

Training Objectives

As a result of participating in this segment of training, learners will be able to:

1. Explain the correlation between clean environments and the decrease of communicable diseases
2. Defend the state's requirement for annual physical and dental exams
3. Predict outcomes of maintaining healthy habits versus unhealthy habits
4. Recognize signs and symptoms of illness or injury
5. Differentiate between acute and chronic illnesses
6. Identify and document changes in health conditions
7. Determine suitable response for an individual's symptoms as they relate to their health history
8. Practice health care advocacy in designated scenarios
9. Prepare and organize to make the most of the professional health care visit
10. Identify steps to preventing high risk health problems
11. Classify common age related health conditions for early detection and treatment
12. Explain the DSPs legal and ethical response to a DNR or a POLST
13. Give examples of 3 key practices to manage the chronic healthcare condition of seizures; (for example: complete seizure log, provide first aid support during seizure, assure medications are taken, provide appropriate supervision when swimming, bathing, or eating)
14. Describe 3 key strategies to manage the chronic healthcare condition of diabetes (for example: following doctor's orders for blood sugar levels, adapting menu plans, provide preventative professional healthcare measures, encourage exercise and activity)
15. Explain 3 ways to manage the chronic healthcare condition of mental illness (for example: manage medications effectively, respond with empathy, seek professional services as appropriate)
16. Name 3 key strategies to manage the chronic healthcare condition of substance abuse (for example: encourage financial responsibility, offer alternative activities, access community resources like AA or NA, educate about long-term consequences of substance abuse)
17. Examine feeding skills for management of speed (how soon should another bite be offered), size (is the person able to take the bite size), consistency (as blended, pureed, or small bites may be necessary for successful eating), posture (is the person sitting at eye level with individual being fed), and ideas on how to teach someone to feed him or herself with potential adaptive equipment

Estimated Time

4 hours depending on the number of participants

Supplies

- Laptop or computer connected to a projector/monitor
- External speakers for laptop or computer
- Internet access
- Paper and pens for participants
- Residential Services Curriculum Toolkit (per participant)
- Symptom cards copied and cut from the end of this facilitator guide
- Auditory Hallucination Script (enough for groups of three)
- Advocacy Scenarios and Medical Appointment form copied and cut from the end of this facilitator guide

<p>Preparation before training</p>		<p>Review Facilitator Guide for this chapter and ensure each participant has their Toolkit available. Symptom cards copied and cut from the end of this facilitator guide. Auditory Hallucination Script (enough for groups of three) copied from the end of this facilitator guide. Advocacy Scenarios copied and cut from the end of this facilitator guide.</p>
<p>Opening: Engaging Activity (2 minutes)</p>		
<p>Say</p>		<p>We need your help to solve a healthcare mystery...</p>
<p>Show</p> 		<p>Show <i>You don't look so good!</i> video (00:54)</p>
<p>Say</p> 		<p>You will need to be like a detective when looking for signs and symptoms of illness or injury; uncovering clues and making decisions about what to do next.</p>
<p>Immerse (15 minutes)</p>		

Say		There are areas of observation in which you can look for changes, some of which you saw addressed in the video.
Ask		What questions did Shirley ask? What were some of Jan’s signs and/or symptoms? Answers may include: sitting all day when that’s not usual for her, red cheeks, grumpy.
Say		You will want to look for changes in: daily routine, behavior, ways of communicating, appearance, general manner or mood, and physical health.
Toolkit		Find the Observations List in CH 8 Toolkit.
Activity		Choose a partner. Give each person a card with a symptom that they should keep secret (copied and cut from the end of this facilitator guide). One at a time, they will ask questions based on the Observations List, until they determine what health issue their partner is experiencing. Switch. Allow 3-4 minutes for pairs to discover and discuss.
Ask		What did you discover? (Ask for a few volunteers to share what they learned and how). Once you learned this type of information about someone you support, what would you do with it?
Note	 	Note to Facilitator: The responses will vary, which is a good opportunity to point out that it can be difficult to determine changes in a person and what to do about those changes unless you know what is typical, or baseline, for that person. Guide the conversation to ensure answers include: report to supervisor, make a doctor appointment, document and monitor, make the person comfortable, and call 911 if necessary.
Say		You have observed changes, determined it is not a medical emergency, and contacted the supervisor. Now what? Documentation!
Apply- Demonstrate Learning Application to Real Work (7-10 minutes)		

