Instructor Guide

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.

Curriculum Development

Angela Regensburg, MAED
Program Manager, Training Unit Specialty Curriculum & Quality Assurance
Aging and Long-Term Support Administration
Department of Social and Health Services

Contributing Subject Matter Experts

Anthony O'Leary, LMHC
Office Chief
Behavioral Health Administration Division of Behavioral Health and Recovery

Bonnie Brian-Caldwell
Adjunct Faculty
Seattle University

Cheryl Miles
Adult Family Home Council
Adult Family Home Provider

Dave Foltz
Fred Lind Manor, Transforming Age
LeadingAge Assisted Living Committee Chair

Elena Madrid, RN, BSN
Director of Regulatory Affairs
Washington Health Care Association

Lori Heiner
Assisted Living Specialist
Washington Health Care Association

Megan Maples, BA Psychology
Maples Consulting & Training

Piruz Huda
ARNP
Geriatric Mental Health Specialist
Psychiatric and Mental Health Nurse Practitioner

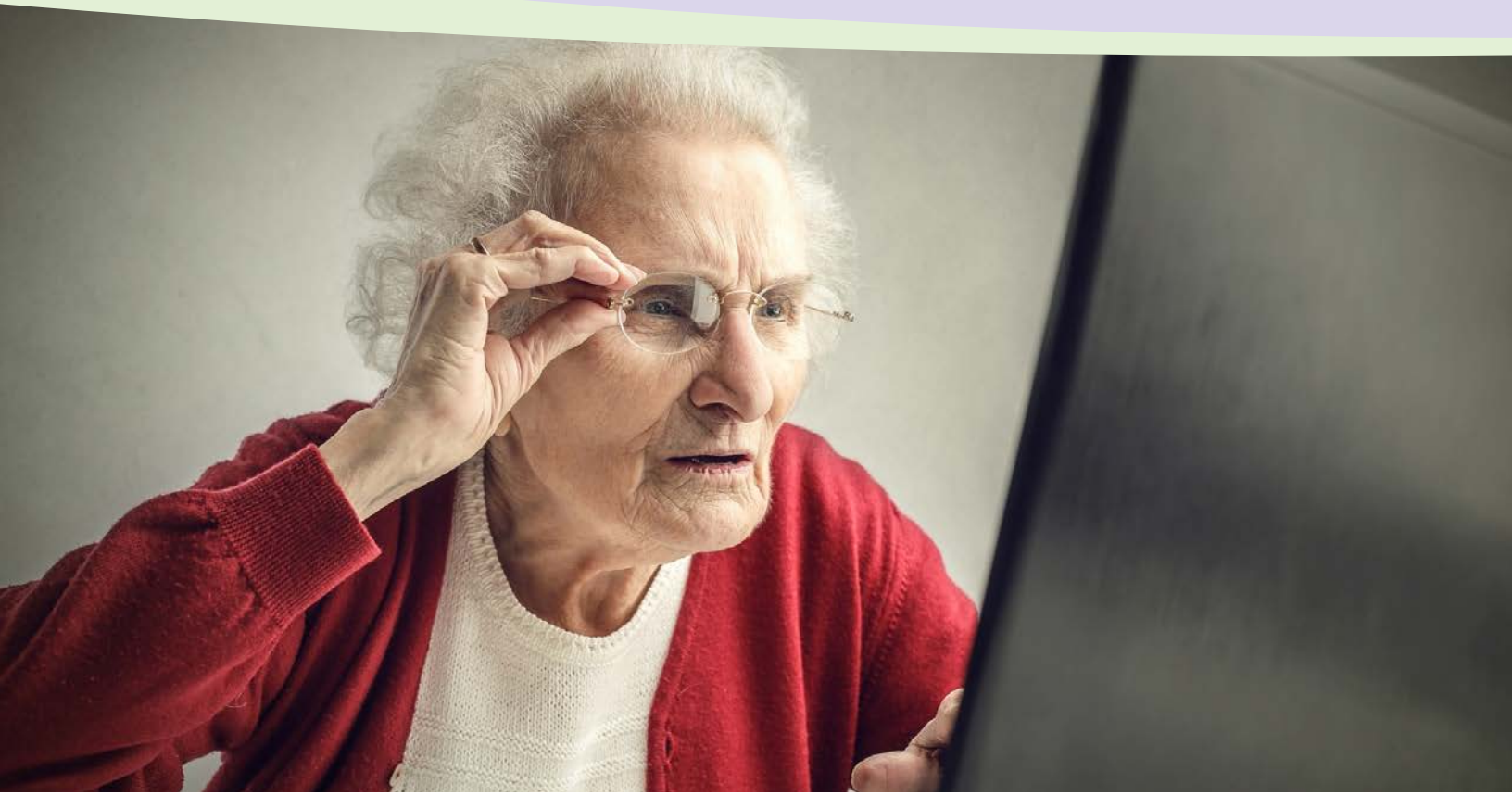
Robin VanHyning, MSN, RN, NHA
Director of Training and Development
Cornerstone Healthcare Training Company

Vicki McNealley, PhD, MN, RN
Corporate Director of Regulatory Compliance
Village Concepts

Special Thanks

Special thanks to Megan Maples and Robin VanHyning for piloting this curriculum in the classroom and providing feedback to fine tune this instructors guide.

Table of Contents



Introduction to This Guide

Welcome to your Mental Health, Level 1: Capable Caregiving for Mental Wellness Instructor Guide.

This is your Instructor Guide. It is intended to be your primary training resource. It contains all information needed to facilitate "Mental Health, Level 1: Capable Caregiving for Mental Wellness" training program. Use this guide to help you facilitate discussion with your learners. This script is provided as guidance for the instructor to follow the presentation. Utilize the preparation checklist on page 5 of this guide to help you prepare for your presentation.

Electronic slide presentation

Use the accompanying PowerPoint slides as a cue for the information you need to cover. The slide presentation should be used as created in consideration of the adult learner and to maintain consistency in the curriculum across the state. PowerPoint should only be used to enhance the learning experience and should not be the focal point. Always come prepared that electronics sometimes do not work and be prepared to present without it if necessary.

Practice, practice, practice!

It is recommended that you practice the script in advance of your training and become familiar with the flow and how it relates to the learner textbook. Do not read directly from the script. The information in the script does not cover all information in the textbook and that is OK! The textbook has additional information for the learner who wishes to use it as a resource later. The learners do not need ALL of the information today.

Facilitate learning

The script has been condensed to highlight key points for time considerations. Add your own relevant stories and experiences periodically through the training and make sure all key points are made from the script. Your learners come with experiences of their own. Ensure that all learners have opportunity to actively participate in the training and learn from each other through engaging activities. Know your learners. Be aware of body language. Adapt language and content as needed to achieve understanding. Add variations to allow learners to stand and move during activities.

Timing

The timing of the course is as follows: Technical information in the morning, more hands-on activity based information in the afternoon. The duration of the course and exam time is 8 hours. Always start class on time. You may need to supplement with additional relevant scenarios and discussions depending on the class to achieve 8 hours.

Exam

The Competency Exam and answer guide are available as separate documents. Information on policy and testing instructions are located on page 66.

Evaluation

Evaluations are available as a separate document.

