# Mental Health First Aid for Patients Across the Lifespan


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# Disclosures

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- Employer- Nationwide Children's Hospital and The Ohio State University Wexner Medical Center
- AAA Board Member
- Research Funding- PCORI, NIH, Advanced Bionics, Regeneron/Decibel Therapeutics

## Kaitlyn Kennedy

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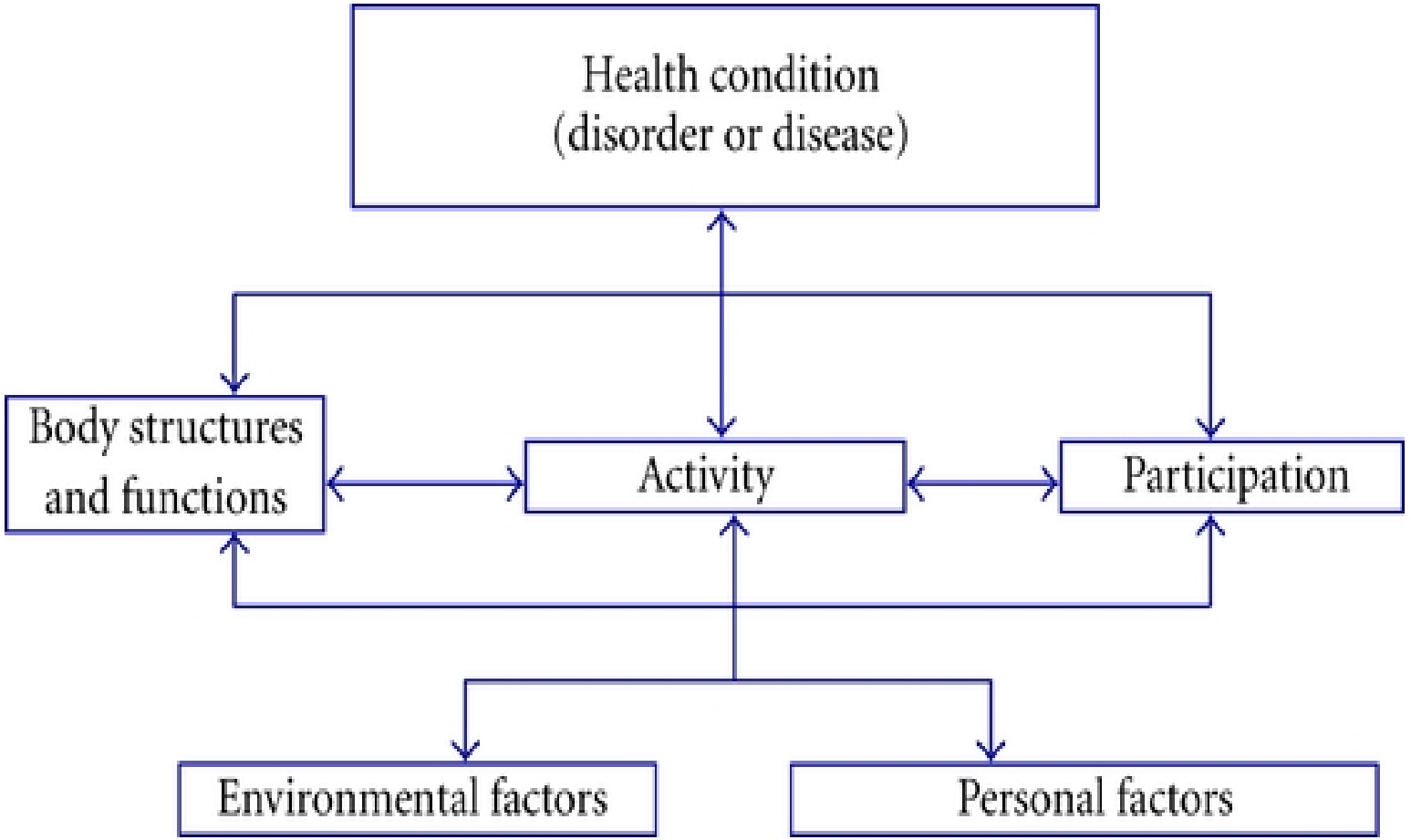
- Employer-University of North Carolina
- Consultant-Change Healthcare (Audiology Services)
- AAA Foundation Board of Trustees

# Mental Health in the US

## Statistics from the Substance Abuse and Mental Health Services Administration and Mental Health America (2020)

- **In June of 2020, 40% of U.S. adults reported** struggling with mental health or substance use
- **One in six U.S youth** aged 6-17 experience a mental health disorder each year
- **Depression** alone **costs** the nation about $210.5 billion annually
- **The average delay between onset of mental illness symptoms and treatment is** 11 years
- **The most common mental illnesses in the U.S. are** anxiety disorders**, which affect 40 million adults (**18.1% of the population**)**

# ICF: International Classification of Functioning, Disability, and Health



# Audiology and Mental Health

- **Whole-person & family-centered care**
  - Disease vs Illness perspective
    - Clinician's interpretation of the health problems in terms of symptoms and signs
    - Patient's interpretation in terms of experience

**Do we dominate the space, or do we share the space?**

# Audiology and Mental Health

## Life span

- Parents
- Children (school age, teenagers, transitions to young adult-hood)
- Adults (young adults, middle age, elderly)

## Hearing Loss

- Social withdrawal can lead to feelings of isolation and depression

## Tinnitus

- MIPS measure 134 – Preventive Care and Screening: Screening for Depression and Follow-up Plan

## Vestibular Disorders

- Anxiety from moving or going out in public, depression from being unable to trust their balance

# Mental Health & Aud Scope of Practice

- **Audiologists are NOT licensed counselors, psychologists, mental health counselors**
  - However, we know correlations exist between anxiety disorders/depression with hearing loss, tinnitus, and vestibular disorders
  - Important to consult your licensing laws and understand scope of practice

## ASHA, 2018

### Counseling

Audiologists counsel by providing information, education, guidance, and support to individuals and their families. Counseling includes discussion of assessment results and treatment options. Counseling facilitates decision making regarding intervention, management, educational environment, and mode of communication. The role of the audiologist in the counseling process includes interactions related to emotions, thoughts, feelings, and behaviors that result from living with hearing, balance, and other related disorders.

