

Exploring Substance Abuse and Mental Health Within Physical and Cognitive Disabilities

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**“Alone we can do so little;
together we can do so much.”**

- Helen Keller

Objectives:

1. Increase awareness of substance abuse and mental health challenges in individuals with physical and cognitive disabilities.
2. Gain information on how to work with individuals with physical and cognitive disabilities when addressing substance abuse and mental health.
3. Acknowledge the need for more resources for these populations.





How Do You See Me?

<https://www.youtube.com/watch?v=bwW6mYdJ7Xc>

[How You See Me](#)



What is a physical disability?

A physical condition, including an anatomical loss, or musculoskeletal, neurological, respiratory or cardiovascular impairment, which results from injury, disease or congenital disorder and which significantly interferes with or significantly limits at least one major life activity of a person.

Wis. Stat. § 15.197 (4) (a) (2)

Note: A major life activity includes: Self-care, performance of manual tasks unrelated to gainful employment, walking, receptive and expressive language, breathing, working, participating in educational programs, mobility other than walking, and capacity for independent living.

Wis. Stat. § 15197 (4) (a) (1)



Physical Disabilities

- What can be seen as a physical limitation to one may not be perceived or experienced as a physical limitation to another.
- They can be temporary or permanent.
- They can limit physical functioning, mobility, or dexterity.



Physical Disability Types

There are a wide variety of physical disability.

Examples:

- Hard of hearing/deaf
- Blind
- Amputation
- Stroke
- Abnormal limbs
- Muscular dystrophy
- Spinal cord injuries



What is a cognitive disability?

- It can affect memory, attention, problem solving, math comprehension, reading, linguistic, and verbal comprehension. An individual with cognitive disability has a greater difficulty with one or more types of mental tasks.
- It can range from mild to severe where individual can be functional that the disability is not noticed or the individual needs assistance to accomplish daily tasks.



Cognitive Disabilities

Examples of Cognitive Disability:

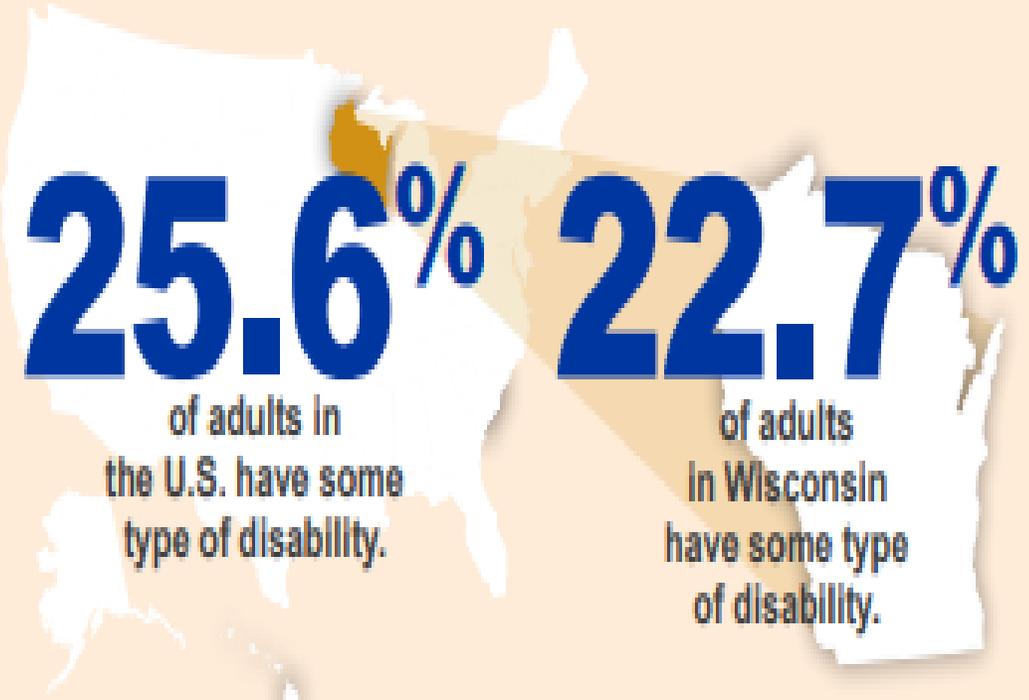
- Autism
- Traumatic Brain Injury (TBI)
- Dementia
 - Alcohol induced dementia
- Down Syndrome



Prevalence

A Snapshot of Disability in Wisconsin*

This fact sheet provides an overview of disability in Wisconsin compared to national estimates. You can use this information to learn more about the percentages and characteristics of adults with disabilities in Wisconsin.