Overview Schedule

Topic	Suggested Time	Objectives
Pre-Class Quiz	15 minutes	Learners will complete the pre-class quiz on page 3.
Course Introduction & Housekeeping	15 minutes	Welcome and course introduction and information.
1: Mental Disorders	90 minutes	The caregiver will review definitions, common signs and symptoms and identify types of mental illness.
2: Compassionate and Trauma-Informed Care	35 minutes	The caregiver will recognize that culture; generation, religion/spirituality and past trauma experiences can affect current thinking, behaviors and actions and identify strategies to provide informed care and support resilience.
Break	15 minutes	
3: Supports for Wellness	40 minutes	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.
4: Getting Help and Self Care	25 minutes	The caregiver will recognize the importance of caregiver wellness and identify strategies to prevent secondary trauma and burnout.
Lunch	30 minutes	
5: Suicide Prevention	30 minutes	The caregiver will identify suicide facts, recognize warning signs and communicate about suicide.
6: Communication Dynamics	60 minutes	The caregiver will demonstrate an ability to recognize communication styles and ways to communicate effectively.
7: Boundaries	30 minutes	The caregiver will demonstrate an understanding of creating healthy professional boundaries.
Break	15 minutes	
8: Approaching Behaviors	35 minutes	The caregiver will demonstrate a sequence of steps to approach challenging behaviors.
9: Crisis Management	30 minutes	The caregiver will identify potential stressors to prevent crisis and demonstrate steps for de-escalation.
Test	30 minutes	

Preparation Checklist

Complete	**Prior to Training** (2 to 3 weeks suggested)
	Determine final number of learners.
	Confirm training location and room set up.
	Prepare needed technology.
	Ensure training materials are ready (e.g., projector, slide presentation, books, handouts, evaluations, sign in sheets, sticky notes, supplies).
	Review material and practice presenting material.
Complete	**Day of Training**
	Arrive at least 30-60 minutes early to set up.
	Ensure presentation and technology are available and working properly (projector, laptop, internet connection, sound).
	Place supplies (e.g., markers, paper, pens) in the center of each table.
	Check that all learner materials and sign-in sheets are available.
	Ensure learner tables are positioned to maximize discussion and ability to view slide content. Allow adequate open space to safely engage in all activities.
Complete	**Soon After Training**
	Review learner training evaluations and create a self-improvement plan.
	Follow up to answer any unanswered learner questions.
	Document training.
	Send completed evaluations to DSHS.
	Create a self-improvement plan.

Recommended Materials and Technology Checklist

Complete	Materials/Technology Suggestions	Purpose
	Laptop, computer, TV or iPad	Electronic Presentation
	Projector	Electronic Presentation
	Connector cables	
	Large screen or white wall (if using projector)	Electronic Presentation
	Remote control clicker	Electronic Presentation
	Internet connection	Electronic Presentation
	Speakers (sound)	Electronic Presentation
	Flip chart or whiteboard	Reinforce learning/track responses
	Handouts, if relevant	Visual reference
	Timer	Activities
	Supplies (markers, paper, tape, etc)	Activities

Navigating the Instructors Guide

Text Book Page Numbers

Page numbers are provided for each slide to direct you and the learners to the cooresponding page in the learner textbook.

Objective

Objectives are provided for each lesson. Objectives are measureable statements that map each lesson. Communicating objectives at the start of each lesson gives learners a clear expectation of what you expect from them in each section.

Introductions

Introductions are an important part of every class. Introductions allow learners an opportunity to participate, network and for you to gain information about your learners to improve instruction.

Presentation

Information provided for the instructor to present content to the learners. Avoid reading directly from the script. Learn the material in advance of your first class and practice, practice, practice! Practice with the flow and making the presentation as natural and fluid as possible. Use your own words while following the teaching sequence.

Presentation can be done by the learners themselves, by the instructor, or by prepared materials. Presentation should only account for 1/3 of your class time.

Application

Activities are meant to engage the class and give them an opportunity to apply what they have learned. This might be in the form of discussions, group work, sharing, reflecting, working through scenarios or roleplaying. Get people involved and moving. This is an active population of learners. Have them stand in huddles in small group discussions on occasion to offer variety. Give everyone a voice. Call on learners who are not as vocal to check for understanding. Encourage learners and give them time to use their books, write in them, and complete the activities in or near the activity boxes as you go to reference later. Application and feedback should account for 2/3 of your class time. We remember 90% of what we see, hear, say AND do.

Feedback

Your opportunity to highlight and reinforce correct responses and to provide additional information as needed to achieve understanding. Feedback can be given before an activity, during an activity and after an activity. Application and feedback should account for 2/3 of your class time.

Media

Media icons are available on the slides that correspond to a video to reinforce the subject. Clicking on the video icon will launch the video. Internet connection should be established before the course begins. Alternative activities are suggested if internet access or accessing the video is not possible. Videos are referenced in the back of the textbooks if learners would like to refer back to them later.

Key Points

Content that should be reinforced and covered before moving on.

Checkpoint

Each lesson ends with a checkpoint. Use the checkpoint to check for understanding from the class. It is important that everyone understands before moving on to the next lesson.

Resource

Resources are provided in the back section of this guide. Resources are also provided throughout the instructor guide to provide notes or more information so you are prepared to answer questions and provide feedback. It is not necessary to cover this information in detail.

Pre-Class Quiz

As students arrive, ask them to turn to page 3 in their textbook and answer the true or false questions for "What do you know about mental disorders." The answers will not be graded. It is just a way to get an idea of where students are at the beginning of class.

Feedback will be given during lesson 1 under Myths and Facts section. The quiz is not graded.

Course Introduction

Slide 1

Presentation

Thank you for attending and welcome to the Mental Health, Level 1 – Capable Caregiving for Mental Wellness specialty class. Our goal with this course is to give you more tools to provide the best possible care for the individuals you care for. Each of you has received the course textbook. I encourage you to use this book as a place to capture your notes and reference information that you may find useful when returning to your job. We will cover a lot of information today. If you have any questions, comments or feedback – please speak up. You will also receive an evaluation at the end of class and your honest input is appreciated so we can improve future classes and updates to the course book.

Introductions

First, I would like to take a few minutes to do some introductions –
(Note: Depending on class size, you can modify to accommodate the group and time allowed. It is good to establish why individuals are in your class so you can address their needs during the training. The introductions should take no more than 15 minutes.)

Small class: Ask each person in the room to give:

- name
- how long they have been caregiving / background and
- what they would like to learn from the class. (Take note to make sure each point is covered by the end of the training).
- name one thing each person likes to do for fun.

Large class: Ask each person in the room to give:

- Name
- How long they have been caregiving
- Name one thing each person likes to do for fun.

Instructor: give a brief introduction of qualifications / background with consideration to time.

Agenda

Slide 2

Presentation

Let's review a couple of housekeeping items before we begin.

- **Agenda:** This is an 8 hour class. We will have a morning and afternoon break and a 30-minute lunch about ____. We should be done with testing by ____.
- Location of the restrooms, break areas, fire exits.

Other housekeeping items you might include:

- Feel free to stand up and stretch anytime
- Use the restrooms as needed
- Ask questions any time and we will parking lot the question if it is something we will cover later
- Lunch options
- Other items

Resource

Parking Lot: Add a piece of paper or use a dry erase board and write "Parking Lot" on the top. Use this space to write off topic questions down. This will keep you on the current subject and validate that the question is heard and assure it will be addressed today. As they are addressed in normal class time- cross them off. Cover anything left at the end of class.

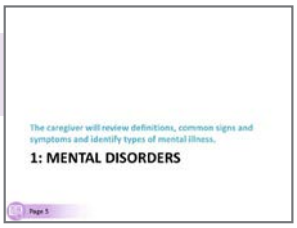
Module 1: Introduction to Mental Disorders

Lesson 1: Mental Disorders

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

Lesson 1: Introduction to Mental Disorders

Page 5



Objective

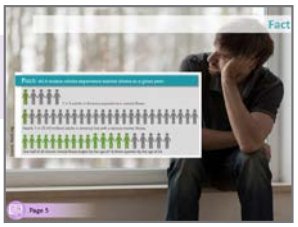
The caregiver will review definitions, common signs and symptoms and identify types of mental illness.

Presentation

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 suffering from such disorders are prone to depression, anxiety, emotional distress, difficulty interpreting reality and substance abuse creating an increased need for medical and social support to stabilize or recover from their disorders.

Facts

Page 5



Presentation

In a given year, 43.8 million adults experience mental illness in a given year.

