

CareCertify LLC

Behavioral Health Series

BHS-017

Supporting Individuals with Anxiety & OCD Spectrum Disorders

Participant Guide

Group: Group 3: Direct Care Skills | Credit Hours: 1.0

For Home Health Aides, CNAs, PCAs, DSPs & Direct Care Staff

carecertify.net | © 2024 CareCertify LLC

Learning Objectives

Upon completing this course, you will be able to:

- Identify the major anxiety disorders and OCD spectrum conditions home care clients may have
- Recognize anxiety symptoms in daily caregiving interactions
- Apply calming, supportive communication techniques for anxious clients
- Understand the role of avoidance in maintaining anxiety and how to respond
- Know when anxiety levels require supervisor notification or clinical escalation

Section 1: Understanding Anxiety Disorders

Anxiety is the most common category of mental health conditions in the United States. For home care clients, anxiety can significantly affect their willingness to accept care, their ability to complete daily tasks, and their overall quality of life.

Anxiety and OCD Spectrum Conditions

Generalized Anxiety Disorder (GAD): excessive, uncontrollable worry about many areas of life

Panic Disorder: recurring unexpected panic attacks

Social Anxiety Disorder: intense fear of social situations

Specific Phobias: intense fear of specific objects or situations

Obsessive-Compulsive Disorder (OCD): unwanted intrusive thoughts and repetitive behaviors

Body Dysmorphic Disorder (BDD): preoccupation with perceived physical flaws

Section 2: Recognizing Anxiety in Clients

Anxiety presents differently in different people — it is not always obvious worry. Some clients experience physical symptoms; others have behavioral signs like avoidance or repetitive checking.

Signs of Anxiety to Watch For

PHYSICAL: racing heart, shortness of breath, trembling, sweating, dizziness, GI upset

EMOTIONAL: excessive fear or worry, irritability, feeling on edge, sense of dread

BEHAVIORAL: avoidance of people/places/activities, repetitive behaviors, reassurance-seeking, difficulty making decisions

COGNITIVE: catastrophic thinking, difficulty concentrating, racing thoughts

Section 3: OCD: Obsessions and Compulsions

OCD involves two core components: obsessions (unwanted, intrusive, distressing thoughts) and compulsions (repetitive behaviors or mental acts performed to reduce distress). Compulsions provide only temporary relief and reinforce the cycle.

Understanding the OCD Cycle


Obsession (intrusive thought or fear)
 ↓
 Anxiety and distress
 ↓
 Compulsion (behavior to reduce anxiety)
 ↓
 Temporary relief
 ↓
 Reinforcement of the cycle

Note: Accommodating compulsions (doing them for the client or encouraging them) strengthens the OCD cycle. The clinical goal is gradual reduction of compulsions — consult with the clinical team about the care approach.

Section 4: Supportive Communication for Anxiety

Your presence and communication style can either soothe or heighten a client's anxiety. Calm, predictable, non-rushed interactions are the foundation of anxious client care.

✓ DO	✗ DON'T
Announce yourself and explain what you are doing before you do it	Tell the client their anxiety is irrational or unfounded
Speak in a calm, slow, reassuring tone	Rush through interactions or create time pressure
Validate the client's feelings: "I understand this feels stressful"	Dismiss physical anxiety symptoms as "just nerves"
Offer simple choices to support a sense of control	Encourage excessive avoidance of anxiety-provoking situations
Keep routines predictable and consistent	Participate in or reinforce OCD compulsions

 **SCENARIO**

Your client with OCD checks whether the stove is off six times before leaving the kitchen. She asks you repeatedly to confirm the stove is off.

Response: Calmly confirm the stove is off once. Avoid checking repeatedly with her or performing the compulsion for her — this strengthens the cycle. If the compulsion is escalating or causing significant impairment, document and report to your supervisor for clinical team guidance.

Section 5: Panic Attacks: Recognition and Response

Panic attacks are sudden episodes of intense fear with physical symptoms that peak within minutes. They are frightening but not medically dangerous in most cases. Your calm response is essential.

Responding to a Panic Attack

1. Stay calm — your demeanor directly affects the client's response
2. Speak slowly: "You are safe. I am right here with you."
3. Encourage slow, deep breathing
4. Remove excess stimulation from the environment if possible
5. Do not leave the client alone
6. After the episode, document and notify your supervisor
7. If symptoms are new, severe, or you suspect a medical cause, call 911

Quick Reference Summary

Anxiety Types	GAD, Panic Disorder, Social Anxiety, Specific Phobia, OCD, BDD
Physical Anxiety Signs	Racing heart, shortness of breath, trembling, sweating, GI upset
OCD Cycle	Obsession > Anxiety > Compulsion > Temporary relief > Reinforcement
Panic Attack Response	Stay calm, reassure, encourage deep breathing, do not leave alone
Escalate When	Panic with new/severe symptoms, escalating compulsions, significant functional impairment