Building Resiliency for Clients with Mental Health, Cognitive and Substance Use Disorders

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Objectives

1. Learn definitions of resiliency as it relates to individuals with co-occurring disorders.
2. Define internal versus external risk and protective factors in resiliency.
3. Explore concept of an individual’s demands vs. resources in meeting life’s challenges.
Resilience and Recovery: Findings from the Kauai Longitudinal Study

• For many years mental health professionals tended to focus almost exclusively on the negative effects of biological and psychosocial risk factors by reconstructing the life histories of individuals with persistent behavior disorders or serious emotional problems.

• This retrospective approach created the impression that a poor developmental outcome is inevitable if a child is exposed to trauma, parental mental illness, alcoholism, or chronic family discord, since it examined only the lives of the "casualties," not the lives of the successful "survivors."

Resiliency

• The study of why things go right, even though the odds say they should have gone wrong

• Building Resilience involves increasing clients’ ability to cope with life’s challenges and to adapt to adversity

• Initial studies were of individual resiliency

Resiliency

Is the ability to not only survive, but thrive!

In order to remain strong, we must stretch ourselves and spring forward!
Teaching Resilience

- Practitioners should be clear on how they are defining risk, protective factors and adaptive functioning, and the individual situation and needs of each person.
- The greater the number or chronicity of risks the person is exposed to, the less likely the person is to display resilient functioning (Vanderbilt-Adriance & Shaw, 2008).
- Involves complex processes of interrelated risk and protective factors at the individual, family and community levels.
- Not static and may fluctuate.

Mental Health and TBI

- 90% clients with TBI and Major Depression experience the onset of depression post TBI. (Silver et al., 2009)
- Suicide attempts are 4x higher than the general population for patients with a TBI with loss of consciousness (Golding, 1999)
- TBI increases the risk for Generalized Anxiety Disorder (2.3x), Panic disorder (5.8x) and PTSD (5.8x) - (van Reekum et al., 2000)
- TBI increases the risk of developing Schizophrenia by 60%, possibly due to frontal and temporal lobe damage (‘Molly’ et al, 2011).

Mental Health Symptoms

- Poor motivation
- Anxious
- Poor concentration
- Unresponsive
- Indifferent
- Becoming socially isolated
- Lack of interest in activities
- Lack of energy
- Problems with sleep
- Highly emotional Irrational
- Dramatic change of personality
- Extreme mood swings
- Self-worth (lessness)
- Suicidal ideation
- Psychosis
- Hyperactivity
- Poor impulse control
- Panic Attacks
Effects / Changes of a TBI

- Orientation
- Concentration
- Mental control
- Shifting thoughts
- Sequencing
- Perseveration
- Memory verbal and non-verbal
- Reasoning verbal and non-verbal
- Learning over time
- Linear thought process
- Mechanical manipulation
- Perception
- Planning
- Foresight
- Language
- Anger / Aggression
- Social inappropriateness
- Difficulty managing money
- Following directions
- Formulation goals
- Starting and completing tasks
- Speaking clearly

Stress Comes From Many Sources

- Normal changes in our lives e.g. leaving home, birth of a child, getting older
- Unexpected events e.g. death of a loved one, job loss, severe illness, winning the lottery
- Developments in the world around us e.g. poverty, crime, school violence, social and political trends

Individual Demands & Risk Factors

- Low self esteem
- Poor social skills
- Poor problem solving
- Difficult temperament
- Lack of empathy
- Homelessness
- Unresolved Grief
- Chronic illness,
- Sexual, physical or emotional abuse
- Unemployment
- Community violence
- Poverty
- Parental divorce
- Parental mental health
- Legal Involvement
- Brain Injury
- Substance Use Disorders
- Cognitive challenges
- Low infant nurturance
- Poor relationships
- Negative life events
- War
Demands vs Resources

When demands on the individual are greater than resources to meet these demands. The individual experiences:

• Disruption
• Dysfunction
• Feeling Overwhelmed
• Increase in mental symptoms
• Decreased use of compensatory skills
• Use of avoidant coping
• Return to chemical use

The focus of resiliency treatment is to lower demands and increase individual resources, including self, support, structure, skills, and spirituality.

Protective Factors & Resources

• Protective factors are most often used to refer to qualities that predict future outcomes through their ability to moderate, mediate, or compensate for risk

Factors in Resilience

• The primary factor in resilience is having caring and supportive relationships within and outside the family. Relationships that create love and trust provide role models, and offer encouragement and reassurance help bolster a person’s resilience
• The capacity to make realistic plans and take steps to carry them out
• A positive view of yourself and confidence in your strengths and abilities
• Skills in communication and problem solving
• The capacity to manage strong feelings and impulses
Developing Support

- Developing and Maintaining Relationships
- Using Support from Others
- Developing a professional support system
- Community networking
- Attachment to the community
- Participation in community groups

Personal Resilience

- Biological factors (temperament, emotions, intelligence, creativity, resistance to disease, genetic and physical characteristics)
- Attachment (capacity for bonding, for forming significant relationships with others; the capacity for empathy, compassion caring and joy)
- Control (capacity to manipulate one’s environment, mastery, social competence; self-esteem; personal autonomy and sense of purpose)

Personal Skills and Traits

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<tr>
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Skills training

- Communication
- Problem Solving
- Goal Accomplishment
- Time Management
- Personal Strengths and Values
- Stress Management
- Exercise
- Mindfulness
- Personal Qualities
- Optimism
- Developing Forgiveness
- Gratitude

Generosity
Living With Purpose
Problem Solving
Practice yoga
Organization Skills
Mindfulness

A spiritual or religious orientation is associated with better mental health.

It can help increase self-esteem, find meaning in life, improve family and special relationships, decrease drug and alcohol abuse and lead to less sexual promiscuity.

Spirituality provides a moral compass to help navigate life.

10 Ways to Build Resilience

Make connections – Close relationships are important. Accepting help and support from those who care about you and will listen, strengthens resilience. Assisting others in their time of need also can benefit the helper.

Avoid seeing crises as insurmountable problems – Change the way you interpret and respond to stressful events. Develop an objective perspective and look beyond the present to how future circumstances may be better.

Accept that change is part of living – Accepting circumstances that cannot be changed can help you focus on circumstances that you can alter.
10 Ways to Build Resilience

Move toward your goals – Do something regularly that enables you to move toward your goals.
Take decisive actions – Act on adverse situations as much as you can.
Look for opportunities for self-discovery - Many people who have experienced tragedies and hardship have reported better relationship, greater sense of personal strength even while feeling vulnerable, increased sense of self-worth, a more developed spirituality, and heightened appreciation for life.
Nurture a positive view of yourself – Develop confidence in your ability to solve problems.

> Keep things in perspective – Avoid blowing stressful events out of proportion.
> Maintain a hopeful outlook — Try visualizing what you want, rather than worrying about what you fear.
> Take care of yourself — Pay attention to your own needs and feelings. Engage in activities that you enjoy and find relaxing. Exercise regularly. Eat and sleep well. Taking care of yourself helps to keep your mind and body primed to deal with situations that require resilience.

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References
Vanderbilt-Adriance, Daniel S. Shaw. Published in Journal of abnormal child psychology 2008; DOI:10.1007/s10802-008-9220-1.