Mental Health, Level 1

Capable Caregiving for Mental Wellness

Aging and Long-Term Support Administration

Washington State Department of Social & Health Services
Transforming lives

This curriculum was developed from feedback and input gathered from stakeholders across the state. Primary stakeholder groups included facility owners/providers, managers, supervisors, caregivers, trainers, families, clients/residents, DSHS staff, long term care ombudsman and advocacy group representatives.

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What Do You Know About Mental Disorders?

Check "True" or "False" for each of the questions below to see what you know about mental disorders.

True	False	
❑	❑	Bad parenting causes mental disorders.
❑	❑	Mental disorders are rare.
❑	❑	Only uneducated and poor people develop mental disorders.
❑	❑	People with mental disorders are usually dangerous.
❑	❑	Culture can influence whether a person with a mental disorder decides to seek treatment.
❑	❑	When communicating with a person who is actively hallucinating, it is important to find out what the hallucination is about.
❑	❑	A person with a mental disorder who is aggressive should not be physically restrained.
❑	❑	A person with a mental disorder who is decompensating will always experience a relapse.
❑	❑	Talking about suicide with a person who has depression increases the risk that he or she will attempt suicide.
❑	❑	Medications can cure mental disorders.
❑	❑	Mental disorders are a weakness.
❑	❑	A person with a mental disorder can change if they try hard enough.
❑	❑	If you think a person with a mental disorder is hearing voices, ask the individual if they are hearing voices.

Check your answers on page 109.

Module 1: Introduction to Mental Disorders

Lesson 1: Mental Disorders

The caregiver will review definitions, common signs and symptoms and identify types of mental disorders.

Lesson 1: Mental Disorders

Objective:

The caregiver will review definitions, common signs and symptoms and identify types of mental disorders.

Overview

Mental disorders are biologically based brain disorders that can greatly interfere with a person's thinking, feelings, mood, ability to relate to others, and capacity to cope with the demands of life. People diagnosed with such disorders are prone to depression, anxiety, emotional distress, difficulty interpreting reality and substance use disorder, creating an increased need for medical and social support to stabilize or recover from their disorders.

According to 2020 NAMI data, in a given year, 52.9 million adults experience a mental health condition in a given year. (nami.org/mhstats).

- 1 in 5 adults in America experience a mental health condition.
- Nearly 1 in 20 adults in America live with a serious mental health condition.
- One-half of all chronic mental health conditions begins by the age of 14; three-quarters by the age of 24.
- Approximately 17 million adults have co-occurring mental health and substance use disorders.

The National Alliance on Mental Illness has additional information available on mental health in the U.S. www.nami.org/Learn-More/Mental-Health-By-the-Numbers

In spite of these statistics, many people remain unaware of the significant number of adults who have a mental disorder. Many adults, who would benefit from treatment, never get it.

Why?

- Mental disorders are challenging to diagnose.
- The symptoms of a mental disorder vary along a range and there is no exact line that separates health from disorder.
- Often, people tend to focus on the extremes, defining mental disorders only by the most severe symptoms.
- A mental disorder can be difficult to acknowledge. Many people wait until their symptoms are severe before they seek help. Some people will never seek treatment.

Like cancer or diabetes, mental disorders are a medical condition that may improve or worsen, based on care and treatment. When working with people with mental health conditions, remain compassionate to people as individuals and realize that people diagnosed with a mental health condition may behave or communicate differently or in ways that may seem confusing. More information will be provided in Lesson 2, and as you continue through this lesson, keep in mind that despite symptoms, behaviors, causes and treatments, each individual is unique and should be treated as an individual rather than a disease or diagnosis.

Reflect on how mental health conditions have touched your life – at work, at home, with friends, with strangers, or even your own mental illness. Reflect on how you currently feel about mental illness.

Diagnosing Mental Disorders

How a Mental Disorder is Diagnosed

It is not a caregiver's job to diagnose a person with a mental disorder. To diagnose a mental disorder, the person has to discuss his or her symptoms with a licensed clinician.

The clinician will perform a mental status exam and observe the person's behavior. The clinician studies the person's symptoms and behaviors and reviews their condition and treatment history to determine if grouped into a pattern or syndrome. If the pattern or syndrome meets the criteria for a specific diagnosis, the clinician will make a diagnosis. This diagnostic exam is generally conducted in a hospital setting (such as a psychiatric or medical hospital) or in an outpatient setting such as medical clinic, a mental health clinic or a clinician's office.

A diagnosis is not always the answer to all of someone's care needs. Avoid focusing on only one diagnosis when providing care for an individual. For example, an individual diagnosed with depression may have panic attacks or other symptoms that do not always match with the diagnosis. The key is to always be flexible to how care is provided.

Challenges

Many factors make a mental disorder challenging to diagnose.

- Unlike other medical issues, there is no blood test or physical exam that can determine if a person has a mental disorder.
- Symptoms vary along a continuum, changes often, and are not always visible.
- The health care provider does not always witness symptom(s) or does not have a complete history of the person's condition.
- The person may not always be fully open, truthful, or aware of what is happening.
- Each person's tolerance of symptoms varies.
- There may be more than one disorder present (coexisting conditions).

Self-Diagnosis

With the availability of so much information on the internet, it is easy to look up symptoms and self-diagnose a condition. When you self-diagnose, you are assuming that you know the subtleties of a diagnosis. For example, people who experience mood swings might self-diagnose bipolar disorder. However, mood swings can be a symptom that can be a part of many different scenarios. Mood swings could be due to an anxiety disorder such as post-traumatic stress disorder or stem from substance use disorder. A professional diagnosis may identify other disorders or even another medical condition such as hyperthyroidism or irregular heartbeat. Self-diagnosis can confuse the proper diagnosis. Know that the point of diagnosis is to make sure a person receives the proper treatment and offering or reaffirming a self-diagnosis may confuse the individual's understanding of their condition and likely interfere in receiving proper treatment.

Stigma and Myths

There is a long history of stigma, misunderstanding, false beliefs and confusion surrounding mental disorders.

Stigma

Stigma related to mental disorders can greatly influence whether a person will seek treatment. Stigma is defined as a sign of shame or disgrace. Many people feel too ashamed or embarrassed to talk to anyone about what is happening and may try to conceal symptoms. Stigma is so powerful that it can also affect relationships with family members and contribute to the disorder being viewed as a failure on the part of the entire family system.

Stigma also affects how others treat a person with a mental disorder. Evidence that stigma exists can take many forms, such as:

- Treating the person with the disorder as the disorder. For example, thinking and talking about the person as a schizophrenic, not as a person who is living with schizophrenia and has family, hopes, dreams, and abilities.
- Thinking there is something essentially wrong, bad, dangerous, or weak about the person because he or she has a mental disorder.
- Thinking the person is personally responsible for his or her condition.
- Using offensive or insulting language to refer to the person as lunatic, nuts, crazy, cray-cray, or psycho.
- Thinking bad parenting causes mental health conditions.

Stigma and Caregiving

Stigma can prevent caregivers from providing the best care they are capable of giving. If you believe some of the misinformation about people with mental disorders, you may:

- Be uncomfortable assisting the person.
- Treat the person differently from people with other conditions, such as cancer or heart disease.
- Let the fear of the person's mental disorder stop you from finding new ways to understand and relate to the person.

It is important not to allow stigmas to impact your caregiving activities. The best way to help you separate yourself from the stigma is to:

- Learn the facts about the various mental disorders. This course is a good start.
- Talk and think about mental disorders in the same way you talk and think about any other condition.
- Challenge and question your attitude towards mental disorders.
- Challenge people around you who reinforce myths, stereotypes, and misunderstanding about mental disorders.
- Be supportive of people diagnosed with a mental disorder.

You just learned about a man who will soon be in your care named Sherwood Wycoff. He is a 76-year-old man with schizophrenia. You have no other information yet on Sherwood, but you have heard that schizophrenia makes people dangerous, violent and unpredictable. What can you do to separate yourself from this stigma so that you can provide the best care possible for Sherwood?

Myths and Facts

There are many myths around mental disorders. You may hear myths about mental disorders from family, friends, coworkers and even the media. It is important to stop, suspend your judgement and realize that mental disorders are a medical condition.

Myth	Fact
Mental disorders are rare.	Mental disorders are very common. In a given year, 52.9 million adults experience a mental health condition. • 1 in 5 adults in America experience a mental health condition. • Nearly 1 in 20 adults in America live with a serious mental health condition.
People with mental disorders are violent, dangerous and unpredictable.	The majority of people with mental disorders are no more likely to be violent than anyone else. Individuals living with a serious mental health condition account for only 3%-5% of violent acts. People with a mental disorder are more likely to harm themselves or be harmed than they are to hurt other people. A person with schizophrenia is approximately 2,000 times more likely to die by suicide than they are to harm someone else.
Personality weakness or character flaws cause mental disorders. People with mental disorders can snap out of it if they try hard enough.	Mental disorders have nothing to do with being lazy or weak and many people need help to manage their condition. Many factors contribute to mental health conditions, including biological factors (genes, illness, injury, brain chemistry), life experiences (abuse, trauma), or family history of mental health conditions.
Bad parenting causes mental disorders.	Mental disorders are biologically based brain disorders. They are not the result of personal weakness, lack of character, or poor upbringing.
Only uneducated and poor people develop mental disorders.	Mental disorders are not related to a person's character, intelligence or socioeconomic status. Mental disorders can affect people of any age, race, religion, or income.
Talking about suicide to a person with depression increases the risk that he or she will do it.	Talking to someone about suicide actually decreases the risk that the person will attempt suicide. Often we are fearful of talking to someone about their desire to die by suicide because we worry that we will cause them to attempt suicide. In reality, most people with suicidal thoughts desperately want to live but are unable to see alternatives to their problems. Talking with someone helps.
Medications can cure mental disorders.	Mental disorders are treatable but may not be curable. Often a person with a mental disorder can take medications to help manage the condition and may even contribute to the symptoms significantly improving or even disappearing. However, the disorder is not cured, it is merely managed.

Mental Health Conditions

The following mental disorders are outlined on the following pages. This list does not include all mental disorders and some of the disorders listed may be more common than others.

For more information on these and other mental health conditions, refer to the National Institutes of Health, National Alliance on Mental Illness, National Institute of Mental Health and www.MentalHealth.gov.

- Attention Deficit Hyperactivity Disorder (ADHD)
- Anxiety Disorders
- Autism Spectrum Disorder
- Bipolar Disorder
- Borderline Personality Disorder (BPD)
- Depression
- Dissociative Disorders
- Eating Disorders
- Obsessive-Compulsive Disorder
- Posttraumatic Stress Disorder (PTSD)
- Schizophrenia
- Schizoaffective Disorder
- Related Conditions (Anosognosia, Dual Diagnosis, Psychosis, Risk of Suicide, Self-Harm, Sleep Disorders, Substance Abuse)

For your quick reference, we are providing a general description of the conditions and a list of more common signs and symptoms of each condition. You will see that some conditions have similar symptoms and some symptoms such as “mood swings” found with various conditions such as with PTSD, borderline personality disorder and with bipolar disorder. It speaks to the complexity involved in determining a person’s diagnosis.

Remember, it is not your job to diagnose mental disorders. It is your job to be aware of mental health conditions so you can understand individuals and make better decisions regarding their care.

Attention Deficit Hyperactivity Disorder (ADHD)

Symptoms of attention deficit hyperactivity disorder (ADHD) include being distracted, extremely active and acting on impulse. Most commonly diagnosed in young people, ADHD affects all ages. According to the National Alliance on Mental Health, an estimated four percent of adults have ADHD.

Symptoms

Inattention

- Distracted easily
- Bored with tasks quickly
- Difficulty focusing attention or completing a single task or activity
- Trouble completing tasks or projects
- Not listening or paying attention when spoken to
- Daydreaming or wandering with lack of motivation
- Difficulty processing information quickly

Hyperactivity

- Fidgeting and squirming, trouble sitting still
- Non-stop talking
- Touching or playing with everything
- Difficulty doing quiet tasks or activities

Impulsivity

- Impatience
- Acting without regard for consequences, blurting things out
- Difficulty taking turns, waiting or sharing
- Interrupting others

Causes

- Genetics may cause a high risk of developing ADHD which runs in families and trends in specific brain areas that contribute to attention.
- Environmental factors such as cigarette smoking and alcohol use during pregnancy or exposure to lead as a child may lead to increase likelihood of ADHD according to studies.

Treatment

Treatment plans are most effective when tailored to an individual's needs.

- Behavioral therapy
- Elimination diets (to determine if food allergies/ sensitivities play a role in the severity of symptoms)
- Medication
- Neruofeedback (EEG biofeedback)
- Nutritional supplements

For more information on mental health medications, visit the National Institute of Mental Health at www.nimh.nih.gov.

What is your attitude about this disorder?

What are the facts about this disorder?

How can you be supportive of people with this disorder?

Anxiety Disorder

Occasional anxiety is a normal part of life. Anxiety disorder is feeling of worry and fear of a real or perceived threat that does not go away and can get worse over time. Anxiety can interfere with functions of normal daily life and affect relationships.

Anxiety disorders are the most common mental disorder in America. In 2020, an estimated 19.1 percent of adults (about 48 million people) in the U.S. had an anxiety disorder. Symptoms of anxiety disorders can become chronic and debilitating, if not treated. (NAMI, 2020)

Symptoms

Emotional symptoms

- Feelings of worry or dread
- Feeling tense and jumpy
- Restlessness or irritability
- Anticipating the worst and being watchful for signs of danger

Physical symptoms

- Pounding or racing heart
- Shortness of breath or difficulty breathing
- Upset stomach
- Sweating, fatigue and insomnia
- Upset stomach, frequent urination or diarrhea

Types of Anxiety Disorders

The most common anxiety disorders include:

- Generalized anxiety disorder
- Panic disorder
- Phobias
- Social anxiety disorder

Generalized Anxiety Disorder

Generalized anxiety disorder (GAD) is a disorder characterized by excessive or exaggerated worry about several aspects of life, such as work, social relationships, or financial matters. Individuals with GAD often expect the worst even when there is no obvious reason for concern. GAD is typically diagnosed when an individual finds it difficult to control worry on more days than not for at least six months and has three or more symptoms.

Symptoms include:

- Difficulty concentrating
- Difficulty controlling the worry
- Fatigue and exhaustion
- Irritability
- Muscle tension
- Nausea
- Restlessness or nervous
- Sleep problems

Panic Disorder

Panic disorder is debilitating anxiety and fear arising frequently and without known reason, but more frequently triggered by fear-producing events or thoughts. Often mistaken for a heart attack, a panic attack causes powerful, physical symptoms. Panic attacks can last for a few seconds to several minutes. Because people suffering from panic attacks experience terrible distress during such attacks, they often are worried and anxious about suffering future panic attacks.

Symptoms include:

- Agitation
- Anxiousness
- Chest pain
- Dizziness
- Fear or avoidance of places where panic attacks have occurred in the past
- Fear of dying
- Feelings of being out of control during a panic attack
- Heart palpitations
- Hyperventilation
- Intense worries about when the next attack will happen
- Rapid heartbeat
- Shortness of breath
- Stomach upset
- Sudden and repeated attacks of intense fear
- Tingling

Phobias

A phobia is an extreme or irrational fear of or aversion to a situation, living creature, place or thing. Most individuals with specific phobias have several triggers. To avoid panicking, someone with specific phobias will work hard to avoid their triggers. Depending on the type and number of triggers, this fear and the attempt to control it can seem to take over a person's life. The source of the phobia may have more or less negative effects on a person's life depending on how often or rarely the trigger occurs.

Symptoms include:

- Distress
- Panic attacks
- Stress

Social Anxiety Disorder

Social anxiety disorder is an extreme fear of scrutiny and judgment by others in social or performance situations. Symptoms of social anxiety disorder are more than being shy and may be so extreme that it disrupts daily life. Individuals with this disorder may have few or no social or romantic relationships, making them feel powerless, alone, or even ashamed.

Symptoms include:

- Being very afraid that other people will judge them
- Blushing, sweating, or trembling around other people
- Difficulty making friends and keeping friends
- Feeling anxious about being with other people and having a hard time talking to others
- Feeling nauseous or sick to their stomach when other people are around
- Feeling powerless against their anxiety
- Feeling very self-conscious in front of other people and worried about feeling humiliated, embarrassed, or rejected, or fearful of offending others
- Panic attack symptoms
- Staying away from places where there are other people
- Terrified they will humiliate or embarrass themselves
- Worrying far in advance about events or social interactions

Causes

- Genetics might be a factor in someone developing an anxiety disorder. There is evidence that anxiety disorders run in families.
- A stressful or traumatic situation such as abuse, death of a loved one, violence or prolonged illness is often linked to the development of an anxiety disorder.

Treatment

Each anxiety disorder has a different set of symptoms and the type of treatment may vary. Common types of treatment include:

- Psychotherapy, also called “talk therapy”
- Cognitive behavioral therapy (CBT) teaches a person different ways of thinking, behaving and reacting to anxiety-producing and fearful situations.
- Stress management techniques and meditation
- Self-help or support groups
- Medications such as antidepressants, anti-anxiety medication or beta blockers

What is your attitude about this disorder?

What are the facts about this disorder?

How can you be supportive of people with this disorder?

Autism

Autism spectrum disorder (ASD) and autism are general terms for a group of complex disorders of brain development. Generally, ASD is characterized in varying degrees by difficulties in social interaction, verbal and non-verbal communication and repetitive behaviors. Persons with ASD can experience significant behavioral disturbances such as emotional outburst, restless behavior and visible distress when they encounter stress.

Symptoms

Emotional symptoms

Symptoms of ASD fall on a continuum. This means there is a range from gifted abilities to severely challenged. Symptoms may include:

- Delay in language development
- Repetitive and routine behaviors
- Difficulty making eye contact
- Sensory problems
- Difficulty interpreting facial expressions
- Problems with expressing emotions
- Fixation on parts of objects
- Difficulty interacting with peers
- Self-harm behavior
- Sleep problems

Causes

- Scientists do not know the exact causes of ASD, but research suggests that genes and environment play important roles. (NIMH)
- Information is always evolving. Check www.NIMH.nih.gov for updated information.

Treatment

Many treatment plans exist for ASD. Each treatment should be tailored to an individual's unique needs. These can consist of medications, therapy or both. Often, reducing stress and keeping a consistent routine can reduce the severity of symptoms with someone with ASD.

What is your attitude about this disorder?

What are the facts about this disorder?

How can you be supportive of people with this disorder?

Depression

Depression is a serious, but treatable, mood disorder that involves the body, mood, and thoughts. It affects the way the person eats and sleeps, feelings about self, and the way the person thinks about things.

Depression is not the same as a passing sad mood. It involves serious symptoms that last for at least several weeks and make it difficult to function normally.

Symptoms

- Social withdrawal
- Persistent sadness, irritability, or despair
- Feelings of hopelessness, worthlessness, guilt, or helplessness
- Decreased interest or pleasure in activities once enjoyed
- Difficulty concentrating, remembering, or making decisions
- Changes in appetite, weight gain or loss
- Changes in sleep patterns—either sleeping a lot or having difficulty sleeping
- A loss of energy, feeling tired despite little activity
- Persistent physical symptoms that do not respond to treatment, such as headache, chronic pain, weakness, or constipation
- Suicidal thinking

Causes

There is no single cause for the onset of depression. Scientific research has firmly established that severe depression is a biological brain disorder resulting from an imbalance in brain chemicals that regulate mood.

Psychological, genetic, and environmental factors also contribute to the onset of depression. An episode of depression can occur spontaneously or be triggered by:

- A stressful life event such as a significant loss, difficult relationship, or financial problems.
- Physical illness such as heart disease or cancer.
- Substance Use Disorder (SUD).
- Some medications.

Treatment

Depression can be a devastating disorder. For most people, treatment is highly effective with a combination of medications, therapy and lifestyle changes. That is why it is critical that depression be recognized and treated as soon as possible.

What is your attitude about this disorder?

What are the facts about this disorder?

How can you be supportive of people with this disorder?

Bipolar Disorder

Bipolar disorder causes unusual shifts in a person's mood, energy, and ability to function. Bipolar disorder is a chronic and generally life-long condition with recurring episodes of mania and depression that can last from days to months.

Generally, these mood changes happen in cycles. The symptoms of bipolar are severe and are different from the normal ups and downs that everyone goes through.

Symptoms

An individual with bipolar disorder may have distinct manic or depressed states. These states can last for a day or two or last several weeks in which an individual can have a cluster of the symptoms listed below. Severe cases may also include psychotic symptoms such as hallucinations or delusions. Suicidal thinking and suicide attempts are almost twice as likely with bipolar disorder than those suffering from depression alone.

Mania

Mania is excessive and persistent elevated or irritable mood.

- Increased energy, activity, restlessness, pacing, and fidgeting
- Either an elated happy mood or an irritable, angry, unpleasant mood
- Decreased sleep and decreased need for sleep
- Poor concentration
- Unrealistic beliefs in his or her abilities or power
- Poor judgment and impaired impulse control
- Increased sexual and risky activities
- Increased talking, more rapid or louder speech than usual
- Racing thoughts, jumping from one idea to another
- Denial that anything is wrong

Depression

See symptoms of depression on page 13.

Causes

The psychological basis for bipolar disorder is better understood than other forms of depression. Contributing factors include:

- Genetics and heredity — some research suggests that people with certain genes are more likely to develop bipolar than others. Children with a parent or sibling who has bipolar disorder are more likely to develop the condition compared with children who do not have a family history of the disorder.
- Biological factors — a disturbance in brain chemicals that regulate mood and activity.
- Environmental factors — stressful situations cannot cause the disorder but can trigger a manic-depressive episode in a person who is vulnerable to the disorder.

Treatment

- A combination of medication and psychosocial treatment has been shown to be consistently effective.
- Bipolar disorder is better controlled if treatment is continuous rather than off and on.
- Education is crucial to helping the person, and his or her supports, learn how to manage bipolar disorder and prevent complications.
- Keeping a chart of daily mood symptoms, treatments, sleep patterns, and life events can help the doctor track and treat the disorder most effectively.
- Support groups offer help and understanding that can promote longer-term mood stability.

What is your attitude about this disorder?

What are the facts about this disorder?

How can you be supportive of people with this disorder?

Borderline Personality Disorder

Borderline personality disorder (BPD) is a serious mental disorder marked by problems regulating emotions and thoughts, moods, impulsive and reckless behaviors, and unstable relationships. This difficulty leads to severe mood swings, impulsivity and instability, poor self-image and inability to maintain strong personal relationships. Individuals with this disorder also have high rates of co-occurring disorders, such as depression, anxiety disorders, substance use disorder, and eating disorders, along with self-harm and suicidal behavior. Ordinary events (such as someone they care about taking a vacation or trip) may trigger symptoms. People with this condition have high death rates related to suicide.

Symptoms

People with BPD experience wide mood swings and can show instability and insecurity. Signs and symptoms include:

- Fears being abandoned by family and friends
- Unstable personal relationships often veering from extreme closeness and love (idealization) to extreme dislike or anger (devaluation)
- Distorted self-image
- Impulsive behaviors that may have dangerous outcomes
- Suicidal or self-harming behavior
- Periods of intense depressed mood, irritability or anxiety lasting a few hours to a few days
- Chronic feelings of boredom or emptiness
- Inappropriate, intense or uncontrollable anger followed by shame and guilt
- Disconnecting thoughts or identity ("out of body" type feeling)
- Stress related paranoid thoughts
- May see anger in an emotionally neutral face and may have a strong reaction to words with negative meanings more often than people without BPD

Causes

- Genetics may play a part in BPD. Studies with twins indicate that the disorder is five times more common among people who have a first-degree relative with the disorder.
- Traumatic events such as physical or sexual abuse during childhood or neglect and separation from parents are linked to an increased risk of developing BPD.
- Brain function is different in people with BPD and may be a basis for some of the symptoms.

Treatment

Individuals with BPD are often treated with a combination of psychotherapy (talk therapy), peer and family support and medications to address co-occurring symptoms.

What is your attitude about this disorder?

What are the facts about this disorder?

How can you be supportive of people with this disorder?

Dissociative Disorder

Dissociative disorders are an involuntary escape from reality and a disconnection between thoughts, identity, consciousness and memory. Dissociative disorders are often triggered as a response to a traumatic event to keep the memories under control.

Symptoms

Symptoms and signs of dissociative disorders include:

- Significant memory loss of specific times, people and events
- Out-of-body experiences
- Depression, anxiety and/or thoughts of suicide
- A sense of detachment from your emotions or emotional numbness
- A lack of sense of self-identity

Causes

Dissociative disorders usually develop as a way of dealing with trauma. Dissociative disorders most often form in children exposed to long-term physical, sexual or emotional abuse. Natural disasters and combat can also cause dissociative disorders.

Treatment

Dissociative disorders are managed through various therapies including psychotherapies, eye movement desensitization and medications, including antidepressants that can treat symptoms of related conditions.

What is your attitude about this disorder?

What are the facts about this disorder?

How can you be supportive of people with this disorder?

Eating Disorders

Eating disorders are a group of related conditions that cause serious emotional and physical problems related to extreme issues with food and weight. Without treatment, eating disorders can take over a person's life and lead to serious, potentially fatal medical complications. Examples of eating disorders are anorexia nervosa, bulimia nervosa and binge eating disorder.

Symptoms

Symptoms vary by disorder and may include starvation, obsessing about weight, eating large amounts of food then forcing vomiting or abusing laxatives and eating large amounts of food in a short amount of time even when not hungry and not attempting to purge.

Causes

Most experts believe that eating disorders are caused by people attempting to cope with overwhelming feelings and painful emotions by controlling food intake. Factors that may be involved in developing an eating disorder include genetics, environment, peer pressure and emotional health.

Treatment

Managing an eating disorder can involve a variety of techniques. Treatments will vary depending on the type of disorder, but will generally include psychotherapy, medication, nutritional counseling and weight restoration monitoring.

What is your attitude about this disorder?

What are the facts about this disorder?

How can you be supportive of people with this disorder?

Obsessive-compulsive Disorder

Obsessive-compulsive disorder (OCD) is characterized by repetitive, unwanted, intrusive thoughts (obsessions) and irrational, excessive urges to do certain actions (compulsions). Although people with OCD may know that their thoughts and behavior do not make sense, they are often unable to stop them.

Symptoms

Each person with OCD may experience symptoms differently.

Obsessions may include:

- Thoughts about harming or having harmed someone
- Doubts about having done something correctly, like turning off the stove or locking a door
- Unpleasant sexual images
- Fears of saying or shouting inappropriate things in public

Compulsions may include:

- Hand washing due to a fear of germs
- Counting and recounting money because a person is sure they added incorrectly
- Checking and rechecking to see if a door is locked or the stove is off

Causes

The exact cause is unknown, but researchers believe that activity in several portions of the brain is responsible.

Treatment

A typical treatment plan will often include both psychotherapy and medications; combined treatment is usually optimal.

What is your attitude about this disorder?

What are the facts about this disorder?

How can you be supportive of people with this disorder?

Post-traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) is a disorder that develops in some people who experience a shocking, scary, or dangerous event. It is natural to feel afraid after a traumatic experience. Fear triggers many changes in the body to help defend against danger or avoid it. This is known as "fight, flight, or freeze" reaction. Nearly everyone will experience a range of reactions after trauma and most people recover from the initial symptoms naturally over time. Those who continue to experience symptoms may be diagnosed with PTSD. People with PTSD may feel stressed or frightened and go into "fight, flight, or freeze" reactive mode even when they are no longer in danger.

Symptoms

- Intrusive memories, including flashbacks of reliving the moment of trauma, bad dreams and scary thoughts.
- Avoidance, including staying away from certain places or objects that are reminders of the traumatic event. A person may also feel numb, guilty, worried or depressed or having trouble remembering the traumatic event.
- Dissociation, which can include out of body experiences or feeling that the world is "not real".
- Hyper vigilance, including being startled very easily, feeling tense, trouble sleeping or outbursts of anger

Causes

Anyone can develop PTSD at any age. This includes war veterans, children, and people who have been through a physical or sexual assault, abuse, accident, disaster, or many other serious events. According to the National Center for PTSD, about six percent of Americans will experience PTSD at some point in their lives.