Audiologists engage in the following activities when counseling individuals and their families:

- Providing informational counseling regarding interpretation of assessment outcomes and treatment options
- Empowering individuals and their families to make informed decisions related to their plan of care
- Educating the individual, the family, and relevant community members
- Providing support and/or access to peer-to-peer groups for individuals and their families
- Providing individuals and their families with skills that enable them to become self-advocates
- Providing adjustment counseling related to the psychosocial impact on the individual
- Referring individuals to other professionals when counseling needs fall outside those related to auditory, balance, and other related disorders.

## AAA, 2023

Audiologists develop and oversee screening programs for persons of all ages to detect individuals with changes in auditory and/or vestibular function and decide who should undergo a diagnostic evaluation. Audiologists may also perform speech/language screening, cognitive screening, or other screening measures as necessary to identify associated comorbid conditions or life circumstances that may impact treatment plans or patient welfare, or for the purpose of identification and referral to appropriate providers.

Resources:

https://www.audiology.org/the-american-academy-of-audiology-releases-updated-scope-of-practice-and-standards-of-practice-for-audiology/
https://www.asha.org/siteassets/publications/sp2018-00353.pdf
https://www.asha.org/advocacy/state/

# Healthcare Providers Responsibilities

## What should/could we do

- Being comfortable discussing the emotional side of things
- Honestly communicating with your patient/patient's family
- Mandatory reporters-child and elder abuse
  - Know your state requirements

## Utilizing your network

- Social Workers
- Psychologists/Psychiatrists/Therapists
- Communicating with referring healthcare provider

# Resources

## National Resources

- **National Suicide Prevention Lifeline**
  - 1-800-273-TALK
- **Crisis Text Line**
  - Text “MHFA” to 741741
- **Lifeline Crisis Chat**
  - www.crisischat.org
- **The Trevor Project (youth)**
  - 1-866-488-7386
  - Text “START” TO 678678
  - www.thetrevorproject.org
- **SAMHSA’s Disaster Distress Helpline**
  - 1-800-985-5990
  - Text “TalkWithUs” to 66746
  - www.samhsa.gov/find-help

## Support for Audiologists

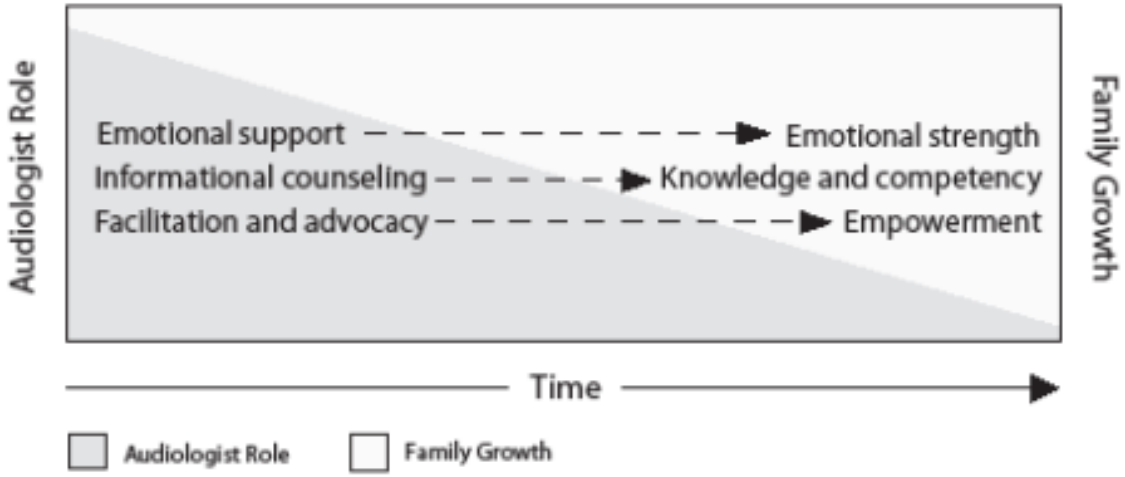
- **Child Welfare-Mandatory Reporting**
  - https://www.childwelfare.gov/topics/systemwide/laws-policies/state/
- **Elder Abuse-Mandatory Reporting**
  - https://ncea.acl.gov/Resources/State.aspx
- **National Council for Behavioral Health**
  - https://www.thenationalcouncil.org/get-involved/members/?region=
- **Mental Health First Aid USA**
  - *https://www.mentalhealthfirstaid.org/mental-health-resources/*

# Lifespan Considerations

# Pediatric Congenital Hearing Loss

## Types of Counseling

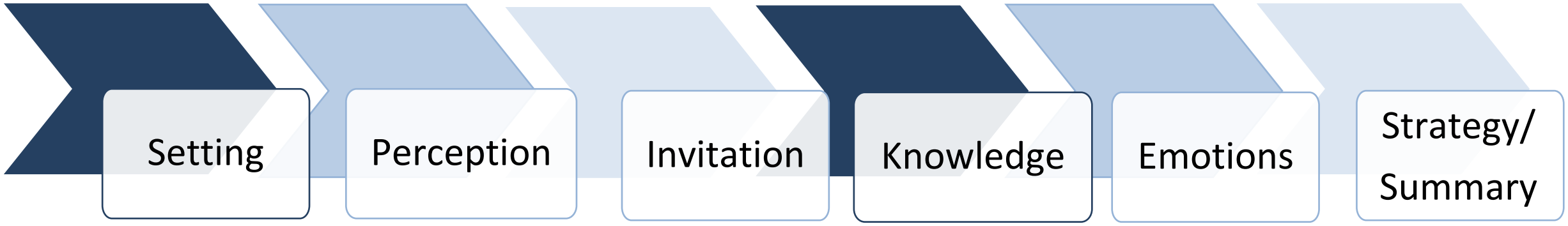
| Informational/Educational | Emotional/Behavioral/ Adjustment |
|---|---|
| • Explaining the ABR/set-up<br>• Diagnosis of hearing loss<br>• Explaining referrals/next-steps<br>• Discussing communication and amplification options<br>• Explaining the need for follow-up testing | • Recognizing the emotion attached to diagnosis<br>• Recognizing the impact of the diagnosis on the family<br>• Encouraging families to seek support from loved ones<br>• Being an active listener – do not be afraid of periods of silence |




ASHA Guideline for Informational and Adjustment Counseling Birth to Five

# Sharing [potentially] Unexpected Information

## SPIKES Model (Baile et al., 2000)



# SPIKES Model

**Setting**

- Arrange for privacy, sit down, and make a personal connection.
- Involve significant others/family members.
- Avoid time constraints and interruptions.