- 1 in 5 adults in America experience mental illness.
- Nearly 1 in 25 adults in America live with a serious mental illness.
- One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24.
- Approximately 10.2 million adults have co-occurring mental health and addiction disorders. (meaning that multiple disorders may occur together).

Just Get Better

Page 6

Media

Play Video: What It's Like to Hear "Just Get Better" (2:15)
https://www.youtube.com/watch?v=FbOmiMXBr1E&feature=youtu.be

Alternate Presentation: (if no internet connection) Visualization: Imagine given a jar of peanut butter and an oversized spoon with a larger spoon head than will fit into the jar of peanut butter and you are asked to scoop the peanut butter out of the jar. You can't do it. Someone asks you – are you really trying? Do you really want it even? You're going to give up just like that? Don't you think that's selfish? If you were depressed and you said are you really trying? That's how it would feel.

Presentation

Like cancer or diabetes, mental illness is a medical condition that may improve or worsen, based on care and treatment. When working with people with mental illness, remain compassionate to people as individuals and realize that people who suffer from mental illness may behave or communicate differently or in ways that may seem confusing. More information will be provided in Lesson 2, but 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.

Application

Reflect on how mental illness has 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.

(1 minute, reflection)

Diagnosing Mental Disorders

Page 6

Presentation

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.

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. What works for one does not always work for another.

Stigma and Myths

Page 7

Media

Play Video: 5 ways to reduce mental health stigma (4:01)
https://www.youtube.com/watch?v=5MG_HDNqZA0

Presentation

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

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 illness.

Stigma can prevent caregivers from providing the best care they are capable of giving.

It is important not to allow stigmas to impact your caregiving activities.

Application

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?

(3 minute, think-pair-share)

Feedback

Some possible responses:

- Learn more about schizophrenia.
- Talk and think about schizophrenia as you would with any other illness
- Challenge and question your attitude
- Be supportive of Sherwood and his diagnosis.
- Treat him as you would treat anyone else.

Myths and Facts

Page 8

Presentation

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

Media

Turn your book back to page 3 and your responses to the "What do you know about mental disorders" true or false questions. Let's review the answers. (Also on page 91 of your student book)

Feedback

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.

Mental Health Conditions

Page 9

Presentation

Your books have many mental health conditions listed and does not include all mental disorders. Some mental disorders are more common than others and we will only focus on 7 of these disorders.

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.

Media

Play Video: Living with a mental disorder (3:16)
https://youtu.be/ezI2W32yNg8

Alternate Presentation: (if no internet connection)
No alternate presentation.

Anxiety Disorders

Page 10-12

Presentation

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 2015, an estimated 18 percent of adults in the U.S. had an anxiety disorder. Symptoms of anxiety disorders can become chronic and debilitating, if not treated.

Types of Anxiety Disorders

The most common anxiety disorders include:

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

Application

Ask learners for symptoms of anxiety. They will usually give you 80% of the answers. Fill in the blanks with any important symptoms that are missing.

(Popcorn)

Resource

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

Application

What is your attitude about this disorder?
How can you be supportive of people with this disorder?

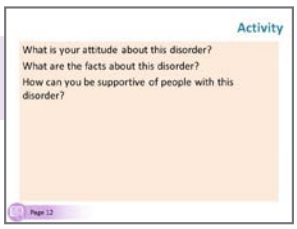
(2 minutes, think-pair-share)

Feedback

Provide feedback on the discussion. Highlight responses that acknowledge current attitude, the facts about the disorder and ways that caregivers can stop, suspend judgment and realize that mental illness is a medical condition and ways to support the people with the disorder.

Depression

Page 13



Presentation

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.

Application

Ask learners for symptoms of depression. They will usually give you 80% of the answers. Fill in the blanks with any important symptoms that are missing.

(Popcorn)

Resource

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

Application

What is your attitude about this disorder?
How can you be supportive of people with this disorder?

(2 minutes, think-pair-share)

Feedback

Provide feedback on the discussion. Highlight responses that acknowledge current attitude, the facts about the disorder and ways that caregivers can stop, suspend judgement and realize that mental illness is a medical condition and ways to support the people with the disorder.

Bipolar

Page 14

Presentation

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.

Application

Ask learners for symptoms of bipolar. They will usually give you 80% of the answers. Fill in the blanks with any important symptoms that are missing.

(Popcorn)

Resource

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 of the learner book.

Application

What is your attitude about this disorder?
How can you be supportive of people with this disorder?

(2 minutes, think-pair-share)

Feedback

Provide feedback on the discussion. Highlight responses that acknowledge current attitude, the facts about the disorder and ways that caregivers can stop, suspend judgement and realize that mental illness is a medical condition and ways to support the people with the disorder.

Borderline Personality Disorder

Page 15

Presentation

Borderline personality disorder (BPD) is a serious mental illness 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 abuse, 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.

Application

Ask learners for symptoms of BPD. They will usually give you 80% of the answers. Fill in the blanks with any important symptoms that are missing.

(Popcorn)

Resource

Symptoms

People with BPD experience wide mood swings and can show instability and insecurity.

- 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 meadings more often than people without BPD.

Media

Play Video: 11 Things EVERYONE Should Know About Borderline Personality Disorder (5:45)
https://youtu.be/3BW10FmlsXg

Alternate Presentation: (if no internet connection)
No alternate presentation.

Application

What is your attitude about this disorder? How can you be supportive of people with this disorder?

(2 minutes, think-pair-share)

Feedback

Provide feedback on the discussion. Highlight responses that acknowledge current attitude, the facts about the disorder and ways that caregivers can stop, suspend judgement and realize that mental illness is a medical condition and ways to support the people with the disorder.

Obsessive-compulsive Disorder

Page 17

Presentation

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.

Application

Ask learners for symptoms of OCD. They will usually give you 80% of the answers. Fill in the blanks with any important symptoms that are missing.

(Popcorn)

Resource

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
- Unwanted sexual thoughts
- 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

Application

What is your attitude about this disorder?
How can you be supportive of people with this disorder?

(2 minutes, think-pair-share)

Feedback

Provide feedback on the discussion. Highlight responses that acknowledge current attitude, the facts about the disorder and ways that caregivers can stop, suspend judgement and realize that mental illness is a medical condition and ways to support the people with the disorder.

Post-traumatic Stress Disorder

Page 18

Presentation

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-or-flight" response. 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 problems may be diagnosed with PTSD. People with PTSD may feel stressed or frightened and go into "fight-or-flight" mode even when they are no longer in danger.

Application

Ask learners for symptoms of PTSD. They will usually give you 80% of the answers. Fill in the blanks with any important symptoms that are missing.

(Popcorn)

Resource

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.

Application

What is your attitude about this disorder?
How can you be supportive of people with this disorder?

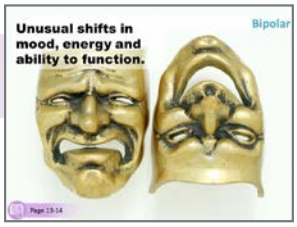
(2 minutes, think-pair-share)

Feedback

Provide feedback on the discussion. Highlight responses that acknowledge current attitude, the facts about the disorder and ways that caregivers can stop, suspend judgement and realize that mental illness is a medical condition and ways to support the people with the disorder.

Schizophrenia

Page 18-19



Presentation

Schizophrenia is a serious mental illness 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 illness, 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.

Application

Ask learners for symptoms of Schizophrenia. They will usually give you 80% of the answers. Fill in the blanks with any important symptoms that are missing.

(Popcorn)

Resource

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

Application

What is your attitude about this disorder?
How can you be supportive of people with this disorder?

(2 minutes, think-pair-share)

Feedback

Provide feedback on the discussion. Highlight responses that acknowledge current attitude, the facts about the disorder and ways that caregivers can stop, suspend judgement and realize that mental illness is a medical condition and ways to support the people with the disorder.