Treatment

- Medications
- Psychotherapy
- Self-management strategies
- Service animals, especially dogs, can help soothe some of the symptoms of PTSD

What is your attitude about this disorder?

What are the facts about this disorder?

How can you be supportive of people with this disorder?

Schizophrenia

Schizophrenia is a serious mental disorder that interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others. It is a complex, long-term medical condition, affecting about one percent of Americans. Although schizophrenia can occur at any age, the average age of onset tends to be in the late teens to the early 20s for men, and the late 20s to early 30s for women. It is uncommon for schizophrenia to be diagnosed in a person younger than 12 or older than 40.

Symptoms

- Isolation and withdrawal from others
- Sleep problems and irritability
- Hallucinations
- Delusions
- Negative symptoms
  - Emotionally flat or speaking in a dull, disconnected way
  - Unable to start or follow through with activities
  - Show little interest in life or sustain relationships
- Cognitive issues / disorganized thinking

Causes

Research suggests that schizophrenia may have several possible causes, including genetics, environment, brain chemistry and use of psychoactive drugs during teen years and young adulthood can increase the risk.

Treatment

There is no cure for schizophrenia, but it can be treated and managed in several ways.

- Antipsychotic medications
- Psychotherapy
- Self-management strategies and education

What is your attitude about this disorder?

What are the facts about this disorder?

How can you be supportive of people with this disorder?

Schizoaffective Disorder

Schizoaffective disorder is a chronic mental health condition characterized primarily by symptoms of schizophrenia, such as hallucinations or delusions, and symptoms of a mood disorder, such as mania and depression.

Symptoms

Symptoms of schizoaffective disorder can be severe and needs to be closely monitored. Depending on the mood disorder diagnosed, depression or bipolar disorder, people will experience different symptoms.

Causes

The exact cause of schizoaffective disorder is unknown. A combination of causes may contribute to the development of schizoaffective disorder such as genetics, brain chemistry and structure, stressful events and use of psychoactive drugs such as LSD.

Treatment

Schizoaffective disorder is treated and managed in several ways:

- Medications
- Psychotherapy
- Self-managed strategies and education

What is your attitude about this disorder?

What are the facts about this disorder?

How can you be supportive of people with this disorder?

Related Conditions

Anosognosia (ano·sog·no·sia)

Anosognosia is when someone is unaware of their own mental health condition or they cannot recognize their condition accurately. Anosognosia is a common symptom of certain mental illnesses. The brain's frontal lobe can be damaged by schizophrenia and bipolar as well as diseases like dementia. When the frontal lobe is not fully functional, a person may lose or partially lose the ability to update his or her self-image. Without an update, we are stuck with our old self-image from before the illness started. Since our perceptions feel accurate, we conclude that our loved ones are lying or making a mistake.

Lack of insight typically causes a person to avoid treatment and the most common reason for people to stop taking their medications.

Dual Diagnosis / Substance Abuse

Dual diagnosis is a term for when someone experiences a mental illness and a substance abuse problem simultaneously. Either substance abuse or mental illness can develop first. A person experiencing a mental health condition may turn to drugs and alcohol as a form of self-medication to improve the troubling mental health symptoms they experience. This is counterproductive though, -a research shows drugs and alcohol only make the symptoms of mental health conditions worse.

Substance abuse can also lead to mental health problems because of the effects drugs have on a person's moods, thoughts, brain chemistry and behavior.

Psychosis

Psychosis is characterized as disruptions to a person's thoughts and perceptions that make it difficult for them to recognize what is real and what is not. These disruptions are often experienced as seeing, hearing, and believing things that are not real or having strange, persistent thoughts, behaviors and emotions. While everyone's experience is different, most people say psychosis is frightening and confusing.

Psychosis is a symptom, not an illness, and is more common that you may think. In the U.S., approximately 100,000 young people experience psychosis each year. As many as three in 100 people will have an episode at some point in their lives.

Risk of Suicide

The majority of people who experience a mental illness do not commit suicide. However, of those who die from suicide, more than 90 percent had a diagnosable mental disorder. For more on suicide, see lesson 5.

Self-harm

Self-harm or self-injury means hurting yourself on purpose. Hurting yourself, or thinking about hurting yourself is a sign of emotional distress. Self-harm is not a mental illness, but a behavior that indicates a lack of coping skills. Several illnesses are associated with it, including borderline personality disorder, depression, eating disorders, anxiety or post-traumatic stress disorder.

Self-harm is not the same as attempting suicide. However, it is a symptom of emotional pain that should be taken seriously. If someone is hurting themselves, they may be at an increased risk of feeling suicidal. It is important to find treatment for the underlying emotions.

Sleep Disorders

Many people experience problems sleeping including not getting enough sleep, not feeling rested and not sleeping well. This problem can lead to difficulties functioning during the daytime and have unpleasant effects on work, social and family life.

One of the major sleep disorders that people face is insomnia. Insomnia is an inability to get the amount of sleep needed to function efficiently during the daytime. Over one-third of Americans report difficulty sleeping. Insomnia is rarely an isolated medical or mental illness, but rather a symptom of another illness or a result of a person's lifestyle or work schedule.

Dementia

The DSHS Dementia Capable Caregiving course covers dementia caregiving in detail. Know that persons suffering from mental conditions covered in this lesson generally have an earlier onset of dementia than those without mental illness. Hence, as a person with mental illness ages, they may exhibit early dementia characteristics before diagnosed with dementia and may exhibit behavioral and mood symptoms as well.

Lesson Summary

- Mental disorders are biologically based brain disorders that can greatly interfere with a person's thinking, feelings, mood, ability to relate to others, and capacity to cope with the demands of life.
- It is not a caregiver's job to diagnose a person with a mental disorder. To diagnose a mental disorder, the person has to discuss his or her symptoms with a licensed clinician.
- It is your job to be aware of mental health conditions so you can understand individuals and make better decisions regarding their care.
- Occasional anxiety is a normal part of life. Anxiety disorder is feelings of worry and fear of a real or perceived threat that does not go away and can get worse over time. Anxiety can interfere with functions of normal daily life and affect relationships.
- Bipolar disorder is a chronic and generally a life-long condition with recurring episodes of mania and depression that can last from days to months.
- Borderline personality disorder (BPD) is a serious mental disorder marked by problems regulating emotions and thoughts, moods, impulsive and reckless behaviors, and unstable relationships. This difficulty leads to severe mood swings, impulsivity and instability, poor self-image and inability to maintain strong personal relationships.
- Depression is not the same as a passing sad mood. It involves serious symptoms that last for at least several weeks and make it difficult to function normally.
- Obsessive-compulsive disorder (OCD) is characterized by repetitive, unwanted, intrusive thoughts (obsessions) and irrational, excessive urges to do certain actions (compulsions). Although people with OCD may know that their thoughts and behavior do not make sense, they are often unable to stop them.
- Post-traumatic stress disorder (PTSD) is a disorder that develops in some people who experience a shocking, scary, or dangerous event.
- Schizophrenia is a serious mental disorder that interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others.

Checkpoint

Read the definition provided. Choose one disorder from the list below that best fits each definition. Write the letter on the line provided. Each disorder will be used once.

Anxiety Disorder _____	**A** A brain disorder that causes unusual shifts in a person's mood, energy, and ability to function. A chronic and generally life-long condition with recurring episodes of mania and depression that can last from days to months.
Bipolar Disorder _____	**B** A disorder that develops in some people who have experienced a shocking, scary, or dangerous event. People with this disorder may feel stressed or frightened even when they are no longer in danger.
Borderline Personality Disorder (BPD) _____	**C** A serious mental disorder marked by problems regulating emotions and thoughts, moods, impulsive and reckless behaviors, and unstable relationships. This difficulty leads to severe mood swings, impulsivity and instability, poor self-image and stormy personal relationships.
Obsessive-compulsive Disorder (OCD) _____	**D** A serious mental disorder that interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others. It is a complex, long-term medical condition, affecting about one percent of Americans. Although this disorder can occur at any age, the average age of onset tends to be in the late teens to the early 20s for men, and the late 20s to early 30s for women.
Posttraumatic Stress Disorder (PTSD) _____	**E** Characterized by repetitive, unwanted, intrusive thoughts and irrational, excessive urges to do certain actions. Although people with this disorder may know that their thoughts and behavior do not make sense, they are often unable to stop them.
Schizophrenia _____	**F** Feeling of worry and fear of a real or perceived threat that does not go away and can get worse over time.

Module 2: Caregiving for Individuals with Mental Disorders

Lesson 2: Compassionate and Trauma-Informed Care

The caregiver will recognize that culture; generation, religion/spirituality and past trauma experiences can affect current thinking, behaviors and actions and will identify strategies to provide informed care and support resilience.

Lesson 3: Supports for Wellness

The caregiver will identify possible medication side effects, ways to respond to side effects and recognize individualized non-drug therapies to minimize or alleviate symptoms of mental illness.

Lesson 4: Getting Help and Self-Care

The caregiver will recognize the importance of caregiver wellness and identify strategies to prevent secondary trauma and burnout.

Lesson 2
Compassionate and Trauma-Informed Care

Objective:

The caregiver will recognize that culture; generation, religion/spirituality and past trauma experiences can affect current thinking, behaviors and actions and will identify strategies to provide informed care and support resilience.

Overview

Many experiences can shape thinking and behaviors around mental health care. Attitudes may differ based on age, gender, disability, education level, religion/spirituality, stigma, past experiences with mental health care and past traumas. The experiences we have growing up, the perceptions we learn from media, our families, our peers – all contribute to our thinking. These factors may also shape the thinking of the individuals you care for, their friends, family and others involved in their care.

Attitudes about mental health conditions often come from underlying stigma, which can cause individuals with a mental disorder to deny symptoms; delay treatment; exclusion from employment, housing, or relationships; and interfere with management of the condition.

Take a few minutes and consider the things that you would like others to know about you. Here are some topics to get you started.

Surface level:
Age, gender, physical features, food preferences, clothing…

Below the surface:
Spirituality, thoughts on aging, sense of self, rules for social interaction, decision-making, perceptions on mental disorders, perceptions on disability, perceptions of roles related to age, gender, class…

How do you respond when others have different thoughts, views and perceptions than you?

How do you feel when others assume you have similar beliefs based on your gender, age, physical features, etc?

Culture and Ethnicity

Culture and ethnicity play critical roles in our understanding of mental health and mental disorders. All people have the right to be understood, have their culture valued and respected and be treated with dignity.

- Culture is a common heritage or set of beliefs, norms and values.
- Ethnicity is a common heritage shared by a particular group.
- Heritage is a similar history, language, rituals and preferences for music and foods.

Understanding the wide-ranging roles of culture and society enables caregivers and providers to offer culturally appropriate care that is responsive to the needs of the person.

The challenge for caregivers is to understand the person with a mental disorder's perspective. This requires that caregivers:

- Develop an open style of communication.
- Be receptive to learning from people whose background may be different from yours.
- Demonstrate a willingness to learn and consider new ideas that may or may not be familiar parts of an individual's background.

One of the challenges when getting to know more about a person's cultural characteristics is the possibility of creating or reinforcing stereotypes. A stereotype is an oversimplified opinion, prejudiced attitude or critical judgment. Cultural characteristics of a given group may invite stereotyping of individuals based on their appearance or affiliation. These characteristics should not be used to reinforce stereotypes.

What is seen on the surface of an individual does not make up the whole person. To provide culturally appropriate care, you need to get to know the whole person.

Impact of Culture on the Care of Individuals with Mental Disorders

A person's culture can influence mental health and the treatment of mental disorders. Many people from different backgrounds see mental disorders as shameful and delay treatment until symptoms reach crisis proportions.

Culture may affect how people with mental disorders:

- **Describe or present symptoms**

  One way in which culture affects mental disorders is in how the person describes or presents his or her symptoms.

  People in different cultures tend to selectively express or present symptoms in culturally acceptable ways. Some people may describe physical distress (headaches, stomach ache) yet are reluctant to talk about their emotional distress (depression, sadness, anxiety).

  This may be because in some cultures it is "ok" to talk about physical illness but mental distress or a mental disorder is viewed as bad.

- **Give meaning, defines, or makes sense of a mental disorder**

  Culture may also affect the way a person makes sense of his or her condition and of his or her distress.

  Mental disorders are often viewed as conditions that reflect poorly on family or as condition brought on by a bad deed committed by the individual.

  Deep-seated attitudes and beliefs about mental disorders may affect whether the disorder is viewed as "real" or "imagined."

- **Cope with a mental disorder**

  Culture will also affect how people cope with everyday problems and more extreme types of adversity like a mental disorder.

  Depending on their culture, some people may attempt to manage symptoms of mental disorders on their own, some will rely more on spirituality to help and others rely on strong family support to help in coping with and managing with their mental disorder.

- **Seek treatment**

  Culture may influence the pathway to treatment. Research indicates that individuals from some cultures are more likely to delay seeking treatment until symptoms are more severe. In addition, it is well documented that racial and ethnic minorities in the United States are less likely to seek mental health treatment.

Mistrust is one of the main reasons racial and ethnic minorities might not seek help.

Mistrust of treatment is often rooted in a sense of historical persecution and from present-day struggles with racism and discrimination. It also rises from documented abuses and perceived mistreatment in the present as well as the past.

When seeking treatment, culture may influence where treatment is received. Culture may influence whether a person turns to informal sources of care such as clergy, traditional healers, family and friends. Some cultures do not support or buy into Westernized medicine and may seek help or remedies in different ways.

For example, American Indians and Alaska Natives often rely on traditional healers, who frequently work with formal providers in tribal mental health programs. Some African Americans communities often rely on ministers, who may play various mental health roles within the spiritual context.

58 year-old Burma Zambrano has many symptoms of depression. She denies having a mental disorder. It is her belief that mental disorders are actually something evil that are trying to harm or destroy her. She seeks help from reading her bible and attending church. **How might you support Burma?**

Trauma-Informed Care

Trauma

Many people experience trauma during their lifetimes. Although many people exposed to trauma demonstrate few or no lingering symptoms, those who have experienced repeated, chronic, significant or multiple traumas are more likely to exhibit pronounced symptoms and consequences, including substance use disorder, mental disorders, and health conditions. Subsequently, trauma can significantly affect how an individual engages in major life areas as well as treatment.

Trauma refers to experiences that cause intense physical and psychological stress reactions. It can refer to "a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual wellbeing" (SAMHSA, 2012, p. 2). Although many individuals report a single specific traumatic event, others, especially those seeking mental disorder or substance abuse services, have been exposed to multiple or chronic traumatic events.

Trauma survivor is anyone who has experienced trauma or has had a traumatic stress reaction. Knowing that the use of language and words can set the tone for recovery or contribute to further re-traumatization, avoid the term "victim" and instead use the term "survivor" when appropriate.

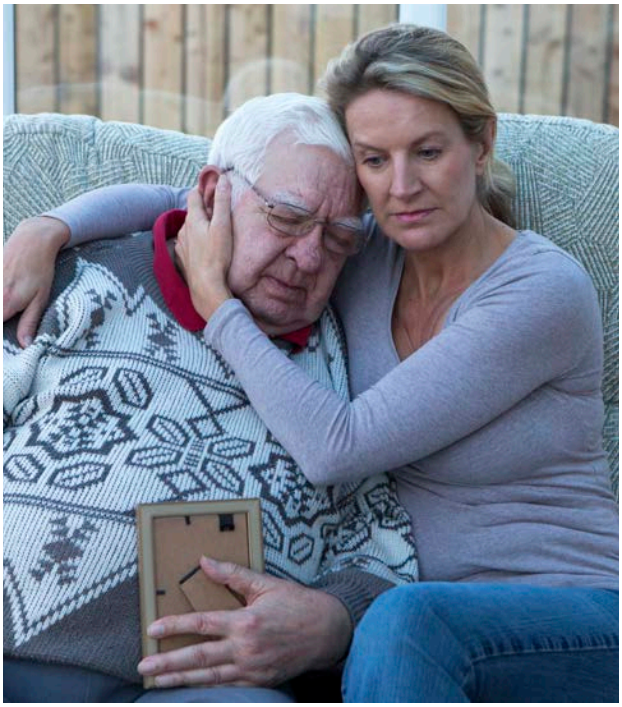
Traumas can affect individuals, families, groups, communities, specific cultures, and generations. It generally overwhelms an individual's or community's resources to cope, and it often ignites the "fight, flight, or freeze" reaction at the time of the event(s). Trauma frequently produces a sense of fear, vulnerability, and helplessness.

Often, traumatic events are unexpected. Individuals may experience the traumatic event directly, witness an event, feel threatened, or hear about an event that affects someone they know. Events may be human made, such as an explosion, crash, war, terrorism, sexual abuse, or violence, or naturally occurring (e.g., flooding, hurricanes, and tornadoes). Trauma can occur at any age or developmental stage, and often, events that occur outside expected life stages are perceived as traumatic (e.g., a child dying before a parent, cancer as a teen, personal illness, job loss before retirement).

Trauma may also present itself from cultural experiences and historical traumas even if the individual did not experience the trauma directly. For example, Native and African Americans experience historical trauma that plays out daily due to the treatment of their people; even if the person is younger and may have had no direct experience with such negative treatment.

People may experience and interpret the same event or series of events in vastly different ways. For most, regardless of the severity of the trauma, the immediate or enduring effects of trauma are met with resilience—the ability to rise above the circumstances or to meet the challenges with fortitude.

For some people, reactions to a traumatic event are temporary, whereas others have prolonged reactions that move from acute symptoms to more severe, prolonged, or enduring mental health conditions (e.g., post-traumatic stress and other anxiety disorders, substance use disorder and mood disorders) and medical conditions (e.g., headaches, chronic pain). Others do not meet established criteria for post-traumatic stress or other mental disorders but encounter significant trauma- related symptoms or culturally expressed symptoms of trauma (e.g., somatization, in which psychological stress is expressed through physical concerns). For that reason, even if an individual does not meet diagnostic criteria for trauma-related disorders, it is important to recognize that trauma may still affect his or her life in significant ways.



Trauma and Mental Disorders

People who are receiving treatment for severe mental disorders are more likely to have histories of trauma, including childhood physical and/or sexual abuse, serious accidents, homelessness, involuntary psychiatric hospitalizations, drug overdoses, interpersonal violence, and other forms of violence. Many individuals with severe mental disorders meet criteria for PTSD; others with serious mental conditions who have histories of trauma present with psychological symptoms or mental disorders including anxiety symptoms and disorders, mood disorders, impulse control disorders, and substance use disorders.

Mental health conditions increases the risk of experiencing trauma, and trauma increases the risk of developing psychological symptoms and mental disorders.

Although not every person you care for will have a history of trauma, people who have substance use disorders and mental disorders are more likely to have experienced trauma. Being trauma aware does not mean that you must assume everyone has a history of trauma, but rather that you anticipate the possibility from your initial contact and interactions, intake processes, and screening and assessment procedures.

Once you become aware of the significance of traumatic experiences in the lives of those you care for – you can shift from defining clients strictly from a diagnostic label, implying that something is wrong with them to one of resilience – a mindset that views clients' presenting difficulties, behaviors, and emotions as responses to surviving trauma. In essence, you will come to view traumatic stress reactions as normal reactions to abnormal situations. In embracing the belief that trauma-related reactions are adaptive, you can begin relationships with clients from a hopeful, strengths-based stance that builds upon the belief that their responses to traumatic experiences reflect creativity, self-preservation, and determination.

Trauma Informed Care

Trauma-informed care (TIC) is a strengths-based approach "that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment" (Hopper, Bassuk, & Olivet, 2010, p. 82). It also involves awareness in anticipating and avoiding processes and individual practices that are likely to re-traumatize individuals who already have histories of trauma, and it upholds the importance of person- centered caregiving. Caregivers do not need to know about peoples' trauma to be trauma-informed and to offer support to the individual.

TIC identifies events that an individual has experienced and views them not as past events, but as experiences that form the core of the person's identity. TIC stresses the importance of addressing the person individually rather than applying general treatment approaches.

The six key principles of trauma-informed care are safety, trustworthiness & transparency, peer support & mutual self-help, collaboration & mutuality, empowerment, voice and choice, cultural, historical & gender issues Washington State Department of Social & Health Services Aging and Long-Term Support Administration.

TIC Principle	Description
Safety	People feel physically and psychologically safe
Trustworthiness & transparency	Decisions are made with transparency and the goal of building and maintaining trust
Peer support & mutual self-help	Key for building trust, establishing safety, and empowerment
Collaboration & mutuality	Recognition that healing happens in relationships and in the meaningful sharing of power and decision-making
Empowerment, voice & choice	Strengthen the experience of choice and recognizes that every person's experience is unique and requires an individualized approach
Cultural, historical, & gender issues	Move past cultural stereotypes and biases, offering culturally responsive services, leverages the healing value of traditional cultural connections and recognizes and addresses historical trauma

Trauma-Informed Approach

A trauma-informed approach to the delivery of behavioral health services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations.

According to the Substance Abuse and Mental Health Services Administration, a model of a trauma-informed approach:

- Realizes the impact of trauma and understands potential paths for recovery;
- Recognizes the signs and symptoms of trauma in clients, families, staff;
- Responds by fully integrating knowledge about trauma into policies, and practices; and
- Seeks to actively resist re-traumatization

Re-traumatization is the occurrence of traumatic stress reactions and symptoms after exposure to multiple events (Duckworth & Follette, 2011). This is a significant issue for trauma survivors, both because they are at increased risk for higher rates of re-traumatization, and because people who experience multiple traumas often have more serious and chronic trauma-related symptoms than those with single traumas.

Your role is to understand that some routine care tasks might be perceived as threatening to someone who has experienced trauma. Re-experiencing traumatic stress may result from a current situation that mirrors or replicates in some way the prior traumatic experiences (e.g., specific smells or other sensory input; interactions with others; responses to one's surroundings or interpersonal context, such as feeling emotionally or physically trapped).

Although some events are more obviously likely to cause distress than others, all standard practices should be evaluated for their potential to re-traumatize the individuals you care for. You cannot consistently predict what may or may not be upsetting or re-traumatizing. Therefore, it is important to maintain vigilance and an attitude of curiosity, questioning about the concerns that they express and/or present during care. Remember that certain behaviors or emotional expressions can reflect what has happened to them in the past.

This will help build mutual and collaborative relationships, help individuals identify what has worked and has not worked in their attempts to deal with the aftermath of trauma from a nonjudgmental stance, and develop intervention and coping strategies that are more likely to fit their strengths and resources. This view of trauma prevents further re-traumatization by not defining traumatic stress reactions as pathological or as symptoms of pathology.

Work with the individual to learn the cues he or she associates with past trauma:

- Obtain a good history.
- Maintain a supportive, empathetic, and collaborative relationship.
- Encourage ongoing communication with the individual about how they feel about your approach. This collaboration will help foster trust, safety and empowerment with the individual.
- Provide a clear message of availability and accessibility throughout care.

Tommie Callihan, age 83, diagnosed with post-traumatic stress disorder (PTSD) that surfaced after a long service in the military. He started experiencing outbursts of anger, survivor's guilt and extreme difficulty with opposite sex relationships and frequent overpowering flashbacks 15 years ago. Tommie tried to keep these symptoms to himself and managed them on his own. The recent move into a care setting has triggered intense flashbacks and other symptoms.

How can you support Tommie?

Are there activities or tasks that you perform in your job that might re-traumatize Tommie?

Culture and Trauma

- Some populations and cultures are more likely to experience a traumatic event or a specific type of trauma.
- Rates of traumatic stress are high across all populations and cultures that face military action and political violence.
- Culture influences not only whether certain events are perceived as traumatic, but also how an individual interprets and assigns meaning to the trauma.
- Some traumas may have greater impact on a given culture because those traumas represent something significant for that culture or disrupt cultural practices or ways of life.
- Culture determines "acceptable" responses to trauma and shapes the expression of distress. It significantly influences how people convey traumatic stress through behavior, emotions, and thinking immediately following a trauma and well after the traumatic experience has ceased.
- Traumatic stress symptoms vary according to the type of trauma within the culture.
- Culture affects what qualifies as a legitimate health concern and which symptoms warrant help.
- In addition to shaping beliefs about acceptable forms of help-seeking behavior and healing practices, culture can provide a source of strength, unique coping strategies, and specific resources.

Resilience

Resilience is the ability to bounce back or rise above adversity as an individual, family, community, or provider. Well beyond individual characteristics of hardiness, resilience includes the process of using available resources to negotiate hardship and/or the consequences of adverse events. Resilience applies to processes of individuals across the life span.

Promote resilience by encouraging individual strengths. This is a key step in prevention when working with people who have been exposed to trauma. It is also an essential intervention strategy—one that builds on the individual's existing resources and views him or her as a resourceful, resilient survivor.

Knowing an individual' strengths' can help you understand, redefine, and reframe the individual's problems and challenges. You can shift the focus from "What is wrong with you?" to "What has worked for you?" It moves attention away from trauma-related problems and toward a perspective that honors and uses adaptive behaviors and strengths to move individuals along in recovery.

Lesson Summary

Key Points:

- Attitudes about mental disorders often come from underlying stigma, which can cause individuals with a mental disorder to deny symptoms; delay treatment; exclusion from employment, housing, or relationships; and interfere with management of the condition.
- Understanding the wide-ranging roles of culture and society enables caregivers and providers to offer culturally appropriate care that is responsive to the needs of the person.
- A person's culture can influence mental health and the treatment of mental disorders. Many people from different backgrounds see mental disorders as shameful and delay treatment until symptoms reach crisis proportions.
- Many people experience trauma during their lifetimes. Although many people exposed to trauma demonstrate few or no lingering symptoms, those who have experienced repeated, chronic, significant or multiple traumas are more likely to exhibit pronounced symptoms and consequences, including substance use disorder, mental disorders, and health conditions.
- People who are receiving treatment for severe mental disorders are more likely to have histories of trauma, including childhood physical and/or sexual abuse, serious accidents, homelessness, involuntary psychiatric hospitalizations, drug overdoses, interpersonal violence, and other forms of violence.
- Mental health conditions increases the risk of experiencing trauma, and trauma increases the risk of developing psychological symptoms and mental disorders.
- Your role is to understand that some routine care tasks might be perceived as threatening to someone who has experienced trauma. Re-experiencing traumatic stress may result from a current situation that mirrors or replicates in some way the prior traumatic experiences (e.g., specific smells or other sensory input; interactions with others; responses to one's surroundings or interpersonal context, such as feeling emotionally or physically trapped).
- Promote resilience by encouraging individual strengths. This is a key step in prevention when working with people who have been exposed to trauma. It is also an essential intervention strategy—one that builds on the individual's existing resources and views him or her as a resourceful, resilient survivor.

Checkpoint

Read each scenario below and answer the question that corresponds to the scenario.

Name: Tammy Marland
Age: 85
Disorder: Generalized anxiety disorder
Scenario: Ms. Marland has had anxiety most of her life. Recently with the loss of her husband, the anxiety has gotten worse and she worries about dying herself. She has become fearful of leaving her room and will often have difficulty breathing, is extremely tired and she spends a large amount of time worried about having anxiety.

What are some strategies that you can use to support Tammy Marland?

Name: Stefan Ocheltree
Age: 76
Disorder: Obsessive-Compulsive Disorder (OCD)
Scenario: Mr. Ocheltree has a family history of OCD and experienced trauma when his mother died by suicide in his teen years. In Stefan's culture, suicide is forbidden and he has developed obsessive thoughts about suicide. Stefan repeats many tasks in his day, including washing his hands frequently and checks locks and windows repeatedly before going to sleep at night.

What are some strategies that you can use to support Stefan Ocheltree?