**Perception**

- Ask the family what they know so far about the screening, etc.
- Determine family's expectations and assess their understanding of the reasons for assessment.

# SPIKES Model

## Invitation

- Ask how the family would like to receive information about test results.
- Most patients want to know all of the information, but if not, involve a relative/friend.
- Discuss referrals/release of information to relevant professionals (early intervention, primary care, ENT, speech, genetics).

**Knowledge**

- Start by providing an introduction ("I have some results to review with you.")
- Provide results: Hearing loss was detected (describe in one or both ears and say severity). Share that is a permanent loss.
- Provide reassurance that their baby will still grow and develop but will need some early help to learn to communicate. Make this a positive statement.
- Use nontechnical words that the family will understand (such as "inner ear or nerve" instead of "cochlea or brainstem").
- Avoid being blunt but do be realistic and positive about the benefits of early intervention.
- *Wait to see reaction before giving any additional information.*

# SPIKES Model

## Emotions/Empathy

- Respond to the family's emotions with empathy.
- The family may respond with shock (silence, numb look), isolation (looking down, lack of eye contact), disbelief (questioning the diagnosis), grief (crying or appearing sad), or denial (challenging the diagnosis).
- Identify the emotion by affirming what you observe ("I can tell you might be feeling upset").
- Identify the reason for the emotion ("It makes sense to feel his way, you may not have been expecting this today").
- Listen and wait for them to say something, or offer a tissue, pat on the shoulder, ask if they would like to take a little break and you can come back to talk some more.

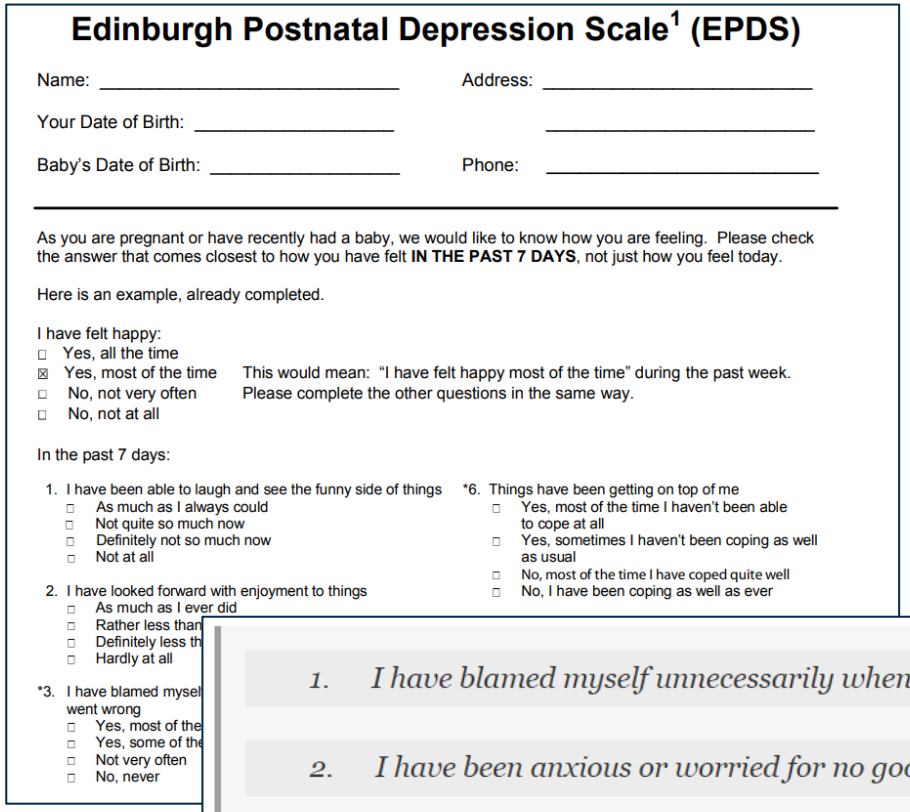
# SPIKES Model

**Summary/Strategy**

- Ask if the family is ready to hear more information and if they would like to discuss next steps.
- Explore the family's ideas, concerns, and expectations.
- Do not minimize results, be clear about findings.
- Discuss goals family may have, like hearing their child's voice, learning sign language, or learning to read.
- Explain the positive outcomes of language development and communication when intervention starts early.
- Set a follow-up time to talk over the phone or in person in the next 2-3 days.

# Post-partum Depression

- Mothers who experience post-partum depression (PPD) are less likely to follow-up on a referred newborn hearing screening and less likely to be able to engage in hearing management (Zeitlin et al.)
- 10-question screener available or use 3-question abbreviated



**Edinburgh Postnatal Depression Scale[1] (EPDS)**

Name: _____ Address: _____

Your Date of Birth: _____ _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:
- ☐ Yes, all the time
- ☒ Yes, most of the time — This would mean: "I have felt happy most of the time" during the past week.
- ☐ No, not very often — Please complete the other questions in the same way.
- ☐ No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - ☐ As much as I always could
   - ☐ Not quite so much now
   - ☐ Definitely not so much now
   - ☐ Not at all
2. I have looked forward with enjoyment to things
   - ☐ As much as I ever did
   - ☐ Rather less than
   - ☐ Definitely less th
   - ☐ Hardly at all

*3. I have blamed mysel
went wrong
- ☐ Yes, most of the
- ☐ Yes, some of th
- ☐ Not very often
- ☐ No, never

*6. Things have been getting on top of me
- ☐ Yes, most of the time I haven't been able to cope at all
- ☐ Yes, sometimes I haven't been coping as well as usual
- ☐ No, most of the time I have coped quite well
- ☐ No, I have been coping as well as ever

1. *I have blamed myself unnecessarily when things went wrong*
2. *I have been anxious or worried for no good reason*
3. *I have felt scared or panicky for no very good reason*

# Resources for Audiologists

## Ida Institute

- https://idainstitute.com/
- Learning Hall Courses: Courses (idainstitute.com)
- Free tools for hearing rehabilitation (idainstitute.com) https://idainstitute.com/tools/#.category-10,.category-11,.category-7,.category-6

