

Soft Skills for Caring for Patients with Intellectual Disabilities, Mental Illness, or PTSD Curriculum



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About the Author

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Soft Skills for Caring for Patients with ID, MI, or PTSD Curriculum

Failure of health care providers to communicate effectively and appropriately with people with intellectual disabilities, mental illness, or PTSD is a major barrier to delivery of quality health care for people with disabilities. Research evidence indicates that there are strong positive relationships between a health care team member's communication skills and a patient's capacity to follow through with medical recommendations. Studies show that the clinician's ability to explain, listen and empathize can have a profound effect on biological and functional health outcomes as well as patient satisfaction and experience of care.

This interactive program was developed to prepare future health care professionals to care for patients with intellectual disabilities, mental illness or post-traumatic stress disorder by using effective soft skill strategies.

Curriculum Structure

The *Soft Skills for Caring for Patients with Intellectual Disabilities, Mental Illness or Post-Traumatic Stress Disorder* curriculum is composed of the following lessons. Approximate lesson times are included.

Lesson	Title	Approximate Time
One	Defining Intellectual Disability	70 minutes
Two	Defining Mental Illness	70 minutes
Three	Strategies for Caring for Patients with Intellectual Disability	60 minutes
Four	Strategies for Caring for Individuals with Mental Illness	60 minutes
Five	Strategies for Caring for Patients with Post-Traumatic Stress Disorder	60 minutes
	Total	5-6 hours

Lesson Structure

Each lesson begins with a Lesson Overview, Lesson Objectives and a Lesson at a Glance table which lists the lesson activities, materials required, suggested preparation steps, and approximate class time.

Lesson Sections

The actual lesson follows the overview, which will contain some of the sections described below. Most lessons are designed to be completed within 45 minutes.

FOCUS

Every lesson begins with a FOCUS activity intended to capture participants' attention. This may be in the form of a small or large class discussion, a game, a review of previous lesson information, or a demonstration. During this activity, participants are introduced to the topic of the lesson.

LEARN

The LEARN activity in each lesson varies in its presentation mode. It may be a slide presentation, group activity, or demonstration.

REVIEW

The majority of lessons end with a REVIEW activity intended to briefly review the lesson's key messages or main points.

Lesson One – Defining Intellectual Disability

Lesson Overview

In this lesson, participants will receive a brief overview of the history of intellectual disabilities and a basic definition of the term. Participants will begin to understand how developmental disabilities are defined by specific characteristics.

Lesson Objectives

After completing this lesson, participants will be able to:

- Define intellectual disability (ID) and developmental disabilities
- Understand how they are diagnosed
- Identify the symptoms of ID
- Identify common examples of developmental disabilities
- Understand person-centered language

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• <i>What is an Intellectual Disability?</i> Handout • <i>Intellectual Disability Pre-Self-Test</i>	1. Print/photocopy <i>What is an Intellectual Disability?</i> (one per group of 3-4 participants) 2. Print/photocopy <i>Intellectual Disability Pre-Self-Test</i> (one per person)	10 minutes
LEARN	• <i>Defining Intellectual Disability</i> slide presentation • <i>Defining Intellectual Disability Notes Page</i>	1. Prepare <i>Defining Intellectual Disability</i> slide presentation for viewing 2. Print/photocopy <i>Intellectual Disability Note Page</i> (one per person)	45 minutes
REVIEW	• <i>Intellectual Disability Closing Activity</i> • <i>Intellectual Disability Closing Activity – Answer Key</i> • <i>Intellectual Disability Closing Quiz</i> • <i>Intellectual Disability Close Quiz – Answer Key</i> • <i>Intellectual Disability Post Self-Test</i>	1. Print/photocopy <i>ID Closing Activity, Closing Quiz and Post Self-Test</i> documents (one per person)	15 minutes

Lesson One – Defining Intellectual Disability

FOCUS: Defining Intellectual Disability

10 minutes

Purpose:

This activity will provide to participants the definition of intellectual disability (ID) and the vital information they must know before caring for patients with ID conditions.

Materials:

- *What is an Intellectual Disability?* handout
- *Intellectual Disability Pre-Self-Test*

Facilitation Steps:

1. Break participants into small groups of 3-4. Ask participants to define what they think an intellectual disability is. They are allowed no use of external resources (i.e. phones, laptops, etc.)
2. Give each group the *What is an Intellectual Disability?* handout (one per group).
3. Give each group five minutes to come up with a definition, which will be submitted on the handout. Do not require the handout to be turned back in unless preferred, as this is just a group check-in before being given the definition of an intellectual disability. Set this aside for now.
4. Give each participant the *Intellectual Disability Pre-Self-Test*. Allow 2-3 minutes to complete it and return it to the instructor. This will help instructors better understand what participants know or need to know about intellectual disabilities.

Name: _____ Class: _____

What is an Intellectual Disability?

In groups of 3-4, please develop a collective answer for the following question:

What is an Intellectual Disability? Consider what you may have seen in school, movies, communities, etc.
Please do not use your cell phones to research the definition.

Please note that you are not required to turn this in. This is simply a starting point for your learning.

Name: _____ Class: _____

Intellectual Disability Pre-Self-Test

Please rate the following questions on a 1-5 scale.

1=disagree 2=somewhat disagree 3=neutral 4=somewhat agree 5=agree

1. I know what an intellectual disability (ID) is

1 2 3 4 5

2. I know what a developmental disability (DD) is

1 2 3 4 5

3. I know what person-centeredness and person-centered language is

1 2 3 4 5

4. I know about the signs, symptoms, and causes of intellectual disabilities

1 2 3 4 5

5. I know about the common experiences of people with ID/DD

1 2 3 4 5

6. I am familiar with the history of people with ID/DD

1 2 3 4 5

Lesson One – Defining Intellectual Disability

LEARN: Defining Intellectual Disability

45 minutes

Purpose:

Participants will learn about intellectual and developmental disabilities and the common experiences of the individuals who experience them.

Materials:

- *Defining Intellectual Disability* slide presentation
- *Defining Intellectual Disability Notes Page*

Facilitation steps:

1. Give each participant the *Defining Intellectual Disability Notes Page*. Participants should complete the information on the *Notes Page*, listening for answers during the slide presentation lecture.
2. Share the following information as you lecture.

Slide 1: Introduce the topic.

Slide 2: Read through the objectives.

Slide 3: Individuals with intellectual and developmental disabilities (IDD) are one of the most, if not the most, vulnerable populations today. They have a history of severe oppression, mistreatment, and lack of acceptance within their own communities. It is important to understand the history of this group of people before you understand their specific experiences.

People with IDD have historically been institutionalized. There are many reasons for this; communities can fear them, think they are not worthy, or misunderstand their conditions. Because of this, it was often believed that the best way to serve them was to have them in one central place where they could receive in-house services without having to leave their home.

Parents were told that the best ways to support them were to leave their care to hospital staff. Many individuals were dropped off in infancy

and lived their entire lives in institutions without their family.

Unfortunately, a great deal of abuse and neglect occurred in these settings due to lack of oversight and understanding of fair and humane treatment.

Many that were institutionalized experienced harsh conditions, forced labor, sexual/physical/verbal assault, forced sterilization, and other traumatic experiences.

Slide 4: In the 1960s and 70s, individuals with IDD began to decry and make known to the public the abusive treatment that they received in the institutions, and their collective desire/ability/right to live in communities. Parents and community members began to learn about the unfair treatment that occurred in institutional settings and preferred to keep their children at home much more often than in previous decades.

Slide 5: This self-advocacy and community movement continued into the 70s and 80s. During this time, self-advocates began stating their desire to live independently. This may have looked different for each individual, but their core aim was that with the proper caregiving, support, or oversight, they could rent or buy their own homes and live independently.

Slide 6: Today, individuals with developmental disabilities are mostly living in the community, although some states still have state-run institutions. However, most people with IDD are living with their parents or in their own homes with support.

Self-advocacy is a huge movement for those with developmental disabilities. Many have advocated for person-first language and person-centeredness. They have made it clear that colloquially used words and phrases, such as “retard” or “mentally retarded,” are unacceptable

and that they should be seen as people and not as a condition that they experience.

Slide 7: Before we do anything else, let's learn more about person-centeredness. It is important that this is the foundation of your learning about disabilities. We cannot learn about people without them. Remember that! Show this suggested video:

<https://www.youtube.com/watch?v=K6WmGhY8Q4I>

Note: More videos on the topic may be found by doing a keyword search on intellectual disability.

Slide 8: Does anyone have any questions about person-centeredness before we move on?

Now, let's discuss development.

Development is how we grow, learn, change, and gain skills. There are general developmental milestones that we are expected to hit as we grow, learn, and age. Milestones are generally met in specific age ranges. If a child meets the milestone by the time they meet a specific age range, they are considered to be developmentally on track. Many children develop late, but some children struggle to develop and meet age-appropriate milestones at all. If this is true, and they are of adult age and have not yet met the milestones, they are considered developmentally delayed.

Slide 9: These are some of the milestones that we expect young people to hit at certain ages. (read through them). Individuals with intellectual disabilities would struggle to meet some of these developmental milestones at appropriate times. This would indicate to their parents the need for testing and diagnosis. They could still struggle with many of these tasks depending on their level of impairment.

Slide 10: Now that we understand development, let's define intellectual disability.

In small groups, you came up with a definition of intellectual disability. I'm going to read through the medical diagnosis definition: Intellectual disability (ID) is defined as a impairment that limits a person's intellectual functioning and their functional abilities. The onset of the disability must occur prior to the age of 18 (during the developmental years).

Does anyone want to share how similar or different their definition was? The Centers for Medicare and Medicaid define a trait of ID as an IQ of 70 or less. This means that to receive federally funded services like Medicaid paid caregiving, a person has to have an IQ of 70 or less. IQ testing is a standardized test that helps with the diagnosis process. Finally, functional ability considers the skills that a person has to support themselves. We will discuss these in depth.

Slide 11: Okay, let's discuss the IQ test more.

An IQ test isn't always taken to receive a diagnosis from a physician. However, if necessary, to receive funding for support, an IQ test is an important part of the diagnosis process.

The IQ test will show the individual's level of intellectual function, from average to profound intellectual disability, based on the points of the individual scores that you can see on the chart.

Slide 12: We discussed in the definition of ID that a person has to have functional limitations. For example, an individual may have difficulty in their conceptual skills, social skills, and activities of daily living. These are the areas where a person with ID might require some support by family or paid caregivers.

Slide 13: Conceptual skills includes a person's language skills, money and time management, self-direction, and mathematics. Many people with ID have assistive technology to help them with these things. They might have a communication device to help them speak, they might use a specific type of clock or scheduling tool, or they might have caregivers to help them in these areas.

If a person does not have the help or money they need, they are at risk of being exploited and taken advantage of. It's important that caregivers provide this support when working with someone while respecting their right and dignity to make their own decisions, even bad decisions, if that's what they want.

Slide 14: Social skills consider interpersonal effectiveness, problem solving, the ability to identify rules and follow them, the ability to

protect oneself, and the practice of social responsibility.

