation of the rights of others since age 15.
- **Borderline Personality**
 - Pervasive pattern of instability of interpersonal relationships, identity, affects and marked impulsivity beginning in early adulthood.



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Cluster B Personality Disorder (cont.)

- Histrionic Personality Disorder
- Narcissistic Personality Disorder



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Thought Disorders

- Schizophrenic
 - Delusions
 - Hallucinations
- Schizoaffective Disorder



Neurocognitive Disorders

- Decline in cognitive functioning
- Major or minor
- Due to:
 - Substance abuse
 - Traumatic brain injury



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Mental Health Screening with Chemically Dependent and Brain Injured Clients

- Symptom Variables
 - Substance induced
 - Situational / environmentally induced
 - Developmental
 - Biochemical, genetic
- Timing of Symptoms
 - Mental health symptoms can develop before addiction.
 - Addiction can develop before mental health symptoms



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Typical Psychological Symptoms with Chemically Dependent Clients

- Cognitive
 - Short-term memory
 - Poor executive functioning
- Psychological
 - Poor judgment
 - Impulsivity
 - Poor insight
 - Low frustration tolerance
 - Anxiety
 - Depression



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Typical Mental Health Diagnosis with Chemically Dependent Clients

- Major Depression
- Bipolar
- Anxiety Disorders
 - Agitation, restlessness
- ADHD
- PTSD
- Borderline Personality
- Withdrawal



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Typical Psychological Symptoms in Clients with Head Injuries/TBI

- Cognitive
 - Memory
 - Executive functioning
 - Confusion
 - Abstract thinking
 - Loss cause & effect



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Typical Psychological Symptoms in Clients with Head Injuries/TBI (cont.)

- Psychological
 - Depression and emotional swings
 - Anxiety – irritability
 - Aggression
 - Immature behavior
 - Self-absorbed, limited empathy
 - Highly suspicious or guarded



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Typical Mental Health Diagnosis with Brain Injured Clients

- Depression
- Bipolar
- Anxiety
- ADHD
- PTSD
- Antisocial (male) Borderline (female)
- Neurocognitive Disorder



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Mania, ADHD, FAS Similarities & Differences

- Manic Symptoms
 - Expansive, elevated, or irritable mood
 - Grandiosity
 - Days without sleep
 - Flight of ideas, racing thoughts
 - Increased goal directed activity
 - Excessive involvement in pleasurable activity



Mania, ADHD, FAS Similarities & Differences (cont.)

- ADHD Symptoms
 - Inattentive
 - Hyperactive
 - Impulsivity
- ADHD typically lacks
 - Grandiosity
 - Flight of ideas
 - Days without sleep



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Mania, ADHD, FAS Similarities & Differences (cont.)

- ADHD are distracted and lack follow through, but not expansive or obsessed with achievement or pleasure.
 - Risk takers/pleasure seekers.



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Mania, ADHD, FAS Similarities & Differences (cont.)

- Manic typically lacks
 - Persistent symptoms of hyperactivity, restlessness, distractibility
- Fetal Alcohol Spectrum Disorder(FASD)
 - ADHD symptoms
 - No grandiosity, racing thoughts or days without sleep
 - Learning problems



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Conclusion

- Many symptoms are learned coping skills and can be modified.
- Manage symptoms
- Manage client expectations
- Hope



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Questions?



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Thank you!

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