## ASHA

- Guidelines for Audiologists Providing Informational and Adjustment Counseling to Families of Infants and Young Children With Hearing Loss Birth to 5 Years of Age
- https://www.asha.org/policy/gl2008-00289/#sec1.1

## Cultural Awareness Tools

- Cultural Awareness in Healthcare: A Checklist (qualityinteractions.com)
- Cultural Respect | National Institutes of Health (NIH)
- Home - Think Cultural Health (hhs.gov)

# School-Aged Considerations

**Child Assessment of Needs and Strengths-Comprehensive (CANS)**


1. Behavioral/Emotional Needs
2. Cultural factors
3. Life Functioning
4. Risk Behaviors
5. Strengths

# Deaf Children and their Hearing Peers

**Higher Prevalence Rates of:**

- ADHD
- Conduct Disorder
- Autism Spectrum Disorder
- Bipolar Disorder

*Spend 3 times longer in-treatment

**Deaf Children had moderate-severe risk for:**

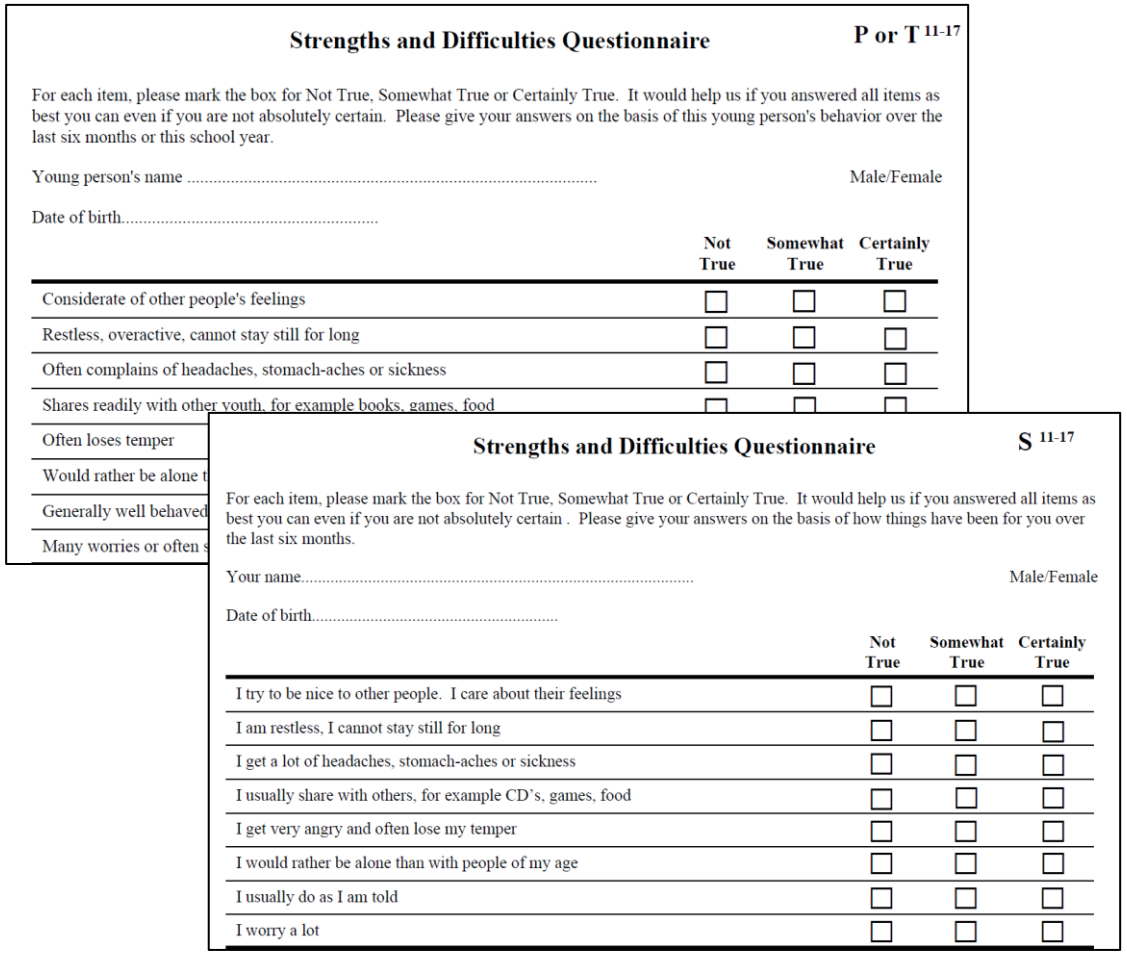
- Abnormal social functioning
- Suicidal behavior

**Moderate-Severe Impairment in:**

- Social relationships
- School functioning
- Family relationships

Landsberger et al. (2014)

# Deaf Children and their Hearing Peers



**Strengths and Difficulties Questionnaire** P or T 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young person's behavior over the last six months or this school year.

Young person's name ..... Male/Female

Date of birth.....

| | Not True | Somewhat True | Certainly True |
|---|---|---|---|
| Considerate of other people's feelings | ☐ | ☐ | ☐ |
| Restless, overactive, cannot stay still for long | ☐ | ☐ | ☐ |
| Often complains of headaches, stomach-aches or sickness | ☐ | ☐ | ☐ |
| Shares readily with other youth, for example books, games, food | ☐ | ☐ | ☐ |
| Often loses temper | | | |
| Would rather be alone t | | | |
| Generally well behaved | | | |
| Many worries or often s | | | |

**Strengths and Difficulties Questionnaire** S 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain . Please give your answers on the basis of how things have been for you over the last six months.

Your name..... Male/Female

Date of birth.....

| | Not True | Somewhat True | Certainly True |
|---|---|---|---|
| I try to be nice to other people. I care about their feelings | ☐ | ☐ | ☐ |
| I am restless, I cannot stay still for long | ☐ | ☐ | ☐ |
| I get a lot of headaches, stomach-aches or sickness | ☐ | ☐ | ☐ |
| I usually share with others, for example CD's, games, food | ☐ | ☐ | ☐ |
| I get very angry and often lose my temper | ☐ | ☐ | ☐ |
| I would rather be alone than with people of my age | ☐ | ☐ | ☐ |
| I usually do as I am told | ☐ | ☐ | ☐ |
| I worry a lot | ☐ | ☐ | ☐ |

- **Children using CI had more difficulties with:**
  - Peer problems
  - Hyperactivity (in high-risk group)
  - Conduct problems (in high-risk group)
- **Children using CI with good speech in noise perception abilities had fewer difficulties!**

Huber et al. (2015)

# Measuring Quality of Life

- PedsQL is a health-related quality of life rating scale for children and adolescents
- HEAR-QL derived from PedsQL for children with hearing loss
- Self-report and parent-report options

The PedsQL™
Measurement Model for the
Pediatric Quality of Life Inventory™

James W. Varni, Ph.D.

