

Dyscontrol and Dysregulation

PTSD, TBI, I/DD

Identification of symptoms

Management strategies

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A.M.B.E.R. clinic

**Albuquerque Multidisciplinary Behavioral
Evaluation for Recovery and Resiliency**

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“Dis is A Problem in Clinic”

- **Disruption in waiting room**
- **Appointments longer than scheduled**
- **Repeated requests**
 - **Same information**
 - **Replace Rxs**
 - **Repeat instructions**
- **Seem to be asking for world to be fixed**
 - **“Can’t work with _____ (person)”**

Why these diagnoses?...

(not an exhaustive listing)

- **PTSD: traumatized person with hyper-responses to “ordinary stimuli”**
 - [Will review diagnosis in future session]
 - **Generalized; high amplitude responses**
- **TBI: over-reactive to mild stimuli**
 - **Cumulative effect of inputs**
 - **Delayed discharge**
- **I/DD: inability to modulated responses**
 - **Stereotyped responses (over-learned)**

Effect of high arousal

- **Increased autonomic arousal**
 - **Pulse increased**
 - **Shallower breathing**
 - **Broader visual field -- scanning**
- **Increased speed of thinking or slowed thinking**
- **Sense of urgency**

Frontal lobe functions

- **Executive Functions**

- **Initiation; Motor planning**
- **Problem solving; Judgment**
- **Inhibition of behavior;**

- **Planning/anticipation; Self-monitoring**
- **Personality/emotions; Awareness of abilities/limitations**
- **Organization**
- **Attention/concentration**
- **Mental flexibility**
- **Speaking - expressive language**

- **Integrative function**

Dyscontrol

- **Impulse Control Disorder**
 - **Difficulty modulating impulses**
 - **Eating; Touching...**
 - **Disregard for safety**
- **Intermittent Explosive Disorder**
 - **Sudden, violent affective change**
 - **+/- dangerous behavior**

Coping with anxiety

- **Recognized**
 - **Purpose: defense, performance**
 - **Maximal focus of attention and analysis → effective action**
- **Unrecognized**
 - **Ambush: perceived as attack**
 - **Increases unfocused arousal, increases speed of thought; react defensively**
 - **may stall analysis → paralysis**

Dysregulation

- **Poor modulation of affect and actions; inconsistency**
- **Speech: production & content**
- **Common with TBI; action with thought, followed by analysis**
- **Look for parallel processes across homeostatic systems (appetite, sleep...)**

Medications for impulsivity

- **All people slow down with general anesthesia – not the goal.**
- **Decrease arousal:**
 - **beta-blockers, anticonvulsants**
 - **benzodiazepines may disinhibit further**
 - **SSRI – for agitation/anxiety**
- **Increase focus & accessible logic:**
 - **antipsychotics, stimulants, antidepressants, anxiolytics**

Medications for dysregulation

- **Mood stabilizers**
 - **Lithium; AEDs**
- **Antipsychotics**
 - **high v low potency (rationales)**
- **Regularize sleep; R/O medical factors**
- **Substance abuse – prescribed/street**

Anxiety

- **Identify patterns; antecedents; results of repeated anxiety attacks**
- **Benzos for short- term use (acute) or as adjunctive therapy**
- **Tricyclic antidepressants**
- **Buspirone; SSRI; SNRI; beta/alpha blocker; antipsychotics as adjunctive therapy**

Environment

- **Safety: immediate & on-going**
- **Security: shelter, food, relationships, money, stress-reduction**
- **Noise; reliable structure of time/place; respect & being welcomed**
- **Routines; having value**
- **Flexibility v Reliability**

Adjunctive therapy

- **Psychotherapy**
 - increase insight into habitual patterns
- **CBT – realistic reappraisal of apparent stressors & choosing type of response**
- **Work opportunities**

Other “x” factors

- **Pain**
- **Endocrine imbalance**
- **CNS occult lesions; residual from trauma (TBI)**
- **Personality disorder (Narcissistic; Antisocial)**

Influence of cognitive impairment

- **Intellectual functioning doesn't preclude comprehending consequences of actions – over time; at level of cognitive abilities**
- **Insight does not equal Intent or Control**
- **Stepwise instructions; small changes in dose (when there is time)**

Next presentation:

- **8-28-2012**
- **Clinical Assessment: Techniques, Strategies, Adaptations**

resources and back issues can be found at Continuum
of Care website:

<http://som.unm.edu/coc/Training/powerpointnew.html>