Name: Janeth Mcfarren
Age: 70
Disorder: Bipolar
Scenario: Ms. Mcfarren has had symptoms of depression since her twenties. She was prescribed antidepressants but was fearful of the stigma of being depressed, so she did not take the medications. She felt isolated and turned to self-medicating with marijuana without consulting her doctor. Her behavior became erratic and she convinced herself that her family was all imposters. She was later diagnosed with bipolar but often feels shame and like a failure for having a mental disorder.

What are some strategies that you can use to support Janeth Mcfarren?

Lesson 3: Supports for Wellness

Objective:

The caregiver will identify possible medication side effects, ways to respond to side effects and recognize individualized non-drug therapies to alleviate symptoms of mental illness.

Overview

Providing care for individuals with various mental disorders can be challenging as well as rewarding. There are many supports listed within this lesson and many more that you may learn from your peers, managers, families of the individuals you care for and even the individuals themselves.

The goal is to provide the best possible holistic care. This means caring for the whole person, taking into account mental and social factors rather than just the physical symptoms of the condition. This may include getting to know the individual as a person and learning about what works for this specific person, getting to know what the person's "normal" is and what it looks like for the individual to be doing well. This may also include being aware of medications and side effects when on and off medication and non-drug therapies that might enhance the individual's quality of life.

You are a new caregiver and you focus on completing a list of tasks and forget to acknowledge the individuals you care for. Your mind is focused on the tasks and not the person as an individual.

Discuss how this might make you feel. How do you think it would make the person you care for feel?

Baseline or is this "Recovery?"

Baseline is the time when a person with a mental disorder is managing his or her symptoms and functioning at his or her own highest level. Your goal is to help the individual get to their baseline and to stay there.

You can help by:

- Encouraging the person to continue treatment and take his or her medications.
- Helping the person set realistic goals. Encourage the person to take small steps towards the goal.
- Creating an atmosphere of support.
- Empowering the person by encouraging and assisting with problem-solving techniques to help cope with obstacles as they arise.
- Being respectful, supportive and kind. Tell the person what they are doing well. This is the best way to help the individual to move forward.
- Encouraging the person to identify what causes stress and help the person find ways to reduce it.

What Mental Health Looks Like

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and through adulthood. People with mental health condition can work towards and achieve positive mental health. Just like "baseline," each person's level of mental health varies depending on many factors.

Mental health falls on a continuum. Wellness is not necessarily the absence of disease, illness, or stress but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness.

The Eight Dimensions of Wellness

Learning about the Eight Dimensions of Wellness can help you choose how to make wellness a part of everyday life. Wellness strategies are practical ways to start developing healthy habits that can have a positive impact on physical and mental health.

The Eight Dimensions of Wellness are:

1. **Emotional** – Coping effectively with life and creating satisfying relationships.
2. **Environmental** – Pleasant, stimulating environments that support well-being.
3. **Financial** – Satisfaction with current and future financial situations.
4. **Intellectual** – Recognizing creative abilities and finding ways to expand knowledge and skills.
5. **Occupational** – Personal satisfaction and enrichment from one's work.
6. **Physical** – Recognizing and taking action on the need for physical activity, healthy foods, and sleep.
7. **Social** – Developing a sense of connection, belonging, and a well-developed support system.
8. **Spiritual** – Expanding a sense of purpose and meaning in life.

Positive Mental Health

Positive mental health allows people to:

- Realize their full potential
- Cope with the stresses of life
- Work productively
- Make meaningful contributions to their communities

Ways to maintain positive mental health include:

- Seeking professional help if you need it
- Connecting with others
- Staying positive
- Being physically active
- Helping others
- Getting enough sleep
- Developing and using coping skills

Person-Centered Planning

In the mental health community, a history of discrimination and disempowerment led many to seek a way for individuals to reclaim their identity and their role in their own therapeutic process. Person-Centered Planning is placing the person at the center and above all other aspects of the treatment process; we consider this the best way to provide care.

It is important that people are seen first as people and not as their condition. People are not Schizophrenic, Bipolar, or Borderline. People are not cases or conditions to be managed. When people are seen only as their condition, it often becomes too easy to focus on just reducing symptoms of psychosis. The problem with an condition-centered approach is health is more holistic than the absence of the hearing voices or other symptoms. Recovery involves increasing a person's ability to make the changes they want in their life - the power to heal, to identify goals, to develop the ability to accomplish goals and provide the supports needed to attain goals. It means focusing on the person's strengths and the choices they want for their lives - not just their symptoms.

It is important to assess the way we use language and how the use of language reinforces negative biases or promotes empowerment and strengths. It is helpful to remember that people often identify by roles where they find meaning. Strengths-based roles help us to feel better and promote recovery: "I am a father, a sister, an electrician, a friend." Negative language reinforces discrimination and isolation in society. Labeling someone as a schizophrenic, crazy or wacko is hurtful and detrimental to recovery or management.

In the mental health field, people may self-identify as clients, consumers, peers, survivors, person in recovery. When taking a person-centered approach, identify people by the language or title they feel most comfortable with. When in doubt, call someone by name and ask how you should address him or her in the future.

When planning and providing care, use a holistic approach with an attitude of respect for the individual and his or her unique experiences and needs.

Medication, Treatments and Therapies

In caring for individuals with mental disorders, there are many conventional medicines as well as alternative non-drug therapies available. The information provided within this section is meant to inform you of the multitude of options for treatment and it is not important for you to memorize medication names. Your main job as a caregiver is to be aware of any side effects for each individual and take appropriate action.

Conventional Medicine

Conventional medications can be used in treating several mental disorders and conditions. Information about medications change frequently. For up to date information on the latest warnings, medication guides, or newly approved medications, visit the U.S. Food and Drug Administration (FDA) website.

Medications used for mental disorders do not cure mental disorders, but can help the person function better or reach their baseline. The extent to which medication helps can range from little relief of symptoms to complete relief, depending on the person and the disorder and may be influenced by:

- Age
- Sex
- Body size
- Body chemistry
- Physical conditions
- Diet
- Substance use

The length of time a person has to take a medication will also depend on the individual and the disorder.

The following are basic rules to follow whenever a medication is prescribed:

- Only a licensed medical or mental health practitioner can determine and prescribe what medication to use, how often, and in what dosage.
- Give medications exactly as prescribed.
- Never stop giving a medication, or reduce the dosage of a medication without permission from the doctor. There can be side effects and drastic changes in the person's abilities because of changes.
- Always be aware of each medication's side effects. The person taking the medication may have an adverse reaction. Adverse reactions are unfavorable, harmful or undesired results.
- Report any problems with medications to the licensed health care practitioner/prescriber.

Antidepressant Medication

Antidepressants are medications commonly used to treat depression. Antidepressants are also used for other health conditions, such as anxiety, pain and insomnia. Antidepressants are FDA-approved for the treatment of PTSD, panic attacks and generalized anxiety disorder. Although antidepressants are not FDA-approved specifically to treat ADHD, antidepressants are sometimes used to treat ADHD in adults.

The most popular types of antidepressants are selective serotonin uptake inhibitors (SSRIs). Examples include:

- Fluoxetine
- Citalopram
- Sertraline
- Paroxetine
- Escitalopram

Other types of antidepressants are serotonin and norepinephrine reuptake inhibitors (SNRIs). SNRIs are similar to SSRIs and include venlafaxine, mirtazapine and duloxetine.

Another antidepressant that is commonly used is bupropion. Bupropion is a third type of antidepressant which works differently than either SSRIs or SNRIs. Bupropion is also used to treat seasonal affective disorder and to help people stop smoking.

SSRIs, SNRIs and bupropion are popular because they do not cause as many side effects as older classes of antidepressants and seem to help broader group of depressive and anxiety disorders. Older antidepressant medications include tricyclics (Nortipytline), tetracyclics (Trazodone) and monoamine oxidase inhibitors (MAOIs) and are the best choice for some people.

How do people respond to antidepressants?

According to the National Institute of Mental Health, all antidepressant medications work about as well to improve symptoms of depression and to keep depression symptoms from coming back. For reasons not yet well understood, some people will respond better to some antidepressant medications than to others.

Therefore, it is important to know that some people may not feel better with the first medicine they try and may need to try several medicines to find the one that works for them. Others may find that a medicine helped for a while, but their symptoms came back.

Once a person begins taking antidepressants, it is important to not stop taking them without the help of a doctor. Sometimes people taking antidepressants feel better and stop taking the medication too soon, and the depression returns. When it is time to stop the medication, the doctor will help the person slowly and safely decrease the dose. It is important to give the body time to adjust to the change. People do not become addicted (or "hooked") on these medications, but stopping them abruptly may cause withdrawal symptoms.

What are the possible side effects of antidepressants?

Antidepressants can cause a varying degree of side effects. You may need to try several different antidepressant medications before finding the one that improves your symptoms and that causes side effects that you can manage.

Side effects are generally more bothersome when first starting a medication or having an increase in dosage during the first few days.

Below are some common side effects of antidepressants, according to the FDA. Antidepressants may cause other side effects not included in this list.

- Nausea and vomiting
- Weight gain
- Diarrhea
- Sleepiness
- Sexual problems

The following symptoms require doctors' attention, especially if they are new, worsening, or worrisome:

- Thoughts about suicide or dying
- Attempts at suicide
- New or worsening depression
- New or worsening anxiety
- Feeling very agitated or restless
- Panic attacks
- Trouble sleeping (insomnia)
- New or worsening irritability
- Acting aggressively, being angry, or violent
- Acting on dangerous impulses
- An extreme increase in activity and talking (mania)
- Other unusual changes in behavior or mood

Combining antidepressants with a "triptan" type medication used to treat migraine headaches could cause a life-threatening illness called "serotonin syndrome." A person with serotonin syndrome may be agitated, experience hallucinations (see or hear things that are not real), have a high temperature, or unusual blood pressure changes. Serotonin syndrome is usually associated with the older antidepressants called MAOIs, but it can happen with the newer antidepressants as well, if mixed with the wrong medications. Serotonin syndrome is a medical emergency requiring immediate action. Call 911 if you suspect someone is experiencing serotonin syndrome.

Antipsychotic Medication

Antipsychotic medicines (also called psychotropic medications) are primarily used to manage psychosis, but are also used to stabilize mood in bipolar disorder. "Psychosis" describes conditions that affect the mind, and in which there is some loss of contact with reality, often including delusions (false, fixed beliefs) or hallucinations (hearing or seeing things that are not there). It can be a symptom of a physical condition such as substance use disorder or a mental disorder such as schizophrenia, bipolar disorder, or very severe depression (psychotic depression).

Antipsychotic medications are often used in combination with other medications to treat delirium, dementia, and mental disorders, including:

- Attention-Deficit Hyperactivity Disorder (ADHD)
- Bipolar Disorder
- Schizophrenia
- Severe Depression
- Eating Disorders
- Post-traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)
- Generalized Anxiety Disorder

Antipsychotic medicines do not cure these conditions, instead they can help relieve symptoms and improve quality of life.

Older or first-generation antipsychotic medications are also called conventional, typical antipsychotics or neuroleptics. Some of the common typical antipsychotics include:

- Chlorpromazine (Thorazine)
- Haloperidol (Haldol)
- Perphenazine
- Fluphenazine (Prolixin)

Newer or second-generation medications are also called atypical antipsychotics. Some of the common atypical antipsychotics include:

- Risperidone (Risperdal)
- Olanzapine (Zyprexa)
- Quetiapine (Seroquel)
- Ziprasidone (Geodon)
- Aripiprazole (Abilify)
- Paliperidone (Invega)
- Lurasidone (Latuda)

According to a 2013 research review by the Agency for Healthcare Research and Quality, typical and atypical antipsychotics both work to treat symptoms of schizophrenia and the manic phase of bipolar disorder.

Several atypical antipsychotics have a broader spectrum of action than the older medications, and are used for treating bipolar depression or depression that has not responded to an antidepressant medication alone.

To find additional antipsychotics and other medications used to manage psychoses and current warnings and advisories, visit the FDA website.

How do people respond to antipsychotics?

Certain symptoms, such as feeling agitated and hallucinating go away or reduce in severity within days of starting an antipsychotic medication. Symptoms like delusions usually reduce within a few weeks, but the full effects of the medication could take up to six weeks. Every patient responds differently, so it may take several trials of different antipsychotic medications to find the one that works best. Some people respond better to antipsychotic medication treatment than others. Even when taking medications regularly, some people will continue to have symptoms, though the severity of symptoms may lessen.

Some people may have a relapse—meaning their symptoms come back or worsen. Usually relapses happen when people stop taking their medication, or when they only take it sometimes. Psychiatric symptoms can worsen even if they are taking their medications as prescribed. Some people stop taking medication because they feel better or they feel that they do not need it anymore, but no one should stop taking an antipsychotic medication without talking to his or her doctor. When a doctor gives approval to stop taking an antipsychotic, they should also provide information on how to gradually reduce the dosage. Use of antipsychotics should not stop abruptly. Many people must stay on an antipsychotic continuously for months or years in order to stay well; each individual needs personalized treatment.

What are the possible side effects of antipsychotics?

Antipsychotics have many side effects (or adverse events) and risks. The FDA lists the following side effects of antipsychotic medicines:

- Drowsiness
- Dizziness
- Restlessness
- Weight gain (the risk is higher with some atypical antipsychotic medicines)
- Dry mouth
- Constipation
- Nausea
- Vomiting
- Blurred vision
- Low blood pressure
- Uncontrollable movements, such as tics and tremors (the risk is higher with typical antipsychotic medicines)
- Seizures
- Lower white blood cell counts, which could lead to infections

A person taking an atypical antipsychotic medication should have his or her weight, glucose levels, and lipid levels monitored regularly by a doctor.

Typical antipsychotic medications and atypical antipsychotics can also cause additional side effects related to physical movement, such as:

- Muscle rigidity
- Persistent muscle spasms
- Tremors
- Restlessness

These symptoms are also referred to as extra-pyramidal symptoms (EPS). Generally, reducing or stopping an antipsychotic will reduce the severity of the side effects. If someone suffers from EPS, cutting back the antipsychotic will reduce the severity of these muscle symptoms.

However, cutting back the antipsychotic often results in worsening psychotic symptoms. There are anti-EPS medications such as

- Benztropine (Cogentin)
- Amantadine (Symmetrel)
- Trihexyphenidy (Artane)

These medications reduce the severity of EPS but have their own side effect risks such as

- Dry mouth
- Dizziness when standing
- Blurry vision
- Constipation

Long-term use of typical antipsychotic medications may lead to a condition called tardive dyskinesia (TD). TD causes muscle movements, commonly around the mouth, that a person cannot control. TD can range from mild to severe, and in some people, the condition is not reversible. Sometimes people with TD recover partially or fully when they stop taking typical antipsychotic medication. People who think that they might have TD should check with their doctor before stopping their medication. TD rarely occurs while taking atypical antipsychotics.

Antipsychotics may cause other side effects that are not included in this list above.

Mood Stabilizers

Mood stabilizers primarily treat bipolar disorder, mood swings associated with other mental disorders, and in some cases augment the effect of other medications used to treat depression. Lithium, an effective mood stabilizer, is approved for the treatment of mania and the maintenance treatment of bipolar disorder. A number of cohort studies describe suicide prevention benefits of lithium for individuals on long-term maintenance. Mood stabilizers work by decreasing abnormal activity in the brain.

These medications can treat:

- Depression (usually along with an antidepressant)
- Schizoaffective Disorder
- Disorders of impulse control
- Certain mental health conditions in children

Anticonvulsant medications originally a seizure treatment, can serve as mood stabilizers. One anticonvulsant commonly used as a mood stabilizer is valproic acid (also called divalproex sodium). For some people, especially those with "mixed" symptoms of mania and depression or those with rapid-cycling bipolar disorder, valproic acid may work better than lithium. Other anticonvulsants used as mood stabilizers include:

- Carbamazepine (Tegretol)
- Valproic acid (Depakote)
- Lamotrigine (Lamictal)
- Oxcarbazepine (Trileptal)

What are the possible side effects of mood stabilizers?

Mood stabilizers can cause several side effects, and some of them may become serious, especially at excessively high blood levels. Side effects include:

- Itching, rash
- Excessive thirst
- Frequent urination
- Hand tremor (shakiness)
- Weight gain
- Hair loss
- Nausea and vomiting
- Slurred speech
- Fast, slow, irregular, or pounding heartbeat
- Blackouts
- Changes in vision
- Seizures
- Hallucinations
- Loss of coordination
- Swelling of the eyes, face, lips, tongue, throat, hands, feet, ankles, or lower legs.

If a person with bipolar disorder is taking lithium as treatment, he or she should visit the doctor regularly to check the lithium levels his or her blood, and make sure the kidneys and the thyroid are working normally.

Lithium is eliminated from the body through the kidney, so the dose may need to be lowered in older people with reduced kidney function. Also, loss of water from the body, such as through sweating or diarrhea, can cause the lithium level to rise, requiring a temporary lowering of the daily dose. Although kidney functions are checked periodically during lithium treatment, actual damage of the kidney is uncommon in people whose blood levels of lithium have stayed within the therapeutic range.

Mood stabilizers may cause other side effects that are not included in this list.

Some possible side effects linked anticonvulsants (such as valproic acid) include:

- Drowsiness
- Dizziness
- Headache
- Diarrhea
- Constipation
- Changes in appetite
- Weight changes
- Back pain
- Agitation
- Mood swings
- Abnormal thinking
- Uncontrollable shaking of a part of the body
- Loss of coordination
- Uncontrollable movements of the eyes
- Blurred or double vision
- Ringing in the ears
- Hair loss

These medications may also:

- Cause damage to the liver or pancreas, so people taking it should see their doctors regularly
- Increase testosterone (a male hormone) levels in teenage girls and lead to a condition called polycystic ovarian syndrome (a disease that can affect fertility and cause an irregular menstrual cycle)
- Have adverse reactions with medications for common adult health problems, such as diabetes, high blood pressure, anxiety, and depression. A doctor can offer other medication options to manage adverse reactions.

Anti-Anxiety Medication

Anti-anxiety medications help reduce the symptoms of anxiety, such as panic attacks and extreme fear and worry. The most common anti-anxiety medications are benzodiazepines. Benzodiazepines can treat anxiety symptoms associated with anxiety disorders, but in most cases, benzodiazepines are usually second-line treatments, behind SSRIs or other antidepressants for reasons indicated below.

Benzodiazepines used to treat anxiety disorders include:

- Clonazepam (Klonopin)
- Alprazolam (Xanax)
- Lorazepam (Ativan)

Short half-life (or short-acting) benzodiazepines (such as Lorazepam) and beta-blockers (propranolol) are used to treat the short-term symptoms of anxiety. Beta-blockers help manage physical symptoms of anxiety, such as trembling, rapid heartbeat, and sweating that people with phobias experience in difficult situations. Taking these medications for a short period can help the person keep physical symptoms under control and can be used "as needed" to reduce acute anxiety.

Buspirone (unrelated to benzodiazepines) is an SSRI like sertraline or citalopram and is sometimes used for the long-term treatment of chronic anxiety. In contrast to the benzodiazepines, buspirone must be taken every day for a few weeks to reach its full effect. It is not useful on an "as-needed" basis. A medical professional prescribing these medications will explain the proper dosage.

How do people respond to anti-anxiety medications?

Anti-anxiety medications such as benzodiazepines are effective in relieving anxiety and take effect more quickly than the antidepressant medications (or buspirone) often prescribed for anxiety. However, people's body can get used to benzodiazepines if taken over a long period of time and may no longer respond to the medication and may need higher and higher doses to get the same effect. This means that they have developed a tolerance to the medication. It is possible to become dependent on benzodiazepines. To avoid these problems, doctors usually prescribe benzodiazepines for short periods, a practice that is especially helpful for older adults, people who have substance use disorder and people who become dependent on medication easily. If people suddenly stop taking benzodiazepines, they may have withdrawal symptoms or their anxiety may return. Therefore, benzodiazepines should be tapered off slowly.

Because of the likelihood of tolerance and dependence with the use of benzodiazepines, benzodiazepines must be used with caution.

What are the possible side effects of anti-anxiety medications?

Like other medications, anti-anxiety medications may cause side effects. Some of these side effects and risks are serious. The most common side effects for benzodiazepines are drowsiness and dizziness. Other possible side effects include:

- Nausea
- Blurred vision
- Headache
- Confusion
- Tiredness
- Nightmares
- Falls

Contact a doctor if any of these symptoms are severe or do not go away:

- Drowsiness
- Dizziness
- Unsteadiness
- Problems with coordination
- Difficulty thinking or remembering
- Increased saliva
- Muscle or joint pain
- Frequent urination
- Blurred vision
- Changes in sex drive or ability

If you experience any of the symptoms below, call a doctor immediately:

- Rash
- Hives
- Swelling of the eyes, face, lips, tongue, or throat
- Difficulty breathing or swallowing
- Hoarseness
- Seizures
- Yellowing of the skin or eyes
- Depression
- Difficulty speaking
- Yellowing of the skin or eyes
- Thoughts of suicide or harming yourself
- Difficulty breathing

Stimulants

Stimulants increase alertness, attention, and energy, as well as elevate blood pressure, heart rate, and respiration (National Institute on Drug Abuse, 2014). Stimulants are with a common treatment for ADHD.

Stimulants used to treat ADHD include:

- Methylphenidate (Ritalin)
- Amphetamine
- Dextroamphetamine (Dexedrine)
- Lisdexamfetamine Dimesylate

Note: In 2002, the FDA approved the non-stimulant medication atomoxetine for use as a treatment for ADHD. Two other non-stimulant antihypertensive medications, clonidine and guanfacine, are also approved for treatment of ADHD in children and adolescents. It is common to try non-stimulant medications first in a young person with ADHD and only use a stimulant if the non-stimulant is not successful.

Stimulants are also prescribed to treat other health conditions, including narcolepsy, and occasionally depression (especially in older or chronically medically ill people and in those who have not responded to other treatments).

How do people respond to stimulants?

Prescription stimulants have a calming and "focusing" effect on individuals with ADHD. Stimulant medications are safe when given under a doctor's supervision. Some children taking them may feel slightly different or "funny."

Some parents worry that stimulant medications may lead to substance use disorder or dependence, but there is little evidence of this when taking stimulants properly as prescribed.

What are the possible side effects of stimulants?

Most stimulant side effects are minor and disappear with a lower dose. The most common side effects include:

- Difficulty falling asleep or staying asleep
- Loss of appetite
- Stomach pain
- Headache

Less common side effects include:

- Motor tics or verbal tics (sudden, repetitive movements or sounds)
- Personality changes, such as appearing "flat" or without emotion

Stimulants may cause other side effects that are not included in the list above.

Dalton Countryman, an 88 year old man with Generalized Anxiety Disorder just started a new anti-anxiety medication* a week ago. Today, you notice that his lips are swollen and he is having trouble breathing. What can you do? (page 38*).

Chemical Restraints

The use of chemical restraints constitutes abuse in Washington state. Chemical restraints are the administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult's freedom of movement, and is not standard treatment for the vulnerable adult's medical or psychiatric condition. Sec. 1 RCW 74.34.020(3).

Medication Refusal

Individuals have the right to refuse medication.

It is important to report medication refusals to your supervisor and to the prescriber following the policies and procedures in your setting.

It is not acceptable to "hide" medication in food or drink. See RCW 71.05.215: Right to refuse antipsychotic medicine – Rules. Talk with your supervisor about any policies in place in your setting.

Non-drug Therapies

It is important to consider the benefits of non-drug therapies. Some non-drug therapies work in conjunction with or in place of conventional medications and are part of the overall care plan. You must still be aware and take note of any adverse reactions and side effects resulting from non-drug therapies.

Psychotherapies (talk therapy)

Psychotherapy (sometimes called talk therapy) is a term for a variety of treatment techniques that aim to help a person identify and change troubling emotions, thoughts, and behavior. Most psychotherapy takes place with a licensed and trained mental health care professional and a patient meeting one on one or with other patients in a group setting.

A variety of psychotherapies and interventions are effective for specific disorders. Psychotherapists may use one primary approach, or incorporate different elements depending on their training, the person's diagnosis and the needs of the person receiving treatment.

Here are examples of the elements that psychotherapies can include:

- Helping a person become aware of ways of thinking that may be automatic and harmful. (An example might be someone who has a low opinion of his or her own abilities.) The therapist helps the person find ways to question these thoughts, understand how they affect emotions and behavior, and try ways to change self-defeating patterns. This approach is central to cognitive behavioral therapy (CBT).
- Identifying ways to cope with stress.
- Examining in depth a person's interactions with others and offering guidance with social and communication skills, if needed.
- Relaxation and mindfulness techniques.
- Exposure therapy for people with anxiety disorders. In exposure therapy, a person spends brief periods, in a supportive environment, learning to tolerate the distress certain items, ideas, or imagined scenes cause. Over time, the associated fear dissipates.
- Tracking emotions and activities and the impact of each on the other.
- Safety planning can include helping a person recognize warning signs, and thinking about coping strategies, such as contacting friends, family, or emergency personnel.
- Supportive counseling to help a person explore troubling issues and provide emotional support.

Brain Stimulation Therapy

Brain stimulation therapies can play a role in treating certain mental disorders. Brain stimulation therapies involve activating or inhibiting the brain directly with electricity. The electricity can be given directly by electrodes implanted in the brain, or noninvasively through electrodes placed on the scalp. Electricity can also be induced by using magnetic fields applied to the head. While these types of therapies are not as common as medication and psychotherapies, they hold promise for treating certain mental disorders that do not respond to other treatments.

Alternative Therapies

Alternative therapies may be an option for the individuals you care for. For some alternative therapies, there is limited or no scientific studies showing the effectiveness in treating mental health conditions. There are many alternative therapies including:

Acupressure

Therapy that involves applying pressure to certain points around the body in order to stimulate the body's own healing processes, and bring positive health benefits. This may boost immune system, relieve stress, relieve headaches, alleviate other aches and pains and increase circulation.

Acupuncture

A traditional therapy and focused on stimulating certain healing points around the body called acupoints. These points stimulate the body's own healing mechanisms. Acupuncture involves the insertion of very small needles into the top layers of the skin and muscle by a registered acupuncture practitioner.

Aromatherapy

A method of using the scents and aromas of natural oils to alleviate a range of emotional and physical concerns, from stress and anxiety, to blocked sinuses, pain and cognitive function. Scents from natural oils can be smelled or applied to skin. Each oil has its own benefits and may include improving sleep, relieving stress, alleviating headaches, aiding in digestion, strengthening immune system and other benefits.

Exercise

Exercise takes many forms: walking, running, going to the gym, taking aerobic classes, cycling, yoga, and many other activities. Exercise may benefit mental health by reducing stress, boosting endorphins, improve self-confidence, prevent cognitive decline, alleviate anxiety, boost brain power, sharpen memory, help control addiction, improve relaxation.

Music therapy

This therapy involves the use of music-based interventions to help treat and alleviate a range of emotional, cognitive and physical concerns. This can include creating music, singing, moving to music, listening to music or a combination of all of these. Potential benefits may include improved cognitive function, reducing blood pressure, aids with anxiety and stress and helping with mood disorders.

Naturopathic medicine

Naturopathic medicine encompasses natural, holistic, nutrition/diet, dietary supplements, herbal and ancient medical treatments such as acupuncture, reflexology, meditation, aromatherapy and more. Benefits may include avoiding chemical or medical interventions when they are not wanted or needed. Naturopathic medicine is more common in some cultures.

Nutritional healing

Nutritional healing involves consuming a certain diet of natural foods, supplements and herbs in order to treat certain ailments and disorders. Nutritional healing focuses on natural benefits of organic vegetables and fruits and may include avoiding foods which may increase negative symptoms of the disorder. Some benefits may include strengthened immune system, decrease in nutritional deficiencies and can be used in conjunction with medications and other therapies.

