

**WORKING EFFECTIVELY WITH
STUDENTS AND ADULTS
EXHIBITING SIGNS OF MENTAL
ILLNESS**

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WORKING EFFECTIVELY WITH YOUR IN-LAWS

For Thanksgiving Day Preparations

**I'M OKAY, YOU'RE OKAY, BUT I
THINK HE IS MENTALLY ILL**

Specifically for presentations to highly Narcissistic populations!

WORKING EFFECTIVELY WITH HISTRIONIC, NARCISSISTIC AND CO- DEPENDENT IEP TEAM MEMBERS

For Special Education Case Manager Presentations

TWENTY PERCENT

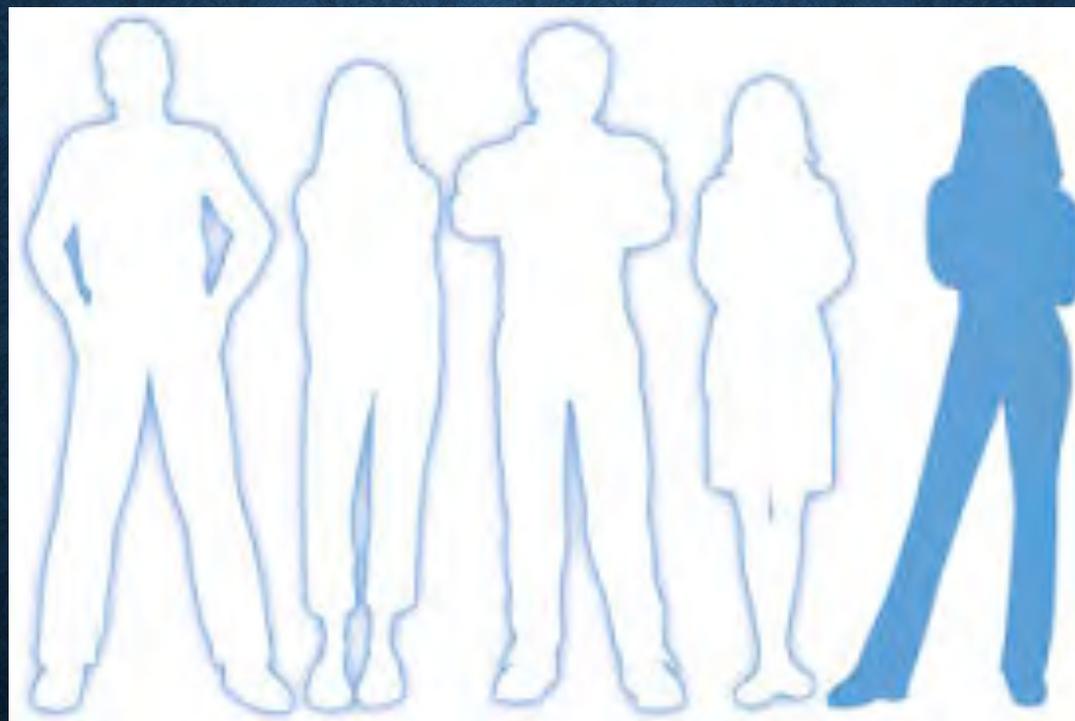
1 out of **5** children has a diagnosable mental health disorder



FACTS YOU NEED TO KNOW

- One in five children in our nation has a diagnosable mental disorder.

ONE IN FIVE



OR

EIGHT IN TEN



STRESSED OUT

- A new survey of more than 30,000 U.S. teachers finds that most of them report high levels of stress and low levels of autonomy.
 - 78% express overwhelming levels of stress.
 - Chronic stress is a primary contributor to the development of mental illness.

THE 78%

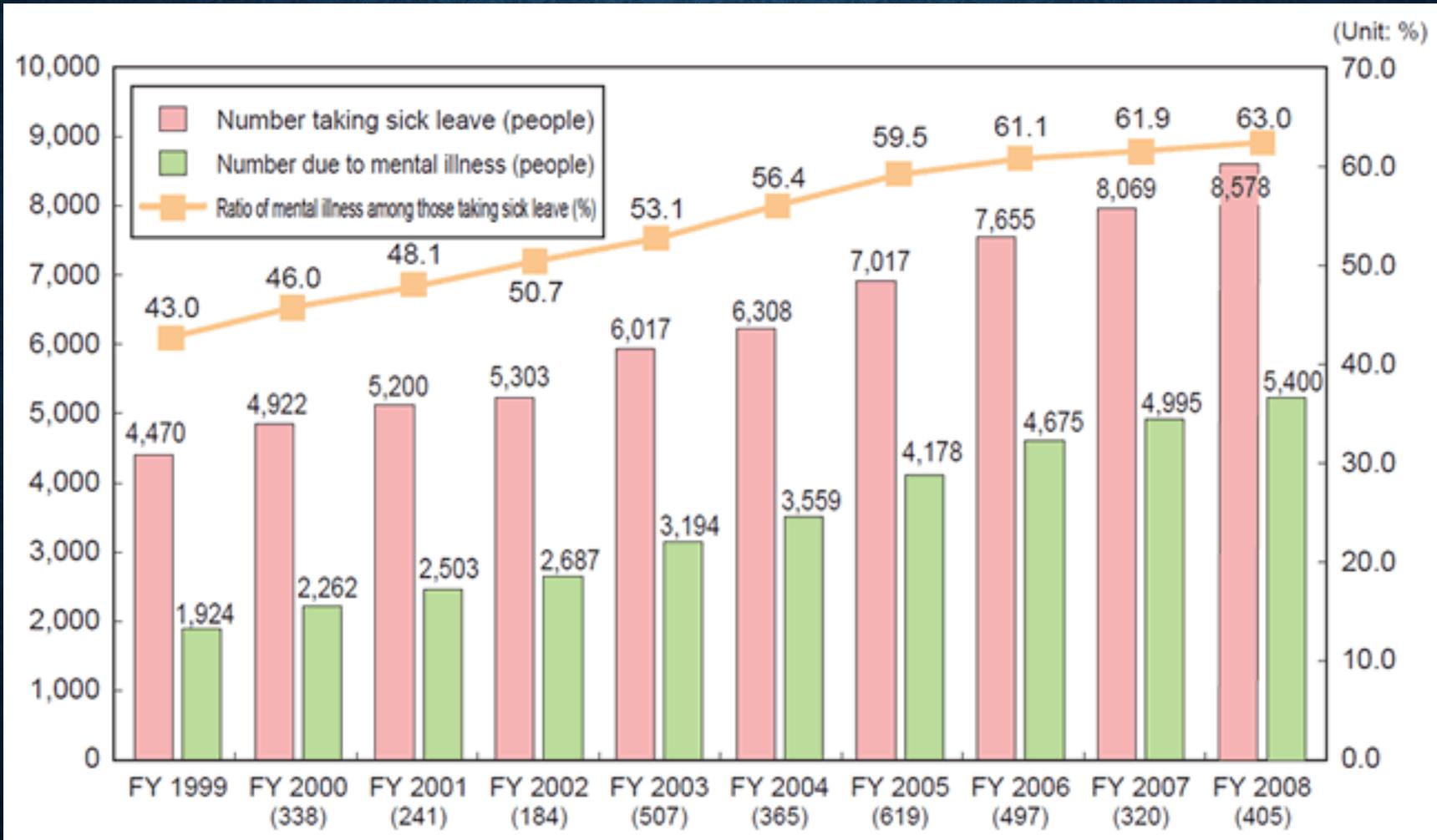
- Of the teachers reporting critical levels of stress:
 - 60% report significant symptoms of Anxiety
 - 38% report significant symptoms of Depression