Media

Play Video: Anderson Cooper tries a schizophrenia simulator
(5:03)
https://youtu.be/yL9UJVtgPZY

Alternate Presentation: (if no internet connection)
No alternate presentation.

Checkpoint: Lesson 1

Page 22

Checkpoint

1. Read the instructions aloud: 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.
2. Give learner(s) time to match the disorder to the definition that best describes the condition.
3. Review responses.

Feedback

Anxiety Disorder __F__	**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 __A__	**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__	**C** A serious mental illness 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) __E__	**D** A serious mental illness 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 illness, 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) __B__	**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 __D__	**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

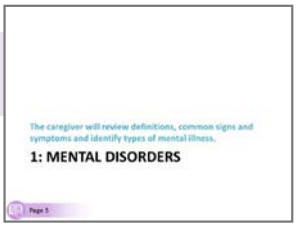
The caregiver will identify possible medication side effects, ways to respond to side effects and recognize individualized non-drug therapies to minimize or alleviate symptoms of mental illness.

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

Page 24



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.

Presentation

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 illness 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 illness.

Application

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…

Questions:

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

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

(2 minutes, think-pair-share)

Feedback

Check for understanding and provide feedback.

Culture and Ethnicity

Page 24

Presentation

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.

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

- Develop an open style of communication.
- Be receptive to learning from residents 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 your 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 over simplified 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.

Culture may affect how people with mental disorders

- Describe or present symptoms,
- Give meaning, defines, or makes sense of a mental disorder,
- Cope with a mental disorder,
- Seek treatment

Application

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

How might you support Burma?

(1 minute, popcorn)

Feedback

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.

- Develop an open style of communication.
- Be receptive to learning from residents 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.

Trauma Informed Care

Page 26

Presentation

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 abuse, mental illness and health problems. Subsequently, trauma can significantly affect how an individual engages in major life areas as well as treatment.

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.

Media

The following video may be emotional and trigger for some people.

Play Video: Trauma Informed Care 6 (5:04)
https://youtu.be/-4j7o2YY05s

Presentation

Trauma and Mental Disorders

The focus of that video was on children, but 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, and forms of violence.

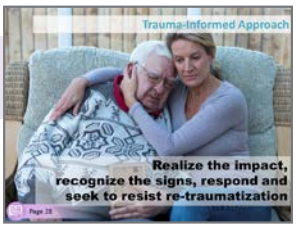
Mental illness increases the risk of experiencing trauma, and trauma increases the risk of developing psychological symptoms and mental disorders.

Once you become aware of the significance of traumatic experiences in the lives of those you care for – you can change from defining people based on diagnosis, implying that something is wrong with them to one of resilience—a mindset that views individuals' presenting difficulties, behaviors, and emotions as responses to surviving trauma.

You should view traumatic stress reactions as normal reactions to abnormal situations. Trauma-related reactions are adaptive - you can begin relationships with the people you care for 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 Approach

Page 28



Presentation

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

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.

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.

Application

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?

(2 minutes, think-pair-share)

Feedback

You might support Tommie by:

- Work with Tommie to get a good history,
- Be supportive, empathetic and collaborative with Tommie
- Encourage communication with Tommie about how he feels about your approach.
- Provide clear message of availability and accessibility throughout care.

Some activities that you perform in your job that might re-traumatize Tommie may include

- Being a female caregiver,
- Activities that involve loud noises,

Resilience

Page 29

Presentation

Resilience is the ability to bounce back or rise above adversity as an individual, family, community, or provider.

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.

Checkpoint: Lesson 2

Page 30

Checkpoint

1. Read the instructions aloud: Read each scenario below and answer the question that corresponds to the scenario.
2. Give learner(s) time to answer each question.
3. Review responses.

Feedback

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?

✔ You might ask Tammy what has worked for her in the past, encourage ongoing communication with Tammy about how she feels, focus on Tammy's strengths, use strategies that promote safety, trust, choice, collaboration, empowerment…

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 committed 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?

✔ You might ask Stefan what has worked for him in the past, encourage ongoing communication with Stefan about how he feels, focus on Stefan's strengths, use strategies that promote safety, trust, choice, collaboration, empowerment…

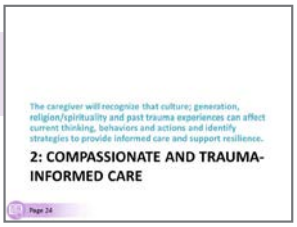
Name: Janeth Mcfarren
Age: 70
Disorder: Bipolar
Scenario: Ms. Mcfarren has had symptoms of depression since her twenties. She was prescribed antidepressants but was fearful of the stigma of being depressed, so she did not take the medications. She felt isolated and turned to self-medicating with marijuana without consulting her doctor. Her behavior became erratic and she convinced herself that her family are 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?

✔ You might ask Janeth what has worked for her in the past, encourage ongoing communication with Janeth about how she feels, focus on Janeth's strengths, use strategies that promote safety, trust, choice, collaboration, empowerment…

Lesson 3: Supports for Wellness

Page 31



Objective

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.

Presentation

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 disease. 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.

Application

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?

(2 minutes, table groups)

Feedback

Provide feedback on the discussion.

Baseline

Page 31

Presentation

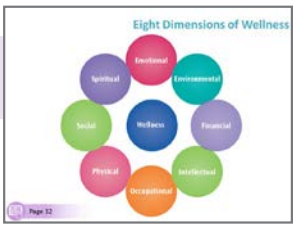
Baseline is the time when a person with a mental disorder is managing his or her symptoms and functioning at his or her own highest level. Your goal is to help the individual get to their baseline and to stay there.

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.
- Encouraging the person to identify what causes stress and help the person find ways to reduce it.

Eight Dimensions of Wellness

Page 32



Presentation

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 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.

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:

Listed in your books on page 32 and include

1. Emotional
2. Environmental
3. Financial
4. Intellectual
5. Occupational
6. Physical
7. Social
8. Spiritual

Ask learners what each of these eight dimensions look like and examples of each.

Positive mental health allows people to:

- Realize their full potential
- Cope with the stresses of life
- Work productively

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

Page 32

Presentation

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 illness. People are not Schizophrenic, Bipolar, or Borderline. People are not cases or illnesses to be managed. When people are seen only as Schizophrenic, it often becomes too easy to focus on just reducing symptoms of psychosis. The problem with an illness-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.

Conventional Medicine

Page 33

Presentation

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.

This lesson outlines many types of medications and their side effects that you can review in your own time or come back to as you need a resource. Again the FDA website has the most current information. Your main job as a caregiver is to be aware of any side effects for each individual and take appropriate action.

Ask learners what side effects they might see with conventional medications. They will usually identify 80%. Fill in blanks for key side effects missed.

Resource

- Abnormal thinking
- Agitation
- Back pain
- Blackouts
- Blurred or double vision
- Changes in appetite
- Changes in vision
- Confusion
- Constipation
- Diarrhea
- Difficulty falling asleep or staying asleep
- Dizziness
- Drowsiness
- Dry mouth
- Excessive thirst
- Falls
- Fast, slow, irregular, or pounding heartbeat
- Frequent urination
- Hair loss
- Hallucinations
- Hand tremor (shakiness)
- Headache
- Itching, rash
- Loss of appetite
- Loss of coordination
- Low blood pressure
- Lower white blood cell counts, which could lead to infections
- Mood swings
- Nausea
- Nausea and vomiting
- Nightmares
- Restlessness
- Ringing in the ears
- Seizures
- Sexual problems
- Sleepiness
- Slurred speech
- Stomach pain
- Swelling of the eyes, face, lips, tongue, throat, hands, feet, ankles, or lower legs.
- Tiredness
- Uncontrollable movements of the eyes
- Uncontrollable movements, such as tics and tremors (the risk is higher with typical antipsychotic medicines)
- Uncontrollable shaking of a part of the body
- Weight changes

Ask learners what side effects would require a doctors' attention – especially if they are new, worsening or worrisome. Fill in blanks for key side effects missed.