Toolkit		Refer to your Toolkit page for <i>Guidelines and Examples</i> for documenting health concerns.
Activity		<p>Let's practice documentation using the information you learned from your questioning earlier.</p> <p>Using the space provided in your toolkit, take a few minutes to write about the changes you observed. This is a general format and each agency will have its own format for documentation.</p> <p>Have volunteers share their examples, and use those examples as a catalyst for discussion. If there are some shared that need improvement, guide the conversation to a rewrite of those statements. Encourage class members to offer a suggestion if someone is struggling.</p>
Ask		What is the benefit of writing down information?
Activity		Give 1 minute in pairs or small groups (depending on the size of the class) to brainstorm as many reasons they can think of for documenting any health related information. After the minute is up, ask for a volunteer to write on the white board or chart paper all the benefits of writing that are shared.
Note		Note to Facilitator: If not already listed, ask the board writer to add “gives a history of issues of concern, so changes that are slowly occurring might be identified.”
Say		This might be particularly important if you are supporting a person with a chronic illness or condition.
Teach and Train (3-4 minutes)		
Ask		<p>What is the difference between a chronic and an acute condition?</p> <p>Answers may include: long term vs. short term, immediate or intermittent.</p>

Activity		<p>Let's review the symptoms from the cards you used earlier.</p> <p>Have each of the partners take a minute to explain whether they believe their symptoms would be caused by an acute or chronic condition.</p>
Note		<p>Note to Facilitator: The conversation should reveal that it can be impossible to tell an acute from a chronic condition, without consulting a health care professional.</p>
Apply- Demonstrate Learning Application to Real Work (15 minutes)		
Toolkit Say	 	<p>Refer to the Toolkit of the chapter titled, <i>DSP Staff Roles, Self-Care, and Boundaries</i>.</p> <p>If you determine the appropriate next step is to make a medical appointment, you should prepare, so you don't end up looking like this...</p>
Show 		<p>Show <i>Marvin's Medical Mayhem- An Absence of Advocacy</i> video (2:51)</p>
Say Toolkit	 	<p>Let's assess how prepared the staff was (or wasn't) using the suggestions found in your Toolkit for this chapter in <i>Making the Most of Your Healthcare Professional Visit</i>.</p> <p>Refer to the Toolkit of the chapter titled, <i>DSP Staff Roles, Self-Care, and Boundaries</i>.</p>
Activity		<p>Read each tip from the <i>Making the Most of Your Healthcare Professional Visit</i>. Ask participants to indicate with a check mark in the margin any tips they saw demonstrated by the staff in the video.</p> <ul style="list-style-type: none"> • It is important the individual be accompanied by a staff they are familiar with if at all possible. • Staff accompanying needs to be familiar with the individual and their overall health needs. • Ensure transportation is arranged. • Check with health care professional to be sure they are willing