Slide 15: Activities of daily living include personal care needs such as hygiene, occupational skills such as meal preparation, health care management, the ability to transport oneself, manage scheduling, and meet health and safety needs. This is an area where CNAs often provide a lot of hands-on assistance for individuals with ID.

Slide 16: If an individual has limitations in functioning, they will be referred to a testing center and doctor for diagnosis. For example, in Washington State, the University of Washington Autism Center is a common place for testing. The testing includes an IQ test and a review of functional limitations.

Slide 17: Intellectual disabilities are not as common as other disabilities. Read through the statistics on the slide.

Slide 18: Science may not have yet uncovered all the reasons that people might have an ID, but we do know that certain causes can result in ID. Read information on the slide.

Slide 19: Now that we have a good understanding of ID, let's discuss developmental disabilities generally.

Developmental Disabilities (DD) is an umbrella term that ID is represented under. DDs are chronic disabilities that occur prior to the age of 22 and are lifelong in nature. They may or may not include intellectual impairment.

For example, Down Syndrome is a DD, but it may or may not cause ID.

Slide 20: Here is a good graphic for understanding developmental disabilities. You can see that intellectual disability is under the Developmental Disabilities umbrella. Some other developmental disabilities can cause ID. Other examples include:

- Autism Spectrum Disorder
- Cerebral Palsy
- Fragile X Syndrome
- Fetal Alcohol Syndrome

- Prader Willi Syndrome
- Learning disorders

Slide 21: We discussed earlier the historical experience of this group of people and how they are quite vulnerable to abuse and neglect. This is because of their functional limitations in conceptual and social skills as well as activities of daily living. For example, a person might not know that their money is being stolen or they might not be bathed properly if they cannot physically do it themselves. It is important to understand these common experiences for people with ID. Read the information on the slide.

Slide 22: While these experiences are common, there are also common features or symptoms of ID. They include the following:

They have difficulty understanding information. For example, how to tell time, follow steps to complete a task, understand money, or understand social norms and expectations.

They may have difficulty communicating and understanding social cues. A person with ID may think that someone is their boyfriend or girlfriend even if they are simply just friends.

They may not act in ways that are similar to that of another person without an ID or DD. This is often why they are marginalized or oppressed—because they think and act differently. Some people view this as childlike in nature. It's important that you know that individuals with ID are still adults and deserve to be treated as adults (if they are of adult age).

They may require more time to cognitively process information.

Slide 23: They may have difficulty understanding abstract ideas. Comparisons or inferences will be difficult for a person with ID to catch on to. They benefit from clear language and black and white explanations.

They often will have difficulty with sequential processing. For example, on the screen on the left is a clear process. When we have a thought, it causes us to have a feeling and that often causes a behavior. This is clear to a person who does not have ID or DD. On the right, it shows

no clear process. This is because sequential or step-by-step processing isn't easy to understand for individuals with ID.

That exactly can cause difficulty with appropriate behavior. They may struggle to understand what is and what is not appropriate; therefore, they must be taught this. If they are not taught this, it could result in law-breaking activities or other dangerous situations because they are not aware of what behavior is or is not okay.

Slide 24: Additionally, people with ID are also at higher risk for having a mental health or behavioral health condition. Read the information on the slide.

Slide 25: In future lessons we will discuss more about the best ways to support individuals, but here is a general overview of how to best serve a person with ID or DD. Read the information on the slide.

Slide 26: These are important takeaways for you. Read the information on the slide.

Slide 27: Before we close for the lesson, I want you to watch this video on person-centeredness. Share this suggested video clip on Person-centered ness:

<https://www.youtube.com/watch?v=NTYRtRNsAko>

Note: More videos on the topic may be found by doing a keyword search.

3. The *Notes Page* is for student reference only and will not be collected.

Name: _____ Class: _____

Defining Intellectual Disability Notes Page

Take notes in the spaces provided as information is shared in the slide presentation and lecture on this topic.

Question	Notes
What did individuals with development disabilities experience before 1950?	
What happened after 1950?	
How should people with ID be referred as?	
What are developmental milestones?	
What is an intellectual disability?	
To be diagnosed with ID, a person has to have functional limitations in one or more of which areas?	
What are conceptual skills?	

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What are social skills?	
What are Activities of Daily Living?	
What is the prevalence of ID?	
List three potential causes of ID	
True or False: ID is represented under DD – Development Disabilities	
What are common features of ID?	
List two behavioral concerns.	
List five best practices for supporting individuals with ID.	

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continued	
What is person-centeredness?	

Lesson One – Defining Intellectual Disability

REVIEW: Defining Intellectual Disability

15 minutes

Purpose:

Participants will complete a series of exercises to review key concepts learned in this lesson.

Materials:

- *Intellectual Disability Closing Activity*
- *Intellectual Disability Closing Activity – Answer Key*
- *Intellectual Disability Closing Quiz*
- *Intellectual Disability Close Quiz – Answer Key*
- *Intellectual Disability Post Self-Test*

Facilitation Steps:

1. Give each participant the *Intellectual Disability Closing Activity*. Explain that on the *Closing Activity* document you are given a few scenarios. Read through and label what is or is not person-centered. Remember that person-centeredness care and advocacy is where the individual is at the center of their life. They are actively involved in their own decision-making and get to direct the supports that they want and need from others. Allow 2-3 minutes for completion.
2. When they complete the activity, give each participant the *Intellectual Disability Closing Quiz*. Allow two minutes for completion.
3. Have participants pair up and peer edit the two documents while you share answers from both answer keys.
4. The final activity is the *Intellectual Disability Post Self-Test*. Allow 2-3 minutes for completion. Have participants hand it in and compare it with the first Self-Test they did before the lesson to see the changes.

Name: _____ Class: _____

Intellectual Disability Closing Activity

Instructions: Please read through the following scenarios and label them as a strong representation of person-centeredness or a poor representation of person-centeredness. Remember that person-centeredness care and advocacy is where the individual is at the center of their life. They are actively involved in their own decision-making and get to direct the supports that they want and need from others.

Scenario	Circle the representation of person-centeredness
Susie is a 35-year-old woman who wishes to live in her own community. She has expressed this to her mother, who is worried about Susie living alone but wants to honor her choice. Susie's mother helps Susie to contact her case manager and have a meeting to discuss her community living options.	Strong Poor
Joshua is working in his community. He has a job coach who goes out with him to help him on job-related tasks. Today, Joshua's job coach told his boss that Joshua is only capable of doing what he is doing and not to give him any more tasks to learn because Joshua "just can't learn anymore."	Strong Poor
Terry and her husband Sam live together. They want to adopt a dog, but they both use a wheelchair for mobility and their care provider is allergic to dogs. Their care provider tries to tell them that they cannot get a dog so she can keep her job.	Strong Poor
Wilbur recently graduated from high school. He is 20 years old and has autism. He was walking onto the bus when a community member called him a "retard."	Strong Poor

Intellectual Disability Closing Activity – Answer Key

Scenario	Circle the representation of person-centeredness
Susie is a 35-year-old woman who wishes to live in her own community. She has expressed this to her mother who is worried about her living alone but wants to honor her choice. Susie’s mother helps Susie to contact her case manager and have a meeting to discuss her community living options. Susie’s mother honors Susie’s desires despite her anxieties. Together they are going to find a solution that works well for Susie and helps Susie’s mom feel comfortable. This is great person-centeredness!	Strong Poor
Joshua is working in his community. He has a job coach who goes out with him to help him on job related tasks. Today his job coach told his boss that Joshua is only capable of doing what he is doing and not to give him any more tasks to learn because Joshua “just can’t learn any more.” Joshua, like everyone, is capable of learning (no matter how big or small the learning is) and should be given the opportunities to learn if he wants to.	Strong Poor
Terry and her husband, Sam, live together. They want to adopt a dog but they both use a wheelchair for mobility. Their care provider is allergic to dogs. Their care provider tries to tell them that they cannot get a dog so that she can keep her job. This is not representative of person-centeredness. Terry and Sam’s caregiver should help them to find another caregiver who does not mind working with a couple with a dog.	Strong Poor
Wilbur recently graduated from high school. He is 20 years old and has autism. He was walking onto the bus when a community member called him a “retard.” This is not representative of person-centered language.	Strong Poor

Name: _____ Class: _____

Intellectual Disability Closing Quiz

Instructions: Please read through the questions and circle the letter to the correct answer.

1. An intellectual disability is defined as:
 - a. A disability that limits a person's intellectual functioning and their functional abilities. The onset of the disability must occur prior to the age of 22 (during the developmental years).
 - b. A disability that limits a person's intellectual functioning and their functional abilities. The onset of the disability must occur prior to the age of 18 (during the developmental years).
 - c. A disability that limits a person's intellectual functioning. The onset of the disability must occur prior to the age of 18 (during the developmental years).
 - d. A disability that limits a person's functional abilities. The onset of the disability must occur prior to the age of 22 (during the developmental years).
2. People with developmental disabilities were often left where, historically?
 - a. Hospitals/institutions
 - b. The police station
 - c. The fire station
 - d. With relatives
3. All but which of the following represent the three main domains when considering functional limitations:
 - a. Lack of social skills
 - b. Lack of conceptual skills
 - c. Lack of knowledge of history
 - d. Lack of ability to meet activities of daily living
4. People with intellectual disabilities may have difficulty with which of the following:
 - a. Understanding abstract ideas
 - b. Understanding sequential processing
 - c. Communication
 - d. All of the above

Intellectual Disability Closing Quiz – Answer Key

1. An intellectual disability is defined as:
 - a. A disability that limits a person's intellectual functioning and their functional abilities. The onset of the disability must occur prior to the age of 22 (during the developmental years).
 - b. A disability that limits a person's intellectual functioning and their functional abilities. The onset of the disability must occur prior to the age of 18 (during the developmental years).**
 - c. A disability that limits a person's intellectual functioning. The onset of the disability must occur prior to the age of 18 (during the developmental years).
 - d. A disability that limits a person's functional abilities. The onset of the disability must occur prior to the age of 22 (during the developmental years).
2. People with developmental disabilities were often left where, historically?
 - a. Hospitals/institutions**
 - b. The police station
 - c. The fire station
 - d. With relatives
3. All but which of the following represent the three main domains when considering functional limitations:
 - a. Lack of social skills
 - b. Lack of conceptual skills
 - c. Lack of knowledge of history**
 - d. Lack of ability to meet activities of daily living
4. People with intellectual disabilities may have difficulty with which of the following:
 - a. Understanding abstract ideas
 - b. Understanding sequential processing
 - c. Communication
 - d. All of the above**

Name: _____ Class: _____

Intellectual Disability Post Self-Test

Directions: Rate the following questions on a 1-5 scale:

1=disagree 2=somewhat disagree 3=neutral 4=somewhat agree 5=agree

1. I know what an intellectual disability (ID) is

1 2 3 4 5

2. I know what a developmental disability (DD) is

1 2 3 4 5

3. I know what person-centeredness and person-centered language is

1 2 3 4 5

4. I know about the symptoms and causes of intellectual disabilities

1 2 3 4 5

5. I know about the common experiences of people with ID/DD

1 2 3 4 5

6. I am familiar with the history of people with ID/DD

1 2 3 4 5

Sources

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Lesson Two – Defining Mental Illness

Lesson Overview

In this lesson, participants will receive a brief overview of mental illness and the diagnosis process. They will have a basic understanding of the common classifications of mental health disorders per the Diagnostic and Statistical Manual – 5 (DSM 5).

