

SAN DIEGO COMMUNITY COLLEGE DISTRICT  
CONTINUING EDUCATION  
COURSE OUTLINE

**SECTION I**

**SUBJECT AREA AND COURSE NUMBER**

HLTH 611

**COURSE TITLE**

**ALTERNATE TITLE(S)**

BEHAVIORAL HEALTH AIDE

CNA IN BEHAVIORAL HEALTH SETTING

**TYPE COURSE**

NON-FEE

VOCATIONAL

**CATALOG COURSE DESCRIPTION**

This course provides students with a basic overview of the role of a behavioral health aide and prepares them for entry-level employment. The course defines behavioral and mental health diseases, their causes, signs and symptoms, and prognosis. Students are trained to assist adults, adolescents, and pediatric patients with social, personal, behavioral, and mental health issues. Students will learn strategies for working with individuals with mental and behavioral health challenges while providing nursing care and physical safety. (FT)

**LECTURE/LABORATORY HOURS**

75

**ADVISORY**

Current California Certified Nurse Assistant certificate.

**RECOMMENDED SKILL LEVEL**

9<sup>th</sup> grade reading and writing level, basic math skills, and must possess the ability to communicate proficiently in the English language.

**INSTITUTIONAL STUDENT LEARNING OUTCOMES**

1. Social Responsibility  
SDCE students demonstrate interpersonal skills by learning and working cooperatively in a diverse environment.
2. Effective Communication:  
SDCE students demonstrate effective communication skills.

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**INSTITUTIONAL STUDENT LEARNING OUTCOMES (CONTINUED)**

**3. Critical Thinking:**

SDCE students critically process information, make decisions, and solve problems independently or cooperatively.

**4. Personal and Professional Development:** SDCE students pursue short term and life-long learning goals, mastering necessary skills and using resource management and self-advocacy skills to cope with changing situations in their lives.

**COURSE GOALS**

1. Understand behavioral and mental health issues and diseases.
2. Learn the overall role and responsibilities of a CNA in Behavioral Health setting in providing care.
3. Learn to communicate effectively with people with behavioral and mental health issues.
4. Acquire knowledge and skills to recognize signs and symptoms of patients in mental distress and with behavioral challenges.
5. Provide direct patient care and support as outlined in an individual's behavioral healthcare plans.
6. Understand how to provide professional intervention during patient crises.
7. Learn about cultural diversity in a mental health setting

**COURSE OBJECTIVES**

1. Identify and define behavioral health and mental health issues and diseases.
2. Understand and explain the role and responsibilities of a CNA in a Behavioral Health setting.
3. Recognize and report signs and symptoms of distress in mental and behavioral challenged patients.
4. Identify barriers that may impede the treatment of patients with mental and behavioral challenges.
5. Identify roles of each member within the interdisciplinary healthcare team (IDT) to improve patient care.
6. Identify and explain how to prevent, manage, and deescalate crises in a mental health setting.
7. Recognize and describe how cultural diversity plays a role in a mental health setting.

**SECTION II**

**COURSE CONTENT AND SCOPE-**

Expands upon Nurse Assistant Training CCR, Title 22, Section 71835(n)

1. Understanding the overview of Behavioral and Mental Health as a CNA
  - 1.1. Definition
    - 1.1.1. Behavioral health diseases
    - 1.1.2. Mental health diseases

COURSE CONTENT AND SCOPE (CONTINUED)

