



VirTra - Virtual Interactive Coursework Training Academy™ (V-VICTA™)

MENTAL ILLNESS: A PRACTICAL APPROACH  
ANXIETY

VirTra



# MENTAL ILLNESS: A PRACTICAL APPROACH – ANXIETY

Course Goals



# PERFORMANCE OBJECTIVES

- Understand the role of contact professionals.
- Recognize signs, symptoms and behaviors associated with anxiety.
- Demonstrate skills for dealing with individuals who have anxiety.



# THE ROLE OF THE CONTACT PROFESSIONAL

- Contact professionals are not trained to diagnose nor should they. Familiarization and recognition of behaviors is critical.
- Behavioral health response or crisis intervention should be as safe and effective as possible for everyone involved.
- The focus should be recognizing indicators and signs associated with behaviors.
- Safety is paramount at all times and should not be compromised for a crisis intervention.
- Refer to department policies and mandates for behavioral health or crisis response.



# MENTAL ILLNESS A PRACTICAL APPROACH – ANXIETY

Introduction to Mental Illness for Contact Professionals



# WHAT IS MENTAL HEALTH?

- Mental health includes our emotional, psychological and social well-being.
- It affects how we think, feel and act.
- It helps determine how we handle stress, relate to others and make choices.
- Mental health is important at every stage of life, from childhood and adolescence through adulthood.



# MENTAL ILLNESS



- Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination).
- Mental illnesses are associated with distress and problems functioning in social, work or family activities.
- Factors such as biological, stress and trauma, life experiences, and long-lasting health conditions contribute to mental illness.
- Mental illness becomes problematic when daily activities, relationships and work are affected.



# WHO CAN DIAGNOSE?

- Psychiatrists\*
- Psychologists
- Counselors
- Clinicians
- Therapists
- Clinical social workers
- Psychiatric nurse practitioners\*
- Physicians\*
- Nurse practitioners\*

**Only those marked with a \* can prescribe medication.**

*This can vary by state, licensing requirements and master's level program requirements.*





# WHO CAN DIAGNOSE?

A mental health professional will conduct a full assessment before diagnosing a person with a mental illness. It may consist of:

- Physical exam
- Lab tests
- Mental health history
- Personal history
- Mental evaluation
- Cognitive evaluation



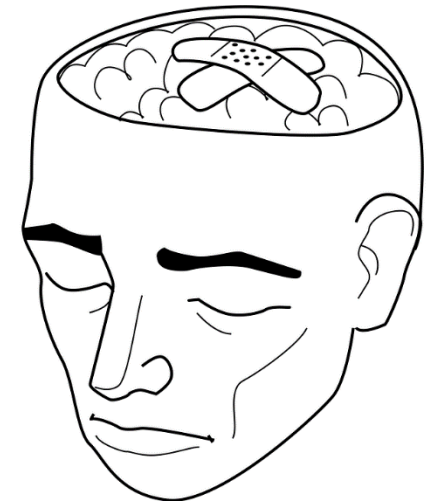
# MENTAL ILLNESS: A PRACTICAL APPROACH – ANXIETY

Anxiety Disorders

# ANXIETY DISORDERS



- Anxiety disorders surface when feelings of excessive worrying, fear and distress become overwhelming and interfere with daily activities.
- Anxiety symptoms and severity can vary. Some people do not exhibit any symptoms.
- People who have anxiety for a long period of time may also experience depression.





# GENERALIZED ANXIETY DISORDER

- Generalized Anxiety Disorder has symptoms of excessive anxiety and worry that occur most days and for at least six months.
- The excessive anxiety and worry occur even when there is nothing to worry about.
- May interfere with the ability to function at work, school or home.
- Symptoms include restlessness, easily fatigued, difficulty concentrating, irritability, muscle tension and sleep disturbance.



# SOCIAL ANXIETY DISORDER

- A general intense fear or anxiety toward social or performance situations.
- Can be driven by the irrational fear of being embarrassed or humiliated.
- Many times, individuals with social anxiety disorder become isolated.





# PANIC ATTACKS

- Sudden periods of intense fear that come on quickly.
- Attacks can occur unexpectedly or be brought on by a trigger, such as a feared object or situation.
- Having a panic attack does not mean a person will have a panic disorder; they can be singular, isolated incidents.
- Symptoms include an accelerated heartrate, sweating, trembling, shortness of breath, feelings of impending doom or being out of control.
- It can be difficult to tell a panic attack from a medical emergency or heart issue. Have medical respond, as contact professionals may not always be able to tell the difference.