Nutritional supplements

Nutritional supplements can refer to any type of supplement that is ingested for nutritional benefit. This may include manufactured supplements as well as pills, tablets, liquids, powders, teas or other food items. Some benefits may be improved mood and energy.

Massage

Massage is the rubbing and kneading of muscles and joints in the body with the hands – especially to relieve tension or pain. Benefits may include improved mood, reduced stress and anxiety and even increase feelings of caring, comfort and connection.

Reiki

Reiki is a traditional Japanese therapy centered on the use and transfer of energy from the healer's body to that of the subject in order to stimulate the body's own natural healing process, relieve stress and generate overall feelings of relaxation and wellbeing. Some benefits may include improved mental clarity and wellbeing, alleviates physical pain, aids in sleep and relaxation and reduces stress.

Spiritual mind treatment

Spiritual mind treatment is also known as Affirmative Prayer. It involves the individual focusing on a sequence of thoughts and prayers which aim to recognize that there is one spiritual being which guides the universe and calls on them to make changes and heal the body and mind. Benefits may include a sense of calm and spirituality, calms the mind and alleviates stress and can be performed anywhere.

Support groups

Support group is a group of people who come together to discuss and share stories of their common experiences. Common experiences that people may come together to discuss may include treatment of a condition, experiences with depression, substance use disorder, abuse or other conditions. Benefits may include feeling less isolated and alone, allows individuals to talk through problems, encourages sharing, reduced feeling of stress and anxiety and provides a social support network.

Visualization

Also sometimes called guided image therapy, visualization involves the individual imagining a certain outcome to a situation, an object or an action. It has been shown to be effective in changing behavior by triggering emotional and psychological changes as though the imagined outcome is actually occurring. Visualization can be guided by listening to an audio track or the voice of a trained therapist, and can also be done without any guide. Benefits may include treating addictions, easing stress and anxiety, and may help to stop bad habits.

Yoga

Yoga is a thousand-year-old form of spiritual and physical practice which involves various sets of postures, stretches, visualizations, and breathing exercises performed in a sequence. There are many different types of yoga, each with their own theories, benefits, and postures. Some benefits may include increased flexibility, strengthened muscles, calm and centered mind, alleviated stress and anxiety and improved sleep.

Cannabis

Cannabis is the most commonly used illicit substance in the United States. Cannabis, sometimes referred to as marijuana, contains tetrahydrocannabinol (THC). TCS is a psychoactive substance. This means it affects how the brain works. It blocks the messages going to the brain. It causes changes in mood, awareness, thoughts, feelings, and behavior. It alters the perceptions and emotions, vision, hearing, and coordination. The higher the amount of THC, the stronger the effects are on the brain.

Although cannabis may help reduce symptoms of certain medical conditions, it also may have some harmful effects depending on how often it is used, who is using it, and whether other substances are also being consumed.

There is clear evidence that regular use of cannabis increases the risk of heart, lung and mental health problems. Less is known about the health issues that might be caused by casual or infrequent use.

In April 2015, DSHS issued guidance for AFHs and ALFs on cannabis.

"The use of medical and recreational cannabis is still illegal under federal regulation. Consequently, federal funds such as Medicaid cannot be used directly or indirectly for activities or expenses related to the use of cannabis.

RCS encourages providers to develop their policies on cannabis even if it is not a current issue in their home/s. Doing so will ensure current and new residents are aware of the policy. When developing policies and procedures around cannabis use, please consider the following points:

- Residents who wish to use cannabis in smoked form need to be assessed in a manner similar to tobacco use. Please refer to applicable chapters of WAC regarding resident safety and smoking.
- Cannabis, like any other substance that can be harmful, must be kept out of reach of residents who might endanger themselves with it. Please refer to the applicable WAC sections that address the storage of medication and chemicals.
- Keep in mind that a person under the influence of cannabis may require additional supervision.
- If a person is using cannabis products, the details of how the person receives it, uses it, and is supervised, must be documented in their Negotiated Care Plan.

RCS notes that the state and federal laws and rules surrounding both medical and recreational cannabis are changing rapidly; therefore, information in this document must be supplemented with consideration of current rule, law, and code. Providers and settings are responsible for keeping abreast of new developments in this area. To follow the latest development on cannabis laws as they apply to both medicinal and recreational use, please refer to the Department of Health Website at: www.doh.wa.gov/YouandYourFamily/Marijuana."

Though some people report a reduction in anxiety when using cannabis, it may also increase anxiety, paranoia and confusion.

Be familiar with your policy and expectations in your setting.

Discuss other non-drug therapies that may have worked for you or others in the past. Write down up to four (4) new ideas not listed in this lesson.

1. _____

2. _____

3. _____

4. _____

Lesson Summary

- The goal is to provide the best possible holistic care. This means caring for the whole person, taking into account mental and social factors rather than just the physical symptoms of the condition.
- Baseline is the time when a person with a mental disorder is managing his or her symptoms and functioning at his or her own highest level. Your goal is to help the individual get to their baseline and to stay there.
- Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.
- The Eight Dimensions of Wellness are emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual. Learning about the Eight Dimensions of Wellness can help you choose how to make wellness a part of everyday life. Wellness strategies are practical ways to start developing healthy habits that can have a positive impact on physical and mental health.
- Person Centered-Planning is placing the person at the center and above all other aspects of the treatment process; we consider this the best way to provide care.
- In caring for individuals with mental disorders, there are many conventional medicines as well as alternative non-drug therapies available. Your main job as a caregiver is to be aware of any side effects for each individual and take appropriate action.

Checkpoint

Read the questions below and provide your response in the space provided.

Name five (5) possible medication side effects resulting from conventional medications.

1. _____

2. _____

3. _____

4. _____

5. _____

Select one (1) side effect you listed above and describe how you would respond to an individual experiencing this side effect.

Name two (2) possible non-drug therapies that may minimize or alleviate symptoms of mental health conditions.

1. _____

2. _____

Lesson 4:
Getting Help and Self-Care

Objective:

The caregiver will recognize the importance of caregiver wellness and identify strategies to prevent secondary trauma and burnout.

Overview

Caregiving is a rewarding yet physically and emotionally challenging profession. It is critical that you take care of yourself so you are at your best for others. Most of us know that self-care is important and yet we still put ourselves last in a long line of people we care for. Making self-care a priority will help you maintain a better sense of wellness, help prevent secondary trauma and burnout.

Imagine leaving your house in the morning. You have everything you need for your day. You have your keys in your hand and you get into your car. You try to start the car. The car will not start. Your car is out of gas. Can you expect to get to where you are going?

Much as a car needs fuel to keep going and regular maintenance to stay in good condition – we also need to take good care of ourselves so we do not break down, deteriorate and fall apart.

Caregiver Mental Wellness

Find ways to nurture yourself throughout your workday and during your commute. Take regular breaks, for meals or just to step away—if possible, away from your workspace, outside of your car, or otherwise apart from work responsibilities. Find ways to change pace occasionally during the day: stand and stretch occasionally if you sit at a desk; listen to music, an audio book, or an enjoyable radio program while driving for work or during your commute; take a brief walk; or simply breathe deeply and consciously for a minute.

Take time away from your job to rejuvenate. Strive to maintain a regular work schedule and avoid working overtime on a routine basis. Determine—if appropriate, in collaboration with your supervisor— how much, if at all, you need to be available off the job, be it overnight, when you're ill, or during vacations. Clear expectations are important if you use a "smart phone" or other technology to access work email remotely. Do not confuse professional responsiveness and responsibility with being accessible to your colleagues (let alone your clients) 24 hours a day, seven days a week.

Devote time off the job to activities that nurture you. Spending time with family or friends, reading, watching a movie, singing, journaling, meditating, exercising, or other diversions can re-energize you to return to work. Allow time for rest, too.

Be attuned to the ways in which you absorb work stresses and take steps to manage that stress. Even caregivers with excellent external boundaries (such as a regular work schedule), supportive colleagues, and manageable workload often find themselves "taking work home" on an emotional level. This can result in persistent worry about care situations while away from the job or unfounded fears of professional inadequacy.

Work-related stress can also result in hyper-vigilance within a caregiver's personal life—for example, fearing the onset of illness, despite the absence of symptoms, because of constant exposure to illness. Writing about your feelings or talking with someone you trust can help you process the impact of work on your life and maintain clear internal boundaries between your professional and personal lives.

Identify ways that you currently take care of your personal wellness.

Identify one (1) new routine you will add that will benefit your personal wellness.

Secondary Trauma

Secondary trauma (also known as compassion fatigue) describes trauma-related stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event. Secondary trauma can occur among caregivers who provide services to those who have experienced trauma.

What are some common symptoms of secondary trauma?

- Intrusive thoughts
- Chronic fatigue
- Sadness
- Anger
- Poor concentration
- Second guessing
- Detachment
- Emotional exhaustion
- Fearfulness
- Shame
- Physical illness
- Absenteeism

Prevent secondary trauma by practicing personal wellness techniques and establishing a diverse social support network.

Strategies to Cope with Caregiver Burnout

Over time, you may feel overwhelmed, exhausted, frustrated, resentful and guilty. Do not ignore the signs of burnout in yourself or other caregivers.

Remember:

- Caregivers strive to meet the needs of the person they are caring for at the expense of their own needs.
- Caregivers often experience higher stress, illness, and burnout than non-caregivers.

The reality is that at one point or another you may face caregiver burnout. There are ways to minimize the burnout we may incur while caregiving. No matter how overwhelmed you feel, it is important that you make and take time for yourself.

Providing care for individuals with a mental disorder may carry a steep emotional toll. One study found that as many as one in three caregivers rate their stress level as high, and half say they have less time to spend with family and friends.

However, when you are caring for others, it is critical that you first take care of yourself. By not doing so, you put yourself at risk of exhaustion, health problems and even total burnout.

These tips will help keep your stress in check:

- Put your physical needs first. Eat nutritious meals. Do not give in to stress-driven urges for sweets and junk food or overindulge in alcohol. Get enough sleep; if you have trouble sleeping at night, try napping during the day. Schedule regular medical checkups. Find time to exercise. If you experience symptoms of depression – extreme sadness, trouble concentrating, apathy, hopelessness, thoughts about death – talk to a medical professional.
- Connect with friends. Isolation increases stress. Getting together regularly with friends and relatives can keep negative emotions at bay.
- Ask for help. Make a list of things you have to do and recruit others to help.
- Take time. Take regular breaks and meal breaks.

- Deal with your feelings. Seek support from co-workers who are in similar situations. Make an appointment with a professional counselor or join a caregiver support group if one is available in your area.
- Talk about it. Do not keep your emotions inside – develop a support system. Friends, relatives or support groups can be a tremendous benefit to you and your well-being. Due to the increase in caregivers and the increase of those in need of care, there are now caregiver support groups in most communities. Contact your local Department of Health and Social Services for more information.
- Be proactive. Plan ahead, although it may be difficult to do so, it is important to be proactive rather than reactive.
- Find time to relax. Doing something you enjoy such as reading, walking or listening to music can recharge you. Some caregivers meditate or use relaxation techniques such as deep breathing or visualizing a positive place. If you are religious, you may find that prayer can be a powerful tool.
- Set your own goals. You should decide what you can and cannot do. Be realistic. For example, it may be impossible for you to complete every task on schedule, but it is realistic to set goals and attempt to meet those goals.
- Get organized. Simple tools like calendars and to-do lists can help you prioritize work and home responsibilities to help you manage your time.
- Just say no. Accept the fact that you cannot do everything. Resist the urge to take on more activities or shifts that you cannot handle. If someone asks you to do something that will stretch you too thin, say no and do not feel guilty.
- Stay positive. Do your best to avoid negativity. Instead of dwelling on what you cannot do, pat yourself on the back for how much you are doing and focus on the rewards of being a caregiver.
- Evaluate the situation. Ask yourself realistically how much time you can designate to specific care tasks.
- Understand that it is acceptable to have mixed feelings. Your emotions should be mixed. For example, allow yourself to feel angry that the care recipient is not appreciating the care you are providing and at the same time, you may feel guilty that you are angry when your client is physically or mentally ill.
- Understand that you cannot create or cure illness. As much as we all would like to be capable of controlling pain, it is beyond our control. As caregivers we can only make it more comfortable.

Use this guided meditation:

Begin by finding a comfortable position.

Close your eyes.

Roll your shoulders slowly forward and then slowly back.

Lean your right ear into your right shoulder and then bring your head back to an upright position.

Lean your left ear into your left shoulder and then bring your head back to an upright position.

Relax your muscles.

Breathe in a deep breath counting to 4.
1….2….3….4….

Hold your breath counting to 4. 1….2….3….4….

Exhale your breath counting to 4.
1….2….3….4….

Breathe in a deep breath counting to 4.
1….2….3….4….

Hold your breath counting to 4. 1….2….3….4….

Exhale your breath counting to 4.
1….2….3….4….

Sit quietly for a moment and wiggle your fingers and your toes.

Gently open your eyes.

Seeking Outside Help

You do not have to do everything on your own. It is okay to ask for help. There are many services that can help you in assisting the person with a mental health disorder when you are in need. Other members of an individual's treatment team besides their caregiver(s) might be Adult Protective Services (APS), a crisis line or team, Washington Alliance for the Mentally Ill (WAMI). Some services are already established or need to be established such as enrollment in a community mental center, a private therapist, a psychiatric provider (psychiatrist, psychologist or psychiatric nurse practitioner and/or a medical provider).

The following is a quick reference guide.

Where to Get Help

Adult Protective Services

Evaluates reports of vulnerable adults 18 years and older. Includes physical, sexual, emotional and financial exploitation.

✔ Report any suspected abuse to your supervisor and to the proper authorities. You do not have to give your name when reporting and you do not have to prove the abuse.

Community Mental Health Center

Asses for mental health services, provide case management to help with behavior maintenance, independent living skills, provides therapy, monitors and prescribes medication, provides support and referral.

✔ Familiarize yourself with your local community mental health care system. Take the time to become familiar with the community resources in your area.

✔ If an individual is enrolled with a Community Mental Health Center (CMHC), then they generally have access to a case manager or therapist/counselor and a psychiatric provider who can diagnose and prescribe psychiatric medications.

✔ If an individual is enrolled with a CMHC, they have a case manager assigned to them. The case manager's job is to coordinate with everyone in the support team, which includes you. Their case manager is often the first person to call if the resident is in crisis, or if you need to know/learn more about the individual, and to also update them about how the resident is doing. Keeping ongoing communication with an individual's case manager can go a long way to preventing psychiatric crises, or can lead to needed answers for the client when called.

✔ Keep the case manager's phone number handy for questions you have about the individual's mental health.

✔ Community mental health agencies also have their own crisis number/team for their enrolled clients. Make sure you have that number handy in case there is a crisis.

Crisis Line/Crisis Team

Provide phone crisis intervention; refer to crisis team if needed.

✔ If you must call the crisis line, provide only the facts, as you understand them. It is not your responsibility to diagnose or determine a plan of treatment.

Crisis Team

Provide crisis intervention, if needed – refer Designated Mental Health Professional (DMHP).

✔ Introduce yourself to the crisis team as a member of the client's care team. You are an important source of information.

Where to Get Help

County Designated Mental Health Professional (CDMHP)

Conducts mental health evaluations and diagnosis, determines if evaluation for involuntary commitment is necessary, conducts face-to-face interview to determine if involuntary commitment is necessary.

- ✔ When an individual is refusing needed treatment to keep them safe and relieve their distress, they may require involuntary treatment, or being hospitalized against their will. This is determined by the CDMHP. The CDMHP evaluation can be initiated by social workers in the emergency room, by the police, or by the individual's case manager or even you if you are calling the Crisis Line. Often, the CDMHP will evaluate a client in the emergency room, but they also can visit and evaluate an individual for involuntary treatment at their residence. The CDMHP will want information on the individual's behavior and what specifically makes them in such need for hospitalization.
- ✔ Familiarize yourself with the client's therapist/counselor. You are an important source of information

Medical Provider or Primary Care Provider

- ✔ An individual's medical provider can be a physician, a nurse practitioner or a physician's assistant. They often work with a team of nurses and medical assistants who can provide usual information about an individual's health. If an individual is experiencing a change in their condition physical or mental health, it may be useful to call their medical provider. If a client has mental health issues and no psychiatric provider, often their medical provider is the one to discuss their mental health care.

Psychiatrist

Medical doctor specializing in diagnosis and treating psychological/mental health illnesses, disorders, etc. Prescribes medications and provides consultation.

- ✔ Keep records of the client's psychiatrist information. Make sure the information is easily accessible.

Psychologist

Doctorate of Psychology (or closely related field), evaluates and diagnoses mental health disorder and disorders, provides psychological testing, provides therapy/treatment, provides consultation.

- ✔ Keep records of the client's psychologist's names and contact information. Make sure the information is easily accessible.

NAMI – Southwest Washington

Provides support, groups and information to families and those caring for people with mental disorders.

- ✔ Keep the number of the local NAMI available or saved in your contacts. Remember NAMI is a good resource to help with education and information for staff and family. namiswwa.org.

Lesson Summary

- Making self-care a priority will help you maintain a better sense of wellness, help prevent secondary trauma and burnout.
- Be attuned to the ways in which you absorb work stresses and take steps to manage that stress. Even caregivers with excellent external boundaries (such as a regular work schedule), supportive colleagues, and manageable workload often find themselves "taking work home" on an emotional level.
- Secondary trauma (also known as compassion fatigue or burnout) describes trauma-related stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event. Secondary trauma can occur among caregivers who provide services to those who have experienced trauma.
- You do not have to do everything on your own. It is okay to ask for help. There are many services that can help you in assisting the person with a mental health disorder available to assist when you are in need.

Checkpoint

Read the following scenario and respond to the questions below.

You have been working long hours and taking on extra shifts on the weekends. You have not had much time for relaxation on breaks because you have been trying to finish homework for a class you are taking at the local college. You feel so exhausted when you get home you just want to sleep but the dishes are piling up in the sink and the trash is overflowing. Today you are feeling extra tired and drank an energy drink on your way to work. Since Tommie Callihan moved in to your care setting, he has been experiencing intense flashbacks and other symptoms from his time in the military. This is taking a toll on you and making you more on edge, it has even made it into your dreams at night – disrupting the little sleep you are getting.

Identify what is happening in the scenario that is promoting poor self-care.

Identify ways that you can practice better self-care to prevent burnout.

Module 3: Suicide

Lesson 5: Suicide Prevention

The caregiver will identify suicide facts, recognize warning signs and communicate about suicide.

Lesson 5
Suicide Prevention

Objective:

The caregiver will identify suicide facts, recognize warning signs and communicate about suicide.

Overview

Suicide is a serious public health problem that causes immeasurable pain, suffering and loss to individuals, families and communities nationwide. Suicide is one of the top 10 causes of death. For every person who dies by suicide, many others attempt suicide. Every suicide attempt and death affects countless other individuals. Family members, friends, coworkers and others in the community all suffer the long-lasting consequences of suicidal behavior.

Suicidal behaviors are often looked at with silence and shame. These attitudes can be challenging barriers to providing care and support to individuals in crisis and to those who have lost a loved one to suicide.

Although some people may perceive suicide as the act of a troubled person, it is a complex outcome that is influenced by many factors. Individual characteristics may be important but so are relationships with family, peers and others and influences from the broader social, cultural, economic and physical environments.

There is no single path that will lead to suicide. Rather throughout life, a combination of factors such as serious mental disorder, substance use disorder, a painful loss, exposure to violence or social isolation may increase the risk of suicidal thoughts and behaviors.

A suicide attempt or a suicide is a tragic event that often can be prevented. Professional interventions from a mental health professional are frequently needed, but many times the professionals are unaware that the individual is having suicidal thoughts. A caregiver is usually the first person to know that the individual is thinking about suicide. Identifying a person with suicidal thoughts and connecting them with needed help can successfully prevent a tragedy.

Reflect on your thoughts and attitudes about suicide. How do you think these thoughts and attitudes will influence the care you provide for someone who is considering suicide?

Facts about Suicide

There are many myths and misconceptions about suicide and it is often a difficult topic to discuss. The following are some of the things known about suicide.

- In 2020, suicide was the 12th leading cause of death for all ages in the United States, changing from the 10th leading cause in 2019 due to the emergence of COVID-19 deaths and increases in deaths from chronic liver disease and cirrhosis.
- Each year 45,979 Americans die by suicide.
- The rate of suicide is highest in middle-age, white men in particular.
- Men die by suicide 3.9x more often than women.
- Females are 1.8x more likely to attempt suicide than males.
- In 2020, the highest suicide rate was among adults 85 years or older. The second highest rate occurred in adults between 75 and 84 years of age.
- The ratio of suicide attempts to suicide death in youth is estimated to be about 25:1, compared to about 4:1 in the elderly.
- Frailty of some seniors means they may be less likely to survive suicide attempts.

Risk Factors and Warning Signs

What leads to suicide?

There is no single cause for suicide. Suicide is more common when stress is greater than an individual's ability to cope with a mental disorder. Depression is the most common condition associated with suicide and often goes undiagnosed or untreated. Untreated conditions like depression, anxiety and substance use disorder may increase the risk for suicide.

Warning Signs

Most people who take their lives exhibit one or more warning signs through what they say, do or changes in mood. The following chart gives examples of what a person may talk about, things they might do or moods that they might display.

Say	• Being a burden to others • Feeling trapped • Experiencing unbearable pain • Having no reason to live • Ending their life
Do	• Increased substance use • Looking for ways to end their life (searching online for materials or means of acting on suicide) • Acting recklessly • Withdrawing from friends and/or social activities • Isolating from family and friends • Sleeping too much or too little • Visiting or calling people to say goodbye • Giving away prized possessions • Aggression
Feel	• Depression • Loss of interest • Rage • Irritability • Humiliation • Anxiety • Worthless, empty, lacking purpose • Trapped • Alone • Hopeless/helpless • Anger • Mood changes

Risk Factors

Health	• Mental disorders • Substance use disorder • Serious or chronic health condition and/or pain • Emotional instability • Poor coping skills • Introversion • Sensory impairment • Functional impairment (loss of independence or problems with activities of daily living)
Environment	• Stressful life events which may include a death, divorce, financial or legal difficulties, relocation stresses or job loss • Prolonged stress which may include harassment, bullying, relationship problems and unemployment • Access to lethal means including firearms and drugs • Exposure to another person's suicide or graphic or dramatized accounts of suicide
History	• Previous suicide attempts • Family history of suicide attempts, suicidal thoughts and a mental disorder

Substance Use Disorders

Substance use disorders are second only to depression and other mood disorders as the most frequent risk factors for suicide.

Suicide is the leading cause of death among people with substance use disorders (SUDs). Substance use may increase the risk for suicide by intensifying depressive thoughts or feelings of hopelessness while at the same time reducing inhibitions to hurting oneself. Alcohol and some drugs can cause a transient depression, heighten impulsivity and cloud judgment about long-term consequences of one's actions. A large number of individuals with SUDs have co-occurring mental disorders that increase suicide risk, particularly mood disorders.

Protective factors against suicidal behavior may include perceiving that there are clear reasons to live, trusting relationship with counselor, physician or other service provider, religious attendance and/or belief, connections with a social group and an optimistic or positive outlook.

Talking about Suicide

If you think that someone is thinking about suicide, assume you are the only one who will reach out. Here is how to talk to someone who may be struggling.

1. Talk to them in private
2. Listen to their story
3. Tell them you care about them
4. Ask directly if they are thinking about suicide
5. Ask what has helped them before when they had suicidal thoughts
6. Encourage them to seek treatment or to contact their doctor or therapist

Avoid:

- Debating the value of life "Life is too precious"
- Minimizing their problems "It is not so bad"
- Giving advice "If I were you, I would…"

What you can do

- Take any threat of suicide or wish to die seriously
- Be aware of the risk factors for suicide
- Stay with the person
- Notify your supervisor
- Notify 911 if necessary (the person is in danger of attempting to kill themselves)
- Monitor for safety
- Help them remove lethal means (take away their pills to overdose or remove a knife from the area)
- Talking about suicide DOES NOT make someone suicidal. Create a safe environment to talk about suicide.
- Be prepared. Create crisis/risk management plans before a crisis occurs
  - o If an individual receives services with a Community Mental Health Center, they should be notified if the individual is thinking about suicide. Keep their phone number or the crisis number for CMHC handy.
- Learn about available community resources and develop relationships in your community.

Call or text the 988 Suicide & Crisis Lifeline (previously known as the National Suicide Prevention Lifeline).

The previous Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicide crisis.

Have a neighbor discussion about your role in dealing with an individual who is suicidal. Share highlights with the class.

Stigma

Because of the stigma that still exists concerning mental disorders, many people who need help do not seek it. The individual might be afraid of what other people think and may not want to talk about it out of fear of being judged, labeled or treated differently. Suicide often has stigma attached to it. In order to make sense of a suicide, the person who died by suicide might be labeled as selfish or crazy or that the person took the easy way out.

Remain non-judgmental and question your own thoughts on suicide and any potential stigma you carry with you.

Resiliency

Remember in lesson 2, we learned that resilience is the ability to bounce back or rise above adversity as an individual, family, community, or provider. Promote resilience by encouraging individual strengths. By encouraging individual strengths, you can understand, redefine and reframe the individual's problems and challenges and moves the individuals along in recovery.

Individuals may benefit from the following to encourage resiliency:

- Sense of meaning and purpose in life
- Sense of hope or optimism
- Religious or spiritual practice
- Active social networks and support from family and friends
- Good health care practices
- Positive help-seeking behaviors
- Engagement in activities of personal interest

Suicide Attempts

A previous suicide attempt is a known predictor of suicide. A majority of these deaths are preventable. Recent attempt survivors can struggle with reintegrating into their homes, schools and workplaces. Feelings of shame and self-doubt and fear of biased reactions are just some of the experiences they describe. Within many communities, silence, prejudice and misunderstanding about the subject of suicide create barriers to open discussion. This culture of "don't ask, don't tell" can promote rejection, social isolation and even discrimination if the suicide attempt is known. You must do your best to support the people who survive an attempt. Even simple efforts to challenge isolation and provide follow-up support after an attempt can have a powerful impact and reduce future attempts.

- The After an Attempt brochure, distributed by SAMHSA, provides basic information for attempt survivors, family and providers.

Treatment for the Suicidal Individual

A suicidal individual may require hospitalization to keep them safe. This may mean calling 911 and having them go to an emergency room or a psychiatric hospital. A suicidal person may have thoughts of wishing they were dead but not have a plan to harm themselves. Notify your supervisor and members of the individual's 'treatment team.' (Such as their case manager, therapist, or doctor.) They can provide direction, support and expertise on what may be the next step for helping the client.

After Suicide

Despite everyone's best efforts at helping to prevent suicide, the person may still die by suicide. This may be very difficult to deal with.

Immediately After a Loss

Call 911. Because suicide is considered an unnatural death, the authorities are required to investigate. As part of the investigation, the police will want to question you. You should cooperate with them. Remember that neither you nor the individual has committed a crime.

You must also notify the department and notify your supervisor immediately. Contact the Complaint Resolution Unit (CRU) / Residential Care Services (RCS) hotline at 1-800-562-6078.

CRU/RCS Hotline:
1-800-562-6078

Resources for Loss Survivors

Find Support

Talk with your manager or do a search on the internet for a survivors of suicide support group in your area. You may also want to schedule time with a suicide bereavement trained clinician.

Talking About Suicide

Give accurate information about suicide.

Suicide is a complicated behavior. It is not caused by a single event. In most cases, suicide is caused by an underlying mental disorder like depression or substance use disorder. Mental disorders affect the way people feel and prevent them from thinking clearly and rationally. Having a mental disorder is nothing to be ashamed of and help is available.

Say…

"The cause of _____'s death was suicide. Suicide is most often caused by serious mental disorders like depression, combined with other complications."

"_____ was likely struggling with a mental disorder like depression or anxiety, even though it may not have been obvious to other people."

"There are treatments to help people who are having suicidal thoughts."