Lesson Objectives

After completing this lesson, participants will be able to:

- Define mental illness
- Identify the differences between a mental illness and an intellectual disability
- Define dual diagnosis
- Understand the diagnosis process for mental illness
- Have a general understanding of the common mental illness classifications of disorders

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• <i>Depressed vs. Depression</i> handout • <i>Mental Illness Pre- Self-Test</i>	1. Print/photocopy <i>Depressed vs. Depression</i> and <i>Mental Illness Pre-Self-Test</i> (one per participant)	10 minutes
LEARN	• <i>Defining Mental Illness</i> slide presentation • <i>Mental Illness Scavenger Hunt</i> handout	1. Print/photocopy <i>Mental Illness Scavenger Hunt</i> handout (one per participant) 2. Prepare <i>Defining Mental Illness</i> slide presentation for viewing	45 minutes
REVIEW	• <i>Mental Illness Closing Quiz</i> • <i>Mental Illness Closing Quiz – Answer Key</i> • <i>Mental Illness Post-Self-Test</i>	1. Print/photocopy <i>Mental Illness Closing Quiz</i> and <i>Post-Self-Test</i> (one per participant)	10 minutes

Lesson Two – Defining Mental Illness

FOCUS: Depressed vs. Depression

10 minutes

Purpose:

To have participants share prior knowledge and understanding of what they believe the difference is between feeling depressed and having depression.

Materials:

- *Depressed vs. Depression* handout
- *Mental Illness Pre-Self-Test*

Facilitation Steps:

1. Give each participant the *Depressed vs. Depression* handout. Have participants identify what they believe are differences between the two terms in the outsides of the Venn diagram. The part of the Venn diagram that intersects should include what they believe are the similarities. Allow 5-10 minutes for completion.
2. Hand out the *Mental Illness Pre-Self-Test* and allow two minutes for completion. Participants should submit this to instructors for use at the end of the lesson.

Name: _____ Class: _____

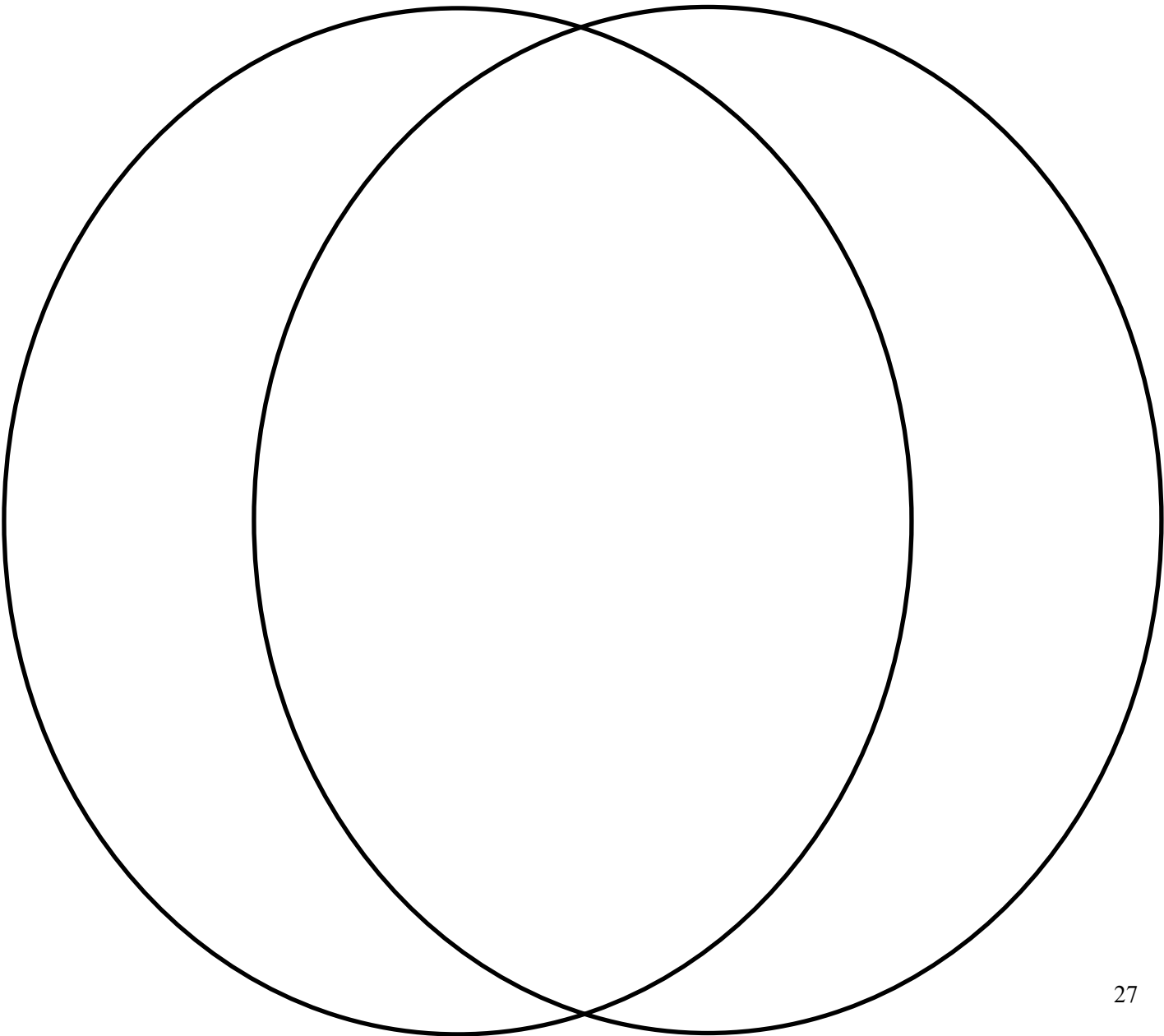
Depressed vs. Depression

Directions: What are the differences and similarities between feeling depressed and having depression?
Consider what you may have seen in school, movies, communities, etc. Please do not use your cell phone to research the definition.

Feeling depressed

Overlap

Having depression



Name: _____ Class: _____

Mental Illness Pre-Self-Test

Directions: Rate the following questions on a 1-5 scale:

1=disagree 2=somewhat disagree 3=neutral 4=somewhat agree 5=agree

1. I know what a mental illness is

1 2 3 4 5

2. I know what a developmental disability (DD) is

1 2 3 4 5

3. I know about the causes of mental illness

1 2 3 4 5

4. I generally know how a mental illness is diagnosed

1 2 3 4 5

5. I know about the classifications of disorders in mental illness

1 2 3 4 5

6. I am knowledgeable about the differences between mental illness and intellectual disability

1 2 3 4 5

Lesson Two – Defining Mental Illness

LEARN: Mental Illness Lecture and Scavenger Hunt

45 minutes

Purpose:

Participants will learn about mental illnesses and common symptoms that individuals with mental illness experience.

Materials:

- *Defining Mental Illness* slide presentation
- *Mental Illness Scavenger Hunt* handout

Facilitation steps:

1. Give each participant the *Mental Illness Scavenger Hunt* handout. They should complete the handout while listening to the information shared during the mental illness slide presentation. A few bonus questions will be added for independent research online.
2. Share the following information as identified by each slide during the *Defining Mental Illness* presentation.

Slide 1: Introduction.

Slide 2: Read through the objectives.

Slide 3: Mental illness is a condition that impacts a person's... (Share the other information on the slide.)

Slide 4: Share the statistics on the slide.

Slide 5: It is important to note that, while there is a difference between feeling depressed and having depression, there is also a difference in how mental illness is classified. Read through the information on the slide and validate that serious mental illness can impact a person's lifestyle in a much more significant way than mental illness. Serious mental illness is much more difficult to recover from.

Slide 6: Introduce causes and briefly read the bullet points. While we do not know all the causes of mental illness, this list represents well

researched information and many, many patient stories about their personal history.

Slide 7: The first cause mentioned is early childhood experiences such as trauma, abuse, neglect, bullying, and unsupportive home environments. Toxic stress, or a prolonged exposure to stress, results in changes in how the brain develops. This increases the likelihood of mental health problems that occur both in childhood and adulthood.

Additionally, if a child is not raised in a validating or supportive environment, they are more likely to experience anxiety and other mental illnesses. Attachment to a primary caregiver, if not secure during infant and childhood years, can result in a variety of mental and emotional difficulties for young people. Even when children have been removed from traumatic situations, they are more likely to have continuing difficulties in self-regulation, emotional adaptability, relating to others, and self-understanding.

Slide 8: This is a list of chronic illnesses that is much more likely to result in co-experiencing depression. Mental illness can often go hand in hand for individuals with lifelong physical conditions. There are likely a variety of other reasons for this, including genetic predispositions, but it is important to note that these conditions can cause serious changes in a person's lifestyle, which can lead to anxiety and depression.

Slide 9: Let's briefly discuss biology. Some individuals are at risk for mental illness as a result of genetic predispositions. People who are genetically predisposed to mental illness and who experience childhood trauma are more likely to experience mental illness. Additionally, some people can respond to medication and substances in a way that can

cause imbalances that induce symptoms of mental illness.

Slide 10: Raise your hand if you find the statistic on this slide surprising. Substance abuse and mental illness are very closely related. Individuals who have used drugs are at a higher risk for mental illness. Additionally, those who have mental illnesses often self-medicate with drugs and are more susceptible to developing dependence with drugs. For many, it can be difficult to identify what came first: substance use or mental illness. This is because people often use drugs or alcohol at the beginning of their symptoms as a way of coping with the discomfort they are experiencing.

Slide 11: Does anyone know what group of people tends to be the loneliest? Research shows that aging individuals are extremely lonely. That loneliness increases their risk of premature death and mental illness. Chronic loneliness occurs when individuals do not have resources to get out and meet their social needs. Read through quote on the slide and identify the causality between loneliness, stress, and mental illness.

Slide 12: Now that we've discussed some of the causes of mental illness, it is important to identify what to look for when someone is experiencing a mental illness. These are some of the common warning signs. Read through the bullet points.

Slide 13: After a person identifies that they or someone that they love is presenting the warning signs of a mental illness, they undergo the diagnosis process. The first step after identifying the warning signs is generally to see a primary care physician. This provider will help rule out the symptoms being caused by any medical condition that could be treated. If they have no medical conditions, they consult a psychiatrist for a psychological evaluation.

The evaluation will include both labs being drawn, as some mental illnesses can be indicated by things like low Vitamin D, and an intensive review of the person's personal and family history. From there, the psychiatrist will give a preliminary diagnosis if they need to consult other professionals or, if they feel fully

confident, they will give the patient a clinical diagnosis. After a diagnosis is made, it is important that the individual has access to treatment such as medication, counseling, and skills training.