PedsMetrics™
Quantifying the Qualitative℠

**PedsQL™**

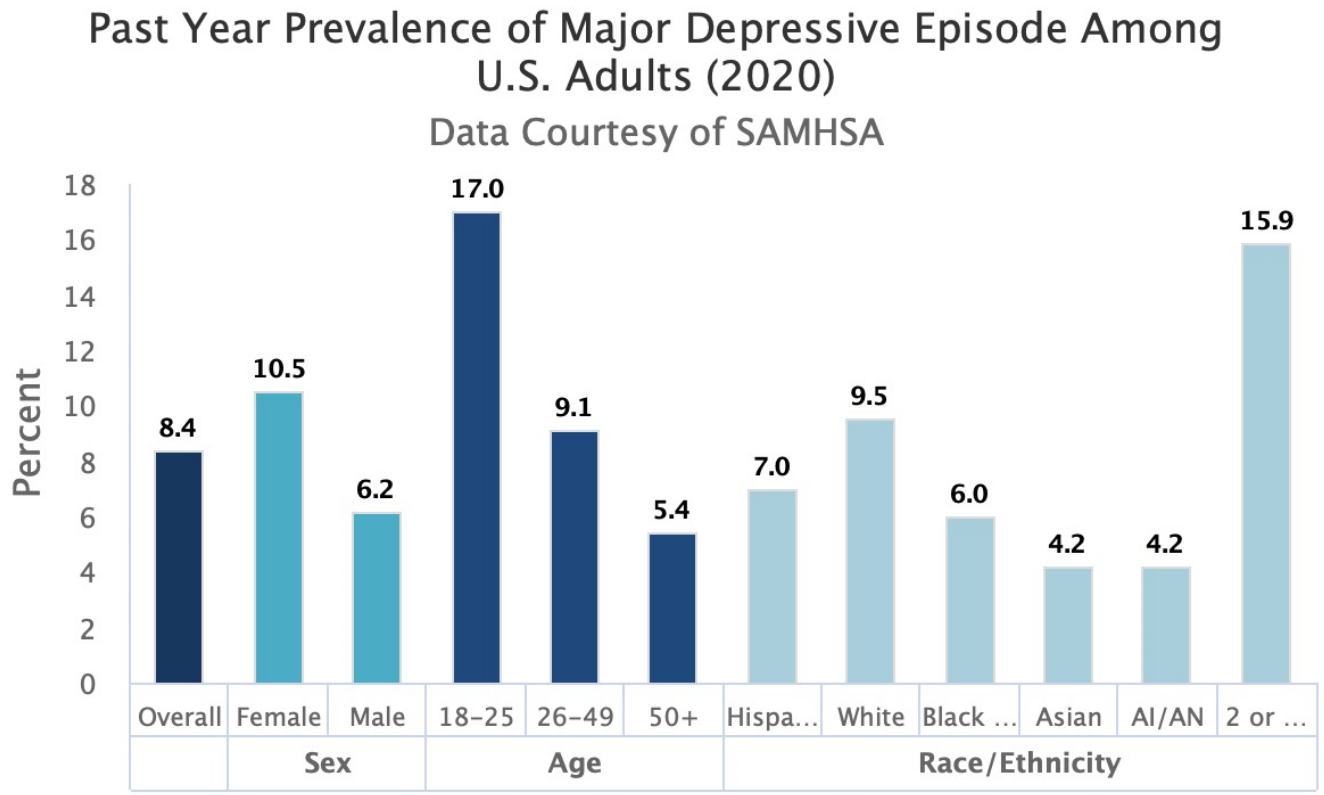
**Scales**
**Physical Functioning**
(8 items)
**Emotional Functioning**
(5 items)
**Social Functioning**
(5 items)
**School Functioning**
(5 items)

**Summary Scores**
**Total Scale Score**
(23 items)
**Physical Health Summary Score**
(8 items)
**Psychosocial Health Summary Score**
(15 items)

# Young Adults, Middle-Age, Older Adults

- **Often think of QoL as an indicator of mental health status, but there are not hearing loss specific QoL questionnaires.**

- **No direct link between hearing loss and depression**
  - Withdrawing from social activities due to hearing loss may be a contributing factor.
  - Correlation is beginning to appear (Bigelow et al., 2020)




NIH, 2022

# Tinnitus and Mental Health


- **Known mental health considerations with tinnitus.**
  - 5-20% of tinnitus suffers experience severe tinnitus, which leaves them at higher risk for depression and anxiety.
- **Up to 1/3 of patient's who experience tinnitus also suffer from depression.**

**Oosterloo et al, 2021**

**Salazar et al, 2019**

# Vestibular and Mental Health

- Psychological symptoms and trigger or exacerbate vertigo
- Persistent Postural-Perceptual Dizziness (PPPD)
  - Criteria from the Bárány Society (2017) - “characterized by recurrent feelings of non-spinning vertigo and unsteadiness that persists for three months or more”.
  - Can co-occur with other vestibular and neurological disorders
  - Gabacorta et al. (2022) - co-occurs in 3.9% of people with a single episode of dizziness and 22.4% with multiple episodes