- 1.1.3. Ethical issues
- 1.1.4. Legal issues
- 1.1.5. History of behavioral and mental health
- 2. Understanding Behavioral and Mental Health Diseases as a CNA
  - 2.1. Depression
    - 2.1.1. Mood disorders association
    - 2.1.2. Predisposing factors
    - 2.1.3. Signs and symptoms
      - 2.1.3.1. Apathy
      - 2.1.3.2. Fatigue and irritability
      - 2.1.3.3. Suicidal and/or homicidal ideations
      - 2.1.3.4. Appetite changes
    - 2.1.4. Interventions
      - 2.1.4.1. Medication
      - 2.1.4.2. Electroconvulsive therapy
      - 2.1.4.3. Psychotherapy
      - 2.1.4.4. Lifestyle Changes
    - 2.1.5. Prognosis
      - 2.1.5.1. Treatment response
      - 2.1.5.2. Compliance vs. noncompliance
      - 2.1.5.3. Medication therapy
  - 2.2. Non-Alzheimer's Dementia
    - 2.2.1. Huntington's Disease
      - 2.2.1.1. Stages
      - 2.2.1.2. Causative factors
        - 2.2.1.2.1. Genetic factors
        - 2.2.1.2.2. Autosomal dominant disorder
      - 2.2.1.3. Signs and symptoms
        - 2.2.1.3.1. Body movements
        - 2.2.1.3.2. Obsessive compulsive disorder
        - 2.2.1.3.3. Thinking and reasoning skills
        - 2.2.1.3.4. Mood changes
      - 2.2.1.4. Intervention
        - 2.2.1.4.1. Medication
        - 2.2.1.4.2. Therapy
          - 2.2.1.4.2.1. Physiotherapy
          - 2.2.1.4.2.2. Speech therapy
          - 2.2.1.4.2.3. Occupational therapy
        - 2.2.1.4.3. Nutritional support
        - 2.2.1.4.4. Managing symptoms
      - 2.2.1.5. Prognosis
        - 2.2.1.5.1. Treatment response
        - 2.2.1.5.2. Compliance vs. noncompliance
        - 2.2.1.5.3. Therapies
    - 2.2.2. Parkinson's Disease

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COURSE CONTENT AND SCOPE (CONTINUED)

- 2.2.2.1. Stages
- 2.2.2.2. Causative factors
  - 2.2.2.2.1. Brain deterioration
  - 2.2.2.2.2. Genetics
- 2.2.2.3. Signs and symptoms
  - 2.2.2.3.1. Sensory and sleep
  - 2.2.2.3.2. Emotional problems
  - 2.2.2.3.3. Hallucinations and delusions
- 2.2.3. Interventions
  - 2.2.3.1. Medication
  - 2.2.3.2. Deep brain stimulation
  - 2.2.3.3. Lifestyle changes
  - 2.2.3.4. Physical therapy
  - 2.2.3.5. Occupational therapy
- 2.2.4. Prognosis
  - 2.2.4.1. Treatment response
  - 2.2.4.2. Compliance vs. noncompliance
  - 2.2.4.3. Therapies
- 2.3. Traumatic Brain Injury
  - 2.3.1. Causative factors
    - 2.3.1.1. Anoxic and hypoxic brain injury
    - 2.3.1.2. Motor vehicle accidents
    - 2.3.1.3. Military combat related accidents
    - 2.3.1.4. Infection
    - 2.3.1.5. Brain injuries
  - 2.3.2. Signs and symptoms
    - 2.3.2.1. Difficulty concentrating
    - 2.3.2.2. Disruptive and inappropriate behavior
    - 2.3.2.3. Sleep disorders
  - 2.3.3. Interventions
    - 2.3.3.1. Medications
    - 2.3.3.2. Surgery
    - 2.3.3.3. Rehabilitation
  - 2.3.4. Prognosis
    - 2.3.4.1. Treatment response
    - 2.3.4.2. Compliance vs. noncompliance
- 2.4. Alzheimer's Disease
  - 2.4.1. Stages
  - 2.4.2. Causative factors
    - 2.4.2.1. Family history
    - 2.4.2.2. Genetics
      - 2.4.2.2.1. Risk genes
      - 2.4.2.2.2. Deterministic genes
    - 2.4.2.3. Age
  - 2.4.3. Signs and symptoms

COURSE CONTENT AND SCOPE (CONTINUED)