"Since 90 percent of people who die by suicide have a mental disorder at the time of their death, it is likely that _____ suffered from a mental disorder that affected [his/her] feelings, thoughts and ability to think clearly and solve problems in a better way."

"Mental disorders are not something to be ashamed of and there are very good treatments to help manage the symptoms."

Address blaming and scapegoating

It is common to try to answer the question "why?" after a suicide death. Sometimes this turns into blaming others for the death.

Say…

"The reasons that someone dies by suicide are not simple and are related to mental disorders that get in the way of the person thinking clearly. Blaming others – or blaming the person who died does not acknowledge the reality that the person was battling a mental disorder."

Do not focus on the method or graphic details

Talking in graphic detail about the method can create images that are upsetting and can increase the risk of imitative behavior.

If asked, it is ok to give basic facts about the method, but do not give graphic details or talk at length about it. The focus should be not on how someone died by suicide but rather on how to cope with feelings of sadness, loss, anger, etc.

Say…

"It is tragic that he died by hanging. Let's talk about how _____'s death has affected you and ways for you to handle it."

"How can we figure out the best ways to deal with our loss and grief?"

Address anger

Accept expressions of anger at the deceased and explain that these feelings are normal.

Say…

"It is ok to feel angry. These feelings are normal and it doesn't mean that you didn't care about _____. You can be angry at someone's behavior and still care deeply about that person."

Address feelings of responsibility

Reassure those who feel responsible or think they could have done something to save the deceased.

Say…

"This death is not your fault."

"We can't always predict someone else's behavior."

"We can't control someone else's behavior."

Encourage help-seeking

Encourage others to seek help if they are feeling depressed or having suicidal thoughts.

Say…

"We are always here to help you through any problem, no matter what. Who are the people you would go to if you were feeling worried or depressed or had thoughts of suicide?"

"There are effective treatments to help people who have mental disorders or substance use disorders. Suicide is never an answer."

"This is an important time for our community to support and look out for one another. If you are concerned about someone else, you need to be sure to talk about it with me or someone you trust."

Death with Dignity

The Washington Death with Dignity Act, Initiative 1000, codified as RCW 70.245, passed on November 4, 2008 and went into effect on March 5, 2009. Updates to law are effective July 23, 2023. Refer to Engrossed Substitute Senate Bill 5179 for more information.

Faced with terminal diagnosis, Washingtonians have the right to a full range of options for care at the end-of-life, including medical-aid-in-dying. Medical aid in dying allows an adult patient who is competent, is a resident of Washington state, and has been determined by the attending qualified medical provider to be suffering from a terminal disease, and who has voluntarily expressed his or her wish to die, may make a written request for medication that the patient may self-administer to end the patient's life in a humane and dignified manner in accordance to RCW 70.245.020.

Your setting should have a policy and procedure addressing medically assisted suicide/medical aid in dying and the role you may or may not play in a resident's choice to carry out this process.

Moral distress from medically assisted suicide

Moral distress is caused by situations in which the ethically appropriate course of action is known but cannot be taken. When morals and values conflict around medically assisted suicide, it can cause distress. When a caregiver is forced to go against their "moral compass" it can adversely affect job satisfaction, retention, psychological and physical well-being, self-image and spirituality.

Moral distress is a predictable response to situations where caregivers recognize that there is a moral problem, have a responsibility to do something about it, but cannot act in a way that preserves their integrity. The feeling of not being able to do the right thing, despite your protests, is called moral distress.

Murder Suicide

A murder-suicide is an act in which an individual kills one or more people before (or while) killing oneself. Although the term murder-suicide is used more commonly, some prefer using homicide-suicide as the term homicide includes both murder and manslaughter and is therefore more encompassing.

Grief Support

Grief is a universal, instinct based response to loss. Grief is emotional, physical, cognitive, behavioral, social and philosophical in presentation. Grief may be overwhelming and you might experience a range of unexpected emotions. Having support of other people is vital to the healing from loss. Even if you are not comfortable talking about your feelings under normal circumstances, it is important to express them when you are grieving. Comfort can come from being around others who care about you. The key is not to isolate yourself.

How Suicide Affects Others

The impact of suicide can be powerful and sometimes devastating for those who are left behind. Each year, more than 13 million people in the United States report that they have known someone who died by suicide that year. Exposure to suicide carries risks for increased rates of guilt, depression and other psychiatric symptoms, complicated grief and social isolation. There is evidence that individuals bereaved by suicide may have an increased risk for drying by suicide completion themselves. Helping those bereaved by suicide is a direct form of suicide prevention with a population known to be at risk.

Finding ways to cope

- Be patient with yourself. Grief has no predictable pattern or timeline.
- Allow yourself all the time you need to grieve.
- Face your feelings. Unresolved grief can also lead to complications such as depression, anxiety, substance use disorder and health conditions.
- Seek out people who are willing to listen when you need to talk and who understand your experience.
- Turn to friends and family members.
- Make healthy choices in eating, exercise and get plenty of rest.
- Draw comfort from your faith if you follow a religious tradition.
- If you think it might be helpful, talk to your manager about professional help or support groups that may be available to help you deal with your grief.
  - o To find a bereavement support group in your area on your own, contact local hospitals, hospices, funeral homes and counseling centers.
  - o Talk to a therapist or grief counselor experienced in grief counseling.

Other individuals in your setting may also need assistance in ways to cope. The ideas listed above may be useful for sharing.

When to seek professional help for grief

Contact a grief counselor or professional therapist if you:

- Feel like life is not worth living
- Wish you had died with the individual
- Blame yourself for the loss or for failing to prevent it
- Feel numb and disconnected from others for more than a few weeks
- Are having difficulty trusting others since the loss
- Are unable to perform your normal daily activities

National and State Suicide and Crisis Hotlines

Remember, the 988 Suicide & Crisis Lifeline (previously known as the National Suicide Prevention Lifeline provides 24/7; free and confidential text and voice support for people in distress, prevention and crisis resources for you, your loved ones and best practices for professionals.

Lesson Summary

- Suicide is a serious public health problem that causes immeasurable pain, suffering and loss to individuals, families and communities nationwide.
- There is no single cause for suicide. Suicide is more common when stress is greater than an individual's abilities to cope with a mental disorder.
- Most people who take their lives exhibit one or more warning signs through what they say, do or changes in mood.
- If you think that someone is thinking about suicide, assume you are the only one who will reach out.
- A previous suicide attempt is a known predictor of suicide. A majority of these deaths are preventable. You must do your best to support the people who survive an attempt. Even simple efforts to challenge isolation and provide follow-up support after an attempt can have a powerful impact and reduce future attempts.
- A suicidal individual may require hospitalization to keep them safe. This may mean calling 911 and having them go to an emergency room or a psychiatric hospital. A suicidal person may have thoughts of wishing they were dead but not have a plan to harm themselves. Notify your supervisor and members of the individual's 'treatment team.' (Such as their case manager, therapist, or doctor.)

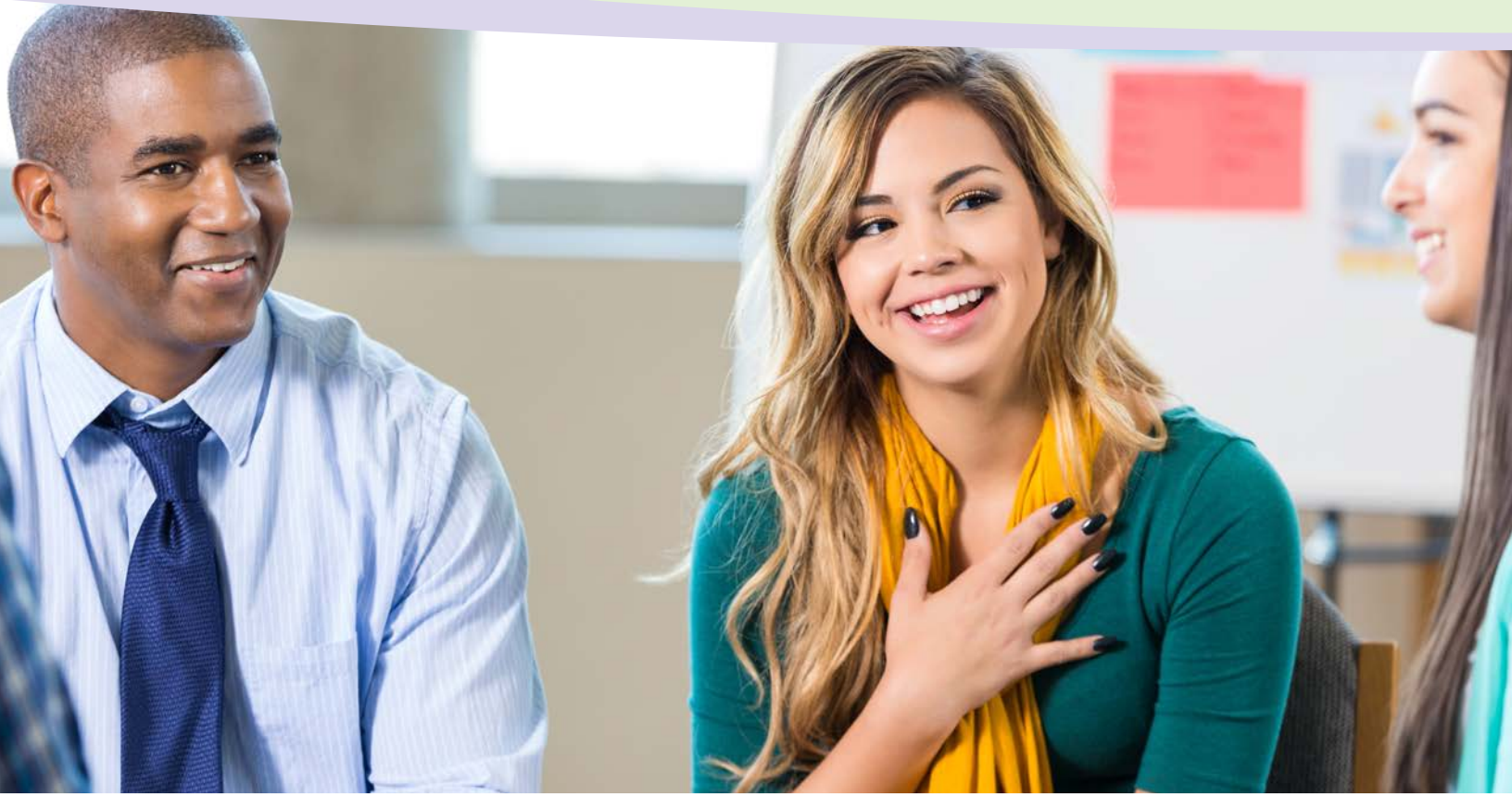
Checkpoint

Read the statements below. Select if the statement is True or False.

If you think someone is thinking about suicide, you should:

Assume you are the only one who will reach out.	❑ True ❑ False
Avoid talking with the person about suicide so you do not give them any ideas.	❑ True ❑ False
Ask them directly if they are thinking about suicide.	❑ True ❑ False
Avoid debating the value of life, minimizing their problems or giving advice.	❑ True ❑ False
Leave the person alone.	❑ True ❑ False

How would you ask a person if they are thinking about suicide?



Module 4: Respectful Communication

Lesson 6: Communication Dynamics

The caregiver will demonstrate an ability to recognize communication styles and ways to communicate effectively.

Lesson 7: Boundaries

The caregiver will demonstrate an understanding of creating healthy professional boundaries.

Lesson 6
Communication Dynamics

Objective:

The caregiver will demonstrate an ability to recognize communication styles and ways to communicate effectively.

Overview

Communication is more than a verbal exchange. Even when verbal communication is difficult for a person, the individual may still be able to use or read body language or sense your mood. By using effective communication strategies, you will maximize your connection with the individuals you care for.

Communication varies for each individual and the way we communicate is influenced by our past. Our past has many influences including our experiences, family, friends, work, traumatic events, traditions, culture, religion and spirituality. Consider the impact that mental disorders might have on individuals who have one or more mental disorders. Each diagnosis can add complications to the communication process and an individual's ability to communicate with others.

Learning to communicate respectfully and effectively can have a positive impact on the care that you provide for an individual and make your job more enjoyable.

Think about a communication you have had recently with someone at work. Reflect on how your own past experiences, traumatic events, traditions, culture, religion and spirituality influenced your part of the conversation. From what you know about the other person, reflect on how these same topics influenced their part of the conversation.

Respectful Communication

Effective communication in the best of times can be difficult. Communicating with a person diagnosed with a mental disorder may at times become even more challenging. This is because the person is:

- Preoccupied with other issues (either real or imagined).
- Withdrawn or depressed to the point that talking is difficult.
- Experiencing hallucinations or delusions.
- Having trouble concentrating.

A person with a mental disorder deserves to be communicated with clearly, respectfully and without judgment. When situations become difficult, it is important to share feelings and thoughts in a way that is non-confrontational to avoid negative responses. Remain open and genuine in your communication. It is okay to set limits on hostile or bizarre behavior, but make sure to always tell the person in a non-emotional, non-judgmental way that the behavior is inappropriate. Be clear and calm when telling the person about possible consequences of continuing the behavior.

Effectively communicating with a person with a mental disorder requires your best skills in:

- Concisely presenting information
- Actively listening to the other person
- Consistently matching your non-verbal expressions with the meaning of what you are saying
- Doing your best to ensure your messages are understood and accepted

Listening

Be a good listener. Listening requires more than hearing words. Listening requires:

- A desire to understand another human being
- An attitude of respect
- A willingness to stay open to seeing things from another's point of view

People want to feel heard more than they care about whether you agree with them. You do not have to accept the person's idea or point of view. Just be willing to hear what the person has to say.

- Have a better understanding of the person
- Avoid misunderstandings
- Show respect
- Diffuse anger
- More effectively problem-solve
- Improve your relationship with the person
- Provide more effective and compassionate care

Listening Skills

- Make time to listen to the person. Stop what you are doing and show the person you are interested in what he or she is saying.
- Encourage the person to explain what he or she is thinking and feeling so you can better understand what he or she is going through.
- Use phrases such as "Tell me more", "What happened then?", "When did the problem start?", "How can I help you?"

- Listen without interrupting. Be patient if it takes the person a while to say what he or she wants to say.
- Allow the person to talk without showing shock, surprise, or expressing judgment. Accept the person's feelings without shaming the person.
- Reflect meaning – you can show you understand the person by reflecting his or her feelings. If you do this, it is important to reflect correctly the intensity of the feeling.
- If a person is terrified say: "You look like you are really terrified", not "So, you are feeling a little scared." You might say "You are feeling terrified because the voices are telling you that people are spreading lies about you." Do not exaggerate, as this may alarm the individual.
- Reflecting meaning is also a good way to clarify exactly what the person is saying. Put what you think you heard into your own words and repeat it back to the resident.
- Pay attention to the person's voice. Listen to the speed the person is talking. Changes in the rate of speed are important clues to a speaker's feelings.
- When a person is excited, angry or frustrated, they tend to talk more rapidly. When a person is reluctant to talk, speech usually slows down. A higher pitched voice may indicate stress or anxiety. A louder than normal voice often indicates emotional intensity.

Pair up in groups of two.

Learner #1: This individual will speak for one minute about something that happened to them recently.

Learner #2: This individual will listen for one minute practicing the listening skills listed above. After the minute is up, switch roles for one minute.

Empathy and Compassion

To be compassionate means to be aware of and sympathetic to the suffering of others. To be empathetic means to be able to notice the subtle verbal and non-verbal signals people give off that let you know what they need or want. Empathetic people receive both physical and emotional benefits from their sensitivity. Compassionate, empathetic people are able to listen to and understand the experiences that other people describe. Their willingness to put their own concerns away for a while and to witness and experience others' experiences is universally appreciated as a genuine and precious gift which decreases loneliness, bonds people together (creating stronger, deeper relationships), and enhances self-esteem and self-worth for both people.

Compassion and empathy are skills that can be cultivated. You can increase your ability to be compassionate and empathetic by practicing being other-focused (rather than self-focused).

In order to practice empathy and compassion, make the effort to put your own cares and worries aside for a while when with the individual you are caring for. Tell yourself, "It is okay for me to not think about myself for a while. All my worries, fears and feelings will still be here when I get back to them", and then take the time to really listen to what the individual has to say. Listen actively. Do not be thinking about what you want to say next while the other person is talking. Instead, actively pay attention to what they have to say.

More than just listening to what the individual says with words, pay attention to how the person carries him or herself and what is done. Look for disconnections between what is said and what is done. If the individual says, "I'm fine" but looks like he or she is in great pain while saying it, you will know the individual is probably not being completely open with you. If you notice this, you will have discovered an opportunity to ask how the person is really feeling.

Eliseo Hiler, a 65 year old man with depression seems to be more withdrawn today and you see him watching others work on a project together. How might you interact with Eliseo to find out how he is really feeling?

Non-verbal vs. Verbal Communication

Non-verbal Communication

Communication	Tips
Posture	Maintain an open and relaxed posture.
Gestures	Avoid exaggerated movements, such as pointing, waving your arms, or putting your hands on your hips. These may be interpreted as confrontational or aggressive.
Facial expressions	Faces express feeling. Facial expressions need to match the meaning of what you are feeling and thinking.
Eye contact	Maintain a comfortable level of eye contact. Looking at someone in the eye can show you are listening to them and are not bored or frightened. Staring can cause the person to become uncomfortable or feel threatened. There may be cultural differences in the use of eye contact.
Personal space	If the person is feeling vulnerable or not well, standing too close can make the person feel uncomfortable. Do not tower over the individual and communicate at eye level.

Verbal Communication

- Be specific and concrete but avoid oversimplifying. You do not want to seem patronizing.
- Present one thought at a time. Presenting too much information at once may overwhelm the person.
- Ask constructive questions to encourage the person to talk more about what he or she is feeling.
- Do not rush. Speak in a calm manner.
- Share your feelings in a non-confrontational way. Use "I" statements rather than "you" statements. "I" statements show that you are taking responsibility for your feelings and are not blaming the other person.
- Express positive feelings. Say exactly what the person did that pleased you.
- Recognize the difficulty of the person's situation. Acknowledge the person's strengths and abilities.
- Maintain your normal tone and pitch when speaking. Your natural reaction to some situations may be to raise your voice. Try to avoid this as it can be more disturbing to the person.
- If you are having trouble getting a message across, come back to the issue another time. Do not argue about it, no matter how logical you feel your argument is. Do not discuss anything important when you are angry or upset.
- If you do not understand, do not fake it. Ask the resident to repeat.
- Ask what you can do to help. Do what you can to meet their needs.
- Let the individual know that you are concerned for him/her, not scared of him/her.

Communication Tips for Specific Disorders

Anxiety Disorders

Anxiety is often accompanied by irrational thinking, such as fears that are not based in reality.

- Remain non-judgmental.
- Allow the person to talk about his or her fears and concerns while maintaining a calm, caring and understanding attitude. Avoid giving advice or directing the conversation.
- Use "active listening" skills. Being actively listened to often helps an anxious person see and think more clearly and overcome his or her anxiety.
- If talking about anxiety-provoking concerns and fears does not alleviate the anxiety, help the person redirect attention away from anxious thoughts as much as possible.
  - o This may be as simple as changing the subject to something more pleasant or engaging the person in an activity that requires close attention such as reading, putting together a puzzle, playing a game, helping prepare dinner or a simple breathing exercise.

Pair up with a partner and complete this activity:

(1) Each individual will choose one of the roles below.
- Caregiver
- Jackie Vanderhoff – Age 55, diagnosed with anxiety panic disorder (page 10).

(2) Scenario: The caregiver walks into the room to see Jackie Vanderhoff starting to hyperventilate and exclaims, "I am going to die!" Jackie seems agitated and pacing back and forth.

(3) Role-play the scenario above. The learner playing the "caregiver "will demonstrate compassion, flexibility and understanding for the individual experiencing anxiety. The learner playing "Jackie" will act anxious.

Depression

- A person with depression may have an overall feeling of negativity and may respond to you in that way. Try not to take this personally or feel discouraged if the person seems withdrawn.
- You do not have to understand what the person is going through to be helpful. It is better to admit that you cannot understand the person's experience (unless you have experienced something similar). Invite the person to share with you what it is like or what he or she is feeling. And then actively listen.
- Acknowledge the person's depression and do not trivialize it. For example, do not tell the person that everyone gets depressed sometimes or that he or she has it better than some people.
- Use a calm and reassuring tone when communicating with a person who has depression.
- Often a person with depression feels very alone. Remind the person that you are there to support him or her.
- Offer hope but do not minimize the person's experience.
- Be honest and genuine. The best communication can simply be to ask "how can I help?"

Pair up with a partner and complete this activity (switch roles from last time):

(1) Each individual will choose one of the roles below.
- Caregiver
- Devin Sollars – Age 80, diagnosed with depression (page 15).

(2) Scenario: The caregiver walks into the room to see Devin Sollars sitting in a chair staring blankly at the wall. The caregiver has noticed that Devin has been more and more withdrawn lately and not participating in activities. Devin is struggling to find anything positive to look forward to.

(3) Role-play the scenario above. The learner playing the "caregiver" will demonstrate compassion, flexibility and understanding for the individual experiencing depression. The learner playing "Devin" will act depressed.

Bipolar

- Reduce stimulation.
- Communicate ways to help the person cope with stress that may be causing a manic episode.
- Do your best to calm the person without "pushing" them to improve their behavior.
- Set limits and have structure. A few rules may keep things calmer.
- Deal with immediate issues. Do not try to reason or argue.
- Use direct and consistent language.
- Let the person know when his or her behavior becomes problematic.
- Watch for verbal and non-verbal signs of anger.
- Do not try to convince the person that his or her plans are unrealistic. At the same time, take steps to ensure his or her safety.

Pair up with a new partner and complete this activity:

(1) Each individual will choose one of the roles below.
- Caregiver
- Lawerence Ocasio – Age 66, diagnosed with bipolar disorder (page 13).

(2) Scenario: At lunch, Lawerence is pacing near the table and then sits down and then quickly stands back up again. Lawerence seems to have a lot of extra energy and seems to be elated/happy. The caregiver notices this and approaches Lawerence.

(3) Role-play the scenario above. The learner playing the "caregiver "will demonstrate compassion, flexibility and understanding for the individual experiencing bipolar. The learner playing "Lawrence" will act bipolar.

Schizophrenia

Symptoms of schizophrenia include hallucinations and delusions.

- When communicating with a person who is actively hallucinating, it is important to find out about the nature of the hallucinatory experience in case there are safety issues to be concerned about.
  - o For example, if the person says to you, "Do you see those angels flying up there?" Say to the person, "No, I do not see them, but I believe you do."
- Change the subject to a topic that is based in reality, for example, the weather, current events, or plans for the day.
- If the person has paranoid ideas, do not try to argue him or her out of it. Sympathize with the person and say that it must be upsetting to feel like that.
- If the person is delusional, find out the content of the delusion in the event of potential danger.
- Do not argue with the person or focus on the delusional content.
- Keep the conversation reality-based. For example, you are preparing medications when the individual states "I know you want to poison me with those."
  - o Say to her, "I am preparing your medication. I have no intention of hurting anyone." Continue preparing the medications, changing the subject, and do not mention what you are doing again.
- Do not allow yourself to feel intimidated by the person's words or behaviors.

Pair up with a partner and complete this activity (switch roles from last time):

(1) Each individual will choose one of the roles below.

- Caregiver

- Kelley Pooley – Age 43, diagnosed with schizophrenia (page 66).

(2) Scenario: Kelley Pooley rushes up to the caregiver and exclaims "Help! There is a man with a knife in my room." Kelley laughs.

(3) Role-play the scenario above. The learner playing the "caregiver "will demonstrate compassion, flexibility and understanding for the individual. The learner playing "Kelley" will demonstrate a perception of schizophrenia.

Seeking Clarification

Clarification is the action of making a statement or situation less confusing and more clear. Clarifying reassures the individual speaking that the listener is attempting to understand the messages they are expressing. Clarifying involves asking questions or occasionally summarizing what the individual has said.

If you do not understand what the individual is saying, you can ask for clarification. Clarifying involves genuineness on your part and it shows the individual that you are interested in them and what they have to say.

Some examples of clarification seeking questions:

- I am not quite sure I understand what you are saying.
- I do not feel clear about the main issue here.
- When you said ….. what did you mean?
- Can you repeat?

Questions must be non-judgmental.

Summarizing must be given from the speaker's frame of reference, not an interpretation from the listener's viewpoint. The aim of a summary is to review understanding, not to give explanation, to judge, to interpret or provide solutions.

Triggering and Preventing Challenging Behaviors

When communicating, we need to be aware of the meaning of our words and the impact of our words on others. Negative trigger words may be used without us even realizing it and may sometimes push the individual into reacting through challenging behaviors.

Knowing the individual and their personal triggers is important. Documenting these triggers for others is also important.

Some general communication / word triggers may include:

- Always, never, constantly. These words may create defensiveness in the other person.
- Should, must, need to. These words can appear to be ordering others around.
- Can't, won't, don't. These words can trigger negative responses by some when heard as a request to an individual's enquiry. Instead, reframe as a positive to move the conversation forward instead of focusing on why things will not happen.
- Try, maybe, perhaps. These may communicate doubt, uncertainty and lack of commitment. Instead focus on what can be accomplished rather than what cannot be done. There may be situations where these words may be appropriate such as "Can you try to use the communication skills you learned in therapy last week?"

Read the phrases below and think about how you can reframe as a positive.

- You constantly interrupt when I am talking.
- You always make mistakes like that.
- You can't leave.
- Try to do better next time.

Behaviors Impacting Communication

There are times that your behaviors may impact your ability to communicate with the individual you are caring for. If the individual asks you to stop a behavior because it is causing anxiety, stress or is a trigger, stop immediately. If you do not stop the behavior immediately it may increase anxieties for the individual and breaks down trust.

Communicating with Others

There will be times that you must communicate with others involved in the care of the individual. These others include family members, doctors, counselors, therapists, and other caregivers and staff. Good communication skills will help you maintain and build relationships with others to help improve the care of the people you care for.

- Keep communication with professionals focused on what the individual is doing (or not doing) and make sure to emphasize both positive and negative changes in mental status, mood, and behavior;
- Describe when the behavior started and when it is most and least likely to occur;
- Communicate the desired outcome (what you want the individual to start or stop doing) clearly;
- Be aware of and respect confidentiality.

What are some other ways you can communicate well with others?

Lesson Summary

- By using effective communication strategies, you will maximize your connection with the individuals you care for.
- A person with a mental disorder deserves to be communicated with clearly, respectfully and without judgment.
- People want to feel heard more than they care about whether you agree with them. You do not have to accept the person's idea or point of view. Just be willing to hear what the person has to say.
- Compassion and empathy are skills that can be cultivated. You can increase your ability to be compassionate and empathetic by practicing being other-focused (rather than self-focused).
- Learn communication tips for specific disorders.
- When communicating, we need to be aware of the meaning of our words and the impact of our words on others. Negative trigger words may be used without us even realizing it and may sometimes push the individual into reacting through challenging behaviors. Knowing the individual and their personal triggers is important. Documenting these triggers for others is also important.
- There are times that your behaviors may impact your ability to communicate with the individual you are caring for. If the individual asks you to stop a behavior because it is causing anxiety, stress or is a trigger, stop immediately. If you do not stop the behavior immediately, it may increase anxieties for the individual and breaks down trust.

Checkpoint

Read the scenarios below. Select a communication listed that might be effective for the scenario or create your own.

_____ 1. Name: Candra Oshea | Age: 71 | Diagnosis: PTSD, Anxiety
Scenario: Candra is having an anxiety attack after starting a group activity. She is experiencing shortness of breath and is irritable towards you and others.

_____ 2. Name: Rick Stelly | Age: 59 | Diagnosis: Depression
Scenario: When you approach Rick to talk about his day, he says things like "why bother" and "what is the use". He is appears to be having a difficult time finding anything positive about his day.