VEDA
AAA, 2023

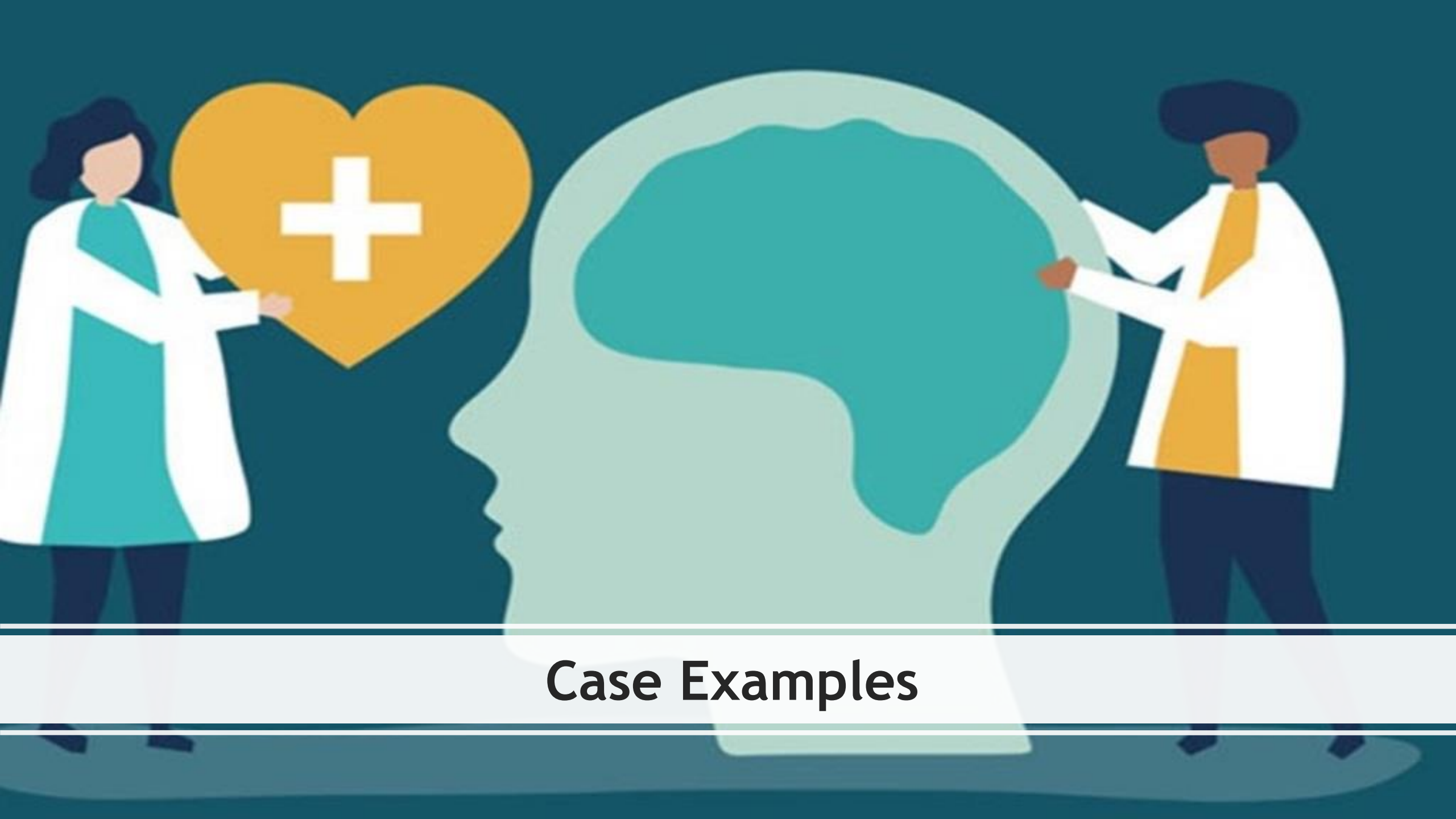
# Questionnaires

**Patient:** A 43-year-old woman who looks sad and complains of fatigue for the past month.

| 2. Over the last 2 weeks, how often have you been bothered by any of the following: | Not at all (0) | Several days (1) | More than half the days (2) | Nearly every day (3) |
|---|---|---|---|---|
| a. Little interest or pleasure in doing things? | ☐ | ☐ | ☐ | ☒ |
| b. Feeling down, depressed, or hopeless? | ☐ | ☒ | ☐ | ☐ |
| c. Trouble falling or staying asleep, or sleeping too much? | ☐ | ☐ | ☒ | ☐ |
| d. Feeling tired or having little energy? | ☐ | ☐ | ☐ | ☒ |
| e. Poor appetite or overeating? | ☐ | ☒ | ☐ | ☐ |
| f. Feeling bad about yourself—or that you are a failure or have let yourself or your family down? | ☐ | ☐ | ☒ | ☐ |
| g. Trouble concentrating on things, such as reading the newspaper or watching television? | ☐ | ☐ | ☐ | ☒ |
| h. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual? | ☒ | ☐ | ☐ | ☐ |
| i. Thoughts that you would be better off dead or of hurting yourself in some way? | ☐ | ☒ | ☐ | ☐ |

FOR OFFICE CODING: Maj Dep Syn if #2a or b and five or more of #2a-i are at least "More than half the days" (count #2i if present at all). Other Dep Syn if #2a or b and two, three, or four of #2a-i are at least "More than half the days" (count #2i if present at all).

- MIPS Measure 134
  - Document completion of a screening and a follow up plan of care
- No audiology quality of life questionnaire for adults.
- PHQ-9 & PHQ-2
  - Introduced in 2001



