State-approved Curriculum
NURSE AIDE I TRAINING PROGRAM
July 2019
Module U

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section

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Module U – Mental Health and Mental Illness
Teaching Guide

Objectives

- Explain the role of the nurse aide in the de-escalation of the resident who is agitated
- Describe anxiety disorders
- Describe mood disorders

Advance Preparation – In General

- Review curriculum and presentation materials
- Add examples or comments to Notes Section
- Set up computer/projector
- This topic lends itself to role play. The more the student practices the de-escalation techniques, the easier it will be for the student to apply the techniques in clinical as a student or in the work setting, as a nurse aide.
- Reviewing the information at the links below will give the instructor background and a good base for the content of this topic.
  - Teepa Snow – De-escalation Techniques: https://www.youtube.com/watch?v=xNznZ2MnV3I
  - www.newhavenrtc.com/blog/de-escalating-crisis-situation/ Recipient of care is sometimes an adolescent girl but information is applicable to this topic

Advance Preparation – Teaching Tips

- **Role-play Opportunities:** Think about/jot down ideas for role-play activities to further explain good de-escalation techniques, whereby the instructor is the resident and a volunteer student acts as the nurse aide
- **Role-play Paired Opportunities:** Think about/jot down ideas for role-play examples that students can do during group activity.

Module U – Mental Health and Mental Illness
Definition List

Anxiety – a feeling or worry, nervousness, or unease.

De-escalate – to (cause to) become less dangerous or difficult

Depression – feelings of sadness and/or a loss of interest in activities once enjoyed

Mental Health – a resident's ability to cope with and adjust to everyday stresses in ways that society accepts

Mental Illness – a disturbance in the ability to cope or adjust to stress; behavior and function are impaired; mental disorder, emotional illness, psychiatric disorder

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(S-1) Title Slide **(S-2) Objectives** 1. Explain the role of the nurse aide in the de-escalation of the resident who is agitated 2. Describe anxiety disorders 3. Describe mood disorders	
Content	**Notes**
(S-3) Mental Health and Mental Illness • Mental health – a resident's ability to cope with and adjust to everyday stresses in ways that society accepts • Mental illness – a disturbance in the ability to cope or adjust to stress; behavior and function are impaired; mental disorder, emotional illness, psychiatric disorder • De-escalate – to (cause to) become less dangerous or difficult	
(S-4) Mental Health and Mental Illness – Importance • Great day-to-day relationships are at the heart of de-escalation • The nurse aide can come to know what is normal for particular resident and what signs resident may have that he or she is becoming agitated	
(S-5) Causes of Mental Illness • Physical factors such as illness, disability, aging, substance abuse, and chemical imbalances • Environmental factors such as weak interpersonal or family relationships • Traumatic past experiences, such as abuse • Inherited traits • Ability to cope with stress	
(S-6) Anxiety Disorders • Generalized anxiety disorder is characterized by anxiety and worry, in the absence of an imminent event • Obsessive-compulsive disorder is categorized by obsessive behavior or thoughts, which may cause an individual to repeatedly perform a behavior or routine such as washing their hands over and over • Posttraumatic stress disorder is brought on by experiencing or witnessing a traumatic event, such as a violent crime or combat in the military • Phobia is an intense, irrational fear of an object, place or situation, such as flying.	
(S-7) Mood Disorders • Depression may cause a loss of interest in activities once	

