

Mental Health Issues in APS Transfer of Learning (TOL) Activities

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Mental Health Issues in APS Practice

Transfer of Learning

How to Use:

This Transfer of Learning (TOL) Packet is designed as a companion to NAPSA Core Competency Module 6: Mental Health Issues in APS, both eLearning and ILT modalities.

This TOL packet can be used in a variety of settings to include:

- Instructor-Led Training (virtual or in-person) with support from a facilitator
- During supervision when coaching staff around the skills of identifying mental health issues with people APS interacts with and appropriate interventions and referrals
- Unit Meeting as a group activity with guidance from a Supervisor or Lead Staff
- Individually with follow-up from a supervisor or trusted peer

There are **four** activities available, independent of each other that continue the conversation around:

- Appropriate resources and referrals
- Support around suicidality and depression with clients
- Mental Health Disorders:
 - Anxiety Disorders, Mood Disorders, Personality Disorders, Psychotic Disorders and Trauma and Stress-Related Disorders
- APS staff challenges when working with people experiencing mental illness

Content Warning:

APS professionals may have lived experience with a spectrum of mental illness. Completing any of the activities may bring personal and professional challenges for the learner. **Content Warning** text will be displayed on any scenario involving suicide. Learners, Facilitator and Supervisors are all encouraged to utilize self-care while completing activities.

Activity #1: Identifying Resources

Purpose:

Mental Health resources are continuously changing and programs come and go based on eligibility and funding. APS is often having to think outside the box when it comes to resources they provide. This activity allows learners to review in-depth resources that are local or on-line in order to provide more informative and personalized referrals.

Instructions:

1. Choose 1-3 resources you are likely to provide people you work with and complete the following prompts and questions. *Choose between resources you've used before, resources you've heard about from colleagues or that you have previous experience with and resources you are unfamiliar with.*
 - Suggested resources to choose from:
 - Substance Use Support Center,
 - Local Mental Health Counseling,
 - Veteran's Affairs (VA),
 - National Association for Alcoholism and Drug Abuse Counselors (NAADAC),
 - National Association Social Workers (NASW),
 - National Alliance on Mental Illness (NAMI),
 - Substance Abuse and Mental Health Services Administration (SAMHSA),
 - Crisis Intervention Team (CIT)
2. Thoroughly review the resources website, brochure, or when possible, call and speak with staff and/or schedule a visit in-person.
3. Answer (and discuss if applicable) the questions below

Questions:

- Why is this a resource you would provide to someone?
- What is the fee?
- Are there workshops available for individuals living with mental health disorders? What are they?
- Are there workshops available for people's whose loved ones are living with mental health disorders? What are they?
- What is the eligibility requirement?

Activity #2: Depression and Suicidality Scenarios

Instructions:

Read the scenarios below and answer the questions with as much detail as possible.

Scenario #1: George

***Content Warning**

You have received a report of self-neglect that indicates George, a 72-year-old male is not caring for himself or taking his medication. You have completed your initial steps of the investigation by talking with the reporter and George. You conducted your 1st interview with George in his home. You learn that George is a veteran of the Navy and was married for 40 years before his wife died a year ago. While in the home you notice several food containers in and around the trash can, George's hair appears uncombed, clothing appears dirty, in disrepair and you smell what you believe to be is extensive body odor. While talking with George he reveals that he was diagnosed with PTSD and depression about 10 years ago, but he thinks it's just a bunch of new age stuff and ways to medicate people. He also shared that he had a heart attack 2 years ago. When you ask about medication, Georges states they are on the counter in the kitchen but is unable to tell you what he takes or the last time he took any medication. The reporter indicated that George has not been taking his medication as prescribed, is isolating himself and not participating in his usual activities like his daily walks around the lake or weekly meetups at the coffee shop with his best friend. When you addressed these concerns with George, he scoffs at you and tells you it does not matter what he does. As you continue to talk with George you hear a loud noise that sounds like something fell outside and suddenly Georges yells at you to get the hell out of his house and to mind your own business.

Questions:

1. What are your concerns, if any, for current symptoms of depression or suicide?
 - a. Document George's behavior, your observations and reason for concerns.

2. What steps would you take and why?
 - a. Find out what is your APS program doing with people who may be experiencing depression or having suicidal thoughts? What tools are available to you?
 - i. What is expected from you as an APS professional?
 - ii. What tools/screening instruments does your APS program use?

3. Are there groups, programs available for individuals living with mental health disorders?
 - a. What are they?
 - b. What is the eligibility requirement?

4. Are there groups or programs available for people's whose loved ones are living with mental health disorders? What are they?
 - a. What are they?
 - b. What is the eligibility requirement?