		<p>and able to provide any special accommodations needed in the office, including in the waiting room. If the person has trouble waiting, ask if there is anything they can do to expedite the visit. If helpful, bring items to occupy the individual.</p> <ul style="list-style-type: none"> • Bring good complete records with you to the appointment. Be sure to include: <ul style="list-style-type: none"> ✓ the person’s insurance card, ✓ list of current medication and medication history, ✓ forms for the doctor to complete, ✓ family/guardian information, ✓ name location and phone of pharmacy, ✓ directions to the appointment • Talk with the individual and others involved in his or her health care to identify any health concerns. Do this prior to the visit. • Bring a written list of any concerns and questions you and/or the individual may have. Try to limit the list to the top three concerns. • Assist with the individual practice asking questions before the visit. • Make sure the questions get asked, either by you or the individual. • Play an active role in the visit maintaining a positive, supportive environment. • Make sure you understand what the health care professional is saying, and don’t be afraid to ask for clarification. • Ask any questions you have about diet, exercise, or smoking. • Ask about treatment options. • Bring a written list of all the medications the individual is taking. • When the health care professional writes a prescription, ask questions about the medication, side effects and contraindications. • Ask about next steps in treatment, and be sure you understand the expected results of the treatment and what the health care professional wants done. • Support the individual to participate as fully as possible in the appointment. • Always arrive early or on time for each appointment. If you cannot get there, call well in advance and reschedule. • Document the outcome of the appointment in the individual’s record in accordance with your agency’s policies. It is important all staff working with the individual know the results of the appointment so their support is designed around the information.
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Say		Unfortunately, the staff doesn't score very well by this list of suggestions! You will be more prepared now that you have seen what <u>not</u> to do!
Teach and Train (5-8 minutes)		
Say		Since the last tip refers to documentation, let's take a look at the documentation Marvin's staff completed.
Note		Since the HR department was made aware of the details of this appointment, the prior staff is no longer working with your agency. You are left with this documentation. Note to Facilitator: Print and handout copies of the medical appointment form used by your agency.
Ask		What do you need to know to assist Marvin? Example answers staff identify out loud should include: completion of all areas of the form, legible writing, follow up dates, objective explanations or statements, signatures, etc. Let's look at a more complete version of this form. What can you learn from this version that would help you better support Marvin? Allow staff to identify what information they have available and any follow up needed.
Apply- Demonstrate Learning Application to Real Work (3-4 minutes)		
Ask		If Marvin was your loved one, how would you feel about the prior staff's interactions at the medical appointment? What does it mean to be a good advocate?
Toolkit		Write in your toolkit at least 3-4 statements regarding your expectations of someone supporting and advocating for your loved one at a medical appointment.

Teach and Train (10 minutes)		
Ask		Have you heard the saying “an ounce of prevention is worth a pound of cure”? What does that mean?
Say		This expression means that it is better to try to avoid problems in the first place, rather than trying to fix them once they arise.
Show	 	Show <i>A Pound of Prevention</i> video (1:25)
Ask	 	What are ways to prevent health problems?
Toolkit		Let’s take a look at the list of habits in the Toolkit section of this chapter.
Activity		Your task will be to circle the healthy habits and cross out the unhealthy ones. Provide 2-3 minutes for participants to identify the healthy/unhealthy habits.
Ask		Regular visits for physical and dental appointments are a healthy habit. Why would the state require annual physical and dental exams for people we support? Answers staff share aloud may include: to ensure health issues are addressed early, to find hidden health issues, to manage ongoing health conditions, etc. And, prevention! Why is hand washing a good health habit? Answer: To prevent the

		spread of germs that cause illness and infection.
Toolkit		Take a few minutes to learn more about how germs are spread in the Fundamentals section of the Toolkit. Be prepared to share one fact you learned or were reminded of from the section on germs with the person sitting next to you.
Activity		<p>After several minutes of reading, ask the participants to share their facts with one another.</p> <p>Besides keeping hands clean, what else needs to be clean to prevent the spread of germs?</p> <p>Answers should include:</p> <ul style="list-style-type: none"> • areas of the home i.e., toilets, sinks, faucet handles, phones, door knobs, light switches, countertops, refrigerator handles • people need to keep themselves and the people they support clean, including laundry and wheelchairs or other adaptive equipment
Say		Ultimately, healthy habits = good health!
Teach and Train (20 minutes)		
Say		Sometimes people with developmental disabilities can be at greater risk for certain health conditions, and prevention is the key for reducing that risk.
Say Toolkit	 	In the Fundamentals section of your Toolkit for this chapter, you will find information about high-risk health problems.
Activity		<p>Split the class into 5 groups, one group per topic. The topics are:</p> <ul style="list-style-type: none"> • skin breakdown • constipation