25.6%

of adults in
the U.S. have some
type of disability.

22.7%

of adults
in Wisconsin
have some type
of disability.

Percentage of adults with select functional disability types*

MOBILITY: Serious difficulty walking or climbing stairs

COGNITION: Serious difficulty concentrating, remembering, or making decisions

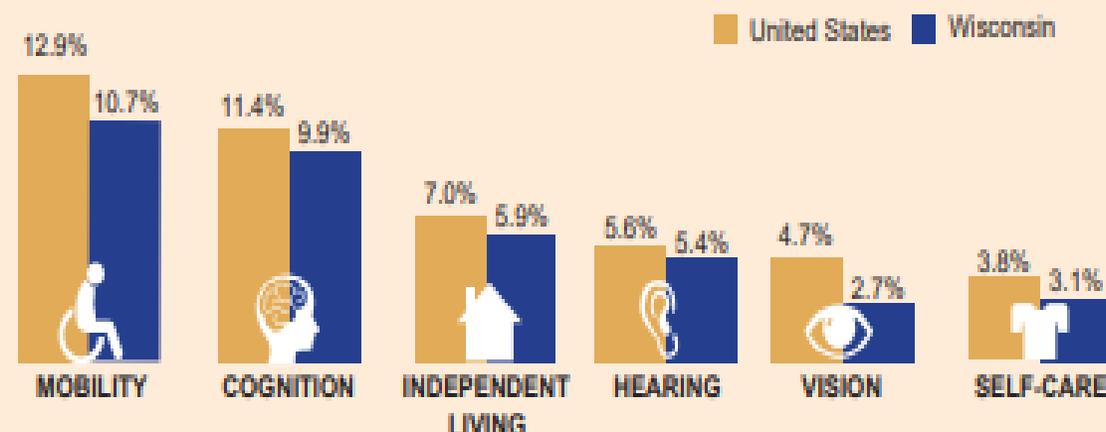
INDEPENDENT LIVING: Difficulty doing errands alone, such as visiting a doctor's office or shopping

HEARING: Deafness or serious difficulty hearing

VISION: Blind or serious difficulty seeing, even when wearing glasses

SELF-CARE: Difficulty dressing or bathing

Types of Disabilities Comparing U.S. with Wisconsin



* Disability Source: 2017 Behavioral Risk Factor Surveillance System (BRFSS).

** Disability-associated healthcare expenditures are presented in 2006 dollars as reported in Anderson et al, 2010. This value represents approximately 26% of total healthcare expenditures for the state of Wisconsin.

National Center on Birth Defects and Developmental Disabilities
Division of Human Development and Disability



For more information go to www.cdc.gov/disabilities



Historically, the major causes of disabilities in the United States were medically related. However, the causations for disabilities are changing to also social and behaviorally-related conditions that result from complications such as violence, substance abuse, and poor mental health.

Substance Abuse and Physical Disability

- Out of 54 million Americans who experience some form of disability, 9% or 4.7 million also have a co-occurring substance abuse disorder.

(Per Substance Abuse Mental Health Service Administration (SAMHSA))

- Substance abuse rate 2-4 times greater than general population.
- There are factors that contribute to the higher rate.
- Long term use or risk of use can lead to other risks.



Addiction

vs

Dependence

- Is not a physical dependence alone.
- Includes:
 - Cravings for a substance.
 - Obsession obtaining and using the substance.
 - Excessive, prolonged, and harmful use despite adverse consequences.
 - The mental defense mechanisms of denial, rationalization, and justification.

- Physical Dependence is not addiction.
- It is characterized by the symptoms of tolerance and withdrawal.
- If substance is stopped or reduced, the user develops withdrawal symptoms.
- The user may not present self with addictive signs and symptoms.



