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Dealing With Disabilities: It's Not Just Their Problem

Topics Covered:

Depression and Learning Disabilities

Relating to Others with Disabilities

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The Mentally Impaired

Dealing With Disabilities: It's Not Just Their Problem

Depression and Learning Disabilities

Depression and learning disabilities are often misunderstood. Learning disabilities and depression are common mental illnesses that affected millions everyday. Studies has shown that children suffering with learning disabilities have complexity learning to speak fluently, take care of their health and bodies, and often suffer with the inability to cope with stress and the common pressures of everyday living.

Many of the patients that suffer depression and learning disabilities are claimed to be borderline mentally retarded. Depression is related to emotional scaring, childhood traumas, chemical imbalances, insufficient nutrition, and other factors, so therefore it makes sense that it is believed a form of retardness. Learning disabilities are often stemmed from lack of education, positive influences, and miscommunications.

Often people that suffer from depression and learning disabilities are overwhelmed, and this too creates a problem for the patients. If you notice anyone around you that is suffering from symptoms of depression and learning disabilities, such as lack of enthusiasms while playing, unhappiness, feelings of despair, suicidal tendencies, and negative thinking then you should immediately contact a professional to avoid risks.

Depression is serious mental health disorder and it should not be taken lightly. Often people that suffer depression or learning disabilities use alcohol and/or drugs as a source for relief. This only creates a bigger problem, and help is needed immediately. Depression also causes fatigue, lack of interest, and behaviors that could lead to criminal prosecution. Many people that suffer depression are affected by common problems, such as debts, deaths in the family, and so on.

They often have the inability to cope with stressors, and often need support as a result. Doctors often treat such patients with medications, including Prozac, however, recent studies has proven that the many medications used for treating depression and learning abilities have side affects that complicate the diagnose.

It is recently been discovered that depression may be linked to propensity for perception after the fact, for immersion in the mind's eye, a normal accompanying friend to the restraint, if not antisocial, depressive irritation. I beg to differ with this philosophy, since most encounters I've come across with patients that suffer depression and learning abilities, they often strive for attention. This is a complete contradiction of antisocial, since antisocial is a diagnosis where the patient refuses to associate in society.

Commonly depressive maniacs, or handicaps that include depression and learning abilities they often strive to find the answers to their suffering, yet neglect to see the answers when it is in front of them. The mind is a tricky thing, and when someone tells someone that his or her

emotions are not real, it is only denying the true problem. It is important to recognize the problem, without promoting a label on the patient.

Regardless of the many philosophies available to us, one being that when a person is labeled they are often seen as a label by counselors, and other individuals. The key to eliminating any problem is learning to accept your disability. Once you accept and recognize the problem, in my experience it has proven successful in treating the diagnosis. The problem then is not necessarily on the diagnosis itself, rather it is on the many professionals, patients, and others that refuse to accept that the problem exists.

Instead of examining the mind, it is also important to examine the diagnosis closely and pay thorough attention to the symptoms. Once you start dealing with each individual symptom separately, you can then work through the other problems gradually. The problem many times is professionals want to turn to medication versus treating the patients with effective therapy. Let's look at a medicine that is given to patients with schizophrenia, antipsychotic, and other related diagnosis.

Ziprasidone (ZIH praise ih dohn) for example, has possible risks including Neuroleptic Malignant Syndrome, affect on glucose or sugar level, affects blood pressure levels, and promotes involuntary movement disorder. Now anyone that knows depression and learning disabilities should be wise to avoid risking or promoting such complications. The listed risks are often direct links to the central nervous system, and most people with depression and learning disabilities need to avoid any areas, including medicines that affect the nervous system.

Relating to Others with Disabilities

Relating to others with disabilities is often difficult. If you have a mental illness the only sources that understand you most times in the mental health experts, and sometimes they fail. I cannot count on 90 peoples' finger and toes how many patients told me that mental health experts were not helping them. The patients were complaining about the medications and treatment they were receiving.

The problem may have lain between the patient and therapist, since sometimes patients do not do their best to listen and follow instructions. Other times therapist does not do their best to listen and hear, what the patient is telling them. Regardless, something is not working, so we need to learn effective strategies that help us to relate to disabilities.

Often when a patient is complaining there is a source that lead to that complaint. In some cases were the diagnosis is affected by pretense (certain disorders cause patients to complain even if there are not a problem), while most disabilities there is a source and reason for the complaint. Here is part of the problem.