WHO ARE THEY TALKING TO?

- Teacher are not sharing directly with administration:
 - 25% report talking to their principal about the concerns
 - 8% report talking to HR
 - 64% talk to their partners
 - 51% talk to friends
 - 45% talk to extended family members

IMPACT

- **Counting the Cost:**
 - 77% consider leaving the field of teaching
 - 78% report missing one to three days of work due to mental health concerns
 - 16% report missing anywhere from 4 days to 6 months due to mental health concerns
 - 53% believe this is negatively impacting their job performance and student learning.



SO, WHO IS THE IDENTIFIED PATIENT?

- Approximately 13% of adults of childbearing age suffer from depression with another 3 to 7 percent suffering from anxiety based or personality disorders.
- The chances of a mentally ill adult having a severely mentally ill child served by a chronically stressed teacher are **higher than anyone would like to believe!**

WHO'S THE IP

- So who is the IP?
 - Sometimes it's the parent.
 - Sometimes it's your staff.
 - Sometimes it's the principal.
 - But one thing is for certain...
 - It is never YOU!

WHO COMES FIRST?

- During the safety briefing on every plane journey adults are reminded that, in case of an emergency, they are to secure their own oxygen masks before they help their children fit theirs. Why? Because it helps you look after children more effectively.
- The same is true of teachers when we discuss the need to maintain good mental health.

MYTH #1

- Most Difficult People Are Mentally Ill
 - Truthfully only a small fraction of the individuals you have difficulty with suffer from a diagnosable mental health disorder.
 - But, it is much easier and safer to assume they are ALL mentally ill.

WORKING EFFECTIVELY

- Working with the mentally ill is not about designing appropriate policy or a rigid practice.
- Working with the mentally ill is a very “person centered” process that will be unique to each individual.

MYTH #2

- If you could just empathize or sympathize with a mentally ill individual, you would be able to work with them more effectively.
 - Empathize- refers to understanding their experience and feeling what they feel.
 - Sympathize- refers to feeling sorry for them and taking pity on them.

WORKING EFFECTIVELY

- A Strategic Problem Solving Model
 - Recognize the impairment.
 - Study the communication patterns of the individual.
 - Seek out the themes that drive them and their perceived needs.
 - Generate accommodations and adjust your communication style based on your observations.
 - Prepare and Inform your team.
 - Implement your plan.
 - Assess
 - **Disclaimer-** the best laid plan will often times never be enough. Severely mentally ill individuals suffer setbacks as a part of their disability.

A STRATEGIC PROBLEM SOLVING MODEL

- Recognize the Impairment
 - Look for the evidence of reciprocity in communication.
 - Remember the “kind for kind” nature of human communication.
 - Mirror Neurons



A STRATEGIC PROBLEM SOLVING MODEL

- Recognize the Impairment
 - If it doesn't feel right at the onset something IS likely wrong.
 - If you start feeling frustrated by the interactions you may have missed your window to intervene early.
 - Frustration is quickly followed by other less fruitful feelings such as anger, fear, disgust and depression.

THE BRAIN AND BEHAVIOR

- What we know:
 - The Brain is involved in everything we do.
 - When your brain adapts to the needs of the environment in which you find yourself, you work right.
 - When your brain doesn't doesn't adapt, you don't work right.
 - Certain Brain Systems are involved with certain behaviors.
 - While correct treatment can help, the wrong treatment can make matters worse.

