MENTAL HEALTH
for
Healthcare Professionals

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March 7, 2020
Disclosures

I do not have a vested interest in, or affiliation with, any corporate organization offering financial support or grant money for this continuing education program, or any affiliation with an organization whose philosophy could potentially bias my presentation.
Objectives for Pharmacists

By the end of this presentation, Pharmacists should be able to:

1. Define the basic premise of the Multi-Dimensional Human model and its constructs.

2. Identify previously learned constructs in the health fields to this different perspective on human functions.

3. Describe how to assess their psychological well-being based on the principles of the model.

4. Select a method to view the dynamic relationship between practitioner factors and intended outcomes, based on this model.

5. Outline some specific techniques utilized in the field to increase self care.

6. Discuss existing research related to the model and be introduced to some limitations in the research on related constructs.
Objectives for Technicians

By the end of this presentation, Technicians should be able to:

1. Define the reason one might employ principles of the Multi-Dimensional Human model and its constructs for personal mental health.

2. Recognize the Multi-Dimensional Human model.

3. Select at least one level to assess their psychological well-being based on the principles of the model.

4. Describe a personal practitioner factor that contributes to intended outcomes, based on the model.

5. Outline one technique utilized in the field to increase self care.

6. Discuss one limitation highlighted in the current research on increasing self care among professionals.
Part 1

The Multi-Dimensional Human Model as A Paradigm Shift
Paradigm Shift - A paradigm shift is a concept made relevant by the American physicist and philosopher Thomas Kuhn. In his influential book “The Structure of Scientific Revolutions” (1962) he described such shifts as a **fundamental change in the basic concepts and experimental practices of a scientific discipline**. He argued that a shift occurs when new evidence does not assimilate into existing concepts and the evidence is overwhelming.
Convincing evidence is emerging from fields of psychology, neurobiology, pharmacology, genetics and medicine.
The Mind/Body Problem Returns

What is the “mind”?  

Is the “brain” the mind?  

In the “body” an extension of the brain?  

Is the “Self” a creation of the brain?  

Holographic (Energy) concepts are re-emerging
Van der Kolk (2015) - Interface currently emerging between the research areas:

- **Neuroscience** (how the brain supports mental processes)

- **Developmental Psychopathology** (the impact of adverse experiences on the development of mind and brain)

- **Interpersonal Neurobiology** (how behavior influences emotions, biology, and mind-sets of those around us).
Trauma & The Therapeutic Crossroad

1. Intellectual (cognitive) understanding (insight) is not enough for healing.

2. Habit strength is located in the nexus of emotions, actions, & neural mapping.

3. Emotional paths are often inter-generational in their expressions.
4. Traumatic heritage amplifies emotions.

5. Learned habits must be replaced by new habits that result in better functional capacity (Neural to behavioral).

6. Medications can delimit or augment expressions but not re-map functional capacity.
Example of Mind/Body Disorder

**Post Traumatic Stress Disorder** - Defined as: a mental disorder/response that people may develop after experiencing, or witnessing, a life-threatening event (like combat in war, natural disasters, a car accident, sexual and/or physical assault). Symptoms continue to present for an extended period beyond one month - Per DSM5.
Multi-Level (Mind/Body) Symptoms:

- Inability to establish a normal sleep cycle
- Hypervigilence in the living environment
- Generalized anxiety & Startle response
- Mood cycling (agitation, anger, depression, guilt, anxiety, numbness)
- Appetite suppression or amplification
- Social withdrawal and/or ambivalence
- Mental flashbacks (ruminations, hallucinations)
- Cognitive Dissociation (memory, attention, concentration)
- At risk for suicide, breakdown, substance abuse
Current Scientific Language

General Adaptation Syndrome - (Coordinated physical & mental response to resolve/cope with demands of a stressor - Starting with alarm> resistance> exhaustion)

Traumatic Stress & Related Disorder - (Wholistic chronic mental/emotional distress in response to trauma as coded into the new DSM-5)

Dis-Regulation Theories - (Unhealthy changes in biological or mental processes that normally maintain systemic well-being & survival)
Epigenetics - changes in organisms caused by modification of gene expression, rather than alteration of the genetic code itself. Psychology can suppress or enhance gene expressions leading to better or worse health & well-being.

Neural Anatomy - Physical & measurable connections & pathways within the physical body of energetic transfer between Mind - Brain - Emotional - Invisible processes - Behaviors.

Mindfulness - A mental state that focuses awareness & attention on the clear reality & relatedness of the present moment.
Evolution of An Old Model


(1963) M. Mahesh Yogi “The Science of Being and the Art of Living”

(1969) the first Journal of Transpersonal Psychology published

(1975) Martin Brofman - The Foundation for Advanced Healing (The Body Mirror System); “Anything Can Be Healed” (1993)


(2015) Bessel Van Der Der Kolk - “The Body Keeps the Score”
"As the omnipresent, essential constituent of creation, Being lies at the basis of everything, beyond all relative existence, beyond all forms and phenomena.” - pg 10

“Cosmic law functions from the level in between the absolute and the relative planes of life” - pg 12
Emerging Therapies

**Old tradition (Psychodynamic)**
Prolonged Exposure (PE) Talking about the trauma & gradual re-entry into environments (very long-term treatments)

**New tradition (Bioenergetic)**
Eye Movement Desensitization & Reprocessing (EMDR) Talking with external brain stimulation & mindfulness exercises
The Multi-Dimensional Human Model