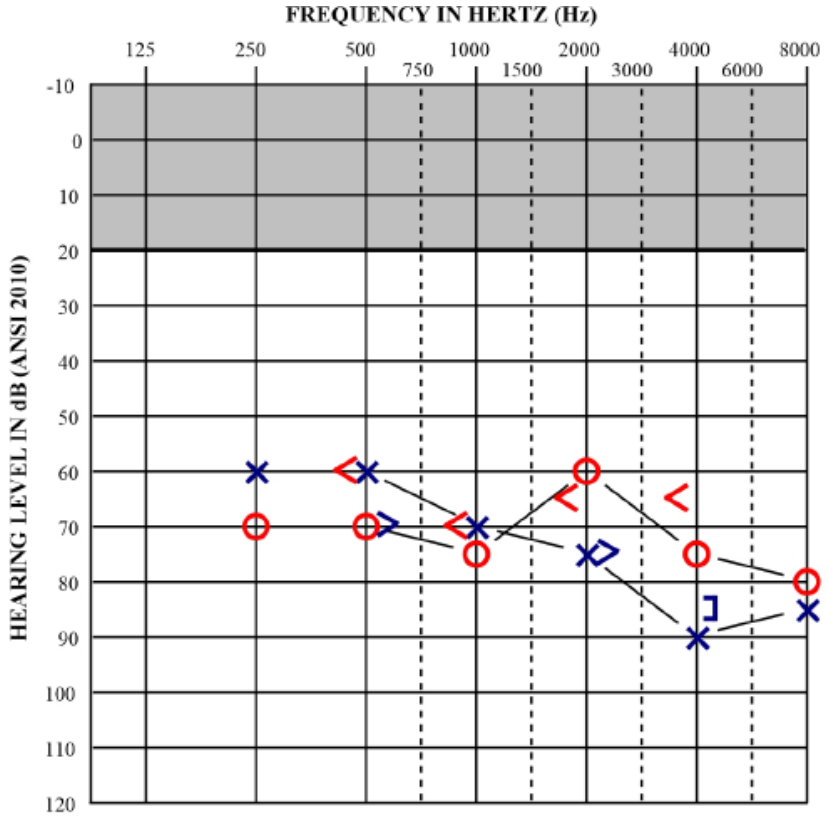
# Case Examples

# Case 1: Kyra

# Pediatric Case- Kyra

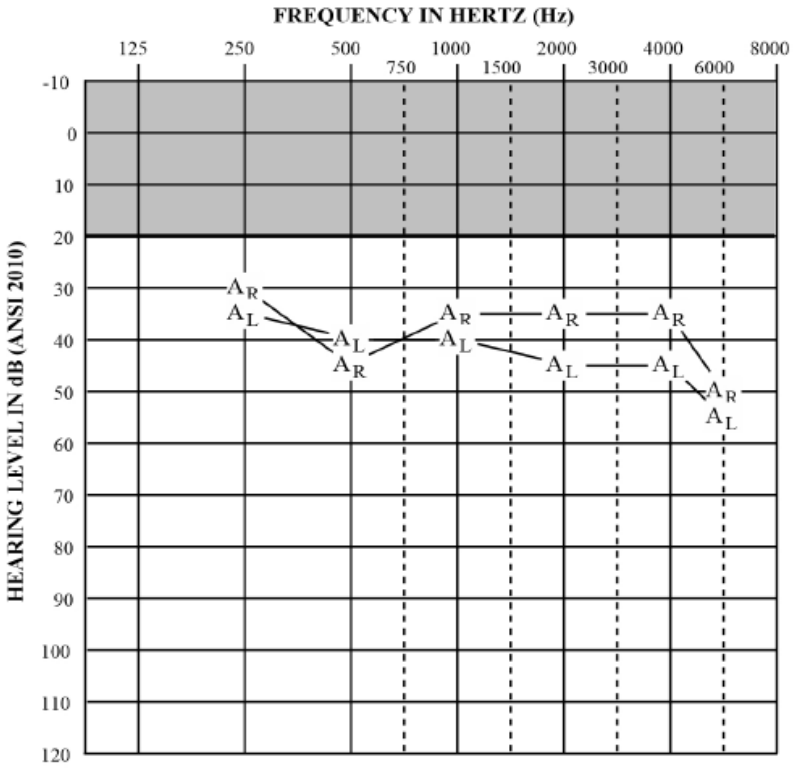
- **Passed UNHS**
  - Family history of NF Type I
  - Identified as D/HH on Kindergarten Screening
  - Fit with binaural hearing aids for mild to moderate SNHL
  - Slow, progressive hearing loss from age 6 to 12
  - Articulation Delay noted
- **Receiving special education services through an IEP**
- **ENT:**
  - Otoscope panel negative
  - MRI negative for cochlear abnormalities but revealed marrow/soft tissue abnormalities
  - Dysmorphic facial features noted
  - Finger joint abnormalities café au lait spots noted on physical exam
  - Referred to Hematology/Rheumatology
- **Cochlear Implant Evaluation at 12 years in March 2020**

# CI Evaluation




- Aided Binaurally with Phonak Sky V70 UP

| SII @ 65dB SPL | Score |
|---|---|
| Right Ear | 62 |
| Left Ear | 56 |




- Bilateral CI was recommended
- Cochlear Implantation was delayed due to the pandemic but completed January 2021, Initial activation in February 2021

**SPEECH PERCEPTION (Results are in dB HL)** * = masked, NR = No Response

| TEST / MATERIAL | REC | MLV | RIGHT | LEFT | BINAURAL |
|---|---|---|---|---|---|
| CNC | X | | 24 % at 100 | 24 % at 95 | |

**SPEECH PERCEPTION (Presentation Level = 60 dB SPL)**

| TEST / MATERIAL | REC | MLV | RIGHT | LEFT |
|---|---|---|---|---|
| CNC | X | | 16 % | 8 % |

# CI Results- 1 year Post

**COCHLEAR IMPLANT RESULTS:**
A listening check was completed to ensure a clear microphone response.

Aided testing was completed prior to cochlear implant mapping.

**Speech Testing: Tested at 60 dB SPL**

| | SRT | Word Recognition (Quiet) |
|---|---|---|
| **Right Ear** Cochlear Implant | 20 dB HL | 60 % |
| **Left Ear** Cochlear Implant | 20 dB HL | 60 % |

**Aided Thresholds (Measured in dB HL)**

| | 250 Hz | 500 Hz | 1000 Hz | 2000 Hz | 4000 Hz | 6000 Hz |
|---|---|---|---|---|---|---|
| **Right CI** | 30 | 35 | 30 | 30 | 35 | 25 |
| **Left CI** | 40 | 35 | 30 | 30 | 30 | 30 |

Materials Used: CNC words and Spondees

**)atalogging = 12.9 hours per day**

# Meanwhile…

- Primary Care 6 months prior to CI evaluation noted some peer issues and instances of social media bullying
    - Kyra had access to a school counselor but was otherwise not receiving any other behavioral health services

- **Rheumatology referral yielded juvenile arthritis diagnosis**
    - Started on methotrexate regimen

# Putting the Puzzle Together

Remote school for 6th grade unsuccessful

- Receiving counseling services
- Grades improved once able to be in school for the last quarter
- Attending summer school

**Primary Care appointment in July 2021**

- Major depressive symptoms for approximately 1 year:
  - Uninterested in activities
  - Major anxiety with new situations
  - Escalating anger and instances of cutting