Resource

- Acting aggressively, being angry, or violent
- Acting on dangerous impulses
- An extreme increase in activity and talking (mania)
- Attempts at suicide
- Depression
- Difficulty breathing or swallowing
- Difficulty speaking
- Feeling very agitated or restless
- Hives
- Hoarseness
- New or worsening anxiety, depression or irritability
- Other unusual changes in behavior or mood
- Panic attacks
- Rash
- Seizures
- Swelling of the eyes, face, lips, tongue, or throat
- Thoughts about suicide, harming self or dying
- Trouble sleeping (insomnia)
- Yellowing of the skin or eyes

Application

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?
*see page 38

(2 minutes, think-pair-share)

Feedback

Contact the doctor immediately because Dalton has swollen lips and is having trouble breathing.

Chemical Restraints and Refusal

Page 40

Presentation

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).

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.

Non-Drug Therapies

Page 40-43

Presentation

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.

Some non-drug therapies might include:

- Psychotherapies (talk therapy) 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.
- Acupuncture
- Aromatherapy
- Exercise
- Music therapy
- Naturopathic medicine
- Nutritional healing
- Supplements
- Massage
- Support Groups
- Yoga

Application

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 minute, quick write + popcorn)

Feedback

Provide feedback on the discussion. Highlight responses not provided in the book and encourage learner(s) to write ideas down in their book to reference later.

Checkpoint: Lesson 3

Page 44

Checkpoint

1. Read the instructions aloud: Read the questions below and provide your response in the space provided.

2. Give learner(s) time to answer each question.

3. Review responses.

Feedback

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

✔ Any of the side effects listed on page 29 or 30 of this instructors guide are correct.

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

✔ Report any problems with medications to the licensed health care practitioner/prescriber.

✔ Document any changes / side effects.

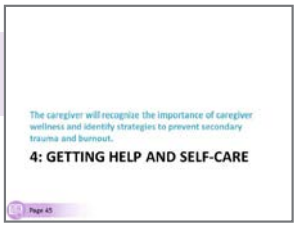
✔ Does the side effect require a call to a doctor or 911?

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

✔ Any of the non-drug therapies listed on page 31 of this instructors guide or any that were discussed as additional options are correct.

Lesson 4: Getting Help and Self-Care

Page 45



Objective

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

Presentation

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 and help prevent secondary trauma and burnout.

Application

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?

(1 minute, large group discussion)

Feedback

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

Page 45

Presentation

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

Application

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.

(1 minute, think-pair-share)

Share this new routine with the person next to you. Saying it aloud makes it more meaningful.

Feedback

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.

Secondary Trauma

Page 46

Presentation

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.

What are some common symptoms of secondary trauma?

- Intrusive thoughts
- Chronic fatigue
- Sadness
- Anger
- Poor concentration
- Second guessing yourself
- 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 Burnout

Page 46-47

Presentation

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.

Some tips in your book can be found on page 46-47 to help keep your stress in check. Some of them include:

- Put your physical needs first.
- Connect with friends.
- Ask for help.
- Talk about it.
- Find time to relax.
- Just say no (accept the fact that you cannot do everything).
- Stay positive
- 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 a caregiver we can only make it more comfortable.

Meditation is a great way to relax and take care of yourself.

Media

Play video: Mini meditations | Let go of stress
https://youtu.be/PFZ6C2XhJAc
(1:10)

Alternate presentation:

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.

(2 minutes, guided meditation)

Feedback

Remember to take good care of yourself. Also, you do not have to do everything on your own. It is okay to ask for help. Pages 48-49 in your book have some ideas on who to contact. There are many apps that you can download on your phone free that provide many guided meditation options that take as little as a minute or can last for hours.

Checkpoint: Lesson 4

Page 50

Checkpoint

1. Read the instructions aloud: Read the following scenario and respond to the questions below.

2. Give learner(s) time to answer each question.

3. Review responses.

Feedback

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.

- ✔ Working long hours, taking extra shifts.
- ✔ Not making time for relaxation.
- ✔ Drinking energy drinks instead of getting rest.

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

- ✔ Limit number of extra shifts to make more time to relax
- ✔ Ask for help at home to catch up
- ✔ Limit times to complete homework
- ✔ Eat/drink healthy options
- ✔ Exercise
- ✔ Meditate
- ✔ Other

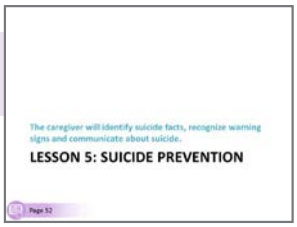
Module 3: Suicide

Lesson 5: Suicide Prevention

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

Lesson 5: Suicide Prevention

Page 52



Objective

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

Presentation

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.

Application

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?

(1 minute, reflection)

Feedback

Learners do not need to share their thoughts aloud.

Facts about Suicide

Page 52

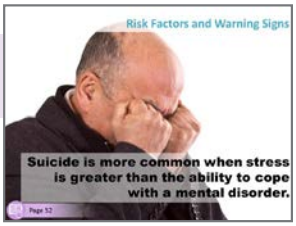
Presentation

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.

- Suicide is the 10th leading cause of death in the U.S (8th leading cause of death overall in Washington)
- Each year 44,193 Americans die by suicide
- Men die by suicide 3.5x more often than women
- The rate of suicide is highest in middle age – white men in particular
- Females attempt suicide 3 times as often as males
- In 2015, the highest suicide rate was among adults between 45 and 64 years of age. The Second highest rate occurred in adults 85 years or older
- 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

Page 52



Presentation

Suicide is more common when stress is greater than an individual's abilities 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 problems may increase the risk for suicide.

Most people who take their lives exhibit one or more warning signs through what they say, do or changes in mood. The chart on pages 53-54 of your textbook gives examples of what a person may talk about, things they might do or moods that they might display.

- Saying they are a burden to others, that they feel trapped or that they have no reason to live.
- Doing things such as acting recklessly, withdrawing from friends and social activities and giving away prized possessions.
- Feeling loss of interest, worthlessness or lack of purpose, feeling alone or trapped.

Talking about Suicide

Page 55

Presentation

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 felt suicidal
6. Encourage them to seek treatment or to contact their doctor or therapist

ASK: Have they thought about it? Do they have a plan?

Application

Have a small group discussion about your role in dealing with an individual who is suicidal. Share highlights with the class. Use the list on page 55 of your textbook.

(5 minutes, think-pair-share)

Feedback

- 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.

Presentation

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 individual.

After Suicide

Page 56

Presentation

Despite everyone's best efforts at helping to prevent suicide, the person may still commit 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. The CRU/RCS hotline number is listed in your book.

Grief Support

Page 58

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.

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 abuse and health problems.
- 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.

When to seek professional help for grief

Contact a grief counselor or professional therapist if you:

- Feel like life isn't 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

The National Suicide Prevention Lifeline and Veterans Crisis line **800-273-TALK/8255** provides 24/7; free and confidential text or voice support for people in distress, prevention and crisis resources

Checkpoint: Lesson 5

Page 59

Checkpoint

1. Read the instructions aloud: Read the statements below. Select if the statement is True or False.

2. Give learner(s) time to answer each question.

3. Review responses.

Feedback

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

1. 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

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

- ✔ Talk to them in private
- ✔ Listen to their story
- ✔ Tell them you care about them
- ✔ Ask directly if they are thinking about suicide
- ✔ Ask what has helped them before when they felt suicidal
- ✔ Encourage them to seek treatment or to contact their doctor or therapist

Module 4: Respectful Communication

Lesson 6: Communication Dynamics

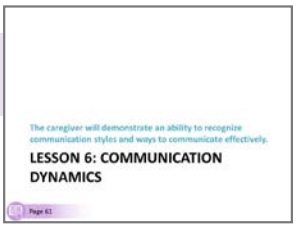
The caregiver will demonstrate an ability to recognize communication styles and ways to communicate effectively.