Scenario #2: Mariela

You receive a report of financial exploitation of a Mariela, age 65. The reporting party is Mariela's adult child who reported that Mariela's neighbor is using her debit card without her permission. The reporting party also states they believe Mariela has early stages of Alzheimer's disease. When you meet with Mariela to discuss the reporting party's concern of possible financial exploitation, you notice her hands look extremely dirty and that she may have rheumatoid arthritis in her hands and ask about it. She informs you that she sleeps well, but has very low energy and that showering takes too much out of her lately and that she keeps forgetting to take her medication and confuses which medication is for her arthritis and which is for her heart condition.

She shares that she feels lonely and sad but does not want to bother anyone for help. She shares that her kids try to help out, but she has a particular way she likes things done and it's just better if she does it herself, even if it exacerbates her arthritis pain.

Questions:

1. What are your concerns, if any, for current symptoms of depression or suicide?
 - a. Document Mariela's behavior, your observations and reason for concerns.
 - b. What questions would you ask Mariela about your concerns? (be specific)

2. What steps would you take and why?
 - a. Find out what is your APS program doing with people who may be experiencing depression or having suicidal thoughts? What tools are available to you?
 - i. What is expected from you as an APS professional?
 - ii. What tools/screening instruments does your APS program use?

3. Are there groups, programs available for individuals living with mental health disorders?
 - a. What are they?
 - b. What is the eligibility requirement?

4. Are there groups or programs available for people's whose loved ones are living with mental health disorders? What are they?
 - a. What are they?
 - b. What is the eligibility requirement?
 - c. What is the eligibility requirement?

Scenario #3: Keon

***Content Warning**

You received a report of physical abuse of a 90-year-old male, Keon, from a RN. The RN reported that he is on dialysis, and at his last visit he was, "sad, crying, and resentful of others around him". When you talk with Keon at his home, he tells you he is just tired, and the dialysis hurts and takes all his energy for the day. When sitting with Keon you talk to him about the process of dialysis. Keon informs you that he has kidney failure, has arthritis in his hands back and legs for the last 25 years. As you look around the home, the kitchen and living area appears clean and well kept. You can see what appears to be bruises on Keon's arms and red mark on his neck going from left to right and across the back of the neck. As you are sitting there you detect an aroma that is sweet – when you ask Keon what that aroma is, Keon states that is his stuff his daughter Jill does. Keon states she does what she wants when she wants and lives downstairs. Keon states Jill takes care of the home and takes him to dialysis. Keon explains that his daughter makes her living selling aroma things from home yet does not pay a dime for living in the home. When you ask who owns the home Keon states he does, but he can't live in the home without her help, so he lets her stay at the house for free. As you talk to Keon about his health, Keon looks to the ground and does not respond, states, "none of my kids care about me, all they do is take from me, and expect me to pay for everything". Keon states it is hopeless to think anything will change and thinks he should just stop the dialysis and die.

Questions:

1. What are your concerns, if any, for current symptoms of depression or suicide?
 - a. Document Keon's behavior, your observations and reason for concerns.
 - b. What questions would you ask Keon about your concerns? (be specific)

2. What steps would you take and why?
 - a. Find out what is your APS program doing with people who may be experiencing depression or having suicidal thoughts? What tools are available to you?
 - i. What is expected from you as an APS professional?
 - ii. What tools/screening instruments does your APS program use?
3. Are there groups, programs available for individuals living with mental health disorders?
 - a. What are they?
 - b. What is the eligibility requirement?
4. Are there groups or programs available for people's whose loved ones are living with mental health disorders? What are they?
 - a. What are they?
 - b. What is the eligibility requirement?
 - c. What is the eligibility requirement?

Activity #3: Mental Health Disorders Symptoms

Purpose:

Many times, APS professionals struggle with boundaries and their own frustrations when working with people living with mental health disorders. This can result in the APS professionally informally/quietly “diagnosing” people as a way to explain why the person isn’t allowing for engagement or following through with a service plan. They may even identify a person by their diagnosis (e.g. “My borderline client”). This activity is designed to:

- a. Allow APS professionals to identify symptoms of various mental health disorders
- b. Remind APS professionals that just as there are symptoms of other illness (e.g. runny nose from a cold) there are symptoms of mental health disorders (e.g. lack of motivation from someone experiencing depression)
- c. Critically think through next steps to move toward safety and well-being and document appropriately

Instructions:

Imagine you are on the phone or in-person with the people in the scenarios. Complete the questions with as much detail as possible.

Scenario #1: Joanne

Joanne is a 76-year-old Army veteran who was a Nurse when she served. Joanne’s cousin has made a report to APS on behalf of the family It has been reported that Joanne appears confused and disoriented. The family reports they are not sure what to do and think Joanne needs to go to an assisted living or memory care unit. After confirming the initial report with the reporter, you go to Joanne’s home to speak with her. Joanne tells you about her duty as a nurse in the Army and at times she has thoughts that take her back to the days of combat and taking care of soldiers

who were sick and wounded. Sometimes it is very distressing for her, but she will avoid the thoughts or feelings by doing something different like going out for club activities like gardening club. Joanne tells you some days she has difficulty concentrating on current events which causes her stress and difficulty falling asleep. Joanne tells you that she has no issues, and the family is overreacting. As you are talking with Joanne, she appears to understand where she is, the day, date and year and tells you about her current activity of attending clubs and other organized events.