# AGORAPHOBIA

- Having the intense fear of using public transportation, being in open OR enclosed spaces, standing in line, being in a crowd, and/or being outside of the home alone.
- In severe cases, individuals may become housebound.





# SPECIFIC PHOBIAS

- Having an intense fear of specific types of objects or situations.
- Some examples of specific phobias include the fear of flying, heights, spiders, needles, blood, etc.







# OBSESSIVE COMPULSIVE DISORDER (OCD)

- Those with OCD have symptoms that generally last for more than an hour each day and interfere with daily life.
- OCD is characterized by repetitive, unwanted and intrusive thoughts along with excessive urges to do certain actions.
- Although people with OCD may know their thoughts and behavior don't make sense, they are often unable to stop them.





# OCD - OBSESSIONS

- Obsessions are intrusive, irrational thoughts or impulses that repeatedly occur.
- Examples are:
  - Thoughts about harming or having harmed someone.
  - Doubts about having done something right, like turning off the stove or locking the door.
  - Unpleasant sexual images.
  - Fears of saying or shouting inappropriate things in public.



# OCD – COMPULSIONS

- Compulsions are repetitive acts that temporarily relieve the stress brought on by an obsession.
- Examples:
  - Hand washing due to a fear of germs.
  - Counting and recounting money because a person cannot be sure they added correctly.
  - Checking to see if a door is locked or the stove is off.
  - “Mental checking” that goes with intrusive thoughts is also a form of compulsion.



# MENTAL ILLNESS: A PRACTICAL APPROACH – ANXIETY

Risk Factors & Causes



# RISK FACTORS & CAUSES OF ANXIETY DISORDERS



Some general risk factors include:

- Shyness or behavioral inhibition during childhood
- Exposure to stress in early childhood and adulthood
- Alcohol abuse
- Prolonged illness
- History of anxiety or other mental illness in biological relatives
- Certain physical health conditions



# MENTAL ILLNESS: A PRACTICAL APPROACH— ANXIETY

Signs, Symptoms & Behaviors



# SIGNS, SYMPTOMS & BEHAVIORS

- Anxiety manifests in many ways. An individual may show many signs, very few, or sometimes none at all.
- Some symptoms include:
  - Feeling restless or on-edge
  - Easily fatigued
  - Difficulty concentrating
  - Irritability or restlessness
  - Muscle tension
  - Difficulty controlling fears of worry
  - Sleep problems
  - Feelings of apprehension or dread
  - Feeling tense or jumpy
  - Anticipating the worst and being watchful for signs of danger





# MENTAL ILLNESS: A PRACTICAL APPROACH— ANXIETY

Crisis Behaviors

# CRISIS BEHAVIORS ASSOCIATED WITH ANXIETY



- Addressing crisis behaviors is imperative to stabilizing the situation and the person.
- Crisis behaviors associated with anxiety are similar to that of depression.





# SUICIDAL IDEATION & BEHAVIOR

- Crisis intervention is critical for a suicidal person.
- Ask questions that determine the level of suicidality to provide the appropriate level of services.
- Be direct and ask the following questions:
  - Are you thinking about killing yourself?
  - Are you having thoughts of suicide?
  - Do you have a plan to kill yourself?
  - If so, what is your plan?
- Saying the word suicide will not put that idea into the person's thoughts.



# NON-SUICIDAL SELF INJURY (NSSI)

- NSSI is defined as intentionally causing destruction to one's body without the intent to die.
- NSSI may be a health crisis as well as mental health crisis.
- NSSI is also known as self-mutilation, self-harm or self-injury.
- Common behaviors associated with NSSI:
  - Cutting
  - Burning
  - Picking or re-opening wounds
  - Punching or hitting oneself or objects
  - Inserting objects into the skin
  - Purposely bruising or breaking one's bones
  - Certain forms of hair pulling



# REQUIREMENT OF MEDICAL ATTENTION

- A person in crisis may exhibit signs of distress and may require medical attention at some point during contact.
- Be aware of both behavioral and health crises that may surface:
  - Shallow, rapid breathing
  - Grunting
  - Bluish tinge from lack of oxygen
  - Nasal flaring
  - Confusion/disorientation
  - Seizures
  - Vomiting
  - Hyperventilating
  - Becoming unconscious
  - Headache

# VERBAL DE-ESCALATION LOOP INTERVENTIONS



- Speak in a low, calm voice
- Listen with empathy
- Respond to some aspects of communication with understanding
- Be clear but non-confrontational
- Use active listening skills



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