Lesson 7: Boundaries

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

Lesson 6: Communication Dynamics

Page 61



Objective

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

Presentation

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.

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.

Application

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.

(1 minute, reflection)

Feedback

Learners do not have to respond aloud.

Respectful Communication

Page 61

Presentation

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.

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

Page 62

Presentation

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.

- Listen with empathy and in a non-judgmental manner.
- Try to understand the other person's frame of reference and what is shaping his or her feelings.
- Listen not only to the content of what the person is saying but also to emotional meaning.

Application

Give learners time to read through the listening skills on page 62 of the learner textbook and complete the activity below it.

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.

(2 minute, role play)

Feedback

Do you feel like the person listening to you really heard what you were saying? Do you feel like when you were listening you were focused more on listening or on what you wanted to respond back with? Do you notice any of the listening skills listed in the book that stood out or that were missing?

Empathy and Compassion

Page 63

Presentation

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.

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.

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.

Application

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?

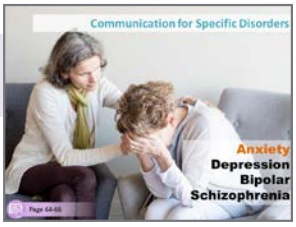
(2 minutes, popcorn)

Feedback

Listen to Eliseo's words, body language and tone. Put your own worries aside and be present with Eliseo. There is a table of non-verbal and verbal communication tips in your book on page 63. You can reference these after class.

Communication for Specific Disorders

Page 64-6



Presentation

We will cover some specific communication tips for the four disorders listed on your screen.

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.

Application

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 13).

(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. The learner playing "Jackie" will act anxious.

(4 minutes, roleplay)

Feedback

Highlight positive responses.

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.
- Acknowledge the person's depression and do not trivialize it.
- 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?"

Application

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 14).

(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. The learner playing "Devin" will act depressed.

(4 minutes, roleplay)

Feedback

Highlight positive responses.

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.

Application

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 15).

(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. The learner playing "Lawerence" will act bipolar.

(4 minutes, roleplay)

Feedback

Highlight positive responses.

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.
- 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."
- Do not allow yourself to feel intimidated by the person's words or behaviors.

Application

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 18).

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

(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 show symptoms of schizophrenia.

(4 minutes, roleplay)

Feedback

Highlight positive responses.

Triggering and Preventing Challenging Behaviors

Page 66-67

Presentation

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?"

Application

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.

(2 minutes, mental imagery)

Feedback

Highlight positive responses. Possible answers might look like:

- I appreciate when I am able to finish my thought.
- From this point forward, how can we do ___.
- I understand you want to leave. Tell me about ____.
- Thank you for doing your best, how might you approach it next time?

Checkpoint: Lesson 6

Page 68

Checkpoint

1. Read the instructions aloud: Read the scenarios below. Select a communication listed that might be effective for the scenario or create your own. Place the letter of the communication on the line provided.
2. Give learner(s) time to answer each question.
3. Review responses.

Feedback

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

A	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.
B	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 appears to be having a difficult time finding anything positive about his day.
C	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.

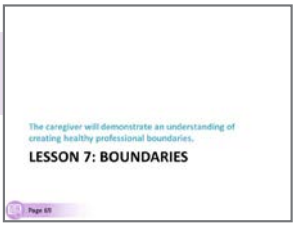
A. Remain non-judgmental. Allow the person to talk about his/her fears and concerns while maintaining a calm, caring and understanding attitude. Avoid giving advice or directing the conversation.

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

Page 69



Objective

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

Presentation

A boundary is simply a property line. It defines where you end and the other person begins. 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.

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.

Application

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

(1 minute, reflection)

Feedback

Learners do not have to respond aloud. The instructor may share a relevant example with the class.

Professional Boundaries

Page 69

Presentation

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.

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.

Application

Read the questions on page 70 in your book. Identify the questions that might indicate boundary violation if the answer is yes and discuss why.

- 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?

(2 minutes, popcorn)

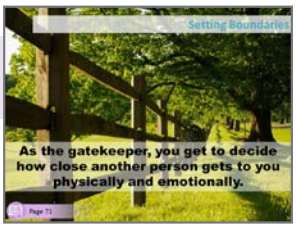
Feedback

Example "what if" scenarios can be discussed. Using the questions above, ask if it is a violation of boundaries.

If what you are doing is self-serving, exploiting the individual for your own benefit, secretive, too revealing of self or others, causing stress or guilt and/or someone has commented on your behaviors – this is likely a boundary violation and must stop.

Setting Boundaries

Page 71



Presentation

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.

Application

Using the lists on page 72 of your book under emotional boundaries and physical boundaries, 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.

Feedback

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.

__E__ 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.

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

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

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

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

Assertiveness

Page 72-73

Presentation

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. 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.

Checkpoint: Lesson 7

Page 73

Checkpoint

1. Read the instructions aloud: 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. (Note: with smaller classrooms, a think-pair-share can be used.)

Feedback

Once the discussion is complete and learners summarize, add any additional information that may have been missed.

Module 5: Creative Approaches to Challenging Behaviors

Lesson 8: Approaching Behaviors

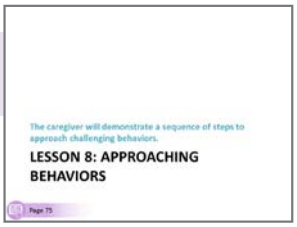
The caregiver will demonstrate a sequence of steps to approach challenging behaviors.

Lesson 9: Crisis Management

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

Lesson 8: Approaching Behaviors

Page 75



Objective

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

Presentation

Mental illness 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.

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.

Application

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?

(1 minute, reflection)

Feedback

Learners do not have to respond aloud.

Exploring Behaviors

Page 75

Presentation

Individuals with mental illness 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

Page 64

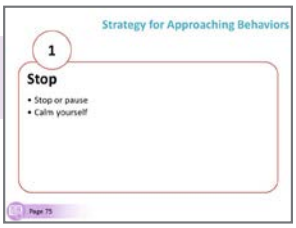
Presentation

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 with a diagnosis of mental illness 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.

The steps to use in approaching behaviors is stop, identify, and take action.

Step 1: Stop

Page 75-76



Presentation

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.

Application

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.

(1 minute, small group)

Feedback

- Check for understanding on ways to stop or pause before responding.

Step 2: Identify

Page 76-77

Presentation

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 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.

Application

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.

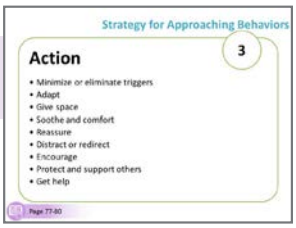
(2 minutes, small group)

Feedback

- Identify what may have triggered Janeth. Could it be the staff and activity changes?

Step 3: Action

Page 76-77



Presentation

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.

Application

Using your books on pages 77-80 under action, work in small groups to discuss step three for this scenario.

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 three.

(5 minutes, small group)

Feedback

- ✔ Can you minimize or eliminate a trigger?
- ✔ Are there ways to adapt Janeth's routine?
- ✔ Should you give Janeth space?
- ✔ Are there ways you should change approach to Janeth?
- ✔ How can you soothe and comfort Janeth if she becomes distressed?
- ✔ Can you reassure Janeth?
- ✔ Should you distract or redirect Janeth?
- ✔ How can you encourage Janeth?
- ✔ Does anyone else need supported or protected from the behavior?
- ✔ Would you need to get help? What would make you want to get help?
- ✔ How are you going to take care of yourself after this interaction?

Presentation

Remember once 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.

Also, 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.