Questions:

1. What are you hearing or seeing that is raising concerns for Joanne's mental health?
 - a. Document this accordingly.
2. Based on this information you have, which of the five broad categories of mental disorders (Anxiety Disorders, Mood Disorders, Personality Disorders, Psychotic Disorders, Trauma and Stress Related Disorders) would you think Joanne falls under and why?
3. What steps would you take and why?
4. Is there a screening tool your agency has for you to use?
 - a. If positive screening, what is your next steps?
5. Why would you refer Joanne and where would you refer Joanne to? (be specific)

Scenario #2: Charlie

You receive a report of a 69-year-old individual named Charlie. Charlie is reported as having difficulties with the activities of daily living, unable to get in and out of the shower by himself, having occasional accidents with urine and struggles to fasten the buttons on his shirts or zip his pants. You also learn that Charlie struggles with some instrumental activities of daily living such as keeping track of his finances or paying bills. The report indicates Charlie is not sleeping well, sleep patterns appeared mixed up, and is not eating well.

You arrive at Charlie's house and meet Charlie's husband Robert. As you speak with Robert; you learn that Charlie has been irritable for the last 6 months. Robert states they have been married for 10 years and that he has known Charlie for about 15 years. Prior to getting married, Robert said Charlie had medical issues that included confused thoughts and disorganization. Robert stated that he has learned more about Charlie's medical history over the years. Charlie was under a lot of stress in his younger days around age 25 Charlie ended up in the hospital, had a "nervous breakdown". Robert said it was right after Charlie graduated college, told his parents he was gay. Charlie's parents were not very understanding and refused to let Charlie remain in the home. As far as he knows after a couple years Charlie got better and began to reestablish himself. From what Robert understands Charlie had several different jobs, not sure why, but since they have been together Charlie has been very calm, friendly, and took care of himself. Robert states Charlie lately can be heard talking to himself and when asked about it, becomes defensive. Some days it appears Charlie is arguing with himself. Robert said Charlie is unable to judge depth and distances which is odd for Charlie as he was always very good at judging distance, he could always tell you how close you were or how far something was. Robert reports Charlie was always very meticulous about his appearance, but lately Charlie is not showering, or keeping himself groomed; Charlie is preoccupied with what others are doing outside the home. Charlie is now isolating, avoiding groups or other activities. Robert states over the last year Charlie began to struggle to put words and thoughts together that would make sense, and it is getting worse. Robert explains it is hard to talk with Charlie. Charlie sometimes becomes very agitated, angry, and then appears to check out and stares out the window or right through you.

Questions:

1. What are you hearing or seeing that is raising concerns for Charlie's mental health?
 - a. Document this accordingly.

2. Based on this information you have, which of the five broad categories of mental disorders (Anxiety Disorders, Mood Disorders, Personality Disorders, Psychotic Disorders, Trauma and Stress Related Disorders) would you think Charlie falls under and why?
3. What steps would you take and why?
4. Is there a screening tool your agency has for you to use?
 - a. If positive screening, what your next steps?
5. Why would you refer Charlie and where would you refer Charlie to (be specific).

Activity #4: Individual Reflection and Support

Purpose:

Mental Health concerns with people APS professionals interact with continues to be an area where support is needed. This activity allows the learner to first reflect on their training and what concerns, fears, or unknowns they still have. It then provides opportunities to collaborate with a Supervisor or trusted colleague around these concerns, fears and unknowns.

Instructions:

1. Think about or review the training you have received, the resources you have reviewed and/or the programs you have spoken to.
2. What questions come to your mind and what possible concerns can you think of for yourself and others when working with individuals experiencing symptoms of mental or behavioral health issues?
3. Write these questions, concerns, or fears down and then set a time to talk with your mentor or supervisor to explore the stigma and your concerns. Ask them for some direction.
4. Pay attention to any cultural understandings or considerations when it comes to living with mental illness.

OUR WHY: **REVOLUTIONIZE
THE WAY PEOPLE
WORK TO ENSURE
THE WORLD IS A
HEALTHIER PLACE.**



theacademy.sdsu.edu

6505 Alvarado Road, Suite 107; San Diego, CA 92120 (619) 594-3546

This Transfer of Learning Packet was developed by Michael Hagenlock, LCSW, LAC, in collaboration with CA's Curriculum Advisory Committee. March 2022. Contact apstraining@sdsu.edu for any questions or feedback.