		<ul style="list-style-type: none"> • sun and heat-related illness • sleep apnea • choking <p>Each group will have 5 minutes to review their assigned topic and come up with the top 5 points they will share with the rest of the class. In the Toolkit is a section labeled “My Top 5 Points about _____” and numbered lines. Instruct them to write in their assigned topic on the blank line, and capture their top 5 points in order of importance (like a countdown, 5 to 1, 1 being the most important). Ask them to consider at least one aspect of prevention as one of their top 5 points.</p> <p>After the 5 minutes of preparation, ask a group to volunteer to present their Top 5 list first, and continue with the rest of the groups. Allow for time for questions after each group presents.</p>
Say		<p>Sometimes people require support to manage long term, or chronic, health conditions.</p> <p>We are going to watch some videos about a select number of chronic health conditions. After each video we will have an opportunity for discussion and activities to share what was learned and how you can use that information to help those you support.</p>
Teach and Train (15-20 minutes)		
Ask		<p>Have any of you experienced or witnessed a seizure? Are you willing to share some information about that?</p>
Note		<p>Note to Facilitator: Follow up questions could include: Did you know what to do? Was it something you expected? Were you afraid? Did the person get injured? Give people an opportunity to share their personal experiences.</p>
Show		<p>Let’s take a look at 2 different types of seizures. After the videos, you will be asked to document what you saw.</p> <p>Show <i>Tonic-clonic and Partial Complex Examples</i> video (1:52)</p>

		<ul style="list-style-type: none"> • <u>Please</u> stay with and reassure <p>Please refer to your agencies polies on seizures and the protocol depending on the individual’s plan.</p>
Teach and Train (15-20 minutes)		
Say		Another chronic health condition is diabetes.
Ask		<p>How many of you know someone with diabetes? If you are willing to share information, would you answer these follow up questions?</p> <p>Do they manage their diabetes with medications, dietary changes, and exercise? (People we support sometimes do all three.)</p> <p>Do they have a protocol for monitoring their blood sugar? (Doctors should establish blood sugar level ranges, and set protocols to follow.)</p> <p>Why is it important for someone with diabetes to track their blood sugar? (When a protocol is established, checking the numbers gives a course of action.)</p>
Show	 	Let’s look at how diabetes affects the body. Show <i>Diabetes Made Simple</i> video (4:00)
Say		Now that you know how diabetes affects the body, you can see the importance of choosing more nutrient rich foods, in portion sizes (as you learned in the Nutrition chapter). Increasing the amount of activity can help the body utilize carbohydrates more effectively, thereby stabilizing blood sugar levels.

Ask		What are physical activities you like to do for fun?
Activity		In small groups have participants list activities they enjoy on a scratch piece of paper. After a few minutes ask a volunteer from each group to write their lists on the board. Duplicates could be indicated by a check mark if needed.
Say		Exercise doesn't have to happen in a gym. To motivate people, find out what they like to do for fun!
Teach and Train (10-12 minutes)		
Say		Having fun can be a benefit both for mental and physical health. Intense physical activity, as well as intense fits of laughter release dopamine, hormones that boost mood. In the next video we will see how laughter can be used to heal. There are some substance abuse counselors who have begun using laughter therapy in their practice.
Show	 	Show <i>Laughter</i> video (3:02)
Say		Let's give it a try!
Activity		<p>Have everyone stand up. Let people know that participation is mandatory! Lead the group through a series of laughter "exercises". Start with a simple laugh you are familiar with, like a Santa Claus laugh; HO HO HO in a deep voice while holding your belly. Do this for 30 seconds before switching to another laugh, like a snicker, then a snort, or a tee hee, pursed lip blowing, etc. Include suggestions from the group for other types of laughter. After several minutes allow people to sit down, and ask how they feel.</p> <p>Option: An alternative is to have people lie on the floor with their head on someone's stomach. The first person says, "HO!" The second says "HO! HO!" and so on down the line. By the time it reaches the end</p>