Checkpoint: Lesson 8

Page 82

Checkpoint

1. Read the instructions aloud: Read the following scenarios and using the three-step process described in this lesson, demonstrate how you would handle each situation.
2. Give learner(s) time to answer each question.
3. Review responses.

Feedback

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:

☑ Stop and take a deep breath. Remain calm.

IDENTIFY:

☑ Learners will identify Sherwood's behaviors and potential needs.

TAKE ACTION:

☑ Learners will identify actions they will take to meet Sherwood's needs.

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:

☑ Stop and take a deep breath. Remain calm.

IDENTIFY:

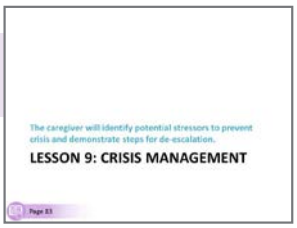
☑ Learners will identify Hana's behaviors and potential needs.

TAKE ACTION:

☑ Learners will identify actions they will take to meet Hana's needs.

Lesson 9: Crisis Management

Page 83



Objective

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

Presentation

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.

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.

Application

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

(3 minutes, large group discussion)

Crisis

Page 83

Presentation

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
- Alcohol or substance abuse 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

Page 84

Presentation

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 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.

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.

Application

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.

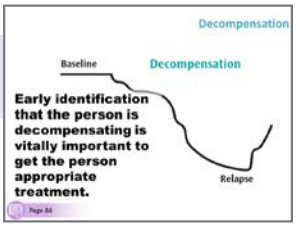
(2 minutes, think-pair-share)

Feedback

- ✔ 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?

Decompensation

Page 84



Presentation

Decompensation is when symptoms of the mental health 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

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-judgmental
- Calling for assistance when needed

Application

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?

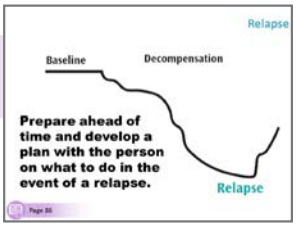
(2 minutes, think-pair-share)

Feedback

- ✔ Talk with Eula about what she is feeling.
- ✔ Encourage Eula to spend time with her service dog. Make sure Eula is taking her medications as directed.
- ✔ Find soothing activities for Eula.
- ✔ Calling for assistance if Eula becomes violent with her outbursts.

Relapse

Page 86



Presentation

A relapse is said to occur when the symptoms of the illness 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.

Application

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

(5 minutes, small group discussion)

Feedback

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.

Is there a connection between what is listed in Eula's relapse plan and how you help her?

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 Crisis Occurs

Page 87-88

Presentation

If the person with a mental health 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. Remember that the illness 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 health 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.

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.

Application

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?

(2 minutes, popcorn)

Feedback

- ✔ 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. Keep your hands in view in a non-threatening way.
- ✔ 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.

Crisis Resources

Page 88-89

Presentation

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.

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.

Application

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?

(2 minutes, large group discussion)

Feedback

✔ Alice appears distraught. Alice believes that there are men entering her window that will hurt her. Alice has been diagnosed with schizophrenia. She has been distraught. I fear for her safety.

Presentation

There is a space provided in your books on page 89 where you can list local contact information for resources for your area.

Resourse

As an instructor, you might offer local contact information to share or suggest they work together to look up information online or share with others in the group.

Service	Agency	Location/Website	Phone Number

Checkpoint: Lesson 9

Page 90

Checkpoint

1. Read the instructions aloud: Read the scenario below and answer the questions that follow.

2. Give learner(s) time to match the disorder to the definition that best describes the condition.

3. Review responses.

Feedback

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.

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

Changes in Tommie's living environment, activities, finances and relationship.
Fatigue / not sleeping

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

- ✔ Stop, identify and take action.
- ✔ 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 the response could be improved next time in a similar situation.

Competency Exam

Introduction

The Mental Health, Level 1 – Capable Caregiving for Mental Wellness exam is used to measure understanding of the objectives of this course.

Competency testing policies and procedures for the written test is outlined in this document. Instructors must follow these testing guidelines. Read these policies carefully before you begin teaching. You are required to accurately implement these policies. Please refer to the applicable Washington Administrative Code (WAC) and/or your instructor contract for additional terms which may not be outlined in this guidance.

Competency Exam

- The curriculum must be taught as designed.
- The training must include the DSHS-developed competency test.
- The competency test must be administered consistently, according to rule:

  (1) The person teaching the course must administer or supervise the administration of all testing; and

  (2) The tester must follow DSHS guidelines for:

  (a) The maximum length of time allowed for testing;

  (b) The amount and nature of instruction given to students before beginning a test;

  (c) The amount of assistance to students allowed during testing;

  (d) The accommodation guidelines for students with disabilities; and

  (e) Accessibility guidelines for students with limited English proficiency.
- Students must provide photo identification before taking a competency test.
- A competency test that is part of a course may be taken twice. If the test is failed a second time, the person must retake the course before any additional tests are administered.
- Training program and instructor must provide a certificate or transcript of completion of training to all learners that successfully complete the entire course; Keep a copy of long-term care worker certificates on file for six years, and give the original certificate to the student.
- Classroom facilities must be accessible to students and provide adequate space for learning activities, comfort, lighting, lack of disturbance, and tools for effective teaching and learning such as white boards and flip charts. Appropriate supplies and equipment must be provided for teaching and practice of caregiving skills in the class being taught.
- Testing sites must provide adequate space for testing, comfort, lighting, and lack of disturbance appropriate for the written or skills test being conducted. Appropriate supplies and equipment necessary for the particular test must be provided.

Written Test Guidance

The written competency test is designed to be completed within one hour; however, accommodations can be made for those needing additional time.

Instructor Procedures for Written Testing

Before and during the test:

1. Provide ample space so learners cannot see each other's papers.
2. Have learners remove all papers and manuals off their work areas.
3. Remove all training posters, flip charts, erase white boards, etc.
4. There should be no breaks during the testing period. An exception for an individual learner's needs is left to the instructor.
5. The test is not open book and learners cannot use notes.
6. If a learner is suspected of cheating, he/she should be told to stop the test and give it to the instructor. The learner will not receive credit for any portion of the class.
7. Review testing policies and general aspects of the test with learners. Advise learners that instructor assistance during testing is limited to clarification only.

Grading the Written Test

Score the tests using the answer sheet provided. Each answer sheet provides information on value (points) assigned to each question. Follow these closely. Tests should not be graded in the presence of learners.

Passing Scores

Learners must score 80% or higher to successfully pass the exam.

Testing Learners with Limited English Proficiency and/or Learning Needs

The following are options to accommodate learners who have limited English proficiency and/or learning needs:

1. Language-to-language dictionary
2. Oral test, where you read the test questions and either record the learner's answers word-for-word or have the learner record his/her own answers
3. Extra time to complete the test

Learners may not use interpreters for testing.

When Learners Do Not Pass the Written Test

Learners who do not pass the written test may take the current written alternate test. The alternate test should not be retaken immediately. The learner should study the materials before retaking the alternate written test. If a learner fails the alternate test, he/she must take the course again.

Challenge Test

There is no challenge test for this course.

Issuing a DSHS Training Certificate

The DSHS training certificate documents that the learner has

1. Successfully completed the course and
2. Received a passing score on the written exam

Only DSHS approved instructors may sign the DSHS training certificate.

Evaluations

Evaluations help you to gather information from the learners to measure training effectiveness. The most difficult part of an evaluation may include graciously accepting valuable criticism. Evaluations should be given with encouragement to be honest and provide constructive feedback.

