

Borderline Personality Disorder**

Borderline personality disorder is a mental illness marked by an ongoing pattern of varying moods, self-image, and behavior. These symptoms often result in impulsive actions and problems in relationships. People with borderline personality disorder may experience intense episodes of anger, depression, and anxiety that can last from a few hours to days. People with borderline personality disorder may experience mood swings and display uncertainty about how they see themselves and their role in the world. As a result, their interests and values can change quickly. People with borderline personality disorder also tend to view things in extremes, such as all good or all bad. Their opinions of other people can change quickly. An individual who is seen as a friend one day may be considered an enemy or traitor the next. These shifting feelings can lead to intense and unstable relationships.

Other signs or symptoms may include:

- Efforts to avoid real or imagined abandonment, such as rapidly initiating intimate (physical or emotional) relationships or cutting off communication with someone in anticipation of being abandoned
- A pattern of intense and unstable relationships with family, friends, and loved ones, often swinging from extreme closeness and love (idealization) to extreme dislike or anger (devaluation)
- Distorted and unstable self-image
- Impulsive and often dangerous behaviors, such as spending sprees, unsafe sex, substance abuse, reckless driving, and binge eating.
- Self-harming behavior, such as cutting
- Recurring thoughts of suicidal behaviors or threats
- Intense and highly changeable moods,
- Chronic feelings of emptiness
- Inappropriate, intense or uncontrolled anger
- Difficulty trusting others, often accompanied by irrational fear of their intention
- Feelings of dissociation, such as feeling cut off from oneself, seeing oneself from outside one's body, or feelings of unreality

iCare manages 10 skilled nursing facilities in central and north-central Connecticut, 7 of which provide specialized behavioral health programming in addition to skilled nursing care. iCare-managed Nursing Facilities include:

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Touchpoints at Bloomfield
BLOOMFIELD, CT 06002

Touchpoints at Farmington
FARMINGTON, CT 06032

Touchpoints at Chestnut
EAST WINDSOR, CT 06088

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Trinity Hill Care Center
HARTFORD, CT 06106

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Definitions for Disorders Marked with 1 asterisk (*) were provided by SAMHSA's website:
<https://www.samhsa.gov/topics>

Definitions for Disorders Marked with 2 asterisks (**) were provided by NIMH's website:
<https://www.nimh.nih.gov/index.shtml>



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Mental Disorders that can Complicate Caregiving

A brief reference for Nursing Facility Staff, prepared by iCare Psychosocial Services.

The DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) is published by the American Psychiatric Association and is the authoritative guide to the diagnosis of mental disorders. It contains 265 different diagnoses, with numerous sub-categories. This reference guide will only cover a few of the more common mental illnesses we see and provide a listing of some of their symptoms. The contents within are not being provided as a guide toward diagnosing but rather a source of education to Nursing Facility staff who may encounter some of these conditions or symptoms in some of the residents they care for. The objective of providing this information is to help us to better understand what some of our residents may be experiencing, and to help us in our development of the most beneficial care plans and interventions.

Enriching the Lives of the Residents We Serve

Schizophrenia*

Schizophrenia is a brain disorder that impacts the way a person thinks (often described as a “thought disorder”), and is characterized by a range of cognitive, behavioral, and emotional experiences that can include:

- delusions,
- hallucinations,
- disorganized thinking, and
- grossly disorganized or abnormal motor behavior.

These symptoms are chronic and can be severe, significantly impairing occupational and social functioning.

Bipolar Disorder*

People with bipolar disorder can experience dramatic swings in their mood. Activity levels can go from periods of feeling intensely happy, irritable, and impulsive to periods of intense sadness and feelings of hopelessness. Mood swings can be characterized as either a:

- Manic episode—abnormally elevated, expansive, or irritable mood with atypical increase in energy or activity
- Hypomanic episode—similar to a manic episode, however not severe enough to cause serious problems
- Major depressive episode—persistent depressed mood or loss of interest or pleasure
- Mixed state—includes symptoms of both a manic episode and a major depressive episode

Major Depressive Disorder*

Major depressive disorder (MDD) is defined as having a depressed mood for most of the day and a marked loss of interest or pleasure, among other symptoms present nearly every day for at least a two-week period. Suicidal thoughts or plans can occur during an episode of major depression, and require immediate notification of a supervisor and a qualified mental health professional.

Post-Traumatic Stress Disorder (PTSD)*

PTSD symptoms can follow exposure to a traumatic or dangerous event. These can include re-experiencing symptoms from an event, such as flashbacks or nightmares, avoidance symptoms, changing a personal routine to escape having to be reminded of an event, or being hyper-aroused (easily startled or tense) that makes daily tasks nearly impossible to complete. PTSD was first identified as a result of symptoms experienced by soldiers and those in war; however, other traumatic events, such as rape, child abuse, car accidents, and natural disasters have also been shown to give rise to PTSD. Diagnosis of PTSD must be preceded by exposure to actual or threatened death, serious injury, or violence. This may entail directly experiencing or witnessing the traumatic event, learning that the traumatic event occurred to a close family member or friend, or repeated exposure to distressing details of the traumatic event.

Individuals diagnosed with PTSD experience

- intrusive symptoms (for example, recurrent upsetting dreams, flashbacks, distressing memories, intense psychological distress),
- avoidance of stimuli associated with the traumatic event, and
- negative changes in cognition and mood corresponding with the traumatic event (for example, dissociative amnesia, negative beliefs about oneself, persistent negative affect, feelings of detachment or estrangement).

They also experience significant changes in arousal and reactivity associated with the traumatic events, such as hypervigilance, distractibility, exaggerated startle response, and irritable or self-destructive behavior.

[Note: Although more commonly recognized and diagnosed nowadays, many who have experienced impactful and traumatizing events in their lives and may have symptoms have been under-diagnosed due to lack of sufficient history or suppression of information by the person. Awareness of history and observation of symptoms should be brought to the attention of any mental health professionals involved in the person's care]

Obsessive-Compulsive Disorder*

Obsessive-compulsive disorder (OCD) is defined by the presence of persistent thoughts, urges, or images that are intrusive and unwanted (obsessions), or repetitive and ritualistic behaviors that a person feels are necessary in order to control obsessions (compulsions). The causes of OCD are largely unknown, however there is some evidence that it runs in families and is associated with environmental risk factors, such as child maltreatment or traumatic childhood events.

Prerequisites for OCD include the presence of obsessions, compulsions, or both.

Obsessions may include: persistent thoughts (for example, of contamination), images (for example, of horrific scenes), or urges (for example, to jump from a window) and are perceived as unpleasant and involuntary.

Compulsions include repetitive behaviors that the person is compelled to carry out ritualistically in response to an obsession or according to a rigid set of rules. Compulsions are carried out in an effort to prevent or reduce anxiety or distress, and yet are clearly excessive or unrealistic. A common example of an OCD symptom is a person who is obsessed with germs and feels compelled to wash their hands excessively. OCD symptoms are time-consuming and cause significant dysfunction in daily life.

Anxiety Disorder**

People with generalized anxiety disorder display excessive anxiety or worry for months and face several anxiety-related symptoms.

Generalized anxiety disorder symptoms include:

- Restlessness or feeling wound-up or on edge
- Being easily fatigued
- Difficulty concentrating or having their minds go blank
- Irritability
- Muscle tension
- Difficulty controlling the worry
- Sleep problems (difficulty falling or staying asleep or restless, unsatisfying sleep)