

# CareCertify LLC

## Assisted Living Training Series

AL-06

# Mental Illness & De-escalation

### *Participant Guide*

Assisted Living Training Series · Audience: HHAs · CNAs · PCAs · DSPs · AL Staff · CE Hours: 1.0

## Calm, Respectful Response to Distress

Mental health conditions are common in older adults and often missed or dismissed as 'just aging.' Minnesota law (Minn. Stat. 144G.64) requires staff to be trained to recognize mental illness, de-escalate, and respond to crisis. These are learnable skills that keep residents and staff safe.

This guide teaches you to notice the signs, respond with calm de-escalation, and know exactly how to get help when a situation becomes a crisis.

### Learning Objectives — by the end of this module you will be able to:

- Recognize symptoms of common mental illness diagnoses
- Distinguish behavior that needs support from behavior that needs urgent help
- Apply verbal de-escalation techniques
- Respond to a mental-health crisis using 988 and county crisis teams
- Recognize and respond to warning signs of suicide

## Section 1: Mental Health in Older Adults

Mental health conditions in older adults are common, frequently missed, and treatable. Depression is the most common and the most often overlooked, sometimes wrongly attributed to aging. Alcohol use disorder is also underrecognized in this population and can interact dangerously with medications.

You are often the person who sees the resident most. Your observations — changes in mood, sleep, appetite, or engagement — help the care team recognize and address mental illness.

## Section 2: Recognizing Common Mental Illnesses

Minn. Stat. 144G.64 names the categories staff should recognize: mood disorders, anxiety disorders, trauma- and stressor-related disorders, personality and psychotic disorders, and substance use disorder and misuse. You are not diagnosing — you are noticing and reporting symptoms so the care team can respond.

## Section 3: A Trauma-Informed Approach

Many residents carry trauma histories that are not visible. Intimate care tasks, loud environments, or feeling controlled can trigger distress. A trauma-informed approach explains before acting, offers choices, respects refusals, and responds to reactions with patience rather than force.

## Section 4: Verbal De-escalation Techniques

De-escalation works through connection, not control. Stay calm and keep your voice low and slow. Give the person space and respect boundaries. Listen and acknowledge the feeling rather than arguing or issuing commands.

Offer simple choices and a dignified way out of the moment. Avoid threats, ultimatums, and crowding, which escalate distress.

### Your calm is the tool

In an escalating moment, your steady tone and body language do more than any words. If you feel unsafe, prioritize safety and get help.

## Section 5: Recognizing a Crisis

De-escalation handles most distress, but some situations are crises: threats to harm self or others, loss of contact with reality, or severe agitation that won't settle. A sudden, new change in mental status can be a medical emergency (delirium) and needs immediate attention. Do not try to manage a crisis alone — escalate to the nurse and crisis resources.

## Section 6: Crisis Resolution and the 988 Lifeline

Know your resources before a crisis. For imminent danger to life, call 911. For a mental-health crisis, the 988 Suicide and Crisis Lifeline provides immediate support, and Minnesota counties have mobile crisis response teams. Always notify the nurse or supervisor and follow your facility's crisis protocol.

## Section 7: Suicide Prevention

Warning signs include expressions of hopelessness, talk of death or being a burden, giving away belongings, withdrawal, or a sudden calm after a period of distress. If a resident expresses thoughts of self-harm, take it seriously, stay with them, and get help immediately — the nurse, 988, and 911 if there is danger. Never leave the person alone or dismiss what they said.

### Take it seriously, every time

Asking about suicidal thoughts does not plant the idea. Direct, caring attention and prompt help save lives.

## Section 8: Caring for Yourself

Supporting people in distress is emotionally demanding. Recognize signs of stress and burnout in yourself, debrief after difficult events, and use your supervisor, team, and any employee support resources. A grounded, supported caregiver communicates and de-escalates more effectively.

## Section 9: Reporting and Documentation

Report changes in mood, behavior, or risk to the nurse so the care plan stays current. Document objectively — what you observed, what the resident said, and what you did. Good documentation connects your front-line observations to the clinical decisions that follow.

## Key Terms

| Term                 | What it means   |
|----------------------|---|
| De-escalation        | Calming a tense situation through connection, space, and respect rather than control. |
| 988 Lifeline         | The Suicide and Crisis Lifeline — call or text 988 for mental-health crises.          |
| Mobile crisis team   | A county team that responds to mental-health crises in the community.                 |
| Trauma-informed care | An approach that assumes possible trauma and avoids re-traumatizing.                  |
| Delirium             | Sudden, new confusion from a medical cause — a medical emergency.                     |
| Substance misuse     | Harmful use of alcohol or medications; underrecognized in older adults.               |

## Check Your Understanding

1. Name three categories of mental illness staff should recognize.
2. Give three verbal de-escalation techniques.
3. What distinguishes a crisis from ordinary distress?
4. What number do you call for a mental-health crisis, and when do you call 911?
5. List three warning signs of suicide and your immediate response.

## What's Next

### Looking ahead

Next, AL-07: Infection Prevention & Control covers standard precautions, hand hygiene, PPE, and the infection-control training Minnesota requires.