Slide 14: We are going to review some of the common classifications of mental illness. The Diagnostic and Statistical Manual 5 (DSM 5) is the document that teaches professionals how to diagnose. The DSM 5 contains many major disorder classifications with various diagnoses for them. This is not an exhaustive list, but rather a list of the common mental illnesses that people see. Read through the list.

Slide 15: The first group of disorders is Schizophrenia Spectrum and Other Psychotic Disorders.

Some of the symptoms presented are:

1. Delusions: a disruption in normal thinking
2. Hallucinations: seeing or hearing stimuli that are not there.

Read through the rest of the list.

Slide 16: The next group is Bipolar and Related Disorders. People who experience bipolar disorder generally have a shift in mood from mania or hypomania (low-level mania) to depression. Read through symptoms of both. You have likely seen an individual in a movie or read about a person in a book who had bipolar disorder. The media often represents the most dramatic of cases where individuals might jump off of a building because they believe they can fly when they are manic. It is important to note that not all people with bipolar disorder have such dramatic and impulsive manic episodes.

Slide 17: We discussed some of the experiences that a person with depression might have at the beginning of this lesson. Here are more symptoms of depressive disorders. Read through the slide.

Slide 18: Anxiety is perhaps one of the most easily understood disorders. This is because some anxiety is good for us, as it tells us when we are safe or not safe. We biologically need anxiety to survive. However, anxiety becomes a disorder when it is experienced inappropriately.

If our body is telling us we are unsafe when we are actually safe, this is mental illness. Read through symptoms on slide.

Slide 19: Anxiety is often significantly a part of obsessive-compulsive tendencies. In obsessions and compulsions, a person has a thought that they cannot help. For example, their head tells them that if they do not make sure the door is locked, their house will get broken into and they will be harmed. This thought causes anxiety. The anxiety causes the person to engage in the compulsion, perhaps by checking their door to ensure it is locked. Verifying the door is locked gives them temporary relief, but the cycle starts over. This is why people might check the locked door 15 times.

Slide 20: Trauma is very common. Because it is so common, research has found that there are mental illnesses born from trauma exposure. They cause the following symptoms: Read through the list.

Slide 21: Eating disorders are the next classification. Read through the symptoms list.

Slide 22: Personality disorders are the final classification that we will discuss. Personality disorders impact every aspect of a person's life. The symptoms are persistent over time and require extensive intervention. Read through bullet points.

Slide 23: Now we'll discuss the differences between MI and ID, because in many ways they are very common and in many ways they are not. Some individuals experience both MI and ID. This is called a dual diagnosis. It is important to note that, for individuals with ID who have a more difficult time processing information, engaging in counseling and other skills training services can be complicated or difficult. Recovering from mental illness or reducing symptoms through skillful behavior

can take longer and require more intensive support.

Slide 24: Share information about dual diagnosis.

Slide 25: Individuals with mental illness deserve to be treated with respect. Let's watch this video on person-centeredness as a reminder of how to treat and work with individuals with mental illness. Additionally, it is important to understand that the appropriate language to refer to a person with mental illness is just that: a person with mental illness, not a mentally ill person. Remember that a person is not defined by their disorder, they just happen to have one.

Name: _____ Class: _____

Mental Illness Scavenger Hunt

Take notes in the space provided as information is shared in the slide presentation and lecture on this topic. Alternative instructions: This may be completed by researching answers online.

1. What is mental illness?

2. What are causes of mental illness? List 5 and give an example of each cause.

Cause	Example

3. How is mental illness diagnosed?

4. Identify the eight classifications of mental illness. Write the class disorder on the left and two examples of each class disorder on the right.

Class Disorder	Two examples

5. Can a person have a mental illness and an intellectual disability?
6. What are three differences between intellectual disability (ID) and mental illness (MI)?



Lesson Two – Defining Mental Illness

REVIEW: Post-Test and Quiz

10 minutes

Purpose:

Participants will complete a series of exercises to review key concepts learned in this lesson.

Materials:

- *Mental Illness Closing Quiz*
- *Mental Illness Closing Quiz – Answer Key*
- *Mental Illness Post-Self-Test*

Facilitation Steps:

1. Give each participant the *Mental Illness Closing Quiz*. Allow two minutes for completion.
2. Have students pair up and peer edit the quiz while you share answers from the answer key.
3. The final activity is the *Mental Illness Post-Self-Test*. Allow 2-3 minutes for completion. Have participants hand it in and compare it with the first self-test they did before the lesson to see the changes.

Name: _____ Class: _____

Mental Illness Closing Quiz

Instructions: Please read through the questions and circle the letter to the correct answer.

1. A mental illness is defined as an illness that impacts a person's _____:
 - a. Thoughts, feelings, and mood
 - b. Thoughts, feelings, mood, and day to day living
 - c. Thoughts, feelings, mood, day to day living, and ability to relate to others
 - d. None of the above
2. One in ____ adults in the US experience a mental illness each year
 - a. 5
 - b. 10
 - c. 3
 - d. 8
3. All but which of the following are causes of mental illness?
 - a. Trauma
 - b. Substance use
 - c. A traumatic brain injury
 - d. Genetics
4. A person who has an intellectual disability and a mental illness is considered to have which of the following?
 - a. Multiple disorders
 - b. A high level of need
 - c. Dual diagnosis
 - d. Just an intellectual disability

Mental Illness Closing Quiz – Answer Key

Instructions: Please read through the questions and circle the letter to the correct answer.

1. A mental illness is defined as an illness that impacts a person's _____:
 - a. Thoughts, feelings, and mood
 - b. Thoughts, feelings, mood, and day to day living
 - c. Thoughts, feelings, mood, day to day living, and ability to relate to others**
 - d. None of the above
2. One in ____ adults in the US experience a mental illness each year
 - a. 5**
 - b. 10
 - c. 3
 - d. 8
3. All but which of the following are causes of mental illness?
 - a. Trauma
 - b. Substance use
 - c. A traumatic brain injury**
 - d. Genetics
4. A person who has an intellectual disability and a mental illness is considered to have which of the following?
 - a. Multiple disorders
 - b. A high level of need
 - c. Dual diagnosis**
 - d. Just an intellectual disability

Name: _____ Class: _____

Mental Illness Post-Self-Test

Please rate the following questions on a 1-5 scale:

1=disagree 2=somewhat disagree 3=neutral 4=somewhat agree 5=agree

1. I know what a mental illness is

1 2 3 4 5

2. I know what a developmental disability (DD) is

1 2 3 4 5

3. I know about the causes of mental illness

1 2 3 4 5

4. I know generally how a mental illness is diagnosed

1 2 3 4 5

5. I know about the classifications of disorders in mental illness

1 2 3 4 5

6. I am knowledgeable about the differences between mental illness and intellectual disability

1 2 3 4 5

Sources

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Lesson Three – Strategies for Caring for Patients with Intellectual Disability

Lesson Overview

In this lesson, participants will receive instructions on how to best work with individuals with intellectual disabilities generally, in care teams, and during behavioral difficulties.

Lesson Objectives

By the end of this presentation, participants will be able to:

- Understand best practices for working with individuals with ID/DD
- Understand person-centeredness
- Be able to apply practices for establishing trusting relationships
- Understand how to navigate behavioral situations
- Understand cross systems collaboration/planning

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• <i>Best Practice or Bad Practice?</i> Handout • <i>Best Practice or Bad Practice</i> – Answer Key • <i>Caring for Patients with Intellectual Disability Pre-Self-Test</i>	1. Print/photocopy <i>Best Practice or Bad Practice?</i> handout and <i>Caring for Patients with Intellectual Disability Pre-Self-Test</i> (one per participant)	10 minutes
LEARN	• <i>Strategies for Caring for Patients with Intellectual Disability</i> slide presentation • <i>Caring for Patients with ID Notes Page</i>	1. Print/photocopy <i>Caring for Patients with ID Notes Page</i> (one per participant) 2. Prepare <i>Strategies for Caring for Patients with Intellectual Disability</i> slide presentation for viewing	30 minutes
REVIEW	• <i>Caring for Patients with Intellectual Disability Closing Quiz</i> • <i>Caring for Patients with Intellectual Disability Closing Quiz</i> – Answer Key • <i>Caring for Patients with Intellectual Disability Post-Self-Test</i>	1. Print/photocopy <i>Caring for Patients with Intellectual Disability Closing Quiz</i> and <i>Caring for Patients with Intellectual Disability Post-Self-Test</i> (one per participant)	5 minutes

Lesson Three – Strategies for Caring for Patients with Intellectual Disability

FOCUS: Good Practice or Bad Practice?

10 minutes

Purpose:

Participants will test their prior knowledge of practices for working with patients with intellectual disabilities.

Materials:

- *Best Practice or Bad Practice?* Handout
- *Best Practice or Bad Practice?* – Answer Key
- *Caring for Patients with Intellectual Disability Pre-Self-Test*

Facilitation Steps:

1. Begin by handing out the *Best Practice or Bad Practice* handout. Give participants 2-3 minutes to read through and answer each question.
2. After participants have chosen their answers, facilitate a group discussion by asking the following questions:
 - a. Was there anything you found difficult to decide between best practice or bad practice?
 - b. Did anything surprise or confuse you?
 - c. What are your thoughts overall?
3. Share answers from the *Answer Key*.
4. Next, hand out the *Caring for Patients with Intellectual Disability Pre-Self-Test* and allow two minutes for completion. Participants should submit this to instructors for use at the end of the lesson.

Name: _____ Class: _____

Best Practice or Bad Practice?

Please independently read through the following scenarios and identify if you feel the care provider used best practices or bad practices:

Scenario	Circle Bad or Best
June is a 53-year-old woman with ID. She lives in her own home and has a caregiver support her 16 hours a day. She self-advocates her care but requires a lot of assistance with her physical health. June's caregiver woke her up early today because she's currently taking a new medication that requires her to get up early. June doesn't enjoy waking up early and said a few curse words. June's caregiver responded by saying: "I know you don't like to get up early. I'm very sorry. I just need to give you this medication and then you can sleep as late as you want. Unfortunately, this is the best time of day to take this med per your doctor."	Bad Best
Tanner is a 21-year-old man who lives with his parents. He has a caregiver during the day when his parents are at work. His caregiver is around the same age as him and they get along well. Tanner's caregiver didn't think it would be an issue if his girlfriend stopped by to have lunch with him because they seem close. Tanner's caregiver did not ask Tanner's permission.	Bad Best
Meredith is a 30-year-old woman with ID who recently became pregnant with her first child. She is married to another person with ID. They share a caregiver. Meredith's caregiver asked Meredith if she wanted a book for new mothers when they were at the library. Her caregiver wants to help Meredith prepare for motherhood by reading and learning about parenting. Meredith is excited that her caregiver offered because she struggles to read.	Bad Best
Tom is an elderly person with ID. He is struggling to continue living at home because he only has a caregiver a few hours per day and has become unsteady on his feet. His caregiver recently said to him: "Tom, you need to move to a nursing facility. It's time."	Bad Best

Best Practice or Bad Practice? – Answer Key

Please independently read through the following scenarios and identify if you feel the care provider used best practices or bad practices with the person with ID:

