

# TSCS Newsletter

Taylor's Special Care Services, Inc.

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April 2013



Mr. Taylor presents Managers from Bond and Old Forge homes with the Home of the Month Awards and Certificates at the managers' meeting of April 10, 2013.

## Employee Recognition Award

### Employee and Home of the Month Awards:

Rubin Allen received the "Employee of the Month" award in February for making significant contributions in the lives of persons served and going above and beyond the call of duty.

Old Forge and Bond Homes received the "Home of the Month" award in February for their continued dedication to the persons served and contribution to the advancement of TSCS mission, vision and values.

## Community Education and Professional Development

**Partnerships:** TSCS has partnered with Community

Network Services to provide educational training opportunities designed to increase awareness of direct care workers and supervisors on a variety of topics.

These include but are not limited to mental health, stress and time management, Mental Health First Aid (an evidenced-based 12-hour curriculum for those wanting to learn how to help someone having a mental health crisis), as well as other customized trainings that fit the needs of any group like total wellness/mind-body connection, the power of positive thinking, etc.

### Management Training

Amy Stern from Community

## Professional Development

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Amy Stern, CNS Supervisor of Community Education and Professional Development gives a presentation to TSCS management team on the Basics of Mental Health.

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Simon Pop, MBA  
Chief Operating Officer

Network Services (CNS) gave a presentation on the Basics of Mental Health to the TSCS management team on April 10, 2013. The training looked at signs and symptoms of common mental illnesses and provided an overview and explanation of the biological basis of mental illness, mental, mood and psychotic disorders as well as exploration of common medications used for treatment.

### **Basics of Mental Illness** *Adapted from the April 10<sup>th</sup> training:*

A *mental disorder* or *mental illness* is a psychological pattern or anomaly, potentially reflected in behavior, that is generally associated with distress or disability and which is not considered part of normal development in a person's culture. Mental disorders are generally defined by a combination of how a person feels, acts, thinks or perceives (wikipedia.com).

The *DSM IV* defines *mental disorder* as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual that is associated with distress or disability or a significantly increased risk of suffering, death, pain, or an important loss of freedom. The syndrome or pattern must not be merely an acceptable or culturally sanctioned response to a particular event. It must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual. *Major depressive disorder* is a clinical course that is

characterized by one or more major depressive episodes without a history of manic, mixed or hypomanic episodes".

#### **Causes:**

The causes of mental disorders are varied and in some cases unclear, and theories may incorporate findings from a range of fields.

These include:

- Genetic links: thought to involve many genes (identical twins have 40-70% chance; fraternal twins have 10-23% chance);
- Environmental factors and,
- Brain/physical functions.

**Mood disorders** are a combination of various *mood episodes*. There are several types of *mood episodes*:

- **Major Depressive Episode:**
  - o Either depressed mood or the loss of interest or pleasure in nearly all activities.
  - o May include the following: changes in appetite, weight, sleep and voluntary movement, decreased energy, feelings of worthlessness or guilt, difficulty thinking, concentrating, or making decisions, recurrent thoughts of death or suicidal ideation, plans or attempts.
  - o Symptoms are new or worsened from the person's "normal" behavior or status.
  - o The symptom must persist for most of the day nearly every day for at least two consecutive weeks.
- **Manic Episode:**
  - o Is a period of abnormally and persistently elevated,

expansive, or irritable mood lasting at least one week or any duration requiring hospitalization. Episode has an impairment in functioning that requires treatment or hospitalization.

- o May include the following: inflated self esteem, decreased need for sleep, more talkative than usual or pressure to keep talking, flight of ideas, distractibility, increase in goal-directed activity or psychomotor agitation, excessive involvement in pleasurable activities that have a high potential for painful consequences.

#### - **Mixed Episode**

#### - **Hypomanic Episode:**

- o "Mania light" (burst of energy) does not last as long or impact daily life in the same way as mania.

#### **Bipolar Disorder:**

- Bipolar I: at least one manic episode. It is possible that the person has also had a major depressive episode, but not necessary for diagnosis.
- Bipolar II: one or more major depressive episodes; at least one hypomanic episode; no manic episodes.

#### **Psychotic Disorders:**

*Psychosis* is very broad and can mean anything from relatively normal aberrant experiences through to the complex and catatonic expressions of schizophrenia and bipolar type 1 disorder (wikipedia.com). *Schizophrenia* is "a disturbance that lasts for at least six months and includes at least two or more of the following: delusions, hallucinations, disorganized speech, disorganized or catatonic

behavior, social or occupational dysfunction. Other symptoms include, disorganized speech, disorganized behavior, mood instability, cognitive instability, poor insight and judgment.

#### **Kinds of Anxiety Disorders:**

- Specific phobias: fear of certain things.
- Panic disorder: panic attacks come out of nowhere.
- Obsessive compulsive disorder (OCD).
- Social anxiety disorder (SAD).
- Generalized anxiety disorder (GAD).
- Post traumatic stress disorder (PTSD): anyone who's been traumatized in some way.

#### **Treatment:**

There are different *medications* for different things that work by helping *neurotransmitters* get where they need to be.

#### **Neurotransmitters:**

- *Serotonin* plays a role in the regulation of anger, aggression, body temperature, mood, sleep, vomiting, sexuality and appetite. Medications block the reuptake of Serotonin so that it is able to get to the receptors.
- *Dopamine* plays a role in sociability, behavior, thoughts, motor activity, motivation and reward, sleep, mood, attention and learning. *Abnormally high levels of Dopamine have been strongly linked to schizophrenia.* Medications block the reception of dopamine in certain parts of the brain.
- *Norepinephrine* affects parts of the brain where attention and responding actions are controlled alertness, arousal, and influences on the reward system. Medicines that block the reuptake of norepinephrine are also

thought to increase the amount of dopamine available in the system.