- 2.4.3.1. Memory loss
- 2.4.3.2. Aggression
- 2.4.3.3. Behavioral changes
- 2.4.3.4. Sleeping difficulties
- 2.4.4. Interventions
  - 2.4.4.1. Medications
  - 2.4.4.2. Diet
  - 2.4.4.3. Therapy
    - 2.4.4.3.1. Art and music
    - 2.4.4.3.2. Pet therapy
    - 2.4.4.3.3. Physical therapy
    - 2.4.4.3.4. Occupational therapy
- 2.4.5. Prognosis
  - 2.4.5.1. High fatality rates
  - 2.4.5.2. Treatment response
  - 2.4.5.3. Compliance vs. noncompliance
- 2.5. Bipolar/Manic Depression
  - 2.5.1. Types
    - 2.5.1.1. Bipolar I disorder
    - 2.5.1.2. Bipolar II disorder
    - 2.5.1.3. Cyclothymic disorder
    - 2.5.1.4. Specified and unspecified bipolar and related disorders
  - 2.5.2. Causative factors
    - 2.5.2.1. Brain structure and functioning
    - 2.5.2.2. Family history
  - 2.5.3. Signs and symptoms
    - 2.5.3.1. Personality changes
    - 2.5.3.2. Depressive episodes
    - 2.5.3.3. Psychosis
  - 2.5.4. Intervention
    - 2.5.4.1. Medications
    - 2.5.4.2. Psychotherapy
    - 2.5.4.3. Electroconvulsive therapy
  - 2.5.5. Prognosis
    - 2.5.5.1. Treatment response
    - 2.5.5.2. Compliance vs. noncompliance
    - 2.5.5.3. Therapies
- 2.6. Schizophrenia
  - 2.6.1. Causative categories
    - 2.6.1.1. Positive symptoms
      - 2.6.1.1.1. Hallucinations and delusions
      - 2.6.1.1.2. Movement disorders
    - 2.6.1.2. Negative symptoms
      - 2.6.1.2.1. Flat affect
      - 2.6.1.2.2. Apathy

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**COURSE CONTENT AND SCOPE (CONTINUED)**

- 2.6.1.2.3. Speaking and language usage
- 2.6.1.3. Cognitive symptoms
  - 2.6.1.3.1. Level of awareness
  - 2.6.1.3.2. Memory lapses
- 2.6.2. Predisposing factors
  - 2.6.2.1. Genes and environment
    - 2.6.2.2. Brain chemistry and structure
  - 2.6.3. Interventions
    - 2.6.3.1. Psychosocial treatments
    - 2.6.3.2. Coordinated specialty care
    - 2.6.3.3. Medication therapy
  - 2.6.4. Prognosis
    - 2.6.4.1. Treatment response
    - 2.6.4.2. Compliance vs. noncompliance
- 2.7. Understanding Substance Abuse as a CNA
  - 2.7.1. Alcohol Abuse
    - 2.7.1.1. Causative factors
      - 2.7.1.1.1. Family dynamics
      - 2.7.1.1.2. Ongoing abuse and cravings
      - 2.7.1.1.3. Genetic risk
      - 2.7.1.1.4. Behavioral and personality changes
      - 2.7.1.1.5. Increased tolerance
    - 2.7.1.2. Signs and symptoms
      - 2.7.1.2.1. Mood alterations
      - 2.7.1.2.2. Withdrawals
        - 2.7.1.2.2.1. Shaking
        - 2.7.1.2.2.2. Body temperature
        - 2.7.1.2.2.3. Heart complications
      - 2.7.1.2.3. Confusion
      - 2.7.1.2.4. Altered liver function
      - 2.7.1.2.5. Aggressive behavior
    - 2.7.1.3. Interventions
      - 2.7.1.3.1. Therapy
      - 2.7.1.3.2. Rehabilitation
      - 2.7.1.3.3. Medication
    - 2.7.1.4. Prognosis
      - 2.7.1.4.1. Treatment response
      - 2.7.1.4.2. Compliance vs. noncompliance
  - 2.7.2. Drug Abuse
    - 2.7.2.1. Causative factors
      - 2.7.2.1.1. Environmental
      - 2.7.2.1.2. Genetics
      - 2.7.2.1.3. Social
      - 2.7.2.1.4. Prescribed medications