		everyone is in laughter mode!
<p>Say</p>		<p>While initially some of you may have had to force yourself to laugh, or fake it, most of you probably found the laughter contagious. The change in your mood occurs through the release of dopamine.</p> <p>There are laughter clubs in some communities, but nearly every community has support groups like AA (Alcoholics Anonymous) or NA (Narcotics Anonymous) that are great resources for those struggling with substance abuse. Research has shown that the incidence of alcohol abuse and dependence in adults with developmental disabilities is very similar to that of the general population. They are exposed to many of the known risk factors for developing substance abuse problems; however they are rarely provided preventive education. Finding AA or NA groups is a way to connect with others who will understand, and can build a new network for healthy fun.</p> <p>In order to support someone with a substance abuse problem, it is important to understand what substance abuse is. Let's take a look at the difference between drug abuse and substance abuse.</p>
<p>Show</p>  		<p>Show Drug Abuse video (1:00) and Substance Abuse video (1:16)</p>
<p>Say</p>		<p>If someone you are supporting has a history of drug/substance abuse, assist them to seek appropriate professional support, and work with the team to provide a safe, positive environment.</p>
<p>Toolkit</p>		<p>In the Toolkit section of this chapter, resources for Substance Abuse are provided.</p>

Teach and Train (15-20 minutes)		
Say		<p>A safe, positive environment is equally important for supporting those with mental illness.</p> <p>Mental illness can be an invisible disability, and as a society we tend not to acknowledge it as we do other diagnoses.</p>
Activity		<p>Split the group in half, and call one group “Supervisors”, one group “Staff”.</p> <p>Ask the supervisors to leave the room so you can give the staff the following instructions.</p> <p>You are calling in sick because you broke your arm.</p> <p>Invite the supervisors back into the room and tell them that their “staff” will be calling them on the phone.</p>
Note		<p>Note to Facilitator: Allow staff and supervisors a chance to role play for at least 30 sec. Then, have the participants reverse roles and send the new supervisors out of the room. Instruct the current staff to call in with a panic attack. Allow 30 seconds for the role-play.</p>
Ask		<p>Supervisors, what was your response when your staff called in sick?</p> <p>Staff, how did you feel about your supervisor’s response?</p> <p>Does there tend to be more empathy when someone has a physical injury or illness than when someone has a mental illness?</p>
Show	 	<p>Show <i>Calling in Sick</i> video (00:30)</p>
Say		<p>Take a few minutes to read <i>Major Kinds of Mental Illnesses at a Glance</i> in your Toolkit.</p>
Toolkit		<p>Provide a few minutes for staff to review the information in the Toolkit section of this chapter.</p>

<p>Ask</p>		<p>Regardless of the diagnosis, what is a common measure of support found in each of the notes to support staff?</p> <p>Staff should identify that the statement, “Follow prescribed medication and/ or treatment plans” is repeated in each section.</p> <p>What are some barriers to people following their prescribed treatment plans?</p> <p>Possible answers may include: impaired judgment, impaired memory, a lack of understanding consequences of avoiding the treatment, direct support professionals not following individuals’ prescribed treatment.</p> <p>What is our responsibility as DSPs if we recognize people are not following their prescribed treatment?</p> <p>Answers should include: document, alert medical professionals, encourage healthy choices, explain consequences of following vs. not following their plan, enlisting advocates such as family and friends for encouragement.</p>
<p>Immerse (15 minutes)</p>		
<p>Note</p>		<p>Note to Facilitator: For the next activity each group of three will need one copy of the Auditory Hallucination Script. They will also need a blank piece of paper to roll into a funnel.</p>
<p>Activity</p> 		<p>Have staff gather in groups of three. Two people will be having a conversation about their favorite vacation, one will share the other will listen. The third person will roll a piece of paper to create a funnel and stand slightly behind the person listening to whisper the statements into the ear of the listener. Ask them to repeat the Auditory Hallucination Script exactly as written and continue to repeat the statements while the other two staff shares about their vacation. After one minute ask staff to change roles.</p>
<p>Ask</p>		<p>How did this affect your ability to listen and focus? Did you physically respond? How would it change your life if this was your experience all of the time?</p>