When the person has a source of complaint, they are often ignored simply because they have a mental illness. You are exaggerating is often the sentence used when a mental ill patient complains. In most cases this is not true, since mental ill patients are often more aware of their surroundings than the so-called normal minds.

Schizophrenias, psychotics, drug-induced disorders, and a few other types of mental illnesses include symptoms of hallucination, voices, delusions and illusions. The patients will complain that their voices are telling them to do something, and although this is a degree of pretense or misunderstanding, it is important to listen since the patient is subject to harm him or her self as well as others around. When a person has an illusional state of mind and voices outside the head, then there is no room for disregarding the patient.

However, when a patient does not have symptoms listed above they often are vigilant, and can explain what is happening to them. One other problem is the therapist or others around the patient will often attempt to disconnect the patient from his or her complaint. In other words, they will tell the patient what the problem is, and avoid hearing what the patient is telling them. Reading between the lines is the best solution for communication and understanding, however most people read between their own lines when communicating.

I cannot stress the disadvantages this action causes, since communication is vital for humans to get along and understand one another. Dialect often plays a role in failure of communication, since we are all different and few of us can understand dialect. Therefore, one effective method of communicating and relating to disabilities is to grasp hold of dialect and learn how to read between the lines of the patients.

It is important to continue consistent understanding strategies to help the patient cope with his or her symptoms. Another great strategy is "Role-Play." Role Play is great since the patient can look inside his or her self through a separate pair of eyes while examining the cause and action of the problem. Stepping outside of your own mind helps you to see between the lines, and helps the patient to grasp hold of the solution in front of them.

For example, the patient may be living a harmful lifestyle that triggers their symptoms and is unaware of their actions and behaviors. If the patient includes all elements of the problem in the picture and views it with an open mind or another eye, then the patient will most likely see the cause of their problem.

This method is also effective for helping the patient see who was a part of their symptoms, such as the person may have been abused which caused the persons symptoms to a degree. If that person comes to accept the problem then that patient can move forward in life successfully. Acceptance then is the other issue we must address to learn, and relate to disabilities, as well as relate to everyone around us.

Situational Management Disabilities

Situational management in mental health is relating to patients appropriately to find the source of the problem, as well as finding a solution to fix the problem. Disabilities come in all forms, including schizophrenia, posttraumatic stress, bipolar, depression, and multiple personality and so on.

When a person has a mental disability we must always seek out the problems that lay beneath the surface of the diagnose. Each disability has its own unique symptoms, yet may include symptoms of other diagnosis. For example, Posttraumatic Stress Disorder has symptoms including flashbacks and nightmares; likewise, Multiple Personality Disorder (MPD) (Currently Known as Dissociate Identities) patients often suffer flashbacks and nightmares as well.

Therefore, you must look at all symptoms of each diagnose before concluding or deducing what we are dealing with. Schizophrenia is another complicated disability. Psychotics, Schizophrenia and several other types of diagnoses including different types of schizophrenia often have similar symptoms. For example, schizophrenias often hallucinate, and so will a patient with psychosis.

The difference in the diagnosis is that schizophrenias often have its own symptoms, and are often more extensive than those with psychosis. We can see from this information then that we need a situational management solution in order to deal with each problem in the various diagnoses. Looking at Schizophrenia the situational management should be as follow: Schizophrenias should automatically receive medications to prevent further complications, including harming self and others.

Schizophrenias often need long-term therapeutic treatment, and management of their life. Often these people cannot find a resolve since Schizophrenia is often permanent due to the lack of knowledge on the complicated purpose of the disability. Psychotics are often difficult to treat as well, since little information is available regarding the problem. Psychotics are another type of disability that needs long-term treatment and medications to avoid further complications. When the two go unnoticed, the result could prove disastrous, since the symptoms are often a potential danger.

Posttraumatic Stress Disorder is also complicated, since at one time the diagnosis was only issued to war survivors. Now studies are proving that Posttraumatic Stress Disorder is extended further than war, and found that many persons today suffer from Posttraumatic Stress. Although the diagnosis has its own complications the therapist often has to take another route to treat these patients.