- Each learner should complete the DSHS evaluation form.
- Encourage and remain open to honest feedback. Encourage learners that there will be no repercussion for responses and responses will remain anonymous.
  - o Evaluation forms can be of great assistance to you as an instructor and can enable you to provide feedback, give you information on your strengths in teaching the program, as well as areas that may be fine-tuned to improve or adapt. Review these after class.
  - o Evaluations may also provide additional information to the state curriculum developers to improve future versions of the training.
- Provide an envelope or folder for learners to discreetly place evaluations when they are complete.
- Review evaluations after the course. Use the feedback to (1) consider for improvements in future classes and/or (2) communicate information to DSHS for improvements in future versions of the training course materials.

Resources

AARP
10 ways to deal with caregiver stress. Accessed March 2017. http://www.aarp.org/relationships/caregiving/info-06-2010/crc-10-caregiver-stress-managment-tips.html

American Foundation for Suicide Prevention
Suicide Prevention Resource Center. After a Suicide: A Toolkit for Schools. Accessed June, 2017. https://afsp.org/wp-content/uploads/2016/01/toolkit.pdf.

American Foundation for Suicide Prevention
Suicide Statistics. Accessed June, 2017. https://afsp.org/about-suicide/suicide-statistics/

Anxiety and Depression Association of America
Understand the facts. (Generalized Anxiety Disorder, Panic Disorder and Panic Attacks, Social Anxiety Disorder, OCD, PTSD, Depression). Accessed December 2016. https://www.adaa.org/understanding-anxiety/generalized-anxiety-disorder-gad

Bird, Sara
Australian Family Physician; Managing professional boundaries Melbourne42.9(Sep 2013): 666-8

Canadian Coalition for Seniors' Mental Health (CCSMH)
Suicide Assessment and Prevention for Older Adults. Accessed June, 2017. http://ccsmh.ca/wp-content/uploads/2016/03/CCSMH_suicideBrochure.pdf

Capital District Health Authority
2008. Living with mental illness: a guide for family and friends. Accessed June, 2017. http://www.ourhealthyminds.com/family-handbook/Family_Handbook.pdf

Centers for Disease Control and Prevention
National Violent Death Reporting System (NVDRS). 2008. https://www.cdc.gov/violenceprevention/nvdrs/.

Gonzalez, J. M., Alegría, M., Prihoda, T. J., Copeland, L. A., & Zeber, J. E.
(2011). How the relationship of attitudes toward mental health treatment and service use differs by age, gender, ethnicity/race and education. Social Psychiatry and Psychiatric Epidemiology, 46(1), 45-57. doi:http://dx.doi.org/10.1007/s00127-009-0168-4

Harry Mills, PH.D. & Mark Dombeck PH.D.
June 25, 2005. Resilience: Compassion and Empathy. Accessed June, 2017. https://www.mentalhelp.net/articles/resilience-compassion-and-empathy/

Helpguide.org
Coping with Grief and Loss. Understanding the Grieving Process and Learning to Heal. Accessed June, 2017. https://www.helpguide.org/articles/grief/coping-with-grief-and-loss.htm

Jerilyn Dufresne
De-escalation Tips. Accessed June, 2017. https://www.crisisprevention.com/Blog/June-2011/De-escalation-Tips

Management Training Specialists (MTD)
The Effect of Negative Trigger Words in Conversations. February 29, 2012. Accessed June, 2017. http://www.mtdtraining.com/blog/the-effect-of-negative-trigger-words-in-conversations.htm

Mark Dombeck, PH.D.
MentalHelp.net. Setting Boundaries Appropriately: Assertiveness Training. July 3, 2006.

MedicineNet
Medical Definition of Panic Disorder. Accessed December 2016. http://www.medicinenet.com/script/main/art.asp?articlekey=4753

MedlinePlus
Drugs, Herbs and Supplements. Accessed March 2017. https://medlineplus.gov/druginformation.html

Mental Health Reporting
Facts about Mental Illness and Suicide. Accessed December 2016. http://depts.washington.edu/mhreport/facts_suicide.php

MentalHealth.gov
What is Mental Health? Accessed March, 2017. https://www.mentalhealth.gov/basics/what-is-mental-health/index.html

NAMI Minnesota
Mental Health Crisis Planning. Learn to recognize, manage, prevent and plan for your loved one's mental health crisis. August 2010. Accessed June, 2017. http://www.namihelps.org/Crisis-Booklet-Adults.pdf

National Alliance on Mental Illness (NAMI)
Mental Health by the numbers. Accessed December 2016. https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers

National Alliance on Mental Illness (NAMI)
Infographics and Fact Sheets. (ADHD, Anxiety Disorders, Bipolar Disorder, BPD, Depression, Dissociative Disorders, Eating disorders, OCD, PTSD, Schizoaffective Disorder, Schizophrenia, Related Conditions). Accessed December 2016. https://www.nami.org/Learn-More/Fact-Sheet-Library

National Association of Social Workers (NASW)
Setting and maintaining professional boundaries. November 2011. http://careers.socialworkers.org/documents/Professional%20Boundaries.pdf

National Institute of Mental Health (NIMH)
Mental Health Information (Anxiety disorders, ADHS, ADD, Autism Spectrum Disorders, Bipolar, BPD, Depression, Eating Disorders, OCD, PTSD, Schizophrenia, Suicide Prevention). Accessed December 2016. https://www.nimh.nih.gov/health/topics/index.shtml

National Institute of Mental Health (NIMH)
Mental Health Medications. Accessed March, 2017. https://www.nimh.nih.gov/health/topics/mental-health-medications/index.shtml

National Institute of Mental Health (NIMH)
Psychotherapies. Accessed March 2017. https://www.nimh.nih.gov/health/topics/psychotherapies/index.shtml

NIH Senior Health
Taking Medicines. Drugs in the Body. Accessed March 2017. https://nihseniorhealth.gov/takingmedicines/drugsinthebody/01.html

Phobics Society
What is a phobia? Accessed December 2016. http://www.phobics-society.org.uk/what-is-a-phobia/

Pillay, Srini MD
Psychology Today. The Dangers of Self Diagnosis. How self-diagnosis can lead you down the wrong path. May 03, 2010. https://www.psychologytoday.com/blog/debunking-myths-the-mind/201005/the-dangers-self-diagnosis

Segal, Coolidge, Mincic & O'Riley
(2004). Beliefs about mental illness and willingness to seek help: A cross sectional study. Accessed December, 2016. http://www.uccs.edu/Documents/dsegal/Beliefs-about-mental-illness-Aging-and-Mental-Health-2005.pdf

Skills you Need
Clarifying and Clarification. Accessed June, 2017. https://www.skillsyouneed.com/ips/clarification.html

Substance Abuse and Mental Health Services
Administration (SAMHSA). Trauma-Informed Approach and Trauma-Specific Interventions. Accessed March, 2017. https://www.samhsa.gov/nctic/trauma-interventions

Substance Abuse and Mental Health Services Administration (SAMHSA)
The Eight Dimensions of Wellness. Accessed March, 2017. https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness

U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention
2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS, September 2012. https://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report.pdf

U.S. Department of Health and Human Services
A treatment Improvement Protocol – Trauma-Informed Care in Behavioral Health Services. 2014. http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration. After an Attempt. A guide for taking care of yourself after your treatment in the emergency department. www.samhsa.gov.

U.S. Food and Drug Administration (FDA)
Drugs@FDA: FDA Approved Drug Products. Accessed March 2017. https://www.accessdata.fda.gov/scripts/cder/daf/

Washington State Liquor and Cannabis Board
General Information about Marijuana. Accessed August 2017. http://lcb.wa.gov/mj-education/general-info

WikiHow
How to Establish Boundaries. Accessed June, 2017. http://m.wikihow.com/Establish-Boundaries

Videos

What it's like to hear "just get better"
https://youtu.be/FbOmiMXBr1E
(2:15)
BuzzFeedBlue
Published December 6, 2015 "This is not possible"

Living with a mental disorder
https://www.youtube.com/watch?v=ezI2W32yNg8
(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

Notes

Washington State
Department of Social
& Health Services

Transforming lives

DSHS 22-1752 (2/18)