_____ 3. Name: Jason Brassfield | Age: 85 | Diagnosis: ADHD, Bipolar
Scenario: Jason is currently manic and has increased energy. He is describing plans that he has that are unrealistic and jumping from one idea to the next.

Communication Options:

A. Remain non-judgmental. Allow the person to talk about his/her fears and concerns while maintaining a calm, caring and understanding attitude. Avoid giving advice or directing the conversation.

B. A person with an overall feeling of negativity may respond to you negatively. Try not to take this personally or feel discouraged if the person seems withdrawn. You do not have to understand what the person is going through to be helpful. Remind the person that you are there to support him/her.

C. Reduce stimulation. Deal with immediate issues. Do not try to reason or argue. Do not try to convince the person that his/her plans are unrealistic. At the same time, take steps to ensure his/her safety.

Lesson 7
Boundaries

Objective:

The caregiver will demonstrate an understanding of creating healthy professional boundaries.

Overview

A boundary is a limit or space between you and another person. You create boundaries with your words, actions and sometimes with the help of other people. Boundaries help you to be clear on what you will allow and not allow in your interactions with others. Boundaries exist in personal relationships as well as professional relationships. Boundaries may vary but it is important to maintain boundaries in your professional life that are ethical and consider the best interest of the individual you care for while maintaining your own well-being.

Each of us needs to be responsible for our own behaviors. If a boundary is crossed or violated, that is a choice. Everyone has a choice. Choices lead to consequences. The person who crosses or violates a boundary can choose the consequence but it may be up to you to enforce it. Consequences can take on an "if, then" approach. For example, you might say "if you continue to scream at me, then I will not help you with your coat." You each have a choice.

If you set a rule based on respect for each other and it is repeatedly crossed or violated, you need to have a discussion with the individual about the problem. You can give the person a chance to help solve the problem, offer a consequence and follow through with the consequences if disrespected.

You need to be your own best advocate and learn the consequences of your actions too. Often a caregiver thinks they know what is best for the individual with mental illness. The individual may have differing ideas, which need to be respected unless it is hurting themselves or others. It is best to work together and find alternate ways to solve a problem.

As a caregiver, you must not only maintain healthy boundaries for yourself, you must also honor the individual's boundaries. If someone says "no", then a boundary is set and you should honor that.

Reflect on a time when you felt like someone was intruding on your personal boundaries making you feel uncomfortable with their actions or words.

Professional Boundaries

Professional boundaries are an important part of having healthy relationships at work. These boundaries can apply to coworkers, managers and even the individuals you care for. Professional boundaries promote good care and protect both you and the individuals with whom you are interacting.

Caregiving involves working closely with individuals over time – this may be short or long term and care may occur during stressful and traumatic periods of life. You may learn personal and confidential information about the individual through discussions or through the care plan. Physical contact may occur while performing activities of daily living. Good communication is important to keep the individual informed while performing activities of daily living to minimize misunderstandings resulting in complaints that your actions are inappropriate.

Boundary Crossing

Boundary crossings are temporary departures from usual professional practice that are not exploitative. On occasion, a boundary may be consciously crossed with the intention of assisting an individual. This may include disclosing to an individual who has been diagnosed with depression that you know others who have also been diagnosed with depression. However, at other times boundary crossings may shift to inappropriate or harmful to the individual.

Boundary Violations

Boundary violations are transgressions (an act that goes against a law, rule or code of conduct), which harm the individual in some way. Boundary violations are unethical and unprofessional because they exploit the relationship between the caregiver and the individual, undermine the trust between the individual and the caregiver and can cause psychological harm to the individuals and compromise their ongoing care.

It is always unethical and unprofessional for a caregiver to breach trust by entering into a sexual relationship, regardless of the individual consenting to the relationship. Sexual misconduct covers a range of inappropriate behaviors including sexualized behavior such as words or actions that might be interpreted as being designed or intended to arouse or gratify sexual desire, sexual exploitation or abuse, which includes sexual harassment, or entering a consensual sexual relationship, sexual assault that ranges from physical touching or examination without consent to rape.

Risks

- People who have been sexually abused previously may be vulnerable to boundary violations. Individuals with borderline personality disorder may also be at higher risk. Generally, these individuals have difficulty with interpersonal relationship and maintaining consistent and appropriate boundaries with these individuals can be challenging.
- Caregivers who are personally or professionally isolated, under stress or unwell are more vulnerable to boundary violations.
- When some caregivers are unable to establish boundaries, it may cause issues for other caregivers – creating a good caregiver / bad caregiver perception with the individual with a mental disorder.

Ask yourself

Ask yourself these questions to recognize if you may be violating boundaries

- Is what I am doing part of my job duties?
- Is what I am doing solely in the interest of the individual I am caring for?
- Is what I am doing self-serving (having more concern for your own interests than others)?
- Is what I am doing exploiting the individual for my benefit?
- Is what I am doing gratuitous (not what the individual has asked for)?
- Is what I am doing secretive?
- Would I be happy to share my interactions with my spouse, partner or colleagues?
- Am I revealing too much about myself or my family?
- Is what I am doing causing me stress, worry or guilt?
- Has someone already commented on my behavior or suggested I stop?

Read the questions above. Identify the questions that might indicate boundary violation if the answer is yes and discuss why.

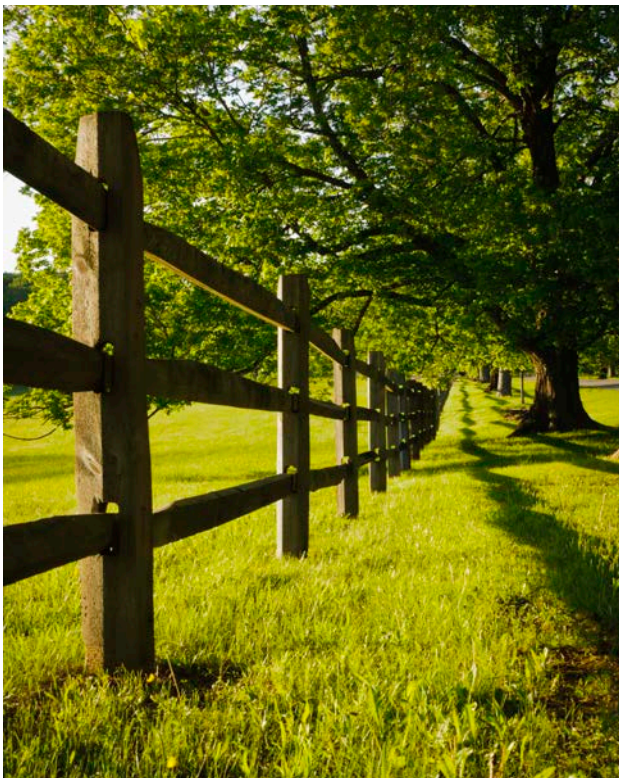
Setting Boundaries

If you think about a boundary as a fence or a gate – as the gatekeeper, you get to decide how close another person gets to you physically and emotionally. Providing care for individuals with mental disorders may require more patience, reinforcement and consistency when setting and maintaining boundaries.

1. **Decide to set boundaries.** Recognizing that you need to establish boundaries or improve them is a first step. Boundaries are an extension of love and respect for yourself and others, instead of a reaction to fear or rejection. They are the path to freedom from the need to please others in order to be loved and accepted.
2. **Define the boundary.** Ask yourself what you hope to accomplish with a particular boundary. You will want to define each type of boundary, physical and emotional, for different settings such as at home, at work, and with friends.
3. **Establish the boundary.** Share your boundary with the people in your life. This way, they will understand your expectations and needs.
4. **Maintain the boundary.** For many people, this is the most challenging part of having boundaries. You are not only helping others to respect your limits. You are also retraining yourself.
5. **Be direct.** Being direct and concise is a respectful way to let others know what your boundaries are. In contrast, being indirect or using lengthy explanations will send mixed messages.
6. **Take care of yourself.** One of the hardest parts of establishing and maintaining boundaries is our fear of appearing rude or selfish. Put yourself first by recognizing and honoring your feelings. This does not mean that you are dismissive of others or their feelings. Your quest for boundaries hinges on your willingness to take care of yourself so that you can be there for others.

Emotional Boundaries

- Your own health and well-being are important, and you will not be forced to neglect your own needs.
- You have a right to be treated with respect.
- You will not be manipulated or forced to do things you do not want to do, even if the other person is attempting to make you feel guilty.
- You will not allow others to yell at you, make you feel bad about who you are or what you are doing, or call you names.
- You do not blame others for things that are your responsibility, and you do not allow others to blame you for things that are not your responsibility.
- You keep your emotions separate from other people's emotions, although you empathize with the people you care about and care for.
- You communicate your own needs assertively, and work towards cooperation if possible. This helps maintain mutual respect.
- Having a healthy sense of who you are, independent from any other person.
- Knowing that you have the choice in how you want to feel and your ability to act on it.
- Being able to monitor how much you share about yourself so that you respect yourself.
- Being able to say "no" at times when you need to be assertive and true to yourself.



Physical Boundaries

- When someone intrudes on our physical space, we feel it internally. It feels awkward and unnatural.
- When you are in a relationship, make sure you are comfortable with how you express yourself physically with the other person. Have a conversation about what will make you feel safe.
- Different cultures are known to have different understandings of personal space distance and boundaries. You will probably find that different people are comfortable with different physical boundaries, which may be different from your physical boundaries.
- It is a violation of physical boundaries to go through another person's belongings without their permission. Even if you are concerned for their safety or suspect that there is a problem, the healthy and respectful route is to approach the person and speak to them. Make sure the other person knows that this has crossed a boundary and is not respectful behavior.

Identify the boundaries below as emotional or physical by placing an "E" next to those that are emotional and "P" next to those that are physical.

_____ You will not be manipulated or forced to do things you don't want to do, even if the other person is attempting to make you feel guilty.

_____ You keep your emotions separate from other people's emotions, although you empathize with the people you care about.

_____ Knowing that you have the choice in how you want to feel and your ability to act on it.

_____ When someone intrudes on our physical space, we feel it internally. It feels awkward and unnatural.

_____ When someone goes through another person's belongings without their permission.

Assertiveness

There are three different ways to relate to one another. 1) Aggressive, 2) Passive or 3) Assertive.

Aggressive

Aggression is about dominance. A person is aggressive when they impose their will onto another person and force them to submit – invading that person's personal space and boundary. Violence may be used but it is not always a part of aggression.

Passive

Passivity is when a person submits to another person's dominance, putting their own wishes and desires aside to fulfill the wishes and desires of the dominant individual.

Assertiveness

Assertiveness is finding a middle way between aggression and passivity that best respects the personal boundaries of all individuals involved. Assertive people defend themselves when someone else attempts to dominate them, using any necessary method (including force) to prevent the invasion attempt. Though they can be strong people who are capable of aggressive domination attempts, they never act in an aggressive manner, however, because they know to do so would cause them to disrespect the boundaries. Another way to think about it is that assertive people use aggression defensively and never offensively.

Assertive behavior consists of the following steps:

- Realizing that you have been dominated, or taken advantage of
- Feeling the angry feelings (directed towards the dominating partner, and/or to yourself for allowing yourself to be dominated)
- Deciding to act to put a stop to the domination
- Acting on your conviction (which involves finding a way to demand your rights be respected, while also being polite and civil about it so as not to become aggressive yourself)
- Resisting the urge to submit again in the face of escalation.

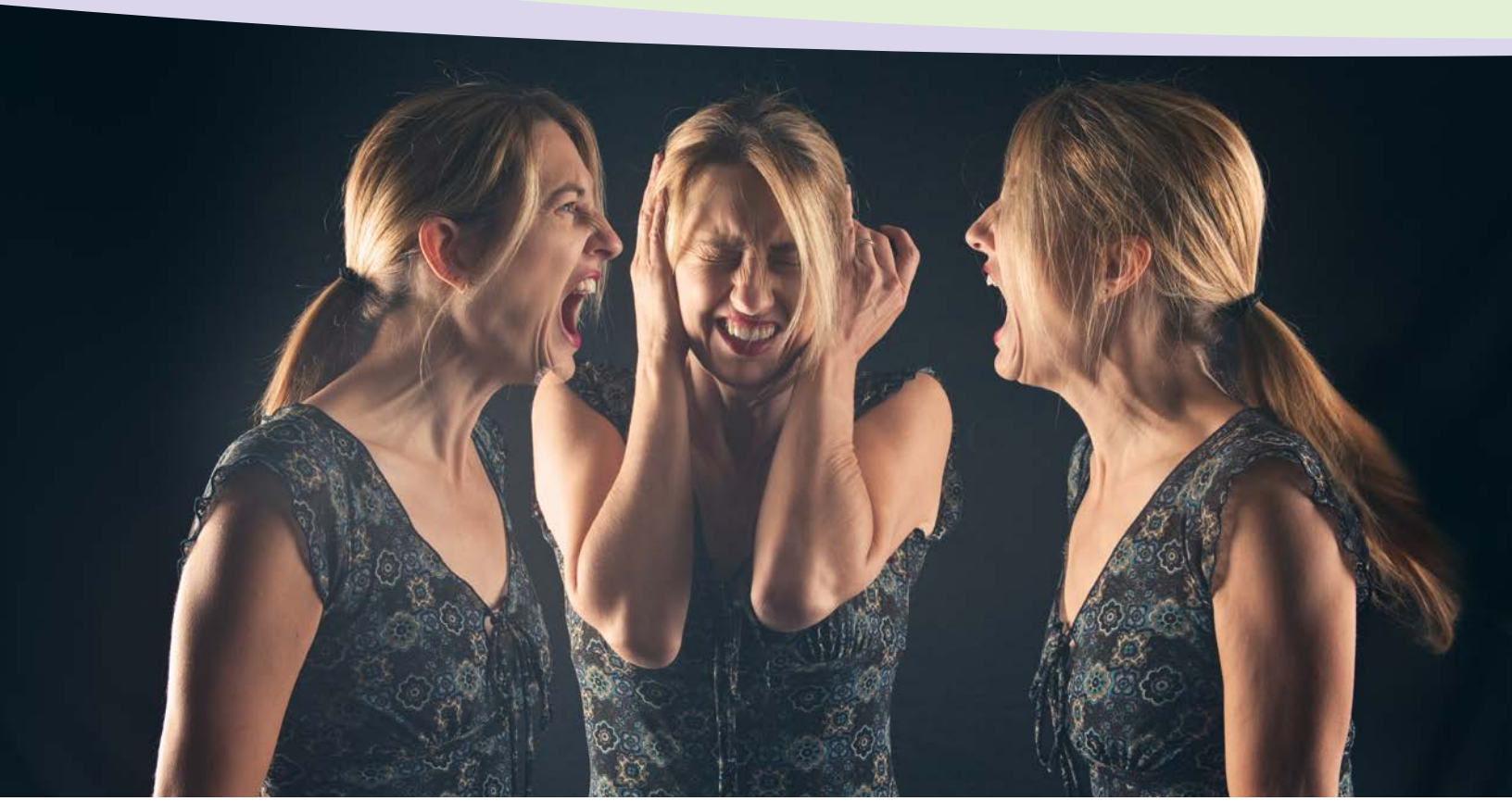
Most of the time it is healthy and useful to assert yourself. However, you should be aware that there are some situations where attempting to assert yourself can get you harmed. In order for assertion to work to change relationships, both individuals have to be reasonable people at some level, and to at least minimally respect one another.

Lesson Summary

- A boundary is a limit or space between you and another person. You create boundaries with your words, actions and sometimes with the help of other people. Boundaries help you to be clear on what you will allow and not allow in your interactions with others.
- Professional boundaries are an important part of having healthy relationships at work. These boundaries can apply to coworkers, managers and even the individuals you care for. Professional boundaries promote good care and protect both you and the individuals with whom you are interacting.
- If you think about a boundary as a fence or a gate – as the gatekeeper, you get to decide how close another person gets to you physically and emotionally. Providing care for individuals with mental disorders may require more patience, reinforcement and consistency when setting and maintaining boundaries.
- There are three different ways to relate to one another. 1) Aggressive, 2) Passive or 3) Assertive.
- Assertiveness is finding a middle way between aggression and passivity that best respects the personal boundaries of all individuals involved.

Checkpoint

Using a fishbowl technique, two individuals will have a discussion in the middle of the room on the topic of **creating healthy professional boundaries** while the rest of the class observes the discussion quietly. Once the discussion is complete, learners on the outside of the fishbowl will summarize.



Module 5: Creative Approaches to Challenging Behaviors

Lesson 8: Approaching Behaviors

The caregiver will demonstrate a sequence of steps to approach challenging behaviors.

Lesson 9: Crisis Management

The caregiver will identify potential stressors to prevent crisis and demonstrate steps for de-escalation.

Lesson 10: Specific Behavioral Challenges and Steps

The caregiver will demonstrate an understanding of navigating challenging situations.

Lesson 8
Approaching Behaviors

Objective:

The caregiver will demonstrate a sequence of steps to approach challenging behaviors.

Overview

A mental disorder is any psychiatric disorder that causes untypical behavior. You have learned earlier in this book about various mental disorders that may have negative symptoms and behaviors attached to them. You have learned the impact that past trauma may have on an individual's present well-being and triggers that may prompt negative reactions when resilience and healthy coping mechanisms are lacking.

Remain empathetic, dependable, patient, strong, flexible and creative when interacting and approaching individuals and their behaviors.

This lesson gives a general approach for approaching behaviors. As you work through each section, think about situations you have been in and how you might apply this three-step approach in future situations.

Think about a time when your own behaviors were negative and how you felt at that time. Consider how others reacted or responded to your behaviors. Were there responses that made you feel better? Were there reactions that made you feel worse?

Exploring Behaviors

Individuals with a mental disorder use behaviors to communicate a personal need, feelings and emotions. There might be many things going on with the person that may contribute to the behavior. In order to decide how to best respond to the behavior, you need to take a step back and try to figure out what the person's behavior may be telling you. There is no one size fits all solution when dealing with behaviors. Different people have different needs.

Strategy for Approaching Behaviors

While there are a number of strategies to work with behaviors, your primary role is to remain and appear calm and supportive and do not take the behaviors personally. Remember that the individual diagnosed with a mental disorder does not necessarily behave in a way to get attention or to be mean. They are expressing a need. You must know the individual's history, habits, current needs and abilities. There is no right/wrong view of challenging behaviors.

To approach behaviors: Stop, identify and take action.

1. Stop

When you are faced with an unexpected behavior, take a moment to stop yourself and take a step back from the situation. Make sure you are not reacting. Calm yourself and focus. Most challenging behaviors have a cause or a trigger. There is a reason for the behavior. Challenging behavior is likely a reaction to something that set the behavior in motion. Having a reaction means that the individual is unconsciously, emotionally and possibly impulsively behaving without any thought to a situation or event. It is your job to respond. Responding is taking action with thought.

Responding versus reacting to a challenging situation takes self-control and discipline. The best way to respond and not react is to stop before taking action unless someone is in immediate danger.

- Stop or pause even if only a few seconds
- Calm yourself

Calming techniques

If you find yourself reacting instead of responding, there are many ways to get calm and focused. Find something that works for you.

- Take a few deep breaths.
- Count to ten.
- Detach yourself from the emotions of what is happening around you.
- Separate the behavior from the person.
- Recognize it is not about you.
- Repeat a positive phrase or affirmation to yourself such as "I am calm and relaxed in every situation" "I remain calm and positive in difficult situations" I remain calm and in control under stress".
- Get a clear picture in your mind of armor surrounding and protecting you from harm.
- Imagine a scene, person or experience that gives you a feeling of calm.

Janeth Mcfarren recently started telling you about having conversations with her family in California. She does not have a phone and there is no record of these conversations. After talking with the family, you discover that she has hallucinated in the past when there is a change in her environment. You have just had several staff change their schedule and some of Janeth's favorite activities have changed.

Discuss how you can accomplish step one.

If you are still unable to get yourself calm and focused, give yourself a brief time-out (if possible in your situation) or ask for help. It is better to walk away for a few minutes and collect yourself than to risk reacting and making the situation worse.

2. Identify

After you take a moment, it is time to use your detective skills and figure out what is happening. Identify what caused or triggered the behavior. You should know the individual's routines, preferences and daily rhythms related to care and life history. When you see a change that concerns you, remain emotionally available to the individual.

- Show genuine interest and concern.
- Realize that your own personal feelings of stress, personal worries, and time pressures can add to any emotional tension the individual is experiencing.
- Listen to what the person is communicating through body language, words and the emotions behind their actions.

The individual might be expressing a need or desire or there might be a trigger that is physical, environmental and/or emotional.

Expressing a need or desire

There are many reasons an individual may not be able to communicate with words what they need or want. The person with mental illness may not be able to:

- Speak.
- Process things quickly enough to explain what is happening or needed in the moment.
- Understand themselves due to the disease.
- Have strength to speak words. For example, he or she may be in too much physical and/or emotional pain.

Sometimes what you may see as a challenging behavior may be the only way the individual can tell you that they need or want something.

Physical, environmental and emotional triggers

The following are some common triggers to look for that may be causing the behavior.

Physical triggers such as

- Symptoms of his or her disorder(s) or condition(s)
- Infection, such as urinary tract infection (UTI)
- Pain
- Medication side effects or drug interactions. This is especially important when medications are added or stopped.

- Dehydration
- Hunger or thirst
- Fatigue
- Recent injury
- Incontinence
- Constipation
- Unmet physical care needs such as needing to go to the bathroom
- Uncomfortable clothing
- Reaction to care being given

Environmental triggers such as

- Too much noise or people
- Intrusion into personal space
- Temperature (too hot or too cold)
- Something unfamiliar being added in the environment
- Something familiar being removed or moved
- Lack of privacy
- New environment or people
- Too bright or too dark
- Smells
- Full moon or sun setting
- Shift change

Emotional triggers such as

- Change in routine (especially if the individual feels no control over the change)
- Recent big changes or losses
- Difficulty with family, friends other care members
- Need to regain a sense of control
- Depression
- Boredom
- Past or current events, including holidays
- Anxiety
- Fear
- Loneliness
- Lack of intimacy
- Emotional state of other people

The perspective of the individual you are caring for is what is important when looking for possible triggers. What has triggered the individual's behavior can be very different from what would trigger you.

Janeth Mcfarren recently started telling you about having conversations with her family in California. She does not have a phone and there is no record of these conversations. After talking with the family, you discover that she has hallucinated in the past when there is a change in her environment. You have just had several staff change their schedule and some of Janeth's favorite activities have changed.

Discuss how you can accomplish step two.

Other things to look for:

- What happened just before the behavior started?
- Were there other people involved when the behavior occurred?
- Where did it occur?
- What is happening in the person's living space?
- Is this a new behavior?
- Are there certain actions that make it worse?
- Is the individual trying to communicate a need or desire?
- Are there any patterns you can see? For example, is there a certain time of day, events such as shift changes, a particular caregiver or visitor, substances like drugs, alcohol, sugar or caffeine, or after taking a certain medication that sets it off?

3. Action

Because there is no "one size fits all" formula to handle challenging behaviors, what works in one situation may not work in another and may not work in the same situation. What works with one individual may have the opposite result with another. The best way to deal with challenging behaviors is to adapt as you go to each unique individual and situation. This means that you must be:

- Constantly aware of signals the individual is giving off.
- Ready to adapt, walk away, soothe, distract, or respectfully steer the individual away from what triggered the behavior.
- Willing to do something different if what you tried does not seem to be working.

Minimize or eliminate the trigger

If you have an idea what is causing the behavior, try to stop or minimize the trigger. If meeting an individual's need or request can minimize or eliminate the behavior, ask yourself the following questions:

- Does it hurt anyone to do it?
- Are you bothered because it
  - Makes you change or adjust YOUR schedule?
  - Might look odd or unusual to others?
  - Requires you to "think outside the box?"
  - Would be easier to do it the "regular" way or at a less busy or unusual time?
  - Is the individual experiencing pain?

Adapt

Look for ways to adapt to the individual and their routine. This can include:

- Changing when or how the individual receives care.
- Breaking tasks down into smaller steps.
- Taking frequent breaks to allow the individual more time to do each step.
- Not doing certain tasks as frequently or doing them at a different time.
- Doing more prompting or cuing.
- Encouraging independence and choice in even the smallest ways.
- Using assistive devices to their fullest extent.

Common Pitfalls

Common pitfalls in taking action on challenging behaviors might include

- Correcting behavior.
- Ignoring the behavior.
- Arguing with the person.
- Attempting to use reasoning to change the behavior.

Be aware and observant of subtle details. The answer for successfully navigating through challenging behaviors is often in the subtle details of who the individual is as a person.

- How do you know when the individual likes or does not like something?
- What types of things, situations, or people seem to make the individual frustrated, anxious or nervous, angry, etc?
- What pace of activity is comfortable for that individual? How do you know when it is too fast or too slow?
- How does the individual communicate (both verbally and with body language) what he/she wants?
- Is there anything you can learn about the individual's general personality that gives you an overall sense of the best way to work with them?
- Is there anything unique to the individual's culture that could be contributing to the challenging behavior?

When you get to know some of these more subtle things about an individual, you can watch for early warning signs of possible problems. Take action immediately to help the individual feel more calm and reassured (reduce or minimize the trigger, give space, calm, distract, reassure, etc.)

Give space

Ask yourself if giving the individual some space would be best. If it is safe, come back in five or ten minutes. This may give the individual time to calm down. Some quiet time may be all it takes to resolve the situation. Giving space can also mean staying with the individual and respecting his or her need for personal space. How much space does the individual appear to need around their physical body? Is the individual hypersensitive to touch? Movement? Claustrophobic? Is there a particular way you can approach the individual that seems less unsettling to them? Knowing the answers to these questions can help guide you in how to approach the individual any time, but especially when the individual is highly reactive.

Tips when approaching

Pay special attention how you approach individuals with mental disorders. A sense that you are invading personal space is a common trigger of challenging behavior. Remember to:

- Knock. Ask permission to enter a personal space.
- Smile genuinely.
- Try to get the person's attention before you talk.
- Move slowly. Avoid sudden movements.
- Identify yourself and why you are there.
- Address the individual by the preferred name.
- Spend a few minutes talking with the individual before providing care. This gives you time to see how the individual is doing and gauge if it is safe to proceed with care.
- Explain what you are doing.

Soothe and comfort

- Slow down your own movements and energy.
- Try not to show any anxiety or other intense emotions. They will likely increase the reactions from the individual.
- Validate the person's feelings.
- Speak slowly, softly with a low pitch, and in a reassuring tone. Make sure the individual can hear you if he or she has trouble hearing.
- Offer things you know comfort that individual (warm blanket, rocking chair, quiet music, a cup of tea, turning on a favorite show, a favorite object, holding a pet).
- Reduce distractions or loud background noises as much as possible. Examples might be turning down the TV, asking others in the room to step out, or turning down the lights. Ask the individuals permission before doing any of these things.
- Play relaxation or anti-anxiety music or meditations.
- If touching might be comforting, offer physical comfort such as lightly stroking the individuals hand, giving a hug or a back rub. The appropriateness of comforting touch depends on the individual and policies where you work. If offering comforting touch is allowed, ask the individual's permission first. Make sure you know preferences when it comes to touch and back off immediately if it further upsets the person.

As a general rule, remember that your body language is your best communication tool. This means that it is critical that:

- Your posture, facial expressions and stance are relaxed and open.
- Your tone is respectful and calm.
- You move slowly.
- You stop what you are doing and focus on the individual.
- Your body language matches the words you say to the individual.

Reassure

- Listen! Let the individual talk about their feelings. Do not ask a lot of questions at first. Let the individual get some of the excess emotions out. Listening helps make sure the individual knows that he/she has been "heard" by you. (Remember listen to both words and body language).
- Be understanding and sympathetic. The individual will be more likely to respond favorably if you sound sympathetic rather than insincere, annoyed, frustrated or angry.
- Maintain clear boundaries if you are treated with disrespect or threatened.
- This is not the time to have a talk about the behavior. Wait until later when the situation is calmer to work through any boundary issues or concerns.