Mental Health and Physical Disabilities

Contributing Factors:

- Grieving a loss
- Chronic pain affecting mental health
- Decrease in independency
- Financial issues
- Self-neglect
- Hoarding

Risk Factors:

- Substance abuse
- Decrease in quality of life
- Decrease in life span



Substance Abuse and Cognitive Disabilities

- It is estimated that 15% of individuals with developmental disabilities have a substance abuse disorder. (U.S Department of Health and Human Services, Office of Disability)
- Contributing factors:
 - Trauma
 - Coping Mechanism
 - Independency
 - Socialization
- Long term use or risk of use can lead to:
 - Pan handling/financial exploitation
 - Self-neglect
 - Negative behaviors i.e. violence, domestic issues, evictions, homelessness



Mental Health and Cognitive Disabilities

Contributing factors:

- Communication
- Treating symptoms of another disorder
- Behaviors is being treated but can be a form of communication
- Mental health is overlooked if we are trying to figure out the above factors

Recommendations:

- Identify both mental health and cognitive issues
- Determine what is occurring
- Treat both



Access to Treatment

Barriers to accessing treatment:

- Treatment may not be physically accessible
- Individuals may need assistance to cares
- Transportation needs (ambulatory and non-ambulatory)
- Clinicians lack of training in working with those with physical/cognitive disabilities

Addressing these barriers:

- Evaluate access to your agency keeping in mind these disabilities
- Develop or provide additional trainings to staff
- Create policies or procedures



Working with Individuals with Disabilities

- Be yourself.
- Keep in mind people who use wheelchairs have a variety of different abilities.
- Offer assistance instead of giving assistance.
- Be aware of the environment you are having the person go into.
- Keep in mind not all disabilities are apparent.



Psychology and disability: Minimizing ableism in the counselling room

https://www.youtube.com/watch?v=wZ_a4N1lekQ

Working with Individuals with Disabilities

(continued)

- Keep in mind each individual's disability is unique to him/her and he/she can perceive their disability different from another person who has the same disability.
- Keep in mind the following influences of: Culture, ethnicity, race, gender, age, sexual orientation, generation.
- Talk directly to the person.
- Have the person repeat what you said to check for understanding.



Working with Individuals with Cognitive Disabilities

- Keep it simple
- Use visual aids
- Role play and other interactive exercises
- Make sure materials are understandable to the individual
- Be aware of length of the session and lengthen treatment
- Work with family members and supports that they have trust with
- Don't finish sentences to allow time for processing
- Use different words
- Use Yes/No questions



Assessing for Substance Abuse and Mental Health Disorders

- Keep in mind individuals ability to self-report and answer questions
- Licensed clinicians are to use and follow the DSM-V
- Gather information from natural and formal supports
- Determine what changes have been identified
- Rule out other factors:
 - Is the individual using behaviors as a form of communication?
 - Is what the individual eating contributing to his/her mood?

Addressing Substance Abuse and Mental Health

- Assess physical pain and coping mechanisms for pain
 - Physical dependency vs addiction
- Collaborate with pain management doctor, care management staff, and other formal or natural supports
- Explore client's understanding of his/her physical disability and independence
- Emphasize on client's strengths
- Screen for cognitive ability



Addressing Substance Abuse and Mental Health (continued)

- Assess for stages of change: Precontemplation, Contemplation, Preparation, Action, and Maintenance
- Assess for baseline:
 - Self-care
 - Mobility
 - Communication
 - Learning Style
 - Problem Solving
 - Executive Functioning



Addressing Substance Abuse and Mental Health (continued)

- Practice/implement Trauma Informed Care
- Keep session at a slow pace
- Be repetitive
- Create new habits
- Address impulsivity
- Identify motivators and use positive affirmations
- Individualize treatment plans
 - Specific to the individual's needs or abilities
 - Concrete and short term



Addressing Substance Abuse Using Harm Reduction

PRACTICAL STRATEGIES

- Reduce negative consequences
- Incorporate a spectrum of strategies from safer use, to managed use, to abstinence.
- Harm reduction meets the drug user “where they are at”, addressing conditions of use along with the use itself.