Scenario	Circle Bad or Best
June is a 53-year-old woman with ID. She lives in her own home and has a caregiver support her 16 hours a day. She self-advocates her care but requires a lot of assistance with her physical health. June’s caregiver woke her up early today because she’s currently taking a new medication that requires her to get up early. June doesn’t enjoy waking up early and said a few curse words. June’s caregiver responded by saying: “I know you don’t like to get up early. I’m very sorry. I just need to give you this medication and then you can sleep as late as you want. Unfortunately, this is the best time of day to take this med per your doctor.”	Bad Best
Tanner is a 21-year-old man who lives with his parents. He has a caregiver during the day when his parents are at work. His caregiver is around the same age as him and they get along well. Tanner’s caregiver didn’t think it would be an issue if his girlfriend stopped by to have lunch with him because they seem close. Tanner’s caregiver did not ask Tanner’s permission.	Bad Best
Meredith is a 30-year-old woman with ID who recently became pregnant with her first child. She is married to another person with ID. They share a caregiver. Meredith’s caregiver asked Meredith if she wanted a book for new mothers when they were at the library. Her caregiver wants to help Meredith prepare for motherhood by reading and learning about parenting. Meredith is excited that her caregiver offered because she struggles to read.	Bad Best
Tom is an elderly person with ID. He is struggling to continue living at home because he only has a caregiver a few hours per day and has become unsteady on his feet. His caregiver recently said to him: “Tom, you need to move to a nursing facility. It’s time.”	Bad Best

Name: _____ Class: _____

Caring for Patients with Intellectual Disability Pre-Self-Test

Please rate the following questions on a 1-5 scale:

1=disagree 2=somewhat disagree 3=neutral 4=somewhat agree 5=agree

1. I know the basics about how to best support individuals with ID

1 2 3 4 5

2. I am confident I could apply this information when I work with someone with ID

1 2 3 4 5

3. I know who should be involved in planning for someone with ID's care

1 2 3 4 5

4. I know generally the best way to support someone with behavioral concerns

1 2 3 4 5

5. I am confident that I would follow treatment plans identified by professionals and a cross systems team if there is one

1 2 3 4 5

Lesson Three – Strategies for Caring for Patients with Intellectual Disability

LEARN – Strategies for Caring for Patients with ID Lecture

30 minutes

Purpose:

Participants will learn about the best ways to support individuals with ID regarding communication, building trust, working in care teams, and how to begin to support behavioral situations.

Materials:

- *Strategies for Caring for Patients with Intellectual Disability* slide presentation
- *Caring for Patients with ID Notes Page*

Facilitation Steps:

1. Give students the *Caring for Patients with ID Notes Page*. They should complete this with information shared.
2. Share the following information as identified by each slide.

Slide 1: Introduce the lesson.

Slide 2: Read through the objectives.

Slide 3 and 4: Here is a question for you before we get started: What does this statement “with not for” mean to you? Allow for discussions and validation. “With not for” reminds us as care providers that our job is to partner WITH individuals with ID to provide care the way they want and need it, NOT how we think it should be provided. Would someone be willing to read the quote on the slide for us? This quote reminds us of our responsibility to always be person-centered in our care.

Slide 5: Let’s watch this brief video from the Special Olympics about how to make sure we are always being respectful in our work with people with ID as this is of utmost importance. Have a class discussion afterwards as needed. Show the suggested video:

<https://www.youtube.com/watch?v=nc9aAY6-ujQ>

Note: Additional videos may be found by doing a keyword search.

Slide 6: First and foremost, when we work with individuals with ID, they need to trust us and we need to trust them. This is a necessary step before we can provide comprehensive care. We do this by ensuring that our first introduction is warm, kind, and collaborative. We support the individual’s autonomy by expressing interest in what they are interested in, not being judgmental, and respecting their inherent right to make their own choices and decisions. Read through the slide points.

Slide 7: After we have established trust with an individual, we must make sure that we communicate effectively with them. Some individuals with ID, regardless of their level of cognitive functioning, have physical difficulties with speaking. Some individuals might use assistive technology to communicate, like the images shown on the screen. Regardless of how the person communicates, it is your job to learn their how and use it. You cannot force them to communicate verbally or the way that you do. It’s your job to learn to communicate the way they want and need. Additionally, you should always be clear, simple, and direct and ensure that you understand the person by reflecting back to them. For example, you can say: “What I think you said was _____. Can you confirm I understood correctly?”

Slide 8: It is important that we use person-first language. We have discussed this in previous lessons, but let’s go a bit deeper here. Read through the bullet points.

Slide 9: We must collaborate with individuals and with their care team. We collaborate by allowing the individual to decide what they want their current life and their future to look like, and how they see you fitting as their caregiver or supporter. Whenever we are planning for them, we must do it with them. Additionally, if we see the need for an individual to see a specific kind of doctor, specialist, or provider, we need to discuss it with the individual and make sure that need is met. Sometimes you have to get creative about problem solving with individuals and that's okay. It might take a bit more time, but it is essential that they are involved. It's also essential that you are protecting their health and safety needs. We do this by engaging in cross systems collaboration.

Slide 10: Cross systems planning means that all of the individuals involved in a person's care, like the ones you see on the slide, are communicating with one another and the individual. This is the best way to ensure that their care needs are met. You, as the caregiver, are an important piece of the puzzle because you may see the individual more often than the doctor or therapist, for example. You have to make sure that the way you are working with the person is consistent with what their doctor, therapist, occupational provider, or any other type of provider identifies to be important in their treatment plan. You cannot do that if all of these providers are not communicating effectively about, and with, the patient.

Slide 11: If you see a need for cross systems work with a patient, be sure to bring it up with their doctor to develop a regular time to have a cross systems planning meeting. This ensures that everyone is on the same page for how to work with the individual.

Slide 12: You have the responsibility as a care provider for people with ID to fight the stigma associated with it. People with ID are very vulnerable, and there is a stigma associated with ID because many people are not aware of the impact it has or the services that individuals might need as a result of their ID. To fight this stigma, you should notice your own biases and challenge them. Whenever you think you need

to do something for your client, perhaps ask yourself, "what part of this can they do?" or "how can I help them to do it themselves?"

Additionally, you should always advocate for your clients when out in the community and ask them what they want and need instead of assuming.

Slide 13: Perhaps one of the most difficult types of care to provide for individuals with ID is behavioral care. As the provider, it can be very difficult to navigate behavioral outbursts or situations.

Your responsibility is to: read the bullet points.

Slide 14: Let's watch this video to get a better understanding of how individuals with ID get support for behavioral concerns. Your job is to implement the interventions that professionals, like the one seen in the video, teach individuals. This ensures the continuity of care and that behaviors will be reduced in the long run. Show this suggested video:

<https://www.youtube.com/watch?v=xiX8Oj5Ckz4>

Note: Additional videos may be found by doing a keyword search.

Slide 15: Before we end, I just want to review these things. (Read through the slide.)

Name: _____ Class: _____

Caring for Patients with Intellectual Disability

Notes Page

Take notes in the space provided as information is shared in the slide presentation and lecture on this topic.

Question	Notes
What does “with not for” mean?	
What are three things you can do to gain trust when caring for patients with ID?	
What are three things you can do to help facilitate better communication?	
List 5 things to remember when using person-first language.	

Soft Skills for Caring for Patients
with ID, MI or PTSD Curriculum

What can you do to foster stronger collaboration?	
What is at the center of cross systems planning?	
What are three things you can do to work against stigma of patients with ID?	
List six things you can do to handle behavioral situations with ID patients.	
What are four very important points to remember when caring for patients with ID?	

Lesson Three – Strategies for Caring for Patients with Intellectual Disability

REVIEW: Post-Test and Quiz

5 minutes

Purpose:

Participants will complete a series of exercises to review key concepts learned in this lesson.

Materials:

- *Caring for Patients with Intellectual Disability Closing Quiz*
- *Caring for Patients with Intellectual Disability Closing Quiz – Answer Key*
- *Caring for Patients with Intellectual Disability Post-Self-Test*

Facilitation Steps:

1. Give each participant the *Caring for Patients with Intellectual Disability Closing Quiz*. Allow two minutes for completion.
2. Have students pair up and peer edit the quiz while you share answers from the answer key.
3. The final activity is the *Caring for Patients with Intellectual Disability Post-Self-Test*. Allow 2-3 minutes for completion. Have participants hand it in and compare it with the first self-test they did before the lesson to see the changes.

Name: _____ Class: _____

Caring for Patients with Intellectual Disability Post-Self-Test

Please rate the following questions on a 1-5 scale:

1=disagree 2=somewhat disagree 3=neutral 4=somewhat agree 5=agree

1. I know the basics about how to best support individuals with ID

1 2 3 4 5

2. I am confident I could apply this information when I work with someone with ID

1 2 3 4 5

3. I know who should be involved in planning for someone with ID's care

1 2 3 4 5

4. I know generally the best way to support someone with behavioral concerns

1 2 3 4 5

5. I am confident that I would follow treatment plans identified by professionals and a cross systems team if there is one

1 2 3 4 5

Name: _____ Class: _____

Strategies for Caring for Patients with Intellectual Disabilities Closing Quiz

Instructions: Please read through the questions and circle the letter to the correct answer.

1. The best way to support a person with ID who has behavioral concerns is to:
 - a. Tell them to stop what they are doing immediately
 - b. Ask them what they think they need in that moment
 - c. Tell them that if they do not stop, they won't be able to go see a movie
 - d. Just ignore their bad and potentially dangerous behavior
2. Before you provide any care for a person, you need to do what?
 - a. Ask them what they want and need from you
 - b. Nothing, just do what you need to do to take care of them
 - c. Learn what is in their care plan so you know how to best support them
 - d. Both A and C
3. All but which of the following are helpful ways to support a person with ID?
 - a. Establish trust
 - b. Make assumptions about what they need
 - c. Learn their communication techniques
 - d. Advocate for their needs to see specialists or providers if they have an unmet need
4. Cross systems planning is:
 - a. When providers in different systems are committed to partnering/collaborating to ensure all decisions are being made for the person
 - b. When providers in different systems get together without the individual to discuss their needs and care
 - c. When providers in different systems are committed to partnering/collaborating to ensure all needs are met for the person
 - d. All of the above

Strategies for Caring for Patients with Intellectual Disabilities Closing Quiz – Answer Key

Instructions: Please read through the questions and circle the letter to the correct answer.

1. The best way to support a person with ID who has behavioral concerns is to:
 - a. Tell them to stop what they are doing immediately
 - b. Ask them what they think they need in that moment**
 - c. Tell them that if they do not stop, they won't be able to go see a movie
 - d. Just ignore their bad and potentially dangerous behavior
2. Before you provide any care for a person, you need to do what?
 - a. Ask them what they want and need from you
 - b. Nothing – just do what you need to do to take care of them
 - c. Learn what is in their care plan so you know how to best support them
 - d. Both A and C**
3. All but which of the following are helpful ways to support a person with ID?
 - a. Establish trust
 - b. Make assumptions about what they need**
 - c. Learn their communication techniques
 - d. Advocate for their needs to see specialists or providers if they have an unmet need
4. Cross systems planning is
 - a. When providers in different systems are committed to partnering/collaborating to ensure all decisions are being made for the person
 - b. When providers in different systems get together without the individual to discuss their needs and care
 - c. When providers in different systems are committed to partnering/collaborating to ensure all needs are met for the person**
 - d. All of the above

Lesson Three – Strategies for Caring for Patients with Intellectual Disability

ROLE PLAY: Scenario Card Instructions

20 minutes per scenario

Purpose:

Participants will role play a scenario to gain empathy and understanding of what it is like to live with the condition as well as provide care for individuals with the condition.