Nine Functions of the Prefrontal Cortex

Together these functions serve to connect the body proper, brainstem, limbic area, cortex, and input from other people.ⁱ

1. **Empathy**—The ability to see the world through another person's perspectiveⁱⁱ
2. **Insight**—An inner sense of knowingⁱⁱⁱ
3. **Response flexibility**—The ability to respond flexibly... it allows the individual to pause and put a space between impulse and action.^{iv}
4. **Emotion regulation**—Attaining enough intensity so that life has meaning, but not too much arousal for life to become chaotic or too little arousal for life to become rigid and depleted.^v
5. **Body regulation**—Coordinating different systems of the body to function optimally...one example is balance between the sympathetic and parasympathetic branches of the autonomic nervous system.
6. **Morality**—The capacity to imagine, reason, and enact behaviors on behalf of a larger social good.^{vi}
7. **Intuition**—A term that denotes the nonlogical knowing that emerges from the body, especially the neural networks in the heart and intestines that send their signals upward, through the insula, to regions of the middle prefrontal cortex.^{vii}
8. **Attuned communication**—A compassionate connection in a relationship...one example is when internal states are the focus of attention and are "attuned to" such that they become "seen" by another person.^{viii}
9. **Fear modulation**—The ability to unlearn a fear



FRONTAL LOBE FUNCTIONS

- Problem solving
- Memory
- Judgement
- Impulse control
- Social and sexual behavior



CINGULATE GYRUS FUNCTION

- Processing emotions
- Behavior regulation

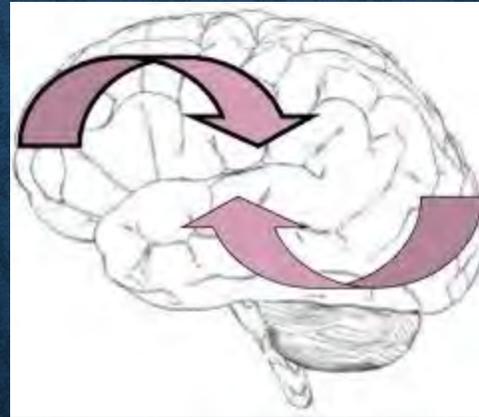


BRAIN STEM

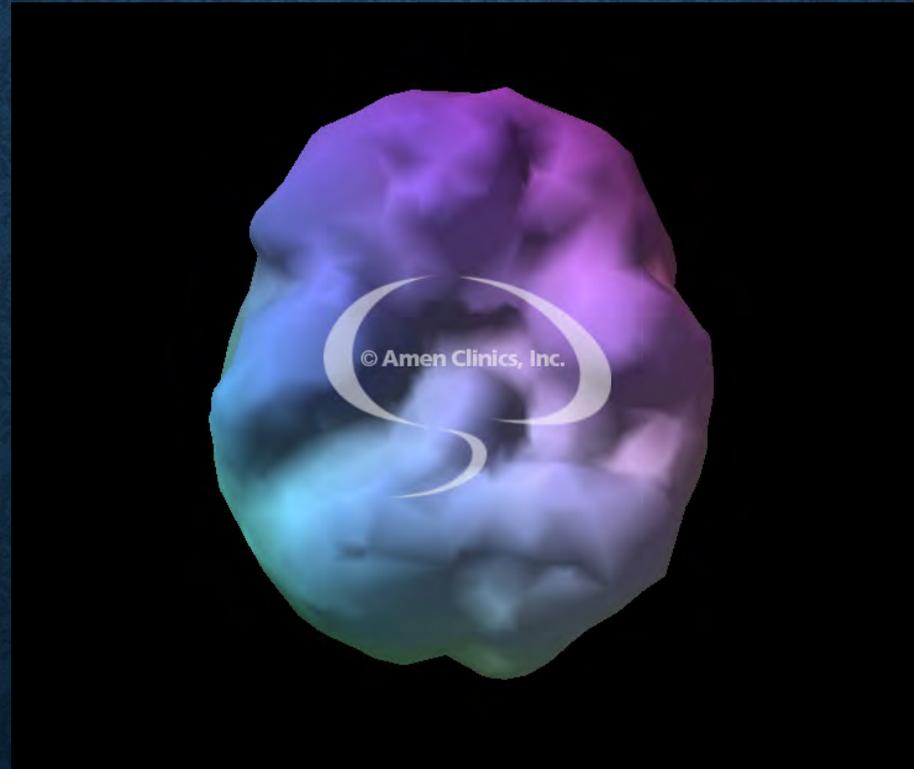
- Control of Cardiovascular functions
- Control of Respiration
- Control of Gastrointestinal functions
- Fight
- Flight
- Freeze