Distract or redirect

- Distract the individual by offering choices such as a calming or favorite activity such as a walk, snack or beverage.
- Change the conversation to something positive that may redirect the person.
- Encourage the person to take several deep breaths.
- Reinforce positive behaviors.

Encourage

- Listen.
- Use praise liberally while remaining mindful that the individual is an adult. (Be careful that the praise does not become child-like)
- Reinforce positive behavior no matter how small.
- Encourage keeping happy reminders, such as family pictures or treasured keepsakes in plain view.
- Encourage the individuals to engage in healthy behaviors in diet, exercise and socializing with others.

Protect and support others being impacted by the behavior

It can be upsetting for others to see or be part of the challenging behavior. Remember to stay aware of others in the area. Take action to support and protect others if they are impacted.

Get help

If you need help, get it. Especially when medical or other emergency help is needed. Know what your policy is on involving other individuals such as medical personnel, other team members, family, friends or guardians.

Speak up immediately if you ever feel you are at your own breaking point or limit when dealing with an individual who is exhibiting challenging behavior.

Self-care

As a caregiver, you need to replenish your emotional reserves after handling stressful behaviors. This requires good self-care. Take time to manage your feelings.

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Discuss how you can accomplish step three.

Prevent or minimize challenging behaviors

Once the heat of the moment has passed, you may have more time to reflect on what triggered the challenging behavior. This information helps you take steps to avoid these situations from happening again. With more time to reflect, you may see additional patterns or concerns.

Document and report

You may have important information to share with other team members. Others on your team need to understand and learn from what you observed, what actions you took and what did and did not work.

There will be policies and procedures for documenting and reporting challenging situations that you must follow. Objectively writing down what happened and what actions you took gives everyone a record. This record will help make sure you do not forget even small details, that when reviewed again, might reveal important information.

Behaviors and Mental Illness

Depression

Gently encourage engagement in activities. Allow the individual to set the pace – even if it is not as fast as you would like. Respect the individual's emotional and physical limitations. He/she may need the rest to get well again. Getting outside and doing physical activity of any form often gives a sense of accomplishment and can boost self-confidence. Be sure to give positive feedback for all accomplishments.

Hallucinations

When someone seems to be hearing voices or sees things that you do not see, stay calm. Try to distract by asking the person to do something or by engaging in conversation. If the person is hearing voices more and more, this may be a sign of relapse. Encourage the individual to speak with their health professional(s). Do not pretend to see or hear what the person hears, but acknowledge what they are hearing, e.g., "I believe you hear another voice even though I don't."

Behaviors and Mental Illness (Cont.)

Delusions

A delusion is a fixed false idea, sometimes based on a misinterpretation of a situation. It is pointless to argue with her/him. Acknowledge that you appreciate that the person truly believes what they are saying, but do not agree with it. It is better to help with the distressing emotions she is feeling rather than to dismiss the beliefs.

The nature of some delusions may lead you to be concerned about the individual's safety or well-being. It may be difficult to know what is true and what is not. As you work this through, it is usually helpful to verify "facts" with others.

Manic behavior

Manic behavior patterns include hyperactivity, heightened mood to the point of elation, and overexcitement. If an individual has manic behavior, try to be a calming influence. Try to slow things down (for example, talk more slowly, walk more slowly). Express your concerns about the actions but be prepared that the individual may not see anything wrong. Set clear limits on behavior and take action when warning signs begin to appear.

Social withdrawal (withdrawal from family, friends and activities)

Gently encourage the individual to participate in everyday activities (eating meals, watching television), but be prepared for the individual to refuse. It may be difficult for him/her depending on the stage of recovery. Large gatherings or busy group activities may be too overwhelming. Friends can be an important source of social enjoyment.

Apathy/Lack of motivation

Ask the individual to help with simple tasks or chores and be sure to thank him/her when she does. You may say something like, "Thank you for helping me with the laundry. I enjoyed your company; it made the chore much easier." Regular exercise and mental activity like going for a walk and reading the newspaper can also help.

It is important to move at a manageable pace. Pushing to do too much too soon can be overwhelming and may add stress to his/her life.

Aggressive behavior

You do not have to tolerate violent or aggressive behavior. The first thing to do is assess the level of danger. If you feel safety is at immediate risk, call 911 for help. If you feel the situation is safe, try to find out why the individual is angry. The most effective way to calm a person is to encourage them to talk about their anger.

Acknowledge feelings with comments such as "I can see you are angry" or "I appreciate how you feel." Try not to argue; it could make the situation worse. Be reassuring. If the individual makes reasonable requests that do not put anyone in danger, try to go along with them.

Substance use

Mental disorders and substance use frequently occur together. Fifty percent of people living with a mental health condition also experience a substance use problem. Many youth and young adults who develop a mental disorder begin to use alcohol and other drugs at some point in their life. They may use substances for a variety of reasons. Their reason may be to combat social anxiety, boredom or loneliness; block out symptoms or side effects of medication.

People living with a mental disorder are more sensitive to the effects of substances. Substances can interfere with the effectiveness of prescribed medications. They can also increase symptoms and risk of relapse. Use of substances is also linked to increased risk of violence. People who have a mental disorder and serious problems with substance use are said to have a concurrent disorder.

Lesson Summary

- Remain empathetic, dependable, patient, strong, flexible and creative when interacting and approaching individuals and their behaviors.
- Individuals with a mental disorder use behaviors to communicate a personal need, feelings and emotions. There might be many things going on with the person that may contribute to the behavior.
- When you are faced with an unexpected behavior, take a moment to stop yourself and take a step back from the situation.
- After you take a moment, it is time to use your detective skills and figure out what is happening. Identify what caused or triggered the behavior.
- Because there is no "one size fits all" formula to handle challenging behaviors, what works in one situation may not work in another and may not work in the same situation. What works with one individual may have the opposite result with another. The best way to deal with challenging behaviors is to adapt as you go to each unique individual and situation.

Checkpoint

Read the following scenarios and using the three-step process described in this lesson, demonstrate how you would handle each situation.

1. Sherwood Wycoff, an individual with schizophrenia, begins pacing up and down the hallway muttering under his breath. You notice his pacing begins to get faster and his muttering continues to get louder. His gaze is very focused and he does not respond to you calling his name.

STOP:

IDENTIFY:

TAKE ACTION:

2. You walk into a room and notice Hana Holiday, an individual who has a history of self-injury, cutting on herself with a sharp piece of plastic. How do you respond?

STOP:

IDENTIFY:

TAKE ACTION:

Lesson 9
Crisis Management

Objective:

The caregiver will identify potential stressors to prevent crisis and demonstrate steps for de-escalation.

Overview

It is often difficult to predict when a crisis will happen. There may be triggers and signs that a crisis will occur, but a crisis can occur without warning. Our main goal is to be aware of what can cause a crisis (such as triggers and traumas), warning signs, strategies and to recognize each person as an individual to be more aware when an individual may need help.

Some mistakes that caregivers might make:

- Calling 911 before working through the process
- Ignoring behaviors thinking they will go away
- Engaging or aggravating the behaviors and not moving on
- Reacting emotionally
- Saying to the individual "you are acting like a child"
- Thinking or saying that what the person is experiencing is not real
- Arguing with the way the individual is feeling
- Invalidating what the individual is saying

A mental health crisis is as important to address as any health crisis. It may be difficult to predict when a crisis will occur. It is important to recognize what a mental health crisis is, how to prevent a crisis and what to do if a crisis occurs.

Consider what you know about trauma informed care, behaviors and communication so far. How do you think it influences crisis management?

What is Crisis

A mental health crisis is a non-life threatening situation in which an individual is exhibiting extreme emotional disturbance or behavioral distress, considering harm to self or others, disoriented or out of touch with reality, has a compromised ability to function, or is otherwise agitated and unable to be calmed.

Examples of a Mental Health Crisis may include:

- Talking about suicide threats
- Talking about threatening behavior
- Self-injury, but not needing immediate medical attention
- Substance use that is newly formed
- Highly erratic or unusual behavior
- Eating disorders that are newly formed
- Not taking their prescribed psychiatric medications
- Emotionally distraught, very depressed, angry or anxious

Averting Crisis

There are things you can do before a situation becomes a crisis. Watch for early warning signs. Occasionally, everyone has a bad day. If you sense deterioration in the person's mental health condition, try to find out what is going on. There are usually early warning signs that signal problems such as: changes in sleep or social activities, increasing hostility, suspiciousness, worsening anxiety or mood swings. Try to get the person to see a psychiatrist or social worker or case manager if they have one. The objective is to avert crisis.

Critical Risk Factors

Before you encounter anger or physical aggression there are certain factors that you can be aware of that may help you avert or deal with risk of violence:

- Has the person made a direct threat or been violent recently?
- Has the person made any destructive or threatening statements?
- Has the person intentionally frightened someone?
- Has the person been stalking or following people?
- Is the person preoccupied or dwelling on injustices or unrealistic fears?
- Does the person have a history of anger problems bordering on violent behavior?
- Has the person been increasingly angry, aggressive or violent over time?
- Has the behavior or any threats become increasingly lethal?
- Has the person made statements or implied they might have a plan?
- Has the person made statements or implied they might have a weapon?

When there is No Immediate Danger

When there is no immediate danger, there are three steps that will help you deal with the risk of interpersonal violence.

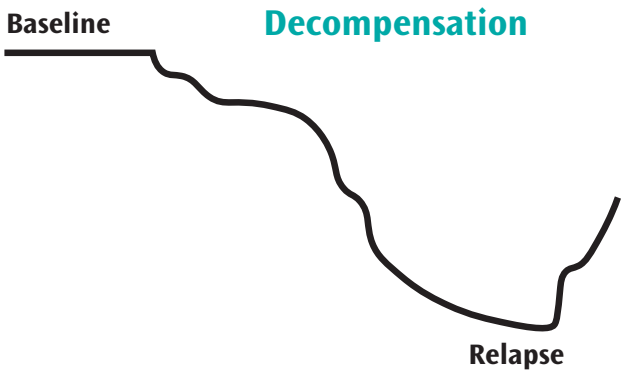
1. Identify the risk factors and discuss these with people who can be supportive and offer constructive advice.
2. Report and document any information regarding violent or threatening behavior.
3. Prevent violence by paying attention to warning signs, seeking advice from a qualified mental health professional or supervisor.

Kip Lehmann, an 85-year-old man with borderline personality disorder experiences wide mood swings and shows instability and insecurity. He has chronic feelings of boredom and emptiness. When he feels stressed, he often becomes angry and impulsive. Occasionally, Kip has self-harming behaviors.

Discuss any warning signs that you might watch for to avert a crisis.

Decompensation

Decompensation is when symptoms of the mental disorder begin to be more prominent and the person is unable to manage or cope with his or her symptoms. Think of decompensation as the downward slide from the person's baseline. This downward slide leads to a decline in the person's ability to think and carry on with daily activities.



Causes of Decompensation

- Stress is the number one cause of decompensation
- Changes in a person's daily activities that might cause stress, including changes in the person's physical health, finances, relationships, or living environment
- Fatigue
- Illness
- Not taking prescribed medications
- Life events such as holidays, vacations, moving or the death of someone close

Symptoms of Decompensation

Early identification that the person is decompensating is vitally important to get the person appropriate treatment. Without intervention, decompensation can lead to a relapse.

It is critical that you stay alert to symptoms that the person is decompensating.

Symptoms of decompensation are unique to each person. It is important to find out what symptoms the individual has experienced in the past so that you can watch for them.

Some general symptoms include:

- Sensory changes – in what the person tastes, smells, hears and sees
- Perceptual changes – the person may misinterpret or distort what is going on around him or her and may experience more frequent hallucinations or delusions or become more paranoid.
- Emotional changes – the person's feelings may appear extreme, opposite of what you might expect or flat, showing little emotions
- Changes in speech – the person may sound different and may be difficult to understand. The person may string phrases together that make little sense or don't seem to fit
- Changes in socialization – the person may withdraw and stop talking to others
- Cognitive changes – the person may have difficulty thinking and seem confused

When the person is doing well, talk to him or her about techniques that have worked in the past so you can be prepared to use them when needed.

Some typical techniques people with mental health disorder use to prevent a relapse include:

- Calling the mental health case manager or other mental health professional for support.
- Calling family or friends.
- Using positive self-suggestions to overpower unwanted thoughts.
- Doing an activity the person enjoys, such as reading or playing a game.
- Taking time to go for a walk, meditate or pray.
- Getting adequate rest and sleep.

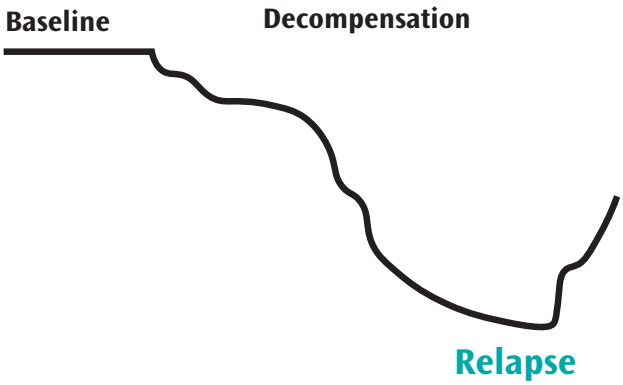
Some people may also use substances. This is not a good technique as it makes symptoms worse and can be dangerous.

Some things you can do to help
Talking to the person about what he or she is feeling
Encouraging the person to try some of the techniques that have helped in the past
Involving the person in an activity
Helping the person to stay focused when doing tasks
Being consistent and non-judgemental
Calling for assistance when needed

Eula Griffiths, age 57, has post-traumatic stress disorder (PTSD) and has a history of self-harm and substance abuse. Over the last year, she has been managing her PTSD with a combination of medication and her service dog that has been soothing for her. Eula moved into a new care setting six months ago and there have been many recent changes in caregivers. She has become withdrawn and her symptoms of PTSD are increasing with more flashbacks, bad dreams and outbursts of anger. What are some ways you can help Eula?

Relapse

A relapse is said to occur when the symptoms of the mental disorder worsen or when previous symptoms return and are severe enough to require professional intervention.



Even with the best treatments and support, relapse can still occur. Sometimes, these symptoms come and go in cycles. Relapse may also occur without an apparent cause.

Since prevention is not always possible, it is imperative that you prepare ahead of time and develop a plan with the person on what to do in the event of a relapse.

Make a detailed written plan, then follow it if relapse occurs. This will make a difficult situation less stressful.

Relapse Plan

A relapse plan is a prearranged plan for what to do when a person experiences a relapse. It is often called a "crisis plan". Most often this plan is included as part of the Negotiated Service Agreement/Plan. There is no requirement for what needs to be part of a relapse plan. A relapse plan should include:

- Events or situations that have triggered a relapse in the past
- Early warning signs the person experienced in the past
- What has helped the person in the past when the person experienced those early warning signs
- Who the person wants contacted
- What each person's role is in the plan

For people with a long-standing mental disorder and who have mental health professionals as part of the care team, a relapse plan is developed by the individual's case manager and the client earlier on and may be more comprehensive and include information about the person's preferences regarding:

- Useful tips on what can help this individual in crisis
- Treatment and facilities
- Physicians, mental health professionals and other providers
- Hospitalization and alternative interventions
- Medication preferences and instructions

Eula Griffith's PTSD has relapsed and she is abusing substances and self-harming in addition to her increased symptoms of PTSD. She has a relapse plan in place. How can you help her?

Relapse Plan

Resident Name: Eula Griffiths

Events or situations that triggered relapse in the past:

Stressors that include change of environment, inconsistency in supports, the month of December, holidays, fireworks and other loud noises.

Early warning signs that I have experienced in the past:

Increased irritability, sleeplessness, avoiding social gatherings, feeling depressed, outbursts of anger.

What would help me if I experienced early warning signs?

Medications, talking with my therapist, my service dog, going for walks, support from family and friends, creating / art.

Who I would like to assist me / what I would like them to do

My sister – talk with me about carefree memories from our childhood.

My therapist – let me talk about my feelings and help me reframe my thoughts.

My pastor – pray with me.

When a Crisis Occurs

If the person with a mental disorder is in danger of physical injury, out of control, talking about suicide, posing a threat to the safety of other persons, you need to know what steps to take.

- Have the person's medical information on hand. If you should need to phone for help, have with you written information about the person's diagnosis, medications and the specific event or behavior that caused you concern. It may be useful to have several copies to give to the police and to mental health professionals.
- Remember, no one is at fault in a mental health crisis. The person with a mental disorder may be at a loss as to how to react when someone is in crisis. Remember that the mental health condition is no one's fault, nor is it the fault of the person who is in crisis.
- If you feel there is a danger to any person, either call the Crisis Center for help in assessing the seriousness of the situation or seek assistance from local law enforcement officers.
- If the person with a mental disorder is seeing, hearing or feeling things that are not real, do not argue, deny or reason with the person at this time. Instead, assure the person that you care about him or her, understand that what he or she is experiencing is real to him or her and that you want to help.

Crisis De-escalation

Remember the steps you learned in lesson 8 on approaching behaviors. Stop, identify and take action. You can use this same strategy for crisis de-escalation while keeping in mind some additional information.

As long as there is no immediate danger to self or others, there is time to stop and assess the situation and identify what is happening. You can talk with the person and evaluate the responses. Listen to what the person is saying – not only with words, but also with body language and tone of voice. Listening with empathy is important so you can try to understand where the person is coming from.

- Give the person your undivided attention. Look at the person, make eye contact if appropriate and demonstrate through your body language that you are listening.
- Be nonjudgmental. Pay attention to what you say with your words and body language and tone to remain nonjudgmental toward the person and the situation.
- Focus on feelings. You might say things such as "that must be scary" or "tell me what that feels like."
- Allow silence. If the individual is not responding, you may need to repeat the question and allow for time to respond.
- Clarify messages. Instead of assuming that you know what the person is saying, you can restate what you understand and allow the person to clarify their meaning.
- Develop a plan. Develop a plan before one is needed. Think about practicing dealing with potential issues ahead of time.
- Use a team approach. It is easier to maintain professionalism when assistance is nearby.
- Use positive self-talk. Instead of thinking to yourself that you cannot deal with this situation, try saying to yourself "I am trained and I know what to do" or "I can do this until help arrives".
- Recognize personal limits. Know what your limits are. Know sometimes it is not easy to leave problems alone and sometimes you need to let someone else take over if that is an option.
- Debrief. Be sure to talk with coworkers, team members or manager after an incident. Talking about it can relieve some stress and it is a good time to start planning for next time. Talk about what was done well, what could have been handled better and how could the response be improved next time in a similar situation.

De-escalation

De-escalation is the action you take to reduce the intensity or escalation of conflict, crisis or a potentially violent situation.

When an individual that you are providing care for is upset, angry, aggressive or violent, it is important to have tools to help the individual regain a level of calm or de-escalate the situation.

In any situation, the only thing you have complete control over is yourself. You cannot control the actions of others, although you can learn tools to support the individuals you care for. Caregiving is a profession that provides care for individuals who may experience an elevation of conflict, crisis or potentially violent situation.

Each individual may have events, dates or situations that trigger them to elevate. Being aware of the individuals you care for, being trauma-informed and using the three-step process for behaviors can help minimize escalating. Successful de-escalation begins with you and your attitude, beliefs and actions. You can also support the individual by making changes to the environment to prevent agitation.

Milieu Changes in the Environment

Milieu changes are changes in the environment in which something occurs or develops. This can occur within the physical or social setting. The goal is to prevent agitation. Agitation is a state of anxiety or nervous excitement. Agitation commonly comes before aggression. Aggression is hostile or violent behavior or attitudes toward another; readiness to attack or confront.

Agitation is often reflected in behaviors such as pacing, yelling or making verbal threats or threatening gestures toward others.

Verbal warning signs of violence (that are different from baseline):

- Threats or boasts of prior violence
- Confused thinking
- Bragging about losing control
- Increased pitch when speaking
- Repetitive word use, parroting and or echoing
- Forced or strained speech
- Nervous laugh or laughing at inappropriate times
- Yelling or screaming
- Non-stop profanity
- Slurred speech
- Talk of hurting animals

Non-verbal warning signs of violence:

- Personal space violation
- Standing toe to toe
- Finger pointing
- Making fists
- Staring through you
- Face flushing
- Heavy breathing
- Flaring nostrils
- Person refuses any eye contact
- Someone blocks door/way out

You can use strategies to prevent the likelihood that individuals might escalate to an aggressive behavior. Focus strategies on creating a calm environment.

- Assess the risk in the environment
- Provide supportive and calm environments such as sensory rooms
- Provide or take training programs on creating calm environments
- Build trust and confidence with the individual

Early agitation often resolves with supportive non-confrontational language and other verbal de-escalation techniques to help diffuse the interpersonal interaction.

Some non-confrontational language examples:

- Use the person's name
- Ask "May I help you?"
- Speak slowly
- Use restatement for clarification
- Ask to take notes (if able)
- Paraphrase
- Use "what" and "we"
- Allow time for reflection
- Give options
- Ask for their idea or solution
- Use simple words
- Maintain appropriate eye contact

Avoid language or actions such as:

- Faking attention
- Rolling your eyes
- Making false promises
- Using jargon
- Agreeing with someone or taking sides
- Cutting people off
- Getting in a power struggle
- Raising your voice
- Losing your temper
- Meeting one-on-one with an angry person
- Allowing more than one person to talk
- Arguing
- Saying "calm down"

Recognizing triggers for aggressive behavior can determine prevention strategies by identifying patterns that can be addressed (certain sensory stimuli such as excessive noise can trigger aggression in some). A prevention strategy in this case could offer earplugs or headphones to the individual.

Benefits / health outcome:

- Improved quality of life, functioning or experience
- Improved therapeutic relationship
- Decreased subsequent aggressive behavior

Role-play a time when you were able to de-escalate a situation with an individual living with a mental disorder. What went well? What could have made it better? What would you do next time?

Situational awareness

Situational awareness or situation awareness is being aware of what is happening around you in terms of where you are, where you are supposed to be and whether anyone or anything around you is a threat to your health and safety.
To be situationally aware, keep these strategies in mind:

1. Learn to predict events
2. Identify elements around you
3. Limit situational overload
4. Be aware of time
5. Actively prevent fatigue
6. Limit attention to electronic devices and increase attention to your surroundings.
7. Use your senses

At work or outside of work, you should be aware of your surroundings. There are four levels of situational awareness developed by Col. Jeff Cooper, an expert on self-defense training. Be aware of safety and the point of danger. These levels are identified by a color scale, from white being unaware of surroundings to red being aware and ready to execute a response to a threat or danger. The goal is to be around the yellow awareness level when you are at work or in public.

White

White signifies someone who is unaware, unprepared, unconcerned. Normal state of mind when we are in the safety of our own home.

Yellow

Yellow signifies someone who is alert/attentive and calm. Normal state when we are out and about.

Orange

Orange signifies someone who has heightened awareness directed at potential threat, something is wrong. Start planning a strategy should the threat become concrete and imminent and ideally avoid the situation altogether. Generally, the focus stays on the threat to either advance to red or move back to yellow.

Red

Red signifies someone who is aware that a threat/danger exists and immediate action is needed. Execute necessary response: run, hide/take cover or fight.

Close your eyes.

What color is the chair you are sitting on?

What color of shirt is the person next to you wearing?

What direction is the door from you?

Do you feel like you are aware of your surroundings?

How can you be more aware and why would it be important?

Resident rights

70.129.120
Restraints—Physical or chemical.

The resident has the right to be free from physical restraint or chemical restraint. This section does not require or prohibit facility staff from reviewing the judgment of the resident's physician in prescribing psychopharmacologic medications.

70.129.130
Abuse, punishment, seclusion—Background checks.

The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.

(1) The facility must not use verbal, mental, sexual, or physical abuse, including corporal punishment or involuntary seclusion.

(2) Subject to available resources, the department of social and health services shall provide background checks required by RCW 43.43.842 for employees of facilities licensed under chapter 18.20 RCW without charge to the facility.

Debriefing

A debriefing is an activity where you evaluate and discuss what happened during the event. Be aware of any policies or procedures where you work. If you do not have a process in place, here is a six-step technique to debrief:

1. Control. Regain physical and emotional control of yourself. Stop, pause, calm yourself.
   a. Are you ready to discuss what happened?
   b. What went well?
   c. What can be done differently in the future?

2. Orient. What are the basic facts of the incident? What happened? Be nonjudgmental and listen to the perspective of every person who involved.
   a. What happened?
   b. Who was involved?
   c. When did they get there?
   d. What was each person's response during the situation?

3. Patterns. Look for patterns in causes and responses.
   a. What trends did each person observe?
   b. Are there things that seem to have caused the behavior?
   c. Do staff have precipitating factors at play as well?
   d. If so what are they?

4. Investigate: What needs to change.
   a. Brainstorm options of what might be done differently next time.
   b. What things you can do to prevent the situation from reoccurring?
   c. How can you strengthen or improve individual and team responses?
   d. What resources do you have available?
   e. What skills can team members practice?

5. Negotiate. Agree on what changes and improvements to make.
   a. Make a commitment to change
   b. Agree on how to respond in the future

6. Give. Offer support and encouragement.
   a. Express trust, confidence and respect for your colleagues.

Discuss why it is important to look for patterns in causes and responses for the quality of care for an individual with a mental disorder.

When to call 911 or other local resources

Call 911 when you or the person you care for feels at risk. If you are unsure if your situation is an emergency, call 9-1-1. The 9-1-1 dispatcher will help determine if emergency assistance is needed.
Note: Be aware of any policy in your organization on when to call 911 or other local resources.

Aggression and Violence

The possibility that the person with a mental disorder may become violent should not be ignored or minimized. Violent behavior for the person with a mental disorder is the result of impaired thinking and judgment or strange and bizarre beliefs that are caused by illness, disease, drugs, toxic chemicals or a severe medical problem.

When there is Violence

When there is violence, it is important to determine if there is immediate danger, because this will determine how you react and respond to the situation. In situations where there is immediate danger of violence, it is always appropriate to contact the police, sheriff's department or call 911 for immediate help. Follow the instructions given to you by law enforcement, particularly when there is a life threatening danger. If you are unable to call 911, ask somebody to call for you. Avoid being alone or in areas in which you could be surprised and could not easily escape.

Eula Griffiths elevated to crisis when she started threatening to kill herself and others around her. What can you do to help de-escalate the situation?

Crisis Resources

If you need to call a mental health professional or the crisis team, remember to stay calm and:

- Give clear, objective examples of how the person's behavior or train of thought is seriously impacting his or her own safety or that of others.
- Give the person's diagnosis and a brief history of the build up to the crisis situation.
- Make sure to give a total picture of the person's mental health relapse.
- If the person has been hospitalized before and appears to need that level of care again, be certain to share this information.

Example of a telephone call for the person who is having a dangerous train of thought:

Unclear presentation

I cannot get Jim to come into the house. He wants to be left alone. Jim likes sitting on the roof to scare me. I have tried to tell him to come into the house but he just yells at me to leave him alone.

Clear presentation

Jim is sitting on the roof and threatening to jump. Jim believes he can jump off the roof and not get hurt. Jim has been diagnosed with bipolar and his thoughts have been racing. When I try to speak to him, he becomes more agitated. I do not feel Jim is safe.

Alice has schizophrenia. Alice is experiencing visual hallucinations. She tells you that she sees men entering her windows and she thinks they are going to hurt her. Alice appears frightened. You are afraid for her safety as she is so distraught. You decide that it is time to call the mental health crisis team. What will you say?

Create a crisis contact information and local resources chart for your area.