OVERALL, REDUCTION OF USE THAT REDUCES CONSUMPTION EQUALS A REDUCTION OF PROBLEMS

- What are the specific risks and harms associated with the use of drugs/alcohol?
- What causes those risks and harms?
- What can be done to reduce these risks and harms?



Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential

There are four major dimensions that support a life in recovery. (SAMHSA)

Health: Overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional wellbeing.

Home: A stable and safe place to live.

Purpose: Meaningful daily activities and independence, income and resources to participate in society

Community: Relationships and social networks that provide support, friendship, love and hope.



Discussion

- What resources or other methods do you use to work with individuals with cognitive or physical disabilities that also suffer from mental health and/or substance abuse issues?
- How can we increase resources or be creative with the ones we have?
- What are your barriers in working with these population and what are some solutions to overcome these barriers?
- What is one change that you can make to improve yourself in this area? Or what is one change that you can make to improve the services or care you provide to individuals with cognitive or physical disability with mental and/or substance abuse issues?



Key Take Away Points

- Individuals with physical and cognitive disabilities encounter substance abuse and mental health challenges. They need services and support in these areas.
- Treat the person with the disability as an individual and holistically.
- There are interventions and services to work with individuals with disabilities but more research and tools are needed.



Resources

- Advisory: Mental and Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities
<https://store.samhsa.gov/product/Mental-and-Substance-Use-Disorder-Treatment-for-People-With-Physical-and-Cognitive-Disabilities/PEP19-02-00-002>
- Alzheimer's Association <https://www.alz.org>
- American Association on Intellectual and Developmental Disabilities
<https://aaidd.org/home>
- Enhancing Motivation for Change in Substance Use Disorder Treatment
<https://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003>

Resources (continued)

- Guidance on Inappropriate Use of Antipsychotics: Older Adults and People with Intellectual and Developmental Disabilities in Community Settings
<https://store.samhsa.gov/product/Inappropriate%20Use%20of%20Antipsychotics%20Brief%20Guidance%3A%20Older%20Adults%20and%20People%20Living%20with%20Intellectual%20Disabilities%20in%20Community%20Settings/PEP19-INAPPUSE-BR>
- Mental Health of America <https://www.mhanational.org>
- National Alliance of Mental Illness <https://www.nami.org/>
- National Association for the Dually Diagnosed, An Association for Persons with Developmental Disabilities and Mental Health Needs <http://thenadd.org/>

Resources (continued)

- National Autism Association <https://nationalautismassociation.org>
- National Institute of Alcohol Abuse and Alcoholism www.niaaa.nih.gov
- National Institute of Drug Abuse www.drugabuse.gov
- TIP 29: Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities <https://store.samhsa.gov/product/TIP-29-Substance-Use-Disorder-Treatment-for-People-With-Physical-and-Cognitive-Disabilities/SMA12-4078>
- Training on Hard of Hearing/Deaf Denise Johnson (SUD/MH Coordinator)
Direct 414-937-5910 VP t *Office* 414-291-7520 TTY/Relay t *Fax* 414-291-7525
DJohnson@independencefirst.org

Resources (continued)

- Traumatic Brain Injury and PTSD <https://www.brainline.org/article/substance-abuse-treatment-advisory>
- UW Addiction Consultation Provider Hotline
Madison Area Providers call: 608-263-3260
Statewide Providers call: 1-800-472-0111
- Wisconsin Addiction Recovery Helpline
Call: 211 or 833-944-4673
addictionhelpwi.org



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- Substance Abuse and Mental Health Services Administration. (2019). Mental and Substance Use Disorder Treatment For People With Physical and Cognitive Disabilities. Substance Abuse and Mental Health Administration Advisory, Full Document. HHS Publication No. PEP19-02-00-002. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Weiss, T.C. (2013, July). Addiction and substance abuse among persons with disabilities. Disabled World. Retrieved September 30, 2019 from <https://www.disabled-world.com/medical/pharmaceutical/addiction/serious.php>



“I used to think the worst thing in life was to end up all alone. It’s not. The worst thing in life is to end up with people who make you feel all alone.”

– Robin Williams