Materials:

- *Caring for Patients with Intellectual Disability, Mental Illness or Post-Traumatic Stress Disorder Student Workbook*
- *Caring for Patients with Intellectual Disability, Mental Illness or Post-Traumatic Stress Disorder Scenario Cards*

Facilitation Steps:

1. Identify the scenario you wish to use. There are ten scenarios featuring intellectual disability and ten focusing specifically on dementia and Alzheimer's disease.
2. Have students read through the appropriate scenario in the Student Workbook and answer the pre-brief questions.
3. Assign student pairs of small groups depending on the number of roles that need to be assigned in the scenario.
4. Assign the roles.
5. Give the pair or small group the scenario card. Each group should read over the card to review the following information:
 - a. Roles
 - b. Scenario
 - c. Symptoms of the condition
 - d. Suggested approaches
 - e. Expected outcome

Note: For the Dementia/Alzheimer's Disease scenarios, give each pair of students the Dementia/Auditory Hallucinations Simulator. This includes an MP3 player and headphones. When the student who is assigned the person with dementia or Alzheimer's is role playing, wear the headphones and listen to the dementia audio track to enhance the realism during the scenario. Switch places when roles are changed so that each person has a chance to experience the auditory simulation during the role play scenario.

6. Give students five minutes to role play the scenario using one suggested approach leading to the expected outcome.
7. Give students five minutes to switch roles and role play the scenario using another suggested approach leading to the expected outcome.
8. Have students answer the debrief questions in the Student Workbook.
9. Optional: You could call the class back together and do a large group debrief after students have answered their questions.

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Lesson Four – Strategies for Caring for Individuals with Mental Illness

Lesson Overview

This lesson provides a basic overview of the best ways to support individuals with mental illness as well as tools that ensure the best quality of care is provided.

Lesson Objectives

After completing this lesson, participants will be able to:

- Understand relationship establishing tools
- Understand best practices for communication
- Understand and apply person-centered care
- Begin to understand how to assess a person's mental state
- Understand when and how to consult with professionals
- Understand when to refer a patient for community-based services

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• <i>Helpful or Hurtful?</i> handout • <i>Helpful or Hurtful – Answer Key</i> • <i>Caring for Individuals with Mental Illness Pre-Self-Test</i>	1. Print/photocopy <i>Best Practice or Bad Practice?</i> handout and <i>Caring for Patients with Intellectual Disability Pre-Self-Test</i> (one per participant)	10 minutes
LEARN	• <i>Strategies for Caring for Individuals with Mental Illness</i> slide presentation • <i>Caring for Individuals with Mental Illness Notes Page</i>	1. Print/photocopy <i>Caring for Individuals with MI Notes Page</i> (one per participant) 2. Prepare <i>Strategies for Caring for Individuals with Mental Illness</i> slide presentation for viewing	30 minutes
REVIEW	• <i>Caring for Individuals with Mental Illness Closing Quiz</i> • <i>Caring for Individuals with Mental Illness Closing Quiz– Answer Key</i> • <i>Caring for Individuals with Mental Illness Post-Self-Test</i>	1. Print/photocopy <i>Caring for Individuals with Mental Illness Closing Quiz</i> and <i>Caring for Individuals with Mental Illness Post-Self-Test</i> (one per participant)	5 minutes

Lesson Four – Strategies for Caring for Individuals with Mental Illness

FOCUS: Helpful or Hurtful?

5 minutes

Purpose:

Participants will test their prior knowledge of practices for working with individuals with mental illness.

Materials:

- *Helpful or Hurtful? handout*
- *Helpful or Hurtful? – Answer Key*
- *Caring for Individuals with Mental Illness Pre-Self-Test*

Facilitation Steps:

1. Begin by handing out the *Helpful or Hurtful?* handout. Give participants 2-3 minutes to read through and answer each question.
2. After participants have chosen their answers, facilitate a group discussion asking the following questions:
 - a. Was there anything you found difficult to decide between best practice or bad practice?
 - b. Did anything surprise or confuse you?
 - c. What are your thoughts overall?
3. Share answers from the Answer Key.
4. Hand out the Caring for Patients with Intellectual Disability Self-Pre-Test and allow two minutes for completion. Participants should submit this to instructors for use at the end of the lesson.

Name: _____ Class: _____

Helpful or Hurtful?

Please independently read through the following scenarios and identify if you feel the care provider used best practices or bad practices with the person with Mental Illness:

Scenario	Circle Helpful or Hurtful
Sam has schizophrenia and often says that he hears voices and see things. He was telling his caregiver about the things he has been seeing and hearing lately. His caregiver listens and says, "that must be difficult to hear," and then transitions the conversation to what their plans for the day will look like. Sam was very receptive to talking about his day and had less anxiety after he stopped discussing his hallucinations and delusions.	Helpful Hurtful
Josh has major depression. His caregiver came into his house today and opened all the blinds and told Josh, "you will feel better with some sunshine coming in." This upset Josh as he wants to make his own decisions about his house and space.	Helpful Hurtful
Sally has bipolar disorder. She seems to be more manic lately than normal and her caregiver has some concerns. Over lunch, her caregiver said, "Sally, I am wondering if we could talk about how you have been feeling lately. I want to see if you'd like to see another doctor to talk about your feelings, or if you would prefer not to." Sally was happy to discuss and was grateful that her caregiver respected her dignity and decision-making capacity so much in the conversation.	Helpful Hurtful

Helpful or Hurtful? – Answer Key

Please independently read through the following scenarios and identify if you feel the care provider used best practices or bad practices with the person with Mental Illness:

Scenario	Circle Helpful or Hurtful
Sam has schizophrenia, and he often says he hears voices and see things. He was telling his caregiver about the things he has been seeing and hearing lately. His caregiver listens and says, “that must be difficult to hear” and then transitions the conversation to what their plans for the day will look like. Sam was very receptive to talking about his day and had less anxiety after he stopped discussing his hallucinations and delusions.	Helpful Hurtful
Josh has major depression. His caregiver came into his house today and opened all the blinds and told Josh “you will feel better with some sunshine coming in.” This upset Josh as he wants to make his own decisions about his house and space.	Helpful Hurtful
Sally has bipolar disorder. She seems to be more manic lately than normal and her caregiver has some concerns. Over lunch, her caregiver said, “Sally, I am wondering if we could talk about how you have been feeling lately. I want to see if you’d like to see another doctor to talk about your feelings, or if you would prefer not to.” Sally was happy to discuss and was grateful her caregiver respected her dignity and decision-making capacity so much in the conversation.	Helpful Hurtful

Name: _____ Class: _____

Caring for Individuals with Mental Illness

Pre-Self-Test

Please rate the following questions on a 1-5 scale:

1=disagree 2=somewhat disagree 3=neutral 4=somewhat agree 5=agree

1. I know the basics about how to best support individuals with mental illness

1 2 3 4 5

2. I am confident I can apply this information when I work with someone with a mental illness

1 2 3 4 5

3. I know what to look for when assessing patient's status or change in status

1 2 3 4 5

4. I know how to identify a need for consultation or referral

1 2 3 4 5

5. I am confident that I can refer a provider to my patient, if needed

1 2 3 4 5

Lesson Four – Strategies for Caring for Individuals with Mental Illness

LEARN – Strategies for Caring for Individuals with Mental Illness Lecture

30 minutes

Purpose:

Participants will learn about the best ways to support individuals with mental illness through communication, building trust, and referring other services and professionals as needed.

Materials:

- *Strategies for Caring for Patients with Mental Illness* slide presentation
- *Caring for Patients with Mental Illness Notes Page*

Facilitation Steps:

1. Give students the *Caring for Patients with Mental Illness Notes Page*. They should complete this with information shared.
2. Share the following information as identified by the slides.

Slide 1: Introduce the lesson.

Slide 2: Read through the objectives.

Slide 3: Before you can do anything when caring for patients, it is absolutely essential that you get to know them. This becomes even more important when working with a patient that has a mental illness because their symptoms may make it difficult for them to establish relationships (for example, depression might make them uninterested or psychosis might make them paranoid of you). You have to be patient and person-centered when establishing relationships. (Read through bullet points on slide.)

Slide 4: Read through the information on the slide.

Slide 5: Read through the information on the slide.

Acknowledge that while these things might seem basic and you feel that you do them already, they are a necessary step to the caregiving process when you are responsible for many patients at once. Give yourself permission to slow down and provide the best quality care that you can. The relationship you establish is the first part of this care.

Slide 6: It is very important that you are kind, responsible, and professional in the way you communicate with your patients.

Read through the bullet points and note the following:

- Do not tell the person that their thoughts are not true. This is especially important for patients who have psychotic experiences. They believe their hallucinations and delusions; if you tell them they are not true, you completely invalidate them and may ruin your relationship with them, and thereby lose your ability to support them.
- Do not take sole responsibility for others. You are likely not going to be the only person in a patient's life who is supporting them. If they are unhappy with the care they are receiving from someone else, do not apologize for that. Empower them to solve their own problems.
- Loop in other professionals. Do not try to teach or communicate about something that you are not knowledgeable or skilled in. Invite other teammates into the conversation. Remember cross systems planning and collaboration? This is very important!

Slide 7: Read quote on person-centered care and watch video for a fuller explanation. Show these suggested videos:

<https://www.crisisprevention.com/Blog/Person-Centered-Care>

<https://www.youtube.com/watch?v=6Dk3CV-Wt38>

Note: Additional videos may be found by doing a keyword search.

Slide 8: You should have a strong understanding of person-centered care from this lesson and previous lessons. You must apply this to your work every day when supporting someone with mental illness. (Read through bullet points.)

Here are some notes:

Look for causes of behaviors. It can be difficult to work with patients who are verbally aggressive or have behavioral outbursts. Remember that they are struggling and that, while they might direct their frustration on you, it is not your fault. What you should do instead of getting frustrated is to try and identify what is really causing their behavior and address it. For example, if a person feels a loss of their autonomy because they had to move from their own home into a group home, then you should work towards finding ways they can have control and autonomy, and perhaps the outbursts will decrease.

Do tasks with the patient. Remember the term “with not for.” Work with the patient to meet their goals. Do not be more invested in the task than they are.

Slide 9: Read through the rest of the bullet points. Here are some notes:

Celebrate what they can do. People with mental illness often have to complete tasks in ways that look different from how other people do them. Instead of noticing what they cannot do compared to others, celebrate the things they are doing.