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enjoyed, such as eating, sleeping, and work. The individual may suffer intense emotional and physical pain. If left untreated, depression may lead to suicide, especially in older adults. • Bipolar disorder is a condition in which an individual has mood swings and changes in energy levels including the ability to function. The mood swings can alternate from extreme activity (a manic episode) to periods of deep depression (a depressive episode). • Schizophrenia interferes with an individual's ability to interact with others, make decisions, think normally, and communicate clearly. Individuals who experience hallucinations may see someone or something that is not really present or hear a conversation that is not real. Individuals who experience delusions may believe that other people are controlling their thoughts.	
(S-8) Mental Health and Mental Illness – Treatment • Medication • Psychotherapy • Cognitive behavioral therapy	
(S-9) Mental Health and Mental Illness – Nurse Aide's Role • Important to recognize appropriate and inappropriate behavior and function so nurse aide can o Report inappropriate or different behavior and/or function to the nurse immediately o De-escalate behaviors • Has many chances to observe and get to know resident	
(S-10) De-escalation of a Resident Who is Agitated While Keeping Self and Others Safe • First and only objective in de-escalation is to reduce level and intensity of resident behavior so that discussion becomes possible	
***(S-11) De-escalation of a Resident Who is Agitated While Keeping Self and Others Safe** • Behavior o Appear calm, centered, and self-assured even if that is not the case o Anxiety can make resident feel anxious and unsafe which can escalate aggression • Posture o Always be at the same eye level – encourage client to be seated, but if he/she needs to stand, stand up also o Keep relaxed and alert posture	

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o Stand up straight with feet about shoulder width apart and weight evenly balanced o Avoid aggressive stances • Position self for safety o Never turn back for any reason o Maintain distance of at least two arms' lengths between self and agitated party o Place hands in front of body in open and relaxed position because this gesture appears non-threatening and positions hands for blocking if need arises • Body movement and language o Body movements indicate anxiety and will tend to increase agitation o Minimize body movements, such as excessive gesturing, pacing, fidgeting, or weight shifting o Avoid crossed arms, hands in pockets, or arms behind back since it can be interpreted as negative body language, as well as putting self at tactical disadvantage if attack occurs o Refrain from pointing or shaking finger o Refrain from touching even if some touching is generally culturally appropriate and usual in setting; cognitive disorders in people who are agitated allow for easy misinterpretation of physical contact as hostile and threatening • Facial expression o Maintain neutral facial expression o A calm, attentive expression reduces hostility • Eye contact o Maintain limited eye contact o Loss of eye contact may be interpreted as expression of fear, lack of interest or regard, or rejection o Excessive eye contact may be interpreted as threat or challenge, do not stare down resident	
***(S-12) De-escalation of a Resident Who is Agitated While Keeping Self and Others Safe** • Attitude o Refrain from becoming defensive even if comments or insults are directed at nurse aide; comments are not about nurse aide; the nurse aide should not defend self or anyone else from insults, curses, or misconceptions about roles or behaviors o Be respectful even when firmly setting limits or calling for help; individual who is agitated is sensitive to	

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feeling shamed and disrespected; resident needs to know that it is not necessary to show that they should be respected; automatically treat them and all residents with dignity and respect • Tone o Use low monotonous tone of voice (normal tendency is to have a high-pitched, tight voice when scared) o Refrain from getting loud or trying to yell over screaming person; wait until resident takes a breath, then talk o Speak calmly at an average volume • Responses o Respond selectively o Answer only informational questions no matter how rudely asked, (e.g. “Why am I in this g-d place”?) – this is real information-seeking question o Do not answer abusive questions (e.g. “Why are all nurses’ a**holes”?); this sort of question should get no response whatsoever o Be honest; lying to resident to calm them down may lead to future escalation if they become aware of the dishonesty o Do not volunteer information which may further upset resident • Reasoning o If directed by nursing care plan, explain limits and rules in authoritative, firm, but respectful tone o Give choices, where possible, in which both alternatives are safe ones (for example, “Would you like to continue our walk calmly or would you prefer to stop now and come walk later today when things can be more relaxed?”) – approach is most useful with residents who do not have trouble thinking and not residents with dementia o Empathize with feelings, but not with behavior (for example, “I understand that you have every right to feel angry, but it is not okay for you to threaten me or my staff.”) – approach is most useful with residents who do not have trouble thinking and not residents with dementia o Suggest alternative behaviors where appropriate (for example, “Would you like to take a break and have a cup of coffee or some water?”) o Do not analyze or interpret how a person is feeling o Refrain from arguing or convincing	