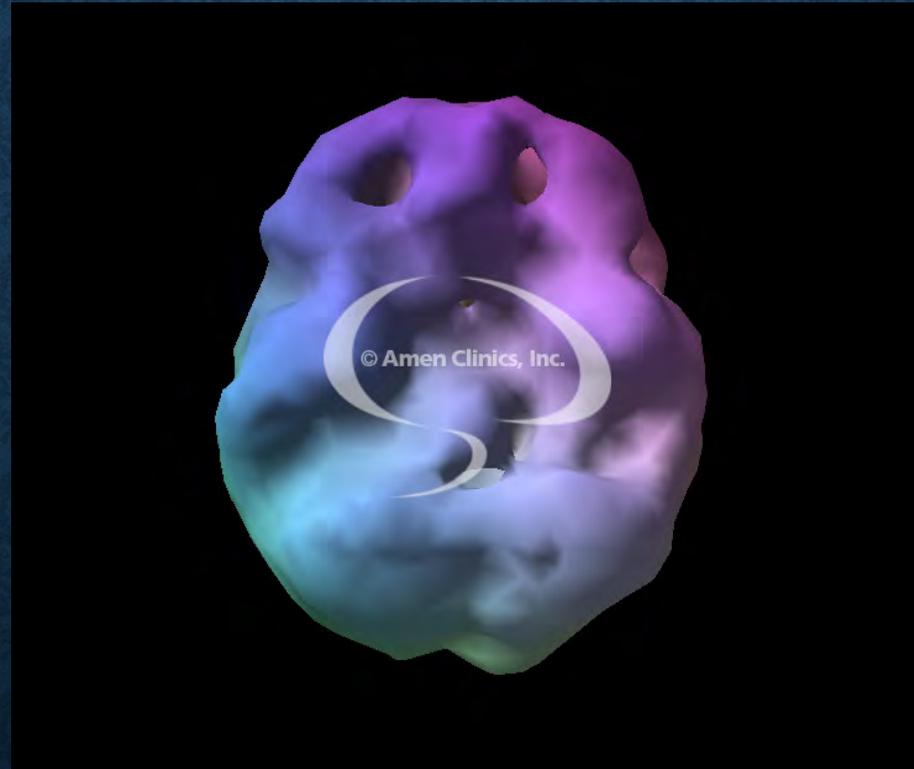
TOP-DOWN VS. BOTTOM-UP PROCESSING



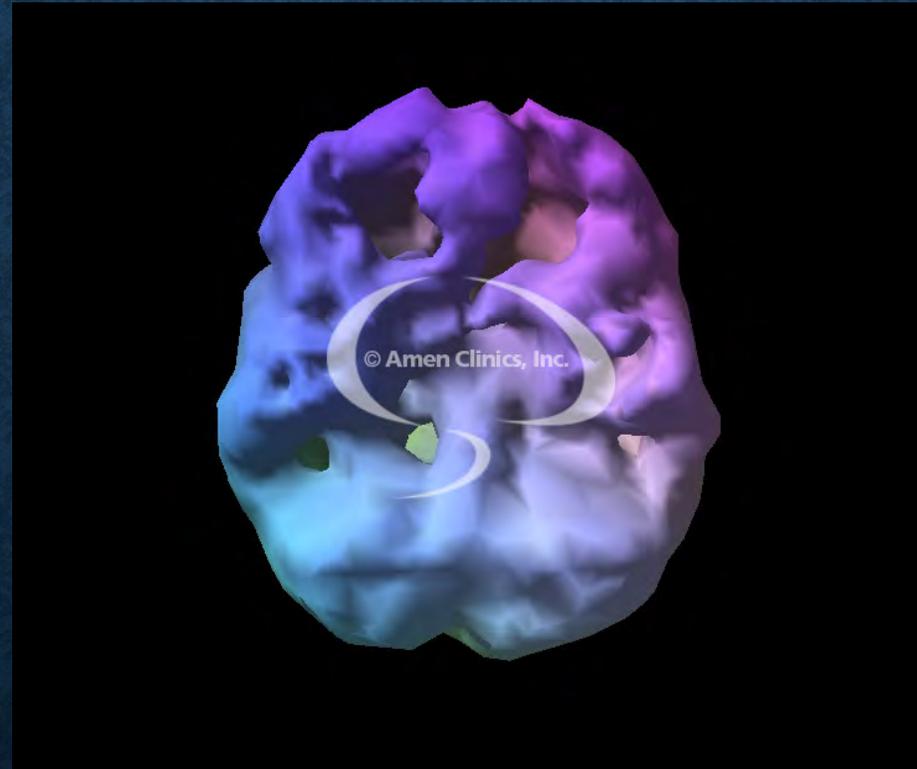
HOW STRESS IMPACTS THE BRAIN



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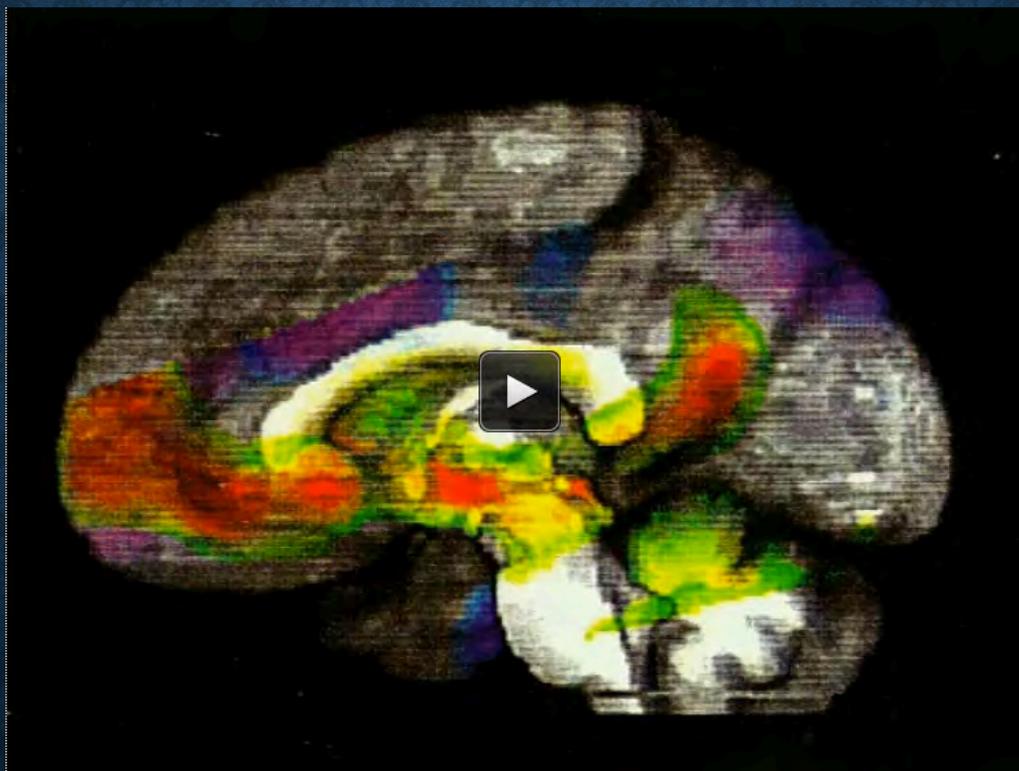
HOW STRESS IMPACTS THE BRAIN



HOW STRESS IMPACTS THE BRAIN



THE NEED FOR JOY



A STRATEGIC PROBLEM SOLVING MODEL

- Study the communication patterns of the individual.
 - We are all generally predictable in our communication patterns.
 - People struggling with mental illness may appear unpredictable but are generally much MORE rigid in their adherence to specific patterns of communication.
 - Increasing levels of stress in the absence of any effective coping mechanisms typically results in diminished problem solving skills and communication on a largely emotional level.