Service	Agency	Location/Website	Phone Number

Lesson Summary

- It is often difficult to predict when a crisis will happen. There may be triggers and signs that a crisis will occur, but a crisis can occur without warning. Our main goal is to be aware of what can cause a crisis (such as triggers, traumas), warning signs, strategies and each person as an individual and be aware of any indication that an individual may need help.
- A mental health crisis is a non-life threatening situation in which an individual is exhibiting extreme emotional disturbance or behavioral distress, considering harm to self or others, disoriented or out of touch with reality, has a compromised ability to function, or is otherwise agitated and unable to be calmed.
- There are things you can do before a situation becomes a crisis. Watch for early warning signs.
- Early identification that the person is decompensating is vitally important to get the person appropriate treatment. Without intervention, decompensation can lead to a relapse.
- Even with the best treatments and support, relapse can still occur. Sometimes, these symptoms come and go in cycles. Relapse may also occur without an apparent cause.
- When there is violence, it is important to determine if there is immediate danger, because this will determine how you react and respond to the situation. In situations where there is immediate danger of violence, it is always appropriate to contact the police, sheriff's department or call 911 for immediate help.

Checkpoint

Last week, Tommie Callihan, an 83-year-old man diagnosed with post-traumatic stress disorder (PTSD) moved into your care setting and it triggered intense flashbacks and other symptoms. He says he feels abandoned by his family and wonders how he will pay for care. His flashbacks have gotten worse and is not sleeping. He has been increasingly irritable and today is having angry outbursts, pushing items off the counter and yelling.

What are some potential stressors for Tommie that could have been identified to prevent crisis?

Now that Tommie is in crisis, what are ways that you can help Tommie de-escalate?

Lesson 10
Specific Behavioral Challenges and Steps

The Washington State Department of Social & Health Services Aging and Long-Term Support Administration (DSHS/ALTSA) conducted research to identify the most common reasons for an individual living in one setting (Assisted Living Facility (ALF), Adult Family Home (AFH)) transferred to a new setting. The behaviors listed in this section are the highest rated reasons for moves. Becoming familiar with these behavioral challenges and steps to take to address them will help give you better tools to be prepared for these challenges to provide better care for the individual and yourself. When you read each of the challenges listed in this section, think about them in terms of an individual who has a mental disorder and supporting the individual who is presenting these behaviors.

Remember our three-step process to handle challenging behaviors. You can refer back to those steps on pages # - # as you encounter the following behaviors.

1. Stop and remain calm.
2. Identify what is going on.
3. Take action.

Anger

Anger is a strong feeling of displeasure and belligerence aroused by a perceived wrong. Do not take the anger personally. Most of the time, the anger is not about you.

The individual may experience:

- A strong reaction to minor annoyances or sources of frustration
- Increased irritability
- Increased tendency towards anger
- Lack of patience
- Low tolerance for change
- Unexpected outbursts of anger
- Verbal or physical demonstrations of anger
- All or a combination of the above

Stop and remain calm.

Identify what is going on.

- What is triggering the behavior?
- Are the surroundings not conducive to a calm experience?
- Are people not listening?
- Is there caregiver awareness?
- Is there a pattern?
- Does the individual need an assessment by a practitioner for medication adjustment?

Take action.

- Ask yourself if the behavior is harmful. If it is not harmful, can you let it go?
- Do not let the behavior get out of control.
- Communicate calmly with the individual.
- Can you reduce or modify the triggers?
- Is the individual having difficulty with something?
- Develop a plan to manage the frustration and anger.
- Prepare to prevent future behaviors.
- Walk away and let the individual calm down, then communicate.
- Get help as needed.
- Call 911 if needed.

Irvin Hubbard is a man living with bipolar disorder. Irvin has cycles of increased energy and is currently pacing the floor as he waits for dinner. You let him know that dinner will be ready soon. He becomes angry and yells “I am hungry now!” He pushes books off a shelf as he walks past them. Using the three-step process, discuss how you might support Irvin.

Step 1:

Step 2:

Step 3:

Combative during personal care

Combative behavior often describes physical aggression such as hitting, pushing, kicking, spitting and grabbing.

The individual may experience:

- Hitting
- Shoving
- Scratching
- Biting
- Pinching
- Spitting

Stop and remain calm.

Identify what is going on.

- The individual may be experiencing pain.
- Is there a trauma response? Why?
- Is the individual embarrassed?
- Is there something the individual does not like?

Take action.

- Stop doing the task.
- Ask questions.
- Ask if the care plan should be updated to limit the behavior in the future.
- Identify what is important to them and for them.
- Recognize when you are in over your head and ask for help.
- Listen to the individual.
- Recognize that people are allowed to change their mind.
- Explain what you are doing.
- Allow someone else to perform the task.
- Ask the individual to do all or part of the task.
- Give the individual something to spit in (for spitting).

Eric Santiago is a 69-year-old with borderline personality disorder. He has problems regulating his emotions and often has impulsive and reckless behavior. Eric has been showing an intense and uncontrollable anger when he is left alone. You know that Eric has a fear of being abandoned by friends and family. Eric's son came to visit today and after his son left, Eric started pushing you when you were helping him with his personal care needs. Using the three-step process, discuss how you might support Eric.

Step 1:

Step 2:

Step 3:

Crying and tearfulness

Explained or unexplained crying. Mood swings and emotional lability are often caused by disruptions in parts of the brain that controls emotions and behavior. In some cases, some mental disorders can cause sudden episodes of crying or laughing and may have no relationship to how the person feels.

The individual may experience:

- Explained or unexplained crying (or laughing) out of context.

Stop and remain calm.

Identify what is going on.

- Why is the individual crying?
- How are they really feeling?
- Did something happen?

Take action.

- Avoid reacting emotionally yourself.
- Find out why they are crying.
- Take the individual to a quiet area and try to calm so they can regain control of their emotions.
- Give validation of feelings and give the person a chance to talk about feelings.
- Provide feedback gently and supportively after the individual regains control.
- Gently redirect attention to a different topic or activity.
- Wait it out and come back later.

Sherri Hunt is a 45-year-old woman with severe depression since her son passed away. She is extremely sad and feels hopeless and worthless. She refuses to eat and cries much of the day. Using the three-step process, how might you support Sherri?

Step 1:

Step 2:

Step 3:

Disrobes in public

Public disrobing targets dress behavior that is contrary to local community laws, norms and an individual's usual behavior. The individual is unaware that this is inappropriate.

The individual may exhibit a lack of inhibitions including:

- Undoing buttons on blouse so that breasts are exposed
- Taking off pants
- Disrobing in public places

Stop and remain calm.

Identify what is going on.

- Find out if the clothes are uncomfortable.
- Is the individual too hot?
- Does the individual prefer other clothing?

Take action.

- Maintain dignity of the individual. (Get a blanket, redirect, etc.)
- Give reminders of appropriate and not appropriate behaviors.
- Be prepared if this is a pattern.
- Work with the appropriate people to update or create a plan on what to do when an individual is going to come out without clothes.
- Find clothes that are more comfortable.
- Make the individual part of the problem solving then have their buy in on the situation.
- Let the individual select different clothes.
- Use creative thinking.

Christian Hawkins, a man with post-traumatic stress disorder (PTSD) from being in a fire, will occasionally take his clothes off because he thinks that he is on fire. Using the three-step process, how might you support Christian when this happens?

Step 1:

Step 2:

Step 3:

Eats non-edible substances/ objects

Some individuals may eat non-edible, non-nutritive substances or objects such as plants or paper.

The individual may experience:

- Eating substances or objects not considered edible such as clay or soil, paint or metal objects.

Pica is the persistent eating of substances such as dirt or paint that have no nutritional value. If pica is suspected, a medical evaluation is important to assess for possible anemia, intestinal blockages or potential toxicity from ingested substances.

Stop and remain calm.

Identify what is going on.

- What is going on?
- Does the person have Pica?
- Is there a loss of sense of taste?
- What are the implications of this?
- Is there an iron or other vitamin deficiency?
- How is the person's nutrition and nutrient intake in general?
- Are there nutrient deficiencies?
- Is there another mental disorder present such as autism, schizophrenia or obsessive-compulsive disorder that may experience pica?
- Does the item look like a food item?

Take action.

- Redirect the individual to food.
- Remind the individual of the consequences of eating non-edible objects.
- Remind the individual what food is and what is appropriate to eat.
- Lock up cleaning supplies.
- Offer more spice to the person's food if there is a loss of sense of taste.
- Seek guidance from a medical professional regarding any deficiencies.

Ben Graves lives with schizophrenia and manages it with medications. Lately, you have found Ben eating dirt when he is outside. Using the three-step process, how might you support Ben?

Step 1:

Step 2:

Step 3:

Hallucinations and delusions

Although hallucinations and delusions are not real, the experience and feelings are real to the person and can be frightening. While you may not be able to control the hallucination or delusion, you can use your problem solving skills to help come up with a response.

The individual might experience:

- Seeing people or objects that are not there.
- Hearing voices or noises that do not exist.
- Being overly suspicious or having a distorted idea about what is actually happening

Stop and remain calm.

Identify what is going on.

- Is the hallucination or delusion a problem for you or for the individual?
- Is it upsetting to the individual? Is it placing the person in danger? Is the person frightened?
- Investigate for any misperceptions of the environment.
- Is the individual perseverating? Perseverating is being stuck on an idea.
- Is there a trigger?
- Is there change happening?
- Is there a medication that is causing the hallucinations or delusions?
- Is there stress?

Take action.

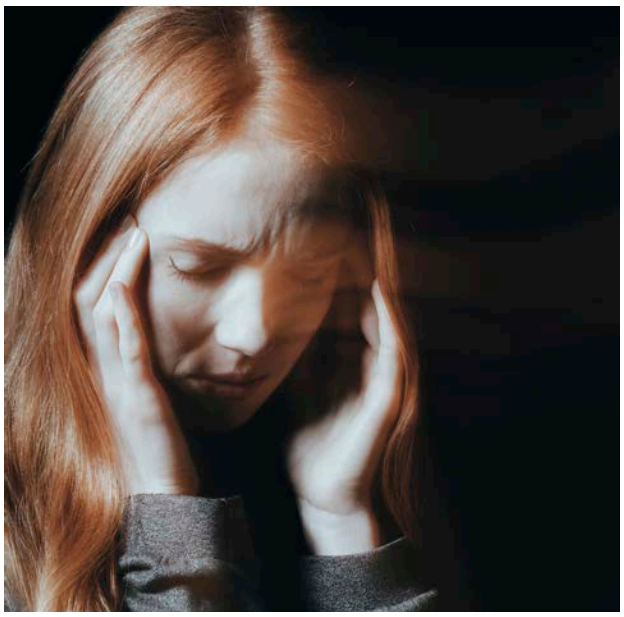
- Make sure the individual is safe.
- Move to a location they will not harm themselves.
- Do not argue with the individual.
- Find out what they are seeing.
- Report anything new.
- Do not validate what they are saying.
- Offer reassurance.
- Check glasses, hearing devices and medications.
- Call 911 if there is danger.

Leslie Pratt has schizoaffective disorder. She has frequent hallucinations and delusions along with symptoms of mania. Using the three-step process, how might you support Leslie?

Step 1:

Step 2:

Step 3:



Inappropriate toileting/ menses activity

Cognitive and physical problems may occur that cause a person to have difficulty with using the toilet.

The individual might experience:

- Smearing or throwing feces
- Urinating in inappropriate places
- Defecating in inappropriate places
- Inappropriate menses activity

Stop and remain calm.

Identify what is going on.

- A lack of awareness or lack of sensation of a full bowel or bladder that needs emptied.
- A decreased desire to urinate or defecate in an acceptable manner.
- A need to relearn social expectations.
- Urinating outdoors may be a behavior learned in childhood.
- Is the individual thinking they are doing the right thing, just not in the right place?
- Can they see the toilet?

Take action.

- Help the individual change soiled clothes.
- Regularly help to use the toilet.
- Develop a schedule for using the toilet.
- Encourage cleaning of genitals and hands after using the toilet if able.
- Use supports when sitting down and getting up from toilet.
- Provide pictures of the bathroom for recognition.
- Anticipate times and needs so you can assist them in maintaining their dignity so we do not overact.
- *Remember that putting clothing on backwards or dressing a person in clothing that they cannot get out of independently (such as zip up the back jumpers) to prevent toileting issues is a restraint and is not allowed.

Harriet Mullins has dissociative disorder and she often experiences significant memory loss related to trauma from her past. She often defecates in inappropriate places. How can you support Harriet using the three-step process?

Step 1:

Step 2:

Step 3:

Injures self

This includes both lethally motivated suicidal behaviors (intentional, self-inflicted attempt to kill oneself) and behavior inflicting intentional self-injury without suicide intent (e.g., self-mutilation).

The individual might experience:

- Skin cutting
- Head banging or hitting
- Burning
- Excessive scratching
- Punching self or objects
- Drinking something harmful
- Breaking bones
- Self-choking
- Poking self in eyes

Stop and remain calm.

Identify what is going on.

- Is the person self-inflicting damage with expectation of physical harm?
- Does the person have suicidal intent?
- Did something just happen in the environment that might cause negative feelings or thoughts?
- Is there a dual diagnosis/other mental, developmental or medical condition present?

Take action.

- Your responsibility is to protect the individuals, even from themselves.
- Seek outside professional help.
- Report for outside medical and psychiatric help.

Josh Burton is a 28-year-old with bipolar disorder and has a history of self-harm. Josh will punch himself and poke himself in the eye. How can you support Josh using the three-step process?

Step 1:

Step 2:

Step 3:

Intimidating/threatening

Intimidating is when someone behaves in a way to frighten or make you fearful. Threatening is expressing a hostile or deliberately frightening behavior.

The individual might experience:

- Attempting to force or deter someone else using threatening gestures
- Threatening stance with no physical contact
- Shouting or screaming angrily
- Personal insults
- Curses directed at someone else
- Using foul language in anger
- Kicking the wall
- Throwing furniture
- Showing an intention to cause bodily harm
- Causing someone to feel vulnerable or at risk

Stop and remain calm.

Identify what is going on.

- Does the individual recognize that they are intimidating?
- What happened just before the behavior?
- Is there a trigger?
- Is the individual upset about something?
- Is the individual in pain?

Take action.

- Your responsibility is to protect the person being intimidated or threatened.
- Having a mental disorder does not give a person the right to intimidate or threaten others.
- Can you keep individuals separated if there is a pattern?
- Set clear boundaries.
- Consider using strategies that worked in the past.
- Say calmly, "I notice you are escalating…"

Clyde McBride, age 65, has attention deficit hyperactivity disorder (ADHD) and has trouble sitting still. Clyde is often fidgeting and squirming and is also impulsive in his actions. Today he is insulting you and others and making others feel uncomfortable. He just threw a book across the room. How do you support Clyde using the three-step process?

Step 1:

Step 2:

Step 3:

Mood swings

Rapid, abrupt shifts in emotions.
Moods swings refer to rapid changes in mood. Mood might fluctuate from irritability to extreme sadness to angry outbursts.

The individual might experience:

- Periods of tearfulness alternating with laughter with or without a reason.
- Noticeable change in mood or emotional state.
- Emotional response for no reason.
- Emotional expression that does not match the situation

Stop and remain calm.

Identify what is going on.

- Could this be a result of medication?
- Was there something that triggered the response?
- What happened just before the mood swing?
- Has anything changed recently that might cause an emotional response?

Take action.

- Take the person to a quiet area to help regain control of emotions.
- Acknowledge feelings and give the person a chance to talk about their feelings.
- Provide feedback gently and supportively after the person gains control.
- Gently redirect attention to a different topic or activity.
- Reduce stress.

Darla Barker is a 40-year-old woman with bipolar disorder. Darla has reoccurring episodes of mania and depression. One moment, Darla is sad and irritable and may have suicidal thinking and another moment, Darla has increased energy and displays an elated happy mood. How do you support Darla during both mania and depression cycle of her disorder?

Step 1:

Step 2:

Step 3:

Repetitive anxious complaints or questions

Preservation means getting stuck on one idea or one behavior and repeating it.

The individual might experience:

- Repeating physical movements or tasks
- Hand wringing
- Fidgeting
- Restlessness
- Picking at body and clothing

Stop and remain calm.

Identify what is going on.

- Did something trigger the behavior?
- Is it anxiety?
- Does the repetitive movement or pacing calm or soothe the person?
- Does the repetitive movement or pacing allow the person to feel in control of his/her situation?

Take action.

- Use redirection to a new activity.
- Try engaging the person in a conversation or thinking task if they are physically stuck on a task.
- If pacing, make the environment safe. Create rest areas to encourage rest stops when they can.
- Get outside professional help.
- Report for outside medication and/or psychiatric help.
- Depending on the behavior and how it makes the person feel, it may be ok not to do anything.

Ian Hale, age 67, has obsessive-compulsive disorder (OCD) and repeats the same physical movements each morning as he gets ready for his day. He often gets stuck picking at his clothing and has trouble stopping on his own. How can you support Ian using the three-step process?

Step 1:

Step 2:

Step 3:

Resistive to care with words and gestures

Individuals with a mental disorder may be resistive to care with words and gestures. The brain oversees everything we do including communication and how we behave.

The individual might experience:

- Communicates with words such as "get away from me," "leave me alone" or "don't touch me" when receiving care.
- Communicates with actions such as pushing, hitting and kicking when receiving care.
- Resists taking medications or injections.
- Resists assistance with activities of daily living, help with eating or treatments.

Stop and remain calm.

Identify what is going on.

- Did something trigger the behavior?
- Is the individual aware of what is happening around them?
- Are you giving adequate information for the individual to know what is happening during care?

Take action.

- Provide visual and verbal cues and information through providing care for the individual.
- Allow the individual to do as much of the process as they are able, building on their strengths.
- Offer choices
- Use a person-centered approach.

Elaine Curry, 55, has lived with post-traumatic stress disorder (PTSD) from a sexual assault she experienced in her past. She often yells, "Don't touch me" when she receives care that involves bathing, dressing or undressing. How might you support Elaine using the three-step process?

Step 1:

Step 2:

Step 3:

Rummages through or takes belongings of others

Rummaging is a way of searching through items or places such as cabinets, drawers, closets, the refrigerator and other places that things are stored. There may be times that the individual is behaving this way for a reason such as searching for something specific like an item or food. Try to understand what is causing the behavior.

The individual might experience:

- Searching through cabinets, drawers, closets or other places that things are stored.
- Looking for something specifically.
- Can or cannot communicate what he/she is looking for.

Stop and remain calm.

Identify what is going on.

- Did the individual lose something?
- Is he/she looking for something?
- Is he/she hungry?

Take action.

- Help the individual find what they are looking for.
- Lock up dangerous or toxic products or place them out of sight and reach.
- Remove spoiled food from the refrigerator and cabinets.
- Remove valuable items that could be misplaced or hidden.
- Provide activities for the individual to keep them engaged and active.

Kurt Fernandez, age 67, has generalized anxiety disorder and often rummages through other people's belongings and says he is looking for something specifically. Each time, he seems to be looking for something different. Today, you find him searching through drawers in someone else's room saying he is looking for his keys and is worried that he will not find them. You know that Kurt does not have keys. How might you support Kurt using the three-step process?

Step 1:

Step 2:

Step 3:

Seeks vulnerable sexual partner

Changes in sexual functioning may occur with some mental disorders. Some changes are directly related to the disorder and other changes are related to physical problems or changes in thinking or relationships.

The individual might experience:

- Exposing genitals to others
- Disrobing in public (see page #)
- Engaging in masturbation in front of others
- Touching genital areas
- Touching non-genital areas
- Looking for opportunities to watch others undressing
- Forcible grabbing of another person
- Attempting to undress another person
- Attempting non-consenting intercourse with another person

Stop and remain calm.

Identify what is going on.

- Did something happen to trigger the behavior?
- Is the individual seeking sensory stimulation because it feels good to them?
- Is the individual attention-seeking?
- Is this a pattern?

Take action.

- Use redirection – try to change the topic or focus of interest
- Document the behavior and discuss ways that the behavior can be prevented in the future.
- Develop a stop-and-think signal that the behavior is inappropriate.
- Find ways for the individual to express sexual needs in appropriate ways.
- Take prompt action to protect others. Call 911 if needed.

Betty Yates is a 64 year old woman who as bipolar disorder. During her mania cycles, she will often have increased sexual and risky activities. These activities include taking her clothes off, touching her genital areas and attempting non-consenting intercourse with others. How might you support Betty using the three-step process?

Step 1:

Step 2:

Step 3:

Spitting

Spits inappropriately e.g. on the floor, or at others.

See combative during personal care on page 95.

Unrealistic fears or suspicions

Expresses fear of being abandoned, left alone or being with others. There is no basis for this fear or belief. The individual might experience:

- Expressing fear of being abandoned, left alone or being with others
- Being unwilling to be left alone
- May follow you or other significant individuals of importance to them, unwilling to let these individuals out of their sight

Stop and remain calm.

Identify what is going on.

- Is the individual expressing a need?
- Did something happen that triggered the fear?

Take action.

- Validate the individual's feelings.
- Get into the person's reality.
- Take time.
- Sit down.
- Listen.

Mack Stevenson is a man who has borderline personality disorder. He has troubles regulating his emotions and thoughts. A symptom of his disorder is that he fears being abandoned by family and friends. He is currently upset and does not want to be left alone because he is afraid that you will abandon him. How can you support Mack using the three-step process?

Step 1:

Step 2:

Step 3:

Unsafe smoking

The individual might experience:

- Burning cigarettes down to fingertips
- Smoking in unauthorized areas
- Not using ashtrays or other containers
- Smoking when using oxygen
- Includes instances where there is an actual, accidental fire

Stop and remain calm.

Identify what is going on.

- Has the individual been assessed for safe smoking?

Take action.

- Behavior requires immediate attention
- Keep the individual safe
- Be familiar with resident rights
- Should the individual be assessed for safe smoking?
- Consider e-cigarettes as a safe alternative.

Josh Ballard has obsessive-compulsive disorder. He has been a chain smoker most of his life and is compulsive about his smoking and need for having a cigarette in hand. He often burns cigarettes down to his fingertips. How might you support Josh using the three-step process?

Step 1:

Step 2:

Step 3:

Up at night while others are sleeping and requires interventions

Some individuals with some mental disorders might be awake at night, requiring interventions. Everyone's sleep patterns are different and care should not be determined by your own patterns and expectations of sleep.

The individual might experience:

- Being awake and calling out and not getting up
- Being awake and out of bed
- Moving around when others are sleeping and disturbing the social environment

Stop and remain calm.

Identify what is going on.

- Is the behavior related to delirium?
- Is the individual sick in some way?
- Did the person work graveyard shift in the past?
- What are the past patterns and norms for the individual?

Take action.

- Reduce risks of injury – darkness is a hazard overnight and increases risk of falls.
- Establish a plan for nighttime activity.
- Check on caffeine intake, particularly in the afternoon and evening.
- Ensure that the individual is getting enough fresh air and exercise.
- Help to establish a consistent sleep schedule.

Tricia Drake has post-traumatic stress disorder (PTSD) and often has bad dreams that wake her up in the middle of the night. She gets up for an hour or two at least once per night when others are sleeping and disturbs others. How might you support Tricia using the three-step process?

Step 1:

Step 2:

Step 3:

Verbally abusive

Communication, emotion and behavior could be impacted by damage to the brain. Some individuals may become verbally abusive.

The individual might experience:

- Threatening
- Screaming
- Cursing

Stop and remain calm.

Identify what is going on.

- Is there a pattern?
- What lead up to the behavior?

Take action.

- Take a time out and come back later.
- Intervene to protect others.
- Follow any policy/procedure that is in place.
- Set limits.
- Remind the person of what is socially acceptable behavior.

Bryan Daniel has attention deficit hyperactivity disorder (ADHD). He often wakes up in a bad mood. He woke up about 20 minutes ago and is screaming at you that he hates you. He curses at you and tells you to go away. This is a common behavior for Bryan. How might you support Bryan using the three-step process?

Step 1:

Step 2:

Step 3:

Wanders and is exit seeking

Wandering is a behavior when an individual moves about with no seemingly discernible, rational purpose. A person who wanders may be oblivious to his/her physical or safety needs. Wandering behavior is different from purposeful movement (e.g., a hungry person moving about their living area in search of food). Wandering may be by walking or wheelchair. This does not include pacing back and forth.

This behavior is focused on clients who are wandering and exit seeking or who get outside or off the property. This is different than wandering related to boredom or a need for movement.

The individual might experience:

- Attempting to exit building.
- Wandering to find exit

Stop and remain calm.

Identify what is going on.

- What is the individual trying to do? They may be trying to go home or to work.
- Was wandering part of the individual's history?
- Does the person need fresh air?
- What need is not being met?
- Are they looking for someone or something?

Take action.

- Use redirection or distraction if the situation is calm.
- Use validation.
- Schedule walks.
- Engage in conversation to get additional clues to get more information.
- If the individual is assessed as safe to leave the property, let them leave.

Leticia Larson has a dual diagnosis of obsessive-compulsive disorder and dementia. She wanders the halls and attempts to exit the building at 7 AM every morning and every afternoon at 3 PM. She insists that she needs to leave or she will be late. How might you support Leticia using the three-step process?

Step 1:

Step 2:

Step 3:

Checkpoint

Read the scenarios below. Using the three-step strategy for approaching behaviors, select the answer that is most appropriate for each step.

Pauline Webb, an individual who has PTSD and is currently having problems regulating her emotions and on occasion, she becomes combative during care. Today, as you approach, she pushes you away. How do you approach using step two: identify.

a. Respectfully soothe, distract or steer her away from what triggered the behavior.
b. Listen to what she is communicating through body language, words and emotions behind her actions.
c. Detach yourself from the emotions of what is happening around you.
d. All of the above.

Dallas Hammond, an individual with schizophrenia, has been angry and frustrated lately. Today, as you enter the room, he yells, “keep out” and spits on you. How do you approach using step three: take action.

a. Respectfully soothe, distract or steer him away from what triggered the behavior.
b. Listen to what he is communicating through body language, words and emotions behind his actions.
c. Detach yourself from the emotions of what is happening around you.
d. All of the above.

Answers for page 3.

What Do You Know About Mental Disorders?

Check "True" or "False" for each of the questions below to see what you know about mental disorders.

True	False	
☐	☑	Bad parenting causes mental disorders.
☐	☑	Mental disorders are rare.
☐	☑	Only uneducated and poor people develop mental disorders.
☐	☑	People with mental disorders are usually dangerous.
☑	☐	Culture can influence whether a person with a mental disorder decides to seek treatment.
☑	☐	When communicating with a person who is actively hallucinating, it is important to find out what the hallucination is about.
☑	☐	A person with a mental disorder who is aggressive should not be physically restrained.
☐	☑	A person with a mental disorder who is decompensating will always experience a relapse.
☐	☑	Talking about suicide with a person who has depression increases the risk that he or she will kill themselves.
☐	☑	Medications can cure mental disorders.
☐	☑	Mental illness is a weakness.
☐	☑	A person with a mental illness can change if they try hard enough.
☑	☐	If you think a person with mental illness is hearing voices, ask the individual if they are hearing voices.

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(2:15) BuzzFeedBlue
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(3:16) BuzzFeedVideo

5 ways to reduce mental health stigma
https://www.youtube.com/watch?v=5MG_HDNqZA0
(4:01) AsapTHOUGHT
Learn to stop perpetuating mental health stigma.

Let's talk about suicide.
https://youtu.be/QhOvBaa9t34
(2:23) Oonshuan
Published on Sep 9, 2015
10th of September is World Suicide Prevention Day.

Mini meditations | Let go of stress
https://youtu.be/PFZ6C2XhJAc
(1:10) Headspace
Published on Jul 21, 2016
Find calm with this minute-long meditation

Trauma Informed Care 6
https://youtu.be/-4j7o2YY05s
(5:04) Allie Fox
Published Sep 9, 2013

Anderson Cooper tries a schizophrenia simulator
https://youtu.be/yL9UJVtgPZY
(5:03) CNN
CNN's Anderson Cooper tries to go through a normal day using a schizophrenia simulator.

Notes

Notes

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