### Anxiety (i.e. Generalized Anxiety Disorder)

#### Symptoms
- Tension, nervousness, panic attacks, increased heart rate, worry, trouble sleeping, sweating, and gastrointestinal issues.
- An overwhelming sense of dread, an intense fear of death, injury, or "bad things happening". Äpprehension about change. Fear of the unknown.

#### Challenges
- Being anxious is a normal part of the human experience but patients suffering from an anxiety disorder will be unable to balance their fear and anxiety with healthy, reality-based thinking and often feel a higher level of fear than the situation dictates.

#### Support and Treatment
- Talk therapy is commonly used to treat anxiety. Often if a patient is able to get to the root cause of their anxiety they are able to overcome it. Medication to manage anxiety can also result from other, underlying medical conditions and often need to be addressed from multiple angles. Alternative therapies such as yoga, meditation or prayer, chiropractic care, and diet and lifestyle changes are also effective in treating anxiety.

#### Examples
- Anxiet can have serious physical impacts on a patient and should not be ignored or overlooked. An OT should be on the lookout for increased symptoms of an anxiety disorder and take the necessary steps to provide support.

#### Video Links
- https://youtu.be/aX7jnVXXG50

### Borderline Personality Disorder

#### Symptoms
- Destructive, dangerous, hostile, or harmful behaviors. Suicidal thoughts and depression. An overstated focus on self, self-absorption, and conceit. Difficulty building and maintaining relationships. General emotional instability. Mood swings.

#### Challenges
- This is a broad disorder and can be hard to diagnose and treat. Patients are unstable and standard treatment often requires hospitalization.

#### Support and Treatment
- Talk therapy, anger management techniques and medication are all common treatments for Borderline Personality Disorder.

#### Examples
- The OT should make all attempts to help the patient to feel connected and included. Patients with BPD suffer from feelings of abandonment and isolation so any changes in care or setting may be unsettling. Moods can change quickly so be alert and know the signs and symptoms.

#### Video Links

### Dementia

#### Symptoms
- Changes in memory, personality and habits, decreased social capabilities, disorientation, confusion, aggression. Patients may exhibit physical and psychological symptoms. Physical symptoms include changes in balance, walk, and posture.

#### Challenges
- Some changes or loss in memory common in elderly patients but it is the combination of memory loss with other mood and behavior changes that can signal the onset of dementia.

#### Support and Treatment
- While there are therapies and medications that may slow the onset of dementia, some symptoms are not treatable. Creating a dementia-friendly environment is crucial for patients. Changes may need to be made to their home, their routine, and their family or caregiver may need education and support as well.

#### Examples
- The inevitability of dementia can lead to hopelessness, loneliness and depression in many patients. A caring, supportive, hopeful approach is key. This support may need to extend to other caregivers and family members as well. Patience is an important skill to develop when working with dementia patients.

#### Video Links
- https://youtu.be/XwUFdtjzm_w

### Denial

#### Symptoms
- Believing something to be untrue or unimportant. Refusal to face facts. Part of the process of grieving. We all experience denial at some point in our lives. It is a way for our minds to cope with difficult situations. However, if a patient remains in denial for too long it can keep them from being able to fully engage in treatment or therapy.

#### Challenges
- Denial can be overcome by continually pointing the patient back to the reality of the situation, while encouraging the patient to be hopeful. Sometimes it simply takes time to overcome denial. Often it is helpful to educate the patient on other, more effective coping mechanisms like a new activity or talk therapy.

#### Support and Treatment
- Denial can be a brick wall on the road to a patient's recovery. OTs should be prepared to address it in a supportive yet direct manner. Caregivers and family members may also experience denial and may need information and education to move forward.

#### Video Links
- https://youtu.be/Yh5Epqh4l_w
| Depression (Mood Disorder) | Continual and