MYTH #3

- Mentally ill individuals are not in control of their actions.
 - The illness will many times have exactly the opposite effect.
 - With decreased problem solving skills and a limited ability to communicate, these individuals will attempt to compensate through increasing their level of control.
 - Until the level of their perceived stress is diminished, their attempts to control will block productive communication.

MYTH #4

- Mentally ill individuals are better at organizing their thoughts and communicating their needs when you require them to follow specific timelines, adhere to meeting norms and follow specific agendas.
 - Uh, no.
 - Timelines tend to increase stress.
 - Stress makes you stupid.
 - <https://www.youtube.com/watch?v=NYae3ZAAbLc>

A STRATEGIC PROBLEM SOLVING MODEL

- Seek out themes that drive them and their perceived needs.
 - All communication is needs based.
 - Our failure to identify and meet the needs of these individuals will result in the continuation of the problem.
 - Think of how we respond to an infant's cry.
 - Until we figure out what the need is the crying will continue.
 - Meet the need and the crying stops.

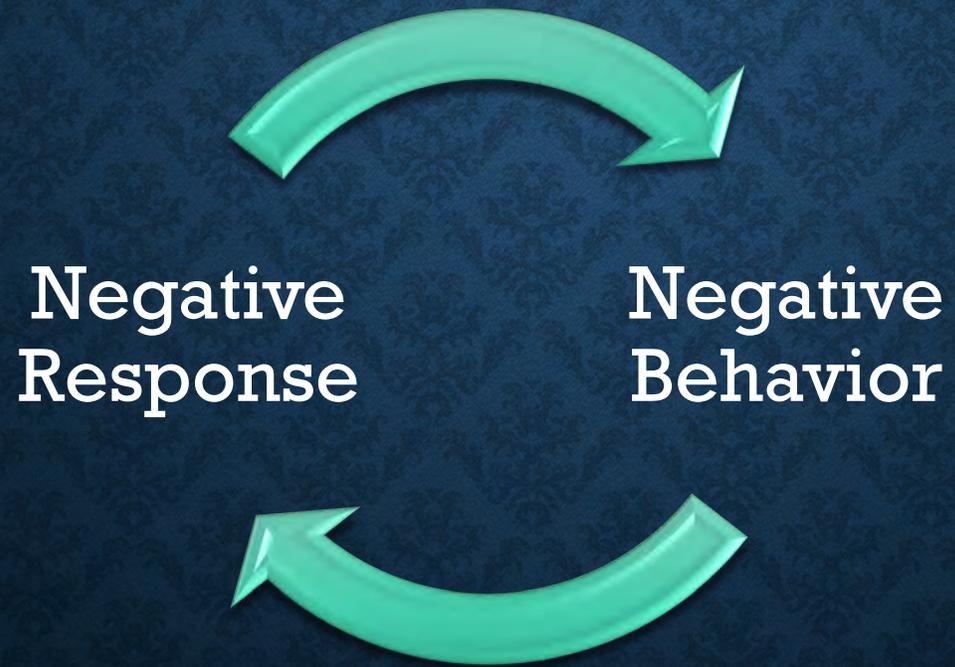
MYTH #5

- What a mentally ill person asks for is synonymous with what they need.
 - This is a common misperception.
 - Need is not immediately obvious in people with limited communicative ability.
 - Often individuals will look for pain relief.
 - Think of what you do to relieve stress.

MYTH #6

- Having a good relationship with a mentally ill individual is all you need to communicate effectively.
 - “Good” is a relative term based largely on the perception of the individuals in relationship.
 - Relationships can be maladaptive.
 - In a mentally ill person’s mind a good relationship is one in which you give them whatever they ask for.

NEGATIVE COMMUNICATION CYCLES



EXAMPLE: DEPRESSION'S CORRUPTING INFLUENCE

- Depression can turn good things into bad by applying a meaning that harms us.
- For example, if I phone someone and leave a message and they don't get back to me I can tell myself this may be because:

DEPRESSIVE INTERPRETATION

1. ...they are away.
2. ...they haven't checked their messages.
3. ...their cell phone isn't working or they called me on another line.
4. Or: ...they didn't phone back because they don't want to talk to me because they are mad at me or don't like me!

Any of these reasons could be true, but depression will tend to make you choose 4), or a similarly depressing explanation.

NEGATIVE COMMUNICATION CYCLES

- Arguing with a person struggling with a mental illness will always leave you feeling hopeless.
 - My Grandfather always said: “When you wrestle with a pig, both of you will get dirty, and only one of you will enjoy it.”



STRATEGIC RESPONSE



BEFORE, DURING, AFTER (BDA)

- You have power at three different times in the Response Cycle:
 - Before the interaction takes place.
 - During the interaction.
 - After the interaction has ended.

