

WAC 388-112A-0450 What must mental health specialty training include? Curricula approved as mental health specialty training must include all of the knowledge, skills, topics, competencies and learning objectives described in this section.

(1) Introduction to mental disorders. The caregiver will review definitions, common signs, and symptoms and identify types of mental illness.

- (a) Understanding mental disorders;
- (b) Stigma and mental disorders;
- (c) Myths and facts;
- (d) Differentiating forms of mental disorders; and
- (e) Mental health conditions:
 - (i) Attention deficit hyperactivity disorder;
 - (ii) Anxiety disorder;
 - (iii) Autism;
 - (iv) Bipolar disorder;
 - (v) Borderline personality disorder;
 - (vi) Depression;
 - (vii) Dissociative disorder;
 - (viii) Eating disorders;
 - (ix) Obsessive-compulsive disorder;
 - (x) Posttraumatic stress disorder;
 - (xi) Schizoaffective disorder;
 - (xii) Schizophrenia; and
 - (xiii) Related conditions including but not limited to:
 - (A) Anosognosia;
 - (B) Dual diagnosis;
 - (C) Psychosis;
 - (D) Risk of suicide;
 - (E) Self-harm;
 - (F) Sleep disorders; and
 - (G) Substance abuse.

(2) Compassionate and trauma-informed caregiving for mental health. The caregiver will recognize that culture, generation, religion, and past trauma experiences can affect current thinking, behaviors, and actions, and will identify strategies to provide informed care and support resilience.

- (a) Impact of culture and ethnicity;
- (b) Impact of generation;
- (c) Impact of religion;
- (d) Trauma and mental disorders;
- (e) Trauma informed care;
- (f) Trauma informed approach; and
- (g) Resilience.

(3) Supports for wellness. The caregiver will identify possible medication side effects, ways to respond to side effects, and recognize individualized nondrug therapies to alleviate symptoms of mental illness.

- (a) Baseline;
- (b) What good mental health looks like;
- (c) Person centered care planning; and
- (d) Medication, treatments, and therapies.
 - (i) Conventional medicine:
 - (A) Antipsychotic;
 - (B) Antimania;
 - (C) Anticonvulsants;
 - (D) Antianxiety; and

- (E) Other drugs used with people who have mental disorders;
- (ii) Medication side effects and reporting side effects;
- (iii) Chemical restraints;
- (iv) Medication refusal; and
- (v) Nondrug therapies:
 - (A) Natural medicine;
 - (B) Cannabis;
 - (C) Holistic therapies; and
 - (D) Nutrition.

(4) Getting help and self-care. The caregiver will recognize the importance of caregiver wellness and identify strategies to prevent secondary trauma and burnout.

- (a) Caregiver mental wellness;
- (b) Secondary trauma;
- (c) Strategies to cope with caregiver burnout; and
- (d) Seeking outside help.

(5) Respectful communication. Communication dynamics. The caregiver will demonstrate an ability to recognize communication styles and ways to communicate effectively.

- (a) Communication and privacy;
- (b) Listening;
- (c) Empathy;
- (d) Nonverbal vs verbal communication;
- (e) Seeking clarification;
- (f) Communication and triggering challenging behaviors; and
- (g) Behaviors impacting communication.

(6) Boundaries. The caregiver will demonstrate an understanding of creating healthy professional boundaries.

- (a) Importance of boundaries for good mental health;
- (b) Personal and professional boundaries;
- (c) Setting boundaries; and
- (d) Assertiveness.

(7) Creative approaches to challenging behaviors. The caregiver will demonstrate the sequence of steps to approach challenging behaviors.

- (a) Approach: Stop, identify, take action;
- (b) Set limits and providing consistency; and
- (c) Specific behaviors and tips on how to respond:
 - (i) Anger;
 - (ii) Combative during personal care;
 - (iii) Cries and tearfulness;
 - (iv) Disrobes in public;
 - (v) Eats nonedible substances/objects;
 - (vi) Hallucinations and delusions;
 - (vii) Inappropriate toileting/menses activity;
 - (viii) Injures self;
 - (ix) Intimidates/threatens;
 - (x) Mood swings;
 - (xi) Repetitive anxious complaints or questions;
 - (xii) Repetitive physical movements and pacing;
 - (xiii) Resistive to care with words and gestures;
 - (xiv) Rummages through or takes belongings of others;
 - (xv) Seeks vulnerable sexual partner;
 - (xvi) Sexual acting out;
 - (xvii) Spitting;
 - (xviii) Unrealistic fears or suspicions;
 - (xix) Unsafe smoking;

- (xx) Up at night while others are sleeping and requires interventions;
- (xxi) Verbally abusive; and
- (xxii) Wanders and is exit seeking.
- (8) Crisis management. The caregiver will identify potential stressors to prevent crisis and demonstrate steps for de-escalation.
 - (a) What is crisis;
 - (b) Averting crisis;
 - (c) Decompensation;
 - (d) Aggression and violence; and
 - (e) When a crisis occurs.
- (9) Suicide prevention. The caregiver will identify suicide facts, recognize warning signs, and communicate about suicide.
 - (a) History;
 - (b) Risk facts;
 - (c) Indicators;
 - (d) Asking questions;
 - (e) Talking about suicide;
 - (f) Resources;
 - (g) Hazards;
 - (h) Stigma;
 - (i) History of the caregiver;
 - (j) Medically assisted suicide; and
 - (k) Grief support.

[Statutory Authority: RCW 74.39A.009, 74.39A.070, 74.39A.074, 74.39A.351, 74.39A.341, 18.20.270, 18.88B.021, 18.88B.035, 70.128.230, 71A.12.030. WSR 17-22-036, § 388-112A-0450, filed 10/24/17, effective 11/24/17.]