<p>Say</p>		<p>If you had a diagnosis of schizophrenia this could be a reality for you. When we are supporting people who may have a mental illness it is important that we are empathetic, understanding, and validating. As advocates it is our responsibility to support the individual in seeking treatment as we would for any illness.</p>
<p>Show</p> 		<p>Show <i>Change the Stigma</i> video (00:30)</p>
<p>Say</p>		<p>As advocates we can help change the stigma surrounding mental illness.</p>
<p>Apply- Demonstrate Learning Application to Real Work (15-20 minutes)</p>		
<p>Say</p> 		<p>Now that you have learned about a variety of health conditions, here is your opportunity to practice healthcare advocacy.</p>
<p>Activity</p>		<p>Practice advocacy with the following four scenarios. Break the staff up into four groups and assign each group a scenario card. Allow each group 2-3 minutes to read the scenario and discuss how the staff can advocate for the person. Suggest that they consider how they would interact with the person described, who else they might involve & what kinds of conversations they might have with those individuals. Each group will then present to the whole group their solution ideas. After each group presents, encourage others in the class to ask questions, or contribute other possible solutions.</p>
<p>Teach and Train (15-20 minutes)</p>		
<p>Say</p>		<p>Let's check back with Holmes and Watson, Shirley and Jan, that is.</p>

<p>Show</p> 		<p>Show <i>Shades of Grey</i> video; Jan and Shirley years later, gray hair, to introduce aging concerns (01:25)</p>
<p>Say</p>		<p>As we age, there are changes we all can expect. Many individuals with developmental disabilities experience age-related changes earlier than the general population. This is particularly true for individuals with cerebral palsy, Down Syndrome and metabolic diseases and some individuals who have a mental illness in addition to a developmental disability.</p>
<p>Toolkit</p>		<p>Let's turn back to the beginning of this chapter in your Toolkit, to the Observations List that you used to determine changes.</p>
<p>Ask</p> 		<p>What health concerns or possible changes did you see in the video?</p> <p>Participants should identify physical changes in hearing loss, mobility, eating and swallowing, and confusion.</p>
<p>Ask</p>		<p>What is your role as a DSP when someone you are supporting has a Do Not Resuscitate (DNR) order or a Physician's Order for Life Sustaining Treatment (POLST)?</p>
<p>Say</p> 		<p>Your legal responsibility is to support the individual and use your First Aid/CPR training in an emergency until medical professionals arrive. The documents of a DNR order or a POLST (Green Sheet) state a preference not to be resuscitated and/or not to have life sustaining measures performed. These documents are only to be utilized by medical professionals unless there are specific written, approved protocols to the contrary.</p> <p>Even if you are aware of when a person has either document in their record, <u>it is still your responsibility</u> to call 911, start CPR, and to have the medical community make the determinations to carry out these orders.</p> <p>It is your responsibility to identify changes that may indicate the early onset of an age-related health condition and to report these changes to the individual's health care professional. Early detection permits early</p>