A STRATEGIC PROBLEM SOLVING MODEL

- Generate accommodations and adjust your communication style based on your observations.
 - As the individual in question is limited in their ability to respond, you are the one needing to adjust your communication style.
 - Embrace the Horror- you will need to take complete responsibility for figuring out the problem.
 - While you may be at a point where you would welcome a forced placement or administrative intervention, they are limited solutions.

A STRATEGIC PROBLEM-SOLVING MODEL

- Prepare/Inform your team.
 - Many a plan has failed due to poor preparation or a lack of communication with the necessary people.
 - You may have someone figured out, but unless the team knows what you know, your solution will be doomed to failure.
 - Include all team members, one loose cannon can sink your ship.

A STRATEGIC PROBLEM-SOLVING MODEL

- Implement your plan.
 - Fidelity is critical.
 - If you have gone through the previous steps you have a great deal of time invested in your strategy.
 - Whether the strategy works or not, fidelity in implementation is key to future problem solving.

A STRATEGIC PROBLEM-SOLVING MODEL

- **Assess.**
 - The effectiveness of your intervention can be assessed through direct observation of the individual's behavior.
 - Look for obvious changes in their level of engagement, their demeanor, or willingness to discuss previous topics the team had recognized as off limits.
 - Homeruns are great but a base hit must be recognized as progress towards your ultimate goal.

A STRATEGIC PROBLEM-SOLVING MODEL

- Celebrate your success!
 - Your team has been through a great deal.
 - They need to be congratulated for their efforts.
 - Drinks are on the Principal!

MYTH #7

- You should never confront a mentally ill individual because of their fragile nature.
 - Confrontation is a necessary component of any team process.
 - The method of confrontation may need to be adapted according to the needs of the individual.

DEFINING MENTAL ILLNESS

- Adults and children with mental illness have long been the victims of severe social stigmas, based on the assumption that they had a moral deficiency.
- Today, professionals recognize that most individuals with mental illness suffer from a biological imbalance of the chemicals in the brain; this is why many medications are effective in treating mental illness.

MENTAL HEALTH: CONTRIBUTING FACTORS

- Many things can lead to a mental health crisis.
 - Increased stress,
 - physical illness,
 - problems at work or at school,
 - changes in family situations,
 - trauma/violence in the community or
 - substance use may trigger an increase in behaviors or symptoms that lead to a crisis.
 - These issues are difficult for everyone, but they can be especially hard for someone living with a mental illness.

HOME OR ENVIRONMENTAL TRIGGERS

- Changes to family structure
- Changes in relationship with boyfriend, girlfriend, partner, spouse
- Loss of any kind: pet, family member or friend due to death or relocation
- Strained relationships with roommates, loved ones
- Changes in friendships
- Fights or arguments with loved ones or friends
- Trauma/violence
- Poverty

SCHOOL/WORK TRIGGERS

- Worrying about upcoming projects or tasks
- Feeling singled out by peers; feelings of loneliness
- Mounting pressures, anxiety about deadlines
- Lack of understanding from peers or teachers who may not understand that behaviors are symptoms of mental illnesses
- Real or perceived discrimination

OTHER TRIGGERS

- Stops taking medication or misses doses
- Starts new medication or new dosage of current medication; medication
- Stops performing
- Use or abuse of drugs or alcohol
- Being in crowds, large groups of people
- Community trauma/violence