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COURSE CONTENT AND SCOPE (CONTINUED)

- 2.7.2.1.5. Drug use
- 2.7.2.2. Signs and symptoms
  - 2.7.2.2.1. Altered liver function
  - 2.7.2.2.2. Psychological issues
  - 2.7.2.2.3. Irritability and aggression
  - 2.7.2.2.4. Criminal activity
  - 2.7.2.2.5. Financial issues
- 2.7.2.3. Interventions
  - 2.7.2.3.1. Behavioral therapy
  - 2.7.2.3.2. Psychotherapy
  - 2.7.2.3.3. Rehabilitation
  - 2.7.2.3.4. Medication
- 2.7.2.4. Prognosis
  - 2.7.2.4.1. Treatment response
  - 2.7.2.4.2. Compliance vs. noncompliance
- 2.8. Understanding Eating Disorders as a CNA
  - 2.8.1. Types
    - 2.8.1.1. Anorexia Nervosa
    - 2.8.1.2. Bulimia Nervosa
    - 2.8.1.3. Binge Eating Disorders
  - 2.8.2. Causative factors
    - 2.8.2.1. Mental illness
    - 2.8.2.2. Body dissatisfaction
    - 2.8.2.3. Negative affect
    - 2.8.2.4. Thin-ideal
    - 2.8.2.5. Deficit support systems
  - 2.8.3. Signs and symptoms
    - 2.8.3.1. Excessive limit of calories and/or overeating
    - 2.8.3.2. Extreme weight loss and excessive exercise
    - 2.8.3.3. Frequent laxatives and diet aids
    - 2.8.3.4. Detachment
  - 2.8.4. Interventions
    - 2.8.4.1. Exams and diagnostic test
    - 2.8.4.2. Support groups
    - 2.8.4.3. Promote healthy body image
    - 2.8.4.4. Nutritional counseling
    - 2.8.4.5. Cognitive and behavioral therapy
  - 2.8.5. Prognosis
    - 2.8.5.1. Treatment response
    - 2.8.5.2. Compliance vs. noncompliance
- 3. Understanding the CNA responsibilities in behavioral Health setting
  - 3.1. Group and individual therapy
  - 3.2. Patient and staff safety
  - 3.3. One-on-one communication skills.
  - 3.4. Crisis management

COURSE CONTENT AND SCOPE (CONTINUED)

- 3.4.1. Monitoring and reporting
- 3.4.2. Active listening
- 3.4.3. Physical reaction
- 3.4.4. Coping and defense mechanisms
- 3.5. Characteristics of a crisis
  - 3.5.1. Types
  - 3.5.2. Stages
  - 3.5.3. Disruptive behavior
  - 3.5.4. Clouded recognition
- 3.6. Role of the CNA in restraint management
  - 3.6.1. Care of patients in restraints
  - 3.6.2. Types
    - 3.6.2.1. Physical
    - 3.6.2.2. Chemical
    - 3.6.2.3. Mechanical
  - 3.6.3. Restraint release protocol
  - 3.6.4. Restraint documentation
- 3.7. Role of the CNA in Seclusion management
  - 3.7.1. Care of patients in seclusion
  - 3.7.2. Alternative interventions
    - 3.7.2.1. Evidence-based behavioral interventions
    - 3.7.2.2. De-escalation techniques
- 3.8. Role of the CNA in Boundaries
  - 3.8.1. Empathy vs. sympathy
  - 3.8.2. Therapeutic relationship
- 3.9. Understanding Psychotropic medications as a CNA
  - 3.9.1. Indications
  - 3.9.2. Common side effects
- 3.10. Understanding HIPPA as a CNA
  - 3.1.1. Communication
- 4. Understanding Social Barriers of Patients with Mental Distress as a CNA
  - 4.1. Medical compliance
  - 4.2. Family dynamics
  - 4.3. Financial limitations
  - 4.4. Culture and background
  - 4.5. Support systems
  - 4.6. Shelter
- 5. Understanding responsibility of the Interdisciplinary Team (IDT) as a CNA
  - 5.1. Weekly meetings
    - 5.1.1. Care plan review and revisions
    - 5.1.2. Care collaboration
    - 5.1.3. Goals and outcomes
  - 5.2. IDT participants
    - 5.2.1. Social services
    - 5.2.2. Nutritionist and dietician