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o List consequences of inappropriate behavior without threats or anger – approach is most useful with residents who do not have trouble thinking and not residents with dementia o Express limitations are because of facility rather than personal – approach is most useful with residents who do not have trouble thinking and not residents with dementia	
***(S-13) De-escalation of a Resident Who is Agitated While Keeping Self and Others Safe** • Trust instincts; if nurse aide decides or feels that de-escalation is not working, the nurse aide should STOP and calmly call for help	
***(S-14) De-escalation of a Resident Who is Cognitively Impaired While Keeping Self and Others Safe** • Control the environment o Stand with feet 18 inches apart and to the side of the resident; keep a distance of 6 feet o Move others out of harm's way o Remove objects that could harm o Watch client without touching o Keep client safe • Look for meaning of the behavior and be a detective o Address feelings, not just words o Look at body language and facial expression o Given what is known about the resident, what might the behavior mean? • Check for underlying causes because all behavior has meaning o Physical or medical conditions (for example, pain, infection, hunger, medications) o Social or emotional triggers (for example, resident was startled, nurse aide with bad mood sensed by resident, losses, feeling threatened) o Environmental conditions (for example, loud and hectic area, too hot/cold, change in preferred schedule, around people resident doesn't like) • Respond in person's reality o Redirection – draw attention to another subject o Explore triggers of behavior o Engage in resident's story (for example, if resident is upset about husband who passed away years ago not coming to pick her up today, comment that the resident must really care about her husband and ask her to talk about husband)	

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***(S-15) Mental Health and Mental Illness – Points to Remember**
• Residents are more than a diagnosis
  o Recognize that a person with a mental illness is an individual
  o Every resident diagnosed with depression, anxiety, paranoia, mania or bi-polar disorder is different from all the other residents with the same diagnoses	

***(S-16) Mental Health and Mental Illness – Points to Remember** • All behavior has meaning – looking for the meaning behind the behavior is key • In some instances, such as a resident with dementia, the resident is not responsible for his or her behavior – resident may not be doing things on purpose • Nurse aide can lay the groundwork for successfully handling situations when resident is stressed and agitated by knowing how to communicate effectively day-to-day with resident	

***(S-17) Mental Health and Mental Illness – Points to Remember**
• When a resident's unusual or inappropriate behavior escalates, or increases quickly and becomes more serious, resident may be a danger to self and others
  o Nursing care plan will include specific details about resident's condition and any special approaches to use when working with resident
  o An important tool to calm residents who are agitated is de-escalation
• This is worth repeating: great day-to-day relationships are at the heart of de-escalation	

TEACHING TIP: Role Play Opportunities For the first role play, the instructor can play the resident and ask for a volunteer to act as the nurse aide. Give a little history about the resident such as the resident has some form of dementia or has a history of anxiety without dementia. The instructor should play the resident for a minute or two as if nothing the aide does makes a difference then begin to respond to good de-escalation techniques employed by the nurse aide. A variation for this role play would be to permit the student (acting as the nurse aide) to ask the class for suggestions if needed. This will keep all class members on their toes.	

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TEACHING TIP: Role Play Paired Opportunities For a second role play, place the students into pairs and have one be the nurse aide and the other be the resident. If there is an uneven number (three in a group), have the third person serve as an observer or a resource to the nurse aide if the nurse aide asks for suggestions. The instructor can write resident scenarios or the students can role play a character of their own choosing. **TEACHING TIP: Specific Mental Illnesses** Specific mental illness diagnoses are not described here. The reason is that the nurse aide will be addressing the residents' behaviors, not basing their approach on the residents' diagnoses. The instructor can choose to include specific mental illnesses here but must emphasize that even though many residents may be diagnosed with depression, anxiety, paranoia, mania or bi-polar disorder, each resident is different from all the other residents with the same diagnoses. De-escalation with the cognitively impaired was produced by BEAM in cooperation with Michigan State University and the Michigan Office of Services to the Aging through the Michigan Department of Community Health Grant No. *11-P-93042/5-01 awarded by the Centers for Medicare and Medicaid Services.	