VULNERABILITIES

Internal Vulnerabilities

- Coping style
- Psychiatric challenges
- Emotional regulation
- Trauma history

External Vulnerabilities

- Family resources
- Social relationships

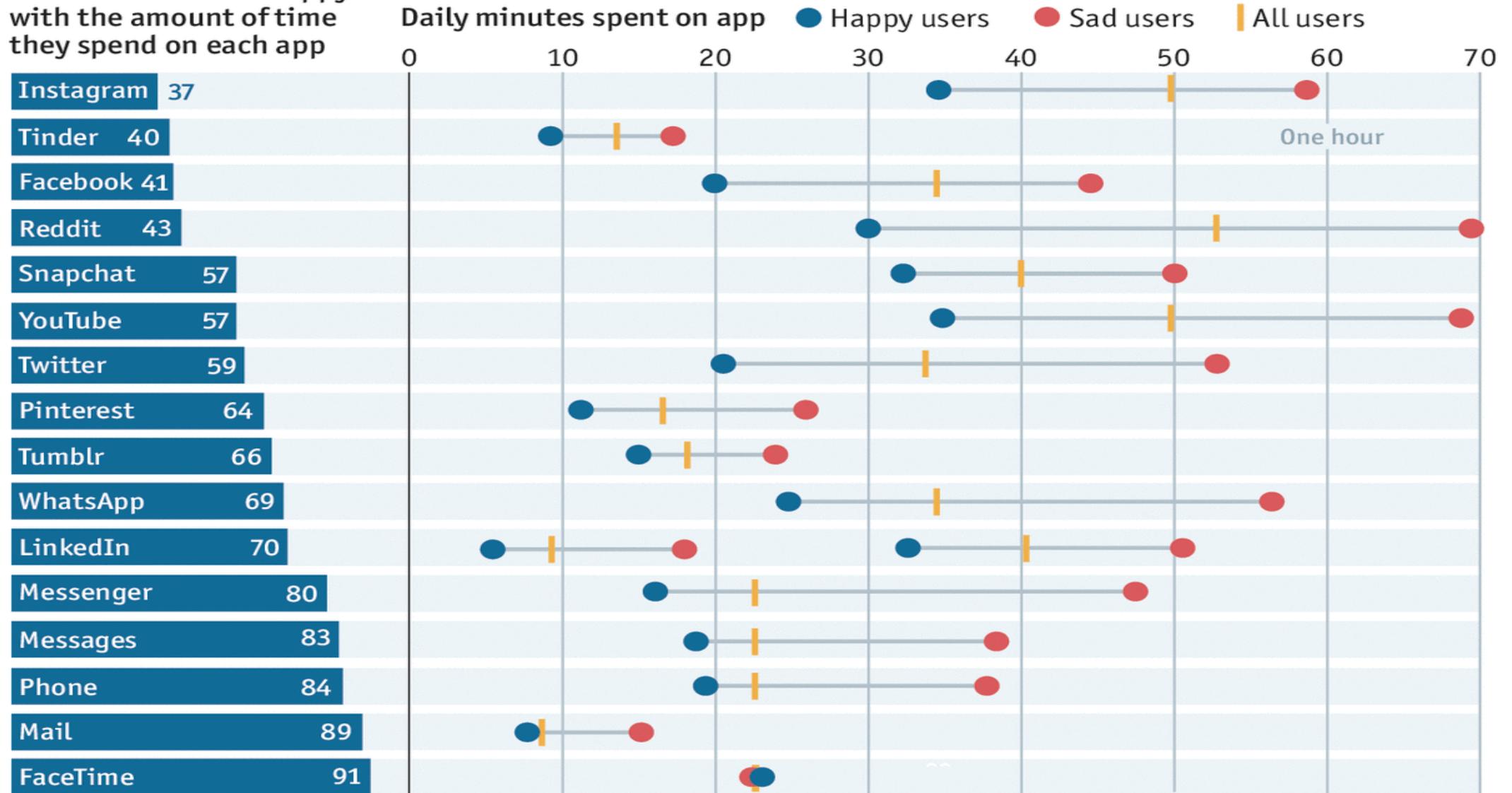
SOCIAL MEDIA AND MENTAL HEALTH

- According to a survey conducted in 2017 by the Royal Society for Public Health, Britons aged 14-24 believe that Facebook, Instagram, Snapchat and Twitter have detrimental effects on their wellbeing.
- On average, they reported that these social networks gave them extra scope for self-expression and community-building.
- But they also said that the platforms exacerbated anxiety and depression, deprived them of sleep, exposed them to bullying and created worries about their body image.
- Academic studies have found that these problems tend to be particularly severe among frequent users.

Unhappy hours

Users of Moment*, April-May 2018

% of users who are happy with the amount of time they spend on each app



Source: Moment

*A time-management app

OUR PERCEPTIONS MATTER

Our Beliefs Around a Person's Behavior Inevitably Shapes Our Response

BDO

- What we **B**elieve
- Influence the **D**ecisions we make
- Which determine the **O**utcomes we experience.

WHAT DO YOU BELIEVE?

- About someone who is:
 - Inattentive?
 - Disorganized?
 - Aggressive?
 - Loud?
 - Questioning?
 - Complaining?

EXERCISE

What is happening in this picture?



MENTAL HEALTH CONDITIONS

- Three Main Categories
 - Mood Disorders
 - Anxiety Disorders
 - Personality Disorders

MOOD DISORDERS

- This family of mental health disorders is associated with Depression in all its varied forms including Dysthymia, Cyclothymia and Bipolar conditions.
- Myth
 - Depression = Sad or Withdrawn

CONDITIONED RESPONSE

I'm
~~depressed, sad, hurt, confused,~~
~~lonely, unloved, judged,~~
~~misunderstood, insignificant,~~
~~broken, dying inside~~
Fine.

THINGS TO REMEMBER

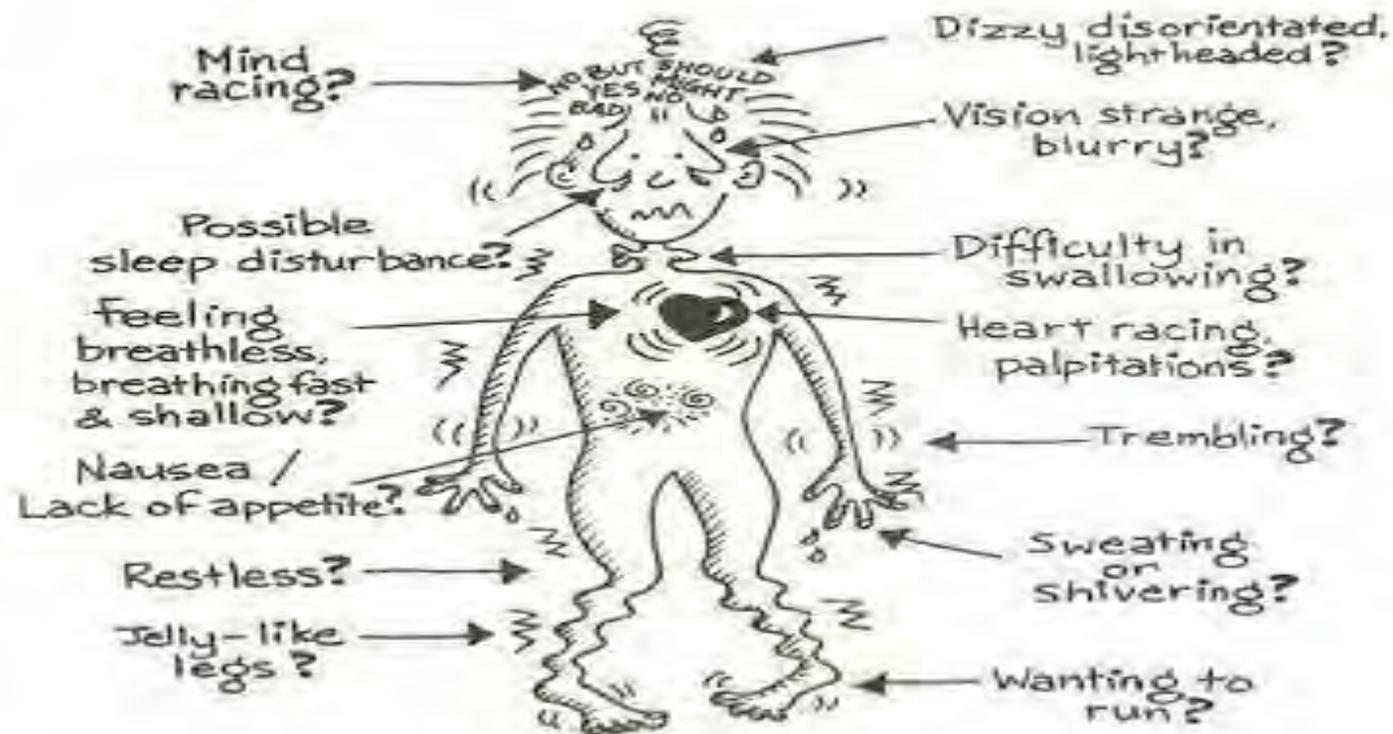
- People suffering from A Mood Disorder may:
 - Feel close to tears at all times.
 - Demonstrate a lack of interest.
 - Have gone without sleep for days.
 - Be experiencing feelings of worthlessness and excessive guilt.
 - Have difficulties concentrating and making decisions.
- To communicate effectively:
 - Remain positive even when tears come. Pass the Kleenex.
 - Understand this is a symptom.
 - Be compassionate, they are stressed.
 - Stay focused on what can be done not on what they have failed to do.
 - Be direct, repeat as needed to assure understanding.