1. Elements are evident at 30,000 B.C. (drawings)

2. Assumes physical & non-physical elements

3. Articulated clearly in Egyptian sciences

4. Allows for a Mind-Body-Spirit concept & analysis

5. Can be viewed in a Multiple Regression format
The Multi-Dimensional Human - The 7 Bodies (Souls)

**Atmu:** Human Soul – Destiny/Purpose/Being  
**Jehuty:** Intellectual Body – Synthesis & Dream  
**Seb/Ptah:** Communication Body – Creative Intent  
**Ab:** Knowledge Body – Compassion/Balance  
**Khabit:** Astral Body – Motion/Will Power  
**Ba:** Emotion Body – Feelings/Sexuality/Breath  
**Kat:** Physical Body – All Organics
The Record - The Seven Bodies or Kau

"For the Seven Souls of the Pharaoh are often mentioned in the Egyptian texts" .. Seven souls, or principles in man were identified by our British Druids. . . . The Rabbins also ran the number of souls up to seven, so likewise do the Karens of India". -Vol 2, pg 632. - H. P. Blavatsky from “The Secret Doctrine” (1888)

"Whilst the people of modern times appear to have been losing their Soul altogether, or not to have found out that they really possess one, the ancient Egyptians, Chaldeans, Hindus, Britons, and other races, reckoned that they had Seven souls, or that the one soul as permanent entity included the sum total of seven powers - pg 219." - “Gerald Massey's Lectures” (1900)
7 BODIES OF DEVELOPMENT

7. Human Soul – Destiny/Purpose <Lifestyle/Spirituality/Immortality
6. Intellectual Body – Synthesis & Dream <Thinking/Fantasy/Clarity
5. Communication Body – Creative Intent <Speaking/Listening/Intent
4. Knowledge Body – Compassion /Balance <Commitments/Order
3. Astral Body – Motion/Will Power <Motivations/All Senses/Activity
2. Emotion Body – Feelings/Sexuality < Attachments/Social Relevance
1. Physical Body – All Organics < Nutrition/Protection/Mobility
Practical Applications for Self Healthcare

1. Personal Assessments (7 levels)

2. Identify level(s) to address for change

3. Implementation of behavioral practices/ interventions for change
Assessment of Functional Self & Personal Power Considerations for Treatment Plans

1. **Organics** - Dietary & security habits; Self management
2. **E-Motions** - Temporary Assessment of Quality of Life; Causal force behind dramas
3. **Drama** - Desires/ Passions (shows how power flows); Feedback from subconscious level - never lies
4. **Commitments** - Basic Needs vs Higher Needs; Engaged in disciplines; balance & reciprocity in Lifestyle
5. **Decisions** - Directionality Via Acts (Practical); Behavior is consistent with movement toward goals
6. **Mental Clarity** - Visions/ Goals of Success (Specific); Level of perceptions of relatedness
7. **Purpose & Meaning**/ Life style Habits - Visions/Goals; Immediate, 5 year, 10 year, Ultimate Goals
Part 2
Mental Healthcare Issues

• Burnout (1970) Herbert Freudenberger. Results from severe stress & high ideals in “helping” professions, leads to alienation, exhaustion, decline.

• Psychological distress vs Well-being

• Depression

• Anxiety

• Occupational stress

• Sleep Disregulation

• Obesity, pain & other somatic disorders
Insight versus Mindful
285 to 200 lbs - 11 years later
4 Pillars of Self Healthcare

1. Nutrition - Plant-Based Clean Diet

2. Stress Management - Mindful Intent

3. Movement - Exercise

4. Love - Positive Social Connection
“Mindfulness” - T. W. Rhys Davids (1910)

• From the ancient Buddhist text Satipaṭṭhāna Sutta (Contemplation of the body, feelings, mind, & impermanence). Sati means: In the moment awareness/recollection or rememberence.

• 1982 Thich Nha't Hanh - Engaged Buddhism (Emphasized breath focus/Being Political).

• 2003 Jon Kabat-Zinn - (MBSR) programme
“Effects of Mindfulness-Based Stress Reduction on Employees' Mental Health: A Systematic Review”.

“The strongest outcomes were reduced levels of emotional exhaustion (a dimension of burnout), stress, psychological distress, depression, anxiety, and occupational stress. Improvements were found in terms of mindfulness, personal accomplishment (a dimension of burnout), (occupational) self-compassion, quality of sleep, and relaxation. Conclusion: The results of this systematic review suggest that MBSR may help to improve psychological functioning in employees”.

"Mindfulness"
Cognitive Therapy Assignments

Meditation Practice
Mirror Time/ Recording
Behavior Matrix Boards/Forms
Goal Monitoring/ Inventory Forms
Completion/Transition Exercise
Dream Journaling
Stalking Information (pictures, books, etc.)
Intentional Extended Family Connection
Life Skills Training (coaches, retreats, training)
Formal Psychotherapy
Practical Mindfulness Exercises

“At the core of recovery is self-awareness” - pg.210 (Van der Kolk, 2015)

Meditation and/or Relaxation Procedures

Completion/Transition Exercise

Behavior Matrix Board/Forms
Part 3
Limitations & Directions

- More research on Multi-dimensional models needed
- More Interdisciplinary Exchange Needed
- More Inter-cultural Knowledge Needed
- Need for more emphasis on prevention
Limitations in Research

• Accepted constructs to operationalize emerging

• Variety of training levels in practitioners is broad

• Few studies assess cultural implications on outcomes

• Research on the interface between DSM5 diagnoses & new interventions is limited

• Significant changes take a lengthy period of time (years) to emerge and stabilize
Problems with DSM-5

Dxs Lacked statistical reliability when printed

Attempts to shrink symptom expression into biological based medical model (Pharmacology)

Decrease in psychological cause/effect focus (Increases mis-diagnosis like Bipolar DO)
Continues past history - Over pathologized common experiences in non-white groups.

Movement away from a Human developmental model

Ignores social/cultural determinents of symptoms("stressors" is a benign consideration).