#### **Medications:**

- **Antidepressants:**
  - o *SSRIs:* Prozac, Zoloft, Paxil, Celexa, Lexapro, Luvox.
  - o *SNRIs:* Cymbalta, Effexor, Pristiq.
  - o *NDRIs:* Wellbutrin, Concentra.
- **Mood Stabilizers:** keep moods from cycling by preventing mania.
  - o *Anticonvulsants:* Lithium (not anticonvulsant, targets depression and mania), Depakote, Tegretol, Trileptal, Lamictal (can target both depression and mania), Neurontin, Topomax
  - o *Off Label Treatment for Bipolar Disorder:* Abilify, Risperdal, Zyprexa, Seroquel, Geodon.
- **Antipsychotics:**
  - o *1<sup>st</sup> Generation Medicine:* Haldol, Thorazine, Stelazine, Prolixin, Serentil, Trilafon, Compazine, Mellaril.
  - o *2<sup>nd</sup> Generation (Atypical Meds):* Clozaril, Risperdal, Invega, Zyprexa, Seroquel, Geodon, Abilify.
- **Anti Anxiety Medication:**
  - o *Benzodiazapines* (highly addictive): Xanax, Klonopin, Valium, Ativan.
  - o *Anti-Depressant Medications:* SSRIs.



**Psychotic Disorder** is the least common mental illness and affects only 1% of the population in the U.S. It is a disorder of the brain,

makes no difference across race, culture, religion, etc. The age of onset is between 18 – 23 years of age.

#### **April is the Sexual Assault Awareness Month (SAAM)**

SAAM is an annual campaign to raise public awareness about sexual assault and educate communities and individuals on how to prevent sexual violence. It is observed in April when government and territory agencies, businesses and community-based organizations plan events and activities that highlight sexual violence as a public health and human rights issue and reinforce the need for prevention efforts.

The theme, slogan, resources and materials for the national SAAM campaign are coordinated by the *National Sexual Violence Resource Center* each year with assistance from anti-sexual assault organizations throughout the U.S.

#### **Sexual Harassment**

DTSCS has a zero tolerance policy on sexual harassment in the workplace. **Sexual harassment** refers to behavior of a sexual nature that is unwelcome and personally offensive to its recipients. It can also be behavior that is simply abusive, with no sexual element, if it is directed at an individual because of his or her sex.

**Harassment** may be overt or subtle and involves any conduct that makes someone uncomfortable being at work. For example, behavior that may be acceptable in a social setting may not be appropriate in the workplace.

**Examples of prohibited conduct** include, but are not limited to:

- **Verbal sexual innuendoes**

- Sexual suggestive comments
  - Jokes of a sexual nature
  - Threats
  - Unwanted social invitations
  - Insults
  - Sexual advances or propositions
  - Non-verbal sexually suggestive objects or pictures
  - Graphic commentaries
  - Suggestive or insulting sounds, leering, whistling, obscene gestures
  - Offensive materials sent via email or Internet
  - Unwanted physical contact of a sexual nature, including sexually suggestive or offensive touching, brushing up against the body, pinching, or coerced sexual intercourse, hitting or pushing
  - Unwelcome sexual advances and requests for sexual favors
- employee's continued employment, or
  - Making submission to or rejection of such conduct the basis for employment decisions affecting the employee, or
  - Stating or implying that a particular employee's advances in employment have resulted from the granting of sexual favors or the establishing or continuance of a sexual relationship, or
  - Stating or implying that a particular employee's deficiencies in performance are attributable in whole or in part to the sex of that person, or
  - Commenting on particular characteristics associated with a particular sex, or
  - Creating an intimidating, hostile or offensive working environment by such conduct."

- **Be persistent.** If your complaints are met with indifference, go to a higher level, such as corporate leadership.

### *Complaint Procedure*

Any employee who feels that he or she is being harassed at work by anyone including supervisors, coworkers, should if possible make it clear to the offender that such behavior is offensive and immediately bring the complaint to the attention of his/her supervisor and the Administration.

All allegations of harassment will be taken seriously. Any employee found to have engaged in harassment will be subject to severe disciplinary action up to and including immediate termination.

Any manager or supervisor who becomes aware of any possible harassment should immediately advise the Administration. TSCS has an "Employee Complaint" form that should be completed to report sexual harassment and any other issues.

TSCS recognizes that false accusations of sexual harassment can have serious effects on innocent individuals. We trust our employees will continue to act responsibly to establish and maintain a pleasant and productive work environment, free of harassment.

TSCS prohibits any form of retaliation against any individual who complains about harassment, or participates in the investigation of any such complaint. It is our policy to encourage discussion of workplace issues and to help protect others from being subjected to inappropriate behavior.

### *If Harassment Happens*

Consider the following steps:

- **Don't laugh along.** A harasser often starts small, perhaps with an innuendo or dirty joke. Zero tolerance can help avoid escalation.
- **Know the law and policy.** TSCS has a policy on sexual harassment, defining what it is and outlining the organization's process for dealing with it.
- **Document.** Make a written record of dates and specific occurrences.
- **Report the problem.** Seek help from TSCS. You can even report it anonymously.

*Sexual harassment* constitutes discrimination and is illegal under federal, state, and local laws. The EEOC and the MI Department of Civil Rights have issued rules and regulations defining what constitute sexual harassment.

TSCS endorses the following policy: "It is illegal and against the policies of TSCS for any employee, male or female, to encourage any actions which sexually harass another employee by:

- Making unwelcome sexual advances or requests for sexual favors, or other verbal or physical conduct of a sexual nature, a condition of the