# Putting the Puzzle Together

**PATIENT HEALTH QUESTIONNAIRE (PHQ-9)**

**ID #:** _____ DATE:_____

Over the last *2 weeks*, how often have you been bothered by any of the following problems?
*(use "✓" to indicate your answer)*

| | Not at all | Several days | More than half the days | Nearly every day |
|---|---|---|---|---|
| **1.** Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| **2.** Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| **3.** Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| **4.** Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| **5.** Poor appetite or overeating | 0 | 1 | 2 | 3 |
| **6.** Feeling bad about yourself—or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| **7.** Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| **8.** Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |

- **PHQ-9 Total Score = 18 (moderately severe depressive range)**
- **Started on a trial of Fluoxetine (Prozac)**
- **2-month progress**
  - Improved attitude and social interactions
  - Grooming improved
- **Eventually positive effects wore off and there were trials of other medications**
  - Current Meds- Wellbutrin & Zoloft

# Kyra Today

- **Continues with counseling at school and pharmacological intervention for diagnosed Major Depressive Disorder and Social Anxiety. Still listed as at risk for self-harm.**
  - **Functioning well with her cochlear implants**
  - Improvement in academic achievement (excelling)
  - No sleep disturbances and normal appetite
  - Fewer social anxiety issues

# Audiology's Role

- **Audiologist noted concerns for behavioral health throughout management of hearing loss**
  - ➢ Questionnaires could be used to identify risk of mental health concerns
  - ➢ Recommendation of referral to behavioral health for assessment and adjustment counseling
  - ➢ Seek out local specialists with expertise in people who are D/HH

# Case 2: Malingering

# Case of Malingering

- High school freshman ~14 years old.
- New behavior problems at school.
- Good grades previously, but they had dropped significantly in the present quarter.

- Patient had referred on a school hearing screening in the left ear.
    - In office complaint of right hearing problems.

- Mom provided most of the case history.

# Case of Malingering

- Asymmetric sensorineural hearing loss
  - Positive tone Stenger
- SRT half words with increased effort and encouragement
- WRS 60% in right ear at SRT + 5dB.

- Retested tones with headphones, results significantly improved, near normal.

# Case of Malingering

- Explained that results were not consistent and objective measures were needed.
- Took patient only to a separate space for OAEs and acoustic reflexes.
- Patient disclosed parent's were going through a difficult divorce.
- PHQ-9 completed.
  - Score was high overall
  - Patient responded positively to Q9 - self harm

# Case of Malingering

- **Returned patient to mom.**
- **Reported I would return to review results.**

- **MEANWHILE:**
  - Department had never discussed how to handle a mental health emergency with staff.
  - After asking multiple managers, recommendation was made to contact social work.
  - Social work protocol was immediate referral to ED for suicidal plans.

# Case of Malingering

- **Reviewed results and disclosures with mom.**
  - Mom said patient had tried this multiple times and it was nothing to worry about.
  - Social work monitored for patient arrival to ED.
  - After 2 hours, patient had not arrived.
  - CPS referral would be made if patient did not arrive within 2 hours.
- **Final psychiatry recommendation:**
  - Day program
    - Family never followed through

# Case of Malingering

- **Take Aways**
  - Have a clinic-level plan in place.
  - Know mandated reporting rules in your state.
  - Always take disclosures of self-harm seriously.
  - Questionnaires offer a more comfortable way to ask uncomfortable questions.
    - Know what to do with the information gleaned from them.

- **We are not mental health providers, but we spend more time with our patients than their PCPs. If something seems off with your patient, inform the rest of their health team.**

# Case 3: Persistent Dizziness

# Case of Persistent Dizziness

- **48-year-old female**
  - Employed as a CNA, however currently in the process of filing for disability
- **18 months ago, suffered an intense attack of vertigo**
  - Woke up one morning “feeling off”
  - Went to work and as day progressed it got a lot worse
  - Was trying to do intakes (blood pressure and weight) and was stumbling and hugging the wall
  - Sent home because it was a safety concern with her own patients
- **Ended up in ER**
  - Ruled out stroke, told her it was vertigo
    - Given Meclizine and told to follow-up with PCP
  - Vertigo did get better but lingering severe symptoms of imbalance, dizziness (exacerbated by movements)

# Case of Persistent Dizziness

- **Check-In (front office observations)**
- **Observations during appointment**
  - Bedside
- **Results overall normal**
  - Previous testing done 3 months after initial insult and at that time were also largely normal
  - Tried VRT but only went for 2 sessions
- **What were we missing????**
  - Subjective Questionnaire Info

# Case of Persistent Dizziness

- **Dizziness Handicap Inventory (Jacobson & Newman, 1990)**
  - 25 Questions that incorporate functional, physical, and emotional impacts (Scored: Yes=4, Sometimes=2, No=0)
  - Overall Scores
    - 16-34 (mild handicap)
    - 36-53 (moderate handicap)
    - 54+ (severe handicap)

- **This Patient's score was a 92/100**
  - 2 questions she said she just avoids so answered "no"

# Case of Persistent Dizziness

- **Discussion of results**
- **Treating the tinnitus and hearing loss**
- **Working as a team**
  - ENT
  - PT
- **Referral for counseling**

- **Further Thoughts on case**
  - Team felt she initially had Vestibular Labyrinthitis
  - However, current state seemed more consistent with Persistent Postural-Perceptual Dizziness (PPPD)

# Case of Persistent Dizziness

- **Take Aways**
  - Subjective questionnaires
  - Remaining patient and calm during appointment
  - Validating patient's feelings
  - Being honest and open about results and recommendations

- **PPPD Tidbits**
  - Triggers include pre-existing vestibular disorder, medical illness, or psychological stress
    - High levels of anxiety/caution, expectations of negative outcome
    - Heightened anxiety is like a self-fulfilling prophecy = generally a poor rate of recovery
  - Symptoms are present on more days than not, worse with movements/motion-rich environments
  - High anxiety intensifies postural instability and reactivity to motion stimuli during acute vestibular trauma
    - Slows recovery by preventing the patient from developing adaptive strategies
  - Combination of medications, VRT, and counseling most helpful intervention

Stabb (2012), VEDA

# Conclusions

- Mental health is a part of hearing/balance healthcare!
- Patient centered care means acknowledging the emotional side of having hearing/balance difficulties
- Questionnaires and resources should be incorporated into your practice to help identify mental health issues and provide patients with appropriate resources
  - Have a local resource list


thank
you