ANXIETY DISORDER

- This family of mental health disorders is associated with conditions like PTSD, Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Agoraphobia and various specific phobias.
- Myth
 - Anxiety = Timidity or Shyness

WHAT'S REALLY GOING ON?

DOES THIS LOOK FAMILIAR?



THINGS TO REMEMBER

- People suffering from an Anxiety Disorder may:
 - Worry excessively about many things.
 - Feel keyed up or on the edge.
 - Have difficulty concentrating.
 - Be irritable.
- To communicate effectively:
 - Empathize with concerns related to student
 - Keep meetings small and short.
 - Again, be direct and repeat as needed.
 - Understand this is only a symptom.

PERSONALITY DISORDERS

- A Personality Disorder is an enduring pattern of inner experience and behavior that **deviates markedly** from the expectations of the individual's culture, is **pervasive and inflexible**, has an onset in adolescence or early adulthood, is stable over time, and **leads to distress or impairment**.

PERSONALITY DISORDERS

- Personality Disorders include:
 - Paranoid Personality Disorder
 - Schizoid Personality Disorder
 - Schizotypal Personality Disorder
 - Antisocial Personality Disorder
 - Borderline Personality Disorder
 - Histrionic Personality Disorder
 - Narcissistic Personality Disorder
 - Avoidant Personality Disorder
 - Dependent Personality Disorder
 - Obsessive-Compulsive Personality Disorder
 - Personality Disorder NOS

THINGS TO REMEMBER

- These people truly are disabled.
- Personality Disorders are **pervasive and inflexible**.
- Avoid counter-transference, emotional reactions either highly negative or empathetic that may result from working with a mentally ill person over time. Avoid allowing your feelings to dictate your responses to these individuals.

DEPENDENT PERSONALITY DISORDER

- Disorder is described a pattern of submissive and clinging behavior related to an excessive need to be taken care of.
 - Recognize the Impairment.
 - Study Their Communication Patterns.
 - What Do They Need?
 - Generate Accommodations.

HISTRIONIC PERSONALITY DISORDER

- Disorder is described as a pattern of excessive emotionality and attention seeking.
 - Recognize the Impairment.
 - Study Their Communication Patterns.
 - What Do They Need?
 - Generate Accommodations.

NARCISSISTIC PERSONALITY DISORDER

- Disorder is described as a pattern of grandiosity, need for admiration, and lack of empathy.
 - Recognize the Impairment.
 - Study Their Communication Patterns.
 - What Do They Need?
 - Generate Accommodations.

BORDERLINE PERSONALITY DISORDER

- Disorder is described as a pattern of instability in interpersonal relationships, self-image, and affects and marked impulsivity.
 - Recognize the Impairment.
 - Study Their Communication Patterns.
 - What Do They Need?
 - Generate Accommodations.

ANTISOCIAL PERSONALITY DISORDER

- Disorder is described as a pattern of disregard for, and violation of, the rights of others.
 - **RUN!**
 - Recognize the Impairment.
 - Study Their Communication Patterns.
 - What Do They Need?
 - Generate Accommodations.

TOOLS FOR WORKING EFFECTIVELY

- Anything you learn about dealing effectively with a difficult person should be immediately passed on to staff working with the individual.
- Adopt a problem-solving model.
- Remember an emotional response on your part may feel right but it rarely leads to solution.
- Assume they are all mentally ill and it will improve your communication skills with everyone.

TOOLS FOR WORKING EFFECTIVELY

- Leave your ego and YOUR NEEDS at the door.
- Problem-solving is best accomplished in a team environment.
- Stay on center emotionally. An emotional response is an indicator of counter transference.
- End a meeting prior to reaching you or your team's tolerance threshold.

TOOLS FOR WORKING EFFECTIVELY

- Celebrate your victories but remain vigilant.
- Don't just listen—study.
- Practice the giving of Grace regularly.
- If you have a problem with changing your communication pattern ask yourself the following question:
 - “If they are mentally ill, what’s my excuse?”

CONTACT INFORMATION

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"We are all only given a little madness—we mustn't lose it."

--Robyn Williams