They often include medications, but sometimes have to take a different approach in therapy to treat the patients. Since posttraumatic stress has different levels, the situational management solution has to conform to the level of posttraumatic stress. Multiple Personality Disorder (MPD) is a diagnosis in itself and is not related to strict mental illness; rather it is more a neurological issue.

Multiple Personality patients are often brilliant, and very observant, simply because amnesia will carry them to a distant part of the brain. Multiple Personality Disorder is complicated in the sense very few understand the complexity of the disorder. To treat this type of diagnose you will need a direct management with extensive skills.

The person that is suffering with this disability is often easier to treat those common disabilities, simply because the patient will often submit to the therapeutic treatment, and the only time it becomes extremely dangerous is through the Integration process. This is because the patient

will relive extreme trauma through Projections and can become dangerous since the person might harm his or her self.

The Projections are an actual event that took place that included trauma, and the pictures are often real-based making it difficult for the patient to decipher. Often at this level, the person will alter and another personality will take the spot. This diagnose is another long-term treatment, and medications will often cause more harm than good.

Bipolar is another widespread disability that is affecting millions everyday. This particular disability can be treated with medicines that reconstruct a particular chemical that is absent from the brain. Regardless of what the disability is the patient must be treated distinctly from other patients.

Even if a person has bipolar, the symptoms are not always the same in ever case. For example, one person may have suffered childhood abuse, while another has suffered the loss of a family member, obviously the first person will also need situational management that includes trauma reduction remedies.

The Mentally Impaired

The mentally impaired are struggling everyday to survive a game of cat and mouse. Scientists are constantly coming up with new answers, which they believe is helpful to treating many of the mental illness. Scientist are also battling amongst them selves one believing this and the other believing that's it any wonder mentally impaired is on the rise? At one point, we all felt like the whole damn world has gone mad.

At one point in our lives, we all lost control and acted out on our emotions and feelings. There are few people on the planet that can say they never felt crazy at one time in their life. So, what separates us from the mentally impaired? The world is a crazy place to live, and we all endure crazy moments in our life.

If you believe that you have not shared a moment of madness with a mentally ill person, then you are misleading yourself. In this article, we are going to look closely in the mind of a mentally impaired individual. Mentally impaired individuals often examine the world differently from most people. They may feel that the world is tumbling down on them. They may also feel that the world is out to get them.

In one way, they are not wrong. The world is tumbling down in a sense. When we think of the wars around us, the terrorist attacks, the cost of living increases and so forth, how is it that the world is stable? If we look at the terrorist attacks, increase of law rule and regulations, political let downs, and so on, how is it that the people of the world are not out to make our lives difficult?

Evaluating patients is never an easy task simply because sorting through their beliefs, way of thinking, and words they stress we must look at all angles carefully. Some patients suffer panic attacks, anxiety interruptions, mood swings, suspicion, illusions, delusions, hallucinations, and

so on. Where are they coming from? How does one person endure voices in their head while another person struggles with the voices outside of their head?

When a paranoid schizophrenia tells you that he or she suspects that the CIA/KGB is out to get them, do we really know where this came from? Let us look closer inside the mind of a paranoid schizophrenia that often believes the CIA/KGB people that are busy in the bigger world hunt him or her. Have you ever done something wrong, whether it was illegal or not and got away with it? If you have what did you feel? You probably felt guilt, remorse, shame, and other related feelings.

If you did not then you might want to get your head checked. You may even go through short spans of paranoia. This is common when a person is wrong. Now we can see that a paranoid schizophrenia probably did something wrong in his or her lifetime and got away with it. We can also see that the person unlike the majority of us that can deal with it, the patient allows the paranoia to take over completely.

Most likely, a paranoid schizophrenia was taught wrong, or listened to ideas that lead him or her to believe the way they think and feel. They often lack communication skills, and are often misinformed. Now if a person is in constant belief of what he or she learned, thought, felt, and so on, it merely means that the mind is scrambled like eggs and the shells are shattered. We also must look at the fact that the Twin in a paranoid schizophrenias brain is abnormal in most cases.

We must also look into the background and hereditary of the person since in most cases there is definitely a history. One example clarified this when a paranoid schizophrenia was studied closely. It was found that the mother had interruptive behaviors, including violent outbursts, unstable thinking, invalid beliefs, and so on. Many times when we look back in the history of the patient, we can see there is a pattern in the making. What separates us, is that we are all individual distinct from the other, and we all have a history of mental illness somewhere down the chain.

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