		<p>treatment that often adds to the individual’s length and quality of life. Sometimes these changes are slow and subtle, so documentation becomes essential in order to track changes over time.</p>
<p>Say</p>		<p>Difficulties in eating and swallowing can be part of the onset of aging issues, but can also be a result of a diagnosis like Cerebral Palsy or Traumatic Brain Injury. Regardless of the cause of the difficulties, it is important for staff to know how to assist someone to eat safely. Ultimately we would want to provide opportunities for someone to be able to feed themselves (unless they have come to a point in their lives when this is no longer feasible).</p> <p>Sometimes adjusting our approach can be the adaptation that makes eating more successful.</p> <p>Let’s take a look at some people who might need your assistance to eat.</p>
<p>Activity</p> 		<p>In groups of 3, ask participants to take turns assuming the posture of one of the people in the images. The others in the group should problem solve and position themselves to make eating assistance successful.</p> <p>Remind people to engage in this activity as though it were an actual circumstance, with dignity and respect.</p> <p>Allow groups enough time, 4-5 minutes, to problem solve and practice each of the different postures.</p>
<p>Ask</p>		<p>Besides adjusting for posture, what are other ways we can help people eat if they are unable to feed themselves?</p>
<p>Activity</p>		<p>Provide 8-10 minutes for the same small groups to draw pictures on letter size scratch paper indicating other ways to assist people to eat safely. The pictures must represent the following labels:</p> <ul style="list-style-type: none"> • Speed • Size • Consistency • Adaptive equipment
<p>Say</p>		<p>Use your Fundamentals for this chapter to find ideas.</p>

<p>Note</p>		<p>Note to Facilitators: Once the pictures are complete, or the assigned time has elapsed, instruct everyone to leave their papers on the table. Have everyone stand, and move around to view each group’s artistic expressions.</p>
<p>Reflection & Celebration (5 minutes)</p>		
<p>Say</p>		<p>Ask staff to consider what they have learned about healthcare management and how it could be applied to their own lives or the life of a loved one.</p>
<p>Toolkit</p>		<p>Ask them to take at least 30 seconds to think and process before they begin writing in the Toolkit 3 tips they could apply to their own lives, or 3 ways they could advocate for someone they love. If they would like to combine ideas for themselves and loved ones, that is acceptable.</p> <p>They do not have to share what they write.</p>
<p>Activity</p>		<p>Please administer the assessment at the end of this chapter.</p>
<p>Note</p>		<p>Note to Facilitator: Please review the objectives in the Toolkit on the first page with participants. Ask participants to circle the objectives for this chapter in which they believe they need more clarity. Allow for question and answer dialogue to ensure that all of the objectives have been met.</p> <p>Hand out the assessment for this chapter to each participant. End of chapter assessments should take approximately 10 minutes.</p> <p>As a learning tool, it will be important for each participant to leave the training with the correct answers. Please review the answers and ensure that each participant has marked the correct answer. When you review the assessment with participants, note where people are having difficulty and review that section again with the whole group or determine where you will address this in the next chapter. Ensure that you reteach/retrain topics where learning gaps were identified.</p> <p>Due to the confidential nature of the assessments in this course, please collect and shred all completed assessments.</p>

Symptom Cards

Sore eyes	Constipation
Ear ache	Swollen ankle
Toothache	Open sore on elbow
Heart is racing	Abdominal pain
Nausea	Stiff back

Auditory Hallucination Script

Why are you talking to him (her)?

Don't trust him.

Is he looking at you?

Why would he (she) want to talk to you?

Do you think you can trust him (her)?

You can't trust him (her). You can't trust anyone.

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Advocacy Scenarios

Scenario #1

Lisa takes medications for seizures. She recently started a new medication and seems to be excessively sleepy and her appetite has decreased. The doctor assures you this is an expected effect that should not continue. It has been several weeks with no improvement.

Scenario #2

Bill seems to be increasingly agitated and is requesting his prescribed psychoactive medication as a result. You are concerned that he may be imitating signs of agitation specifically to get more of the medication (drug seeking behavior).

Scenario #3

Garth has been newly diagnosed with type 2 diabetes. His doctor would like him to check his blood sugar before breakfast and dinner. Garth is not happy about this new practice and has been refusing to check his blood sugar. Sometimes he will agree to check it, but only once a day.

Scenario #4

Molly has anxiety disorder. You have been a part of her support team for nearly one year. You notice over the last few weeks she has become more anxious and has begun barricading herself in her room for extended periods of time. There are several new staff working in her home, who feel Molly just needs additional psychoactive medication to manage her increased anxiety.