Avoid physical intervention. This, over time does not prove to be effective as a regular practice. For example, if a patient desires to harm themselves in psychiatric care, they can be physically restrained for health and safety needs. Your goal should always be to avoid physical intervention at all costs and to verbally de-escalate as needed. In the event that there is a

mental health crisis, which will happen eventually in your career, ensure that you follow all state laws, regulations, and policies, and make sure that you are as person-centered as you can be. Debrief after the crisis calms down with the patient and anyone else who is involved in the scenario.

Slide 10: One of the most important parts of your job is to pay attention to how your patients are doing. You have to be constantly watching and observing to make sure that they are at their baseline. You do this through assessing their mental status. This considers the person’s appearance, orientation, attention, memory, language, and judgement.

We are going to discuss each of these in more depth.

Slide 11: Regarding appearance, you should be paying attention to the person’s grooming habits, physical body presentation, eye contact, and typical movement. If there are any significant changes in these consistently over a period of time, you should consult their primary care doctor. For example, if a person who generally brushes their teeth, washes their hair, and showers everyday stops doing so for weeks on end, they need to be seen as their mental health status has likely changed.

Slide 12: A person at baseline is generally oriented to time, person, and place if they are not cognitively impaired in any way. This means that they should be able to identify, at any given time when asked, where they are, generally what time of day it is, and be able to recognize people they know. If a person goes from being able to do this to being unable, they should be seen for an assessment.

Slide 13: Another thing you should pay attention to is a person’s attention abilities. If there is a change in any of the following (read bullet points), this should be concerning to you as a caregiver.

Slide 14: While long-term memory has a seemingly unlimited capacity that lasts for years, short-term memory is relatively brief and limited. If an individual who generally has good short and/or long-term memory no longer appears to demonstrate these abilities, this is an

indicator that there has been a change in their status.

Slide 15: Language skills can often change if a person is in a mental health crisis or has had a change in their status. You should notice their ability to: (Read through the bullet points.)

Slide 16: Individuals with mental illness may have difficulties in their judgement. This is a common symptom of mental illness. People may make decisions that just don't seem healthy, safe, or smart to make. Remember that while they do have the dignity and worth to make these decisions, it is still something you should notice and bring up with patients. For example, if someone who is sober begins spending time with their friends who still use drugs or alcohol, you might notice this poor judgement and bring it up to them in conversation in a way that is safe and helpful, not demeaning.

Slide 17: Now that we have discussed the different areas you should be noticing and assessing, let's do a brief activity. Turn to your partner and take turns administering pieces of a mini mental status exam to one another. This is a good activity for you to understand some of the ways that we assess for status or change in status, so it is important that you are on the other side of it once in a while. Please note that this is not a full assessment, but just pieces of the assessment to quickly administer to one another here.

Slide 18: Now that we have discussed ways to assess for the person's status, let's discuss how to best meet their needs. As a caregiver, you are not trained in the other professions involved in your patient's care. For example, you are not a therapist or job coach. But your patient might need those professionals in their life. It is your job to help facilitate consultation and referrals to other professionals as needed.

You can begin to do this by:

Identifying unmet needs, such as noticing if a patient has a need that you cannot meet or they

cannot meet themselves. You can send a referral to another professional for this.

Asking patients about their goals. For example, if they have a goal of getting a job, you can refer them to employment services.

Patient has a specific diagnosis – if they have a diagnosis that requires a specialist you can consult or refer to that specialist

Behavioral concerns – if a patient is having behavioral outbursts or symptoms, this is an indicator that they have a need that is not being met. Often consulting with a psychiatrist or counselor can be extremely helpful in these situations

Condition isn't being managed well – this is a time to consult with a doctor or nurse

Slide 19: Now that you know when you should consult or refer, here are the steps to do so: (Read through the bullet points.)

Note that the best way to identify if a provider is in-network to your patient's insurance is to call them directly and ask.

Slide 20: There are many different types of community-based services that you will refer to for patients. Community-based services are often agencies that accept Medicaid or federal funding. This is helpful because a great deal of people with mental illness, especially serious mental illness, are on Medicaid and state-funded care. This chart shows an example of some community-based services, but it certainly is not an exhaustive list.

Slide 21: To get established with community-based services, you can contact the county or state the person lives in.

Slide 22: Close by reminding participants of what not to do with patients: (Read through the bullet points.)

Slide 23: End the presentation.

Name: _____ Class: _____

Caring for Individuals with Mental Illness Notes Page

Take notes in the space provided as information is shared in the slide presentation and lecture on this topic.

List a minimum of eight ways to establish a relationship with an individual with mental illness.

List four communication best practices.

What are seven ways you can be person-centered in your care?

What are the six areas observed during assessment?

Assessment Area	What to Look For
Appearance	
Orientation	
Attention	
Memory	
Language	
Judgment	

What eight areas are part of community-based services?

What are five things you should not do when caring for an individual with mental illness?

Lesson 4 – Strategies for Caring for Individuals with Mental Illness

REVIEW: Post-Test and Quiz

5 minutes

Purpose:

Participants will complete a series of exercises to review key concepts learned in this lesson.

Materials:

- *Caring for Individuals with Mental Illness Closing Quiz*
- *Caring for Individuals with Mental Illness Closing Quiz – Answer Key*
- *Caring for Individuals with Mental Illness Post-Self-Test*

Facilitation Steps:

1. Give each participant the *Caring for Individuals with Mental Illness Closing Quiz*. Allow two minutes for completion.
2. Have participants pair up and peer edit the quiz while you share answers from the answer key.
3. The final activity is the *Caring for Individuals with Mental Illness Post Self-Test*. Allow 2-3 minutes for completion. Have participants hand it in and compare it with the first self-test they did before the lesson to see the changes.

Name: _____ Class: _____

Strategies for Caring for Individuals with Mental Illness Closing Quiz

Instructions: Please read through the questions and circle the letter to the correct answer.

1. The best way to assess for if someone's mental health status has changed is to notice:
 - a. Their memory abilities
 - b. Their language abilities
 - c. Their orientation
 - d. All of the above
2. I should refer for a consultation with another professional when
 - a. My patients ask me to
 - b. My patient has an unmet need
 - c. I know my patient would benefit from it
 - d. Both A and B
3. All of the following but which is an example of a community-based service?
 - a. Mental health provider
 - b. Behavior support provider
 - c. Employment provider
 - d. Aging services
 - e. Veterinary services
4. What should you do before anything else when working with a patient?
 - a. Learn their care plan
 - b. Talk with their family
 - c. Establish a relationship with them
 - d. Look for reasons to refer to another professional

Strategies for Caring for Individuals with Mental Illness Closing Quiz – Answer Key

Instructions: Please read through the questions and circle the letter to the correct answer.

1. The best way to assess for if someone's mental health status has changed is to notice:
 - a. Their memory abilities
 - b. Their language abilities
 - c. Their orientation
 - d. All of the above**
2. I should refer for a consultation with another professional when
 - a. My patients ask me to
 - b. My patient has an unmet need
 - c. I know my patient would benefit from it
 - d. Both A and B**
3. All of the following but which is an example of a community-based service?
 - a. Mental health provider
 - b. Behavior support provider
 - c. Employment provider
 - d. Aging services
 - e. Veterinary services**
4. What should you do before anything else when working with a patient?
 - a. Learn their care plan
 - b. Talk with their family
 - c. Establish a relationship with them**
 - d. Look for reasons to refer to another professional

Name: _____ Class: _____

Caring for Individuals with Mental Illness

Post-Self-Test

Please rate the following questions on a 1-5 scale:

1=disagree 2=somewhat disagree 3=neutral 4=somewhat agree 5=agree

1. I know the basics about how to best support individuals with mental illness

1 2 3 4 5

2. I am confident I could apply this information when I work with someone with ID

1 2 3 4 5

3. I know what to look for when assessing patient's status or change in status

1 2 3 4 5

4. I know how to identify a need for consultation or referral

1 2 3 4 5

5. I am confident that I would be able to refer my patient to a provider if needed

1 2 3 4 5

Lesson Four – Strategies for Caring for Individuals with Mental Illness

ROLE PLAY: Scenario Card Instructions

20 minutes per scenario

Purpose:

Participants will role play a scenario to gain empathy and understanding of what it is like to live with the condition as well as provide care for individuals with the condition.

Materials:

- *Caring for Patients with Intellectual Disability, Mental Illness or Post-Traumatic Stress Disorder Student Workbook*
- *Caring for Patients with Intellectual Disability, Mental Illness or Post-Traumatic Stress Disorder Scenario Cards*

Facilitation Steps:

1. Identify the scenario you wish to use. There are ten scenarios featuring mental illness.
2. Have participants read through the appropriate scenario in the Student Workbook and answer the pre-brief questions.
3. Assign participants to pairs or small groups depending on the number of roles that need to be assigned in the scenario.
4. Assign the roles.
5. Give each pair or small group the scenario card. Each group should read over the card to review the following information:
 - a. Roles
 - b. Scenario
 - c. Symptoms of the condition
 - d. Suggested approaches
 - e. Expected outcome

Note: For the mental scenarios that include symptoms of auditory hallucinations or that you wish to add that component to, give each pair of students the Dementia/Auditory Hallucinations Simulator. This includes an MP3 player and headphones. When the student who has been assigned the role of the person with mental illness is role playing, have them wear the headphones and listen to the auditory hallucinations audio track to enhance the realism during the scenario. Switch places when roles are changed so that each person has a chance to experience the auditory simulation during the role play scenario.

6. Give students five minutes to role play the scenario using one suggested approach leading to the expected outcome.
7. Give students five minutes to switch roles and role play the scenario using another suggested approach leading to the expected outcome.
8. Have students answer the debrief questions in the Student Workbook.
9. Optional: You could call the class back together and do a large group debrief after students have answered their questions.

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Lesson Five – Strategies for Caring for Patients with Post-Traumatic Stress Disorder (PTSD)

Lesson Overview

In this lesson, participants will receive an overview of Post-Traumatic Stress Disorder: what it is, how it presents, and how to support someone with PTSD.

Lesson Objectives

By the end of this presentation, participants will be able to:

- Define post-traumatic stress disorder (PTSD)
- Identify the causes of PTSD
- Identify the symptoms of PTSD
- Understand how to care for patients with PTSD

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• <i>Group Knowledge Activity Handout</i> • <i>Caring for Patients with Post-Traumatic Stress Disorder Pre-Self-Test</i>	2. Print/photocopy <i>Group Knowledge Activity handout</i> and <i>Caring for Patients with Post-Traumatic Stress Disorder Pre-Self-Test</i> (one per participant)	10 minutes
LEARN	• <i>Strategies for Caring for Patients with Post-Traumatic Stress Disorder</i> slide presentation • <i>Caring for Patients with PTSD Notes Page</i>	6. Print/photocopy <i>Caring for Patients with PTSD Notes Page</i> (one per participant) 7. Prepare <i>Strategies for Caring for Patients with Post-Traumatic Stress Disorder</i> slide presentation for viewing	30 minutes
REVIEW	• <i>Caring for Patients with Post-Traumatic Stress Disorder Closing Quiz</i> • <i>Caring for Patients with Post-Traumatic Stress Disorder Closing Quiz – Answer Key</i> • <i>Caring for Patients with Post-Traumatic Stress Disorder Post-Self-Test</i>	2. Print/photocopy <i>Caring for Patients with Post-Traumatic Stress Disorder Closing Quiz</i> and <i>Caring for Patients with Post-Traumatic Stress Disorder Post-Self-Test</i> (one per participant)	5 minutes

Lesson Five – Strategies for Caring for Patients PTSD

FOCUS: Group Activity and Self-Test

10 minutes

Purpose:

In this lesson, participants will receive an overview of post-traumatic stress disorder: what it is, how it presents, and how to support someone with PTSD.