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COURSE CONTENT AND SCOPE (CONTINUED)

- 5.2.3. Medical Director
- 5.2.4. Charge nurse
- 5.2.5. Nursing assistant
- 5.2.6. Patient attendance
- 5.2.7. Caregiver
- 6. Understanding Cultural Diversity in Mental Health as a CNA
  - 6.1. Definition
    - 6.1.1. Culture diversity
    - 6.1.2. Acculturation
  - 6.2. Cultural group
  - 6.3. Cultural beliefs
  - 6.4. Cultural sensitivity
  - 6.5. Cultural competence
  - 6.6. Cultural dynamics
  - 6.7. Racial, ethnic and cultural disparities

APPROPRIATE READINGS

Reading assignments may include, but are not limited to, articles and books mental health issues.

WRITING ASSIGNMENTS

Writing assignments may include, but are not limited to, topic papers related to mental health issues and written examples of documentation in the healthcare setting.

OUTSIDE ASSIGNMENTS

Outside assignments may include, but are not limited to, researching and writing a report on behavioral and mental health issues.

APPROPRIATE ASSIGNMENTS THAT DEMONSTRATE CRITICAL THINKING

Assignment which demonstrates critical thinking may include, but is not limited to, evaluating and reporting on a mental health facility.

EVALUATION

The student's grade will be based on multiple measures of performance related to the course objectives. The evaluation will assess the development of independent critical thinking skills and may include, but are not limited, to the following:

1. Performance-based assessment of skills taught and safe nursing practices in clinical area or nursing lab.

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**EVALUATION (CONTINUED)**

2. Assessment of student's ability to analyze and implement nursing interventions in patient care scenarios using appropriate equipment and techniques.
3. Written quizzes and tests.
4. Attendance and classroom participation.

**METHOD OF INSTRUCTION**

Instruction will include, but is not limited to, lecture, laboratory, instructor demonstration followed by student demonstration, role-play, audio-visual aids, individualized and guided study, tutorials, group study, and internet research and discussion. Instruction may also include supervised clinical experience, industry speakers, and field trips.

This course or portions of this course may be offered via distance learning.

**TEXTS AND SUPPLIES**

*The Mental Health Worker: Psychiatric Aide*, Beverly Marshburn, Cengage Learning, current edition

*Child and Adolescent Mental Health (Core handbook series in pediatrics)*, Daniel L. Kay and Maureen E. Montgomery, Lippincott, Williams, and Wilkins Publishing, current edition

PREPARED BY: Vickie Taylor, LVN, MPH DATE: September, 2016

REVISED BY: Kathy Campbell, RN, PHN DATE: February 6, 2019

REVISED BY: Lisa Cork MSN, RN-BC DATE: December 17, 2019

Instructors must meet all requirements stated in Policy 3100 (Student Rights and Responsibilities and Administrative Due Process), and the Attendance Policy set forth in the Continuing Education Catalog.

**REFERENCES:**

San Diego Community College District Policy 3100  
California Community Colleges, Title 5, Section 55002  
Continuing Education Catalog