Materials:

- *Group Knowledge Activity* handout
- *Caring for Patients with Post-Traumatic Stress Disorder Pre-Self-Test*

Facilitation Steps:

1. Begin by handing out the *Group Knowledge Activity* handout. Divide participants into small groups for the activity. Give groups five minutes to read through and answer each question.
2. After participants have chosen their answers, facilitate a group discussion asking the following questions:
 - a. Did anything surprise or confuse you?
 - b. What are your thoughts overall?
3. Next hand out the *Caring for Patients with Post-Traumatic Stress Disorder Pre-Self-Test* and allow two minutes for completion. Participants should submit this to instructors for use at the end of the lesson.

Name: _____ Class: _____

Group Knowledge Activity

Please get into groups of no more than 3-4 participants. Spend five minutes identifying and answering the following questions. You may use a cell phone or internet as needed.

Name one book or movie that you have read/watched that has a character who has PTSD in it.

What caused that character's PTSD?

What symptoms does that character display?

How was that character's life impacted by their PTSD?

Name: _____ Class: _____

Caring for Patients with Post-Traumatic Stress Disorder Pre-Self-Test

Please rate the following questions on a 1-5 scale:

1=disagree 2=somewhat disagree 3=neutral 4=somewhat agree 5=agree

1. I know what causes PTSD

1 2 3 4 5

2. I know about the major symptoms of PTSD

1 2 3 4 5

3. I know how to best support someone with PTSD

1 2 3 4 5

4. I am confident I can support someone with PTSD

1 2 3 4 5

Lesson Five – Strategies for Caring for Patients with Post-Traumatic stress Disorder

LEARN: PTSD Lecture

30 minutes

Purpose:

Participants will learn about best ways to support patients with post-traumatic stress disorder through communication, building trust, and referring other services and professionals as needed.

Materials:

- *Strategies for Caring for Patients with Post-Traumatic Stress Disorder* slide presentation
- *Strategies for Caring for Patients with Post-Traumatic Stress Disorder Notes Page*

Facilitation Steps:

1. Give students the *Caring for Patients with PTSD Notes Page*. They should complete this with information shared.
2. Share the following information as identified by the slides.

Slide 1: Introduction.

Slide 2: Read through objectives.

Slide 3: Introduce PTSD by reading bullet points.

Slide 4: Watch this suggested video to further introduce PTSD:
https://www.youtube.com/watch?v=b_n9qegR7C4

Note: Additional videos may be found by doing a keyword search.

Slide 5: By now it should be obvious to you that PTSD is caused by trauma. A person who experiences trauma and didn't have the time, space, or support they needed to process it are at risk of developing PTSD. It is important to note that one person's trauma will be different than another person's trauma and we cannot judge people for what they find traumatic.

Here are a few examples of trauma: accidents, assaults, childhood, health issues, or war.

Historically PTSD has generally been associated to people returning from war, but we know from research that anyone who experiences any kind of trauma is at risk of developing it.

Slide 6: The major symptoms we are going to discuss, and specific to how to care for individuals, are: (Read through the bullet points.)

Slide 7: Many people with PTSD re-experience their trauma over and over again through their symptoms. They often have memories that come up or flashbacks without warning. This can be difficult to live with and can cause people to be unable to work, drive, or function in relationships. People can even believe that they are back in the original event during their flashbacks and this can cause them to be physically or verbally aggressive.

Slide 8: People with PTSD often have mood swings or changes in their cognition. You might hear them saying negative things about themselves or others. They likely experience fear, guilt, or shame. Some people have survivor's guilt if they lived after trauma when someone else did not. They likely will isolate or avoid the things they once loved. Finally, they might feel detached, like they cannot bond with others again or they aren't able to love after the trauma they experienced.

Slide 9: Most people with PTSD will avoid places, people, or things that remind them of their trauma. For example, for people who were in serious car accidents, they might avoid driving that same street again because it gives them anxiety. Other people might use substances, sex, or reckless behavior to avoid confronting their trauma. Avoidance is a very normal symptom of PTSD but unfortunately in life, we cannot avoid our trauma forever. It is necessary to learn to cope effectively.

Slide 10: People with PTSD often are aroused differently after their trauma. They might be more easily irritated, be reckless, startle easily, or find it difficult to concentrate. You should not surprise or sneak up on a person with PTSD as the arousal could cause them to be violent or aggressive even if that is not their intention.

Slide 11: Now that you know how PTSD might show up in your future patients, let's talk about how you can support someone with PTSD. First, it is helpful to get to know your patient and learn about their life experiences. Knowing that they have PTSD will help prompt how you act and engage with them. We're going to talk about four main areas of support: how to support someone socially, how to listen to them, how to manage triggers, and how to manage flashbacks.

Slide 12: Read bullet points.

Slide 13: Read bullet points.

Slide 14: Read the bullet points and note that by understanding the patient's triggers, you interrupt the process on the screen that shows the person being triggered and automatically responding in their behavior. By reminding them of the intervention, the process becomes:

Trigger -> emotional response -> adaptive or helpful intervention -> appropriate behavior

Slide 15: Read bullet points.

Slide 16: Read bullet points.

Slide 17: End.

Name: _____ Class: _____

Caring for Patients with Post-Traumatic Stress Disorder Notes Page

Take notes in the space provided as information is shared in the slide presentation and lecture on this topic.

What is PTSD?

What are examples of trauma that can cause PTSD?

List four symptoms of PTSD.

Describe each of the four symptoms of PTSD:

1. Re-experiencing

2. Negative changes in cognition and mood

3. Avoidance

4. Hyperarousal

Describe each type of support in the space provided.

Support	Description
Social Support	
Listening Support	
Triggers	
Flashbacks	

Lesson Five – Strategies for Caring for Patients with Post-Traumatic Stress Disorder

REVIEW: Post-Test and Quiz

5 minutes

Purpose:

Participants will complete a series of exercises to review key concepts learned in this lesson.

Materials:

- *Caring for Individuals with Mental Illness Closing Quiz*
- *Caring for Individuals with Mental Illness Closing Quiz – Answer Key*
- *Caring for Individuals with Mental Illness Post-Self-Test*

Facilitation Steps:

1. Give each participant the *Caring for Individuals with Mental Illness Closing Quiz*. Allow two minutes for completion.
2. Have students pair up and peer edit the quiz while you share answers from the answer key.
3. The final activity is the *Caring for Individuals with Mental Illness Post-Self-Test*. Allow 2-3 minutes for completion. Have participants hand it in and compare it with the first self-test they did before the lesson to see the changes.

Name: _____ Class: _____

Caring for Patients with Post-Traumatic Stress Disorder Closing Quiz

Instructions: Please read through the questions and circle the letter to the correct answer.

1. The best way to support a person with PTSD is to:
 - a. Ignore their symptoms; they will eventually stop
 - b. Ask them to go to counseling to address their symptoms
 - c. Allow them to naturally discuss as they need without judgement or pressure from you
 - d. Touch them when they have flashbacks so they “come to”
2. PTSD is caused by:
 - a. War
 - b. A car accident
 - c. Nothing, people just have these symptoms
 - d. Anything that a person deems traumatic and has a lasting impact on them
3. The best way to support someone during a flashback is to:
 - a. Remind them where they are
 - b. Do not touch them without their consent
 - c. Ensure their environment is as calm as possible
 - d. All of the above
4. All of the following are generally symptoms of PTSD except which?
 - a. Lack of arousal
 - b. Anxiety or mood changes
 - c. Flashbacks
 - d. Hyperarousal

Caring for Patients with Post-Traumatic Stress Disorder Closing Quiz – Answer Key

Instructions: Please read through the questions and circle the letter to the correct answer.

1. The best way to support a person with PTSD is to:
 - a. Ignore their symptoms; they will eventually stop
 - b. Ask them to go to counseling to address their symptoms
 - c. Allow them to naturally discuss as they need without judgement or pressure from you**
 - d. Touch them when they have flashbacks so they “come to”
2. PTSD is caused by:
 - a. War
 - b. A car accident
 - c. Nothing, people just have these symptoms
 - d. Anything that a person deems traumatic and has a lasting impact on them**
3. The best way to support someone during a flashback is to:
 - a. Remind them where they are
 - b. Do not touch them without their consent
 - c. Ensure their environment is as calm as possible
 - d. All of the above**
4. All of the following are generally symptoms of PTSD except which?
 - a. Lack of arousal**
 - b. Anxiety or mood changes
 - c. Flashbacks
 - d. Hyperarousal

Name: _____ Class: _____

Caring for Patients with Post-Traumatic Stress Disorder Post-Self-Test

Please rate the following questions on a 1-5 scale:

1=disagree 2=somewhat disagree 3=neutral 4=somewhat agree 5=agree

1. I know what causes PTSD

1 2 3 4 5

2. I know about the major symptoms of PTSD

1 2 3 4 5

3. I know how to best support someone with PTSD

1 2 3 4 5

4. I am confident I can support someone with PTSD

1 2 3 4 5

Lesson Five – Strategies for Caring for Patients with Post-Traumatic Stress Disorder

ROLE PLAY: Scenario Card Instructions

20 minutes per scenario

Purpose:

Participants will role play a scenario to gain empathy and understanding of what it is like to live with the condition as well as provide care for individuals with the condition.

Materials:

- *Caring for Patients with Intellectual Disability, Mental Illness or Post-Traumatic Stress Disorder Student Workbook*
- *Caring for Patients with Intellectual Disability, Mental Illness or Post-Traumatic Stress Disorder Scenario Cards*

Facilitation Steps:

1. Identify the scenario you wish to use. There are ten scenarios featuring post-traumatic stress disorder.
2. Have students read through the appropriate scenario in the Student Workbook and answer the pre-brief questions.
3. Assign student pairs or small groups depending on the number of roles that need to be assigned in the scenario.
4. Assign the roles.
5. Give each pair or small group the scenario card. Each group should read over the card to review the following information:
 - a. Roles
 - b. Scenario
 - c. Symptoms of the condition
 - d. Suggested approaches
 - e. Expected outcome
6. Give students five minutes to role play the scenario using one suggested approach leading to the expected outcome.
7. Give students five minutes to switch roles and role play the scenario using another suggested approach leading to the expected outcome.
8. Have students answer the debrief questions in the Student Workbook.
9. Optional: You could call the class back together and do a large group debrief after students have answered their questions.

Sources

1. American Psychiatric Association. (2020). *What is posttraumatic stress disorder*. Retrieved from <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>
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4. Ted-Ed. (2018, June 25). *The psychology of post-traumatic stress disorder – Joelle Rabow Maletis*. [YouTube]. https://www.youtube.com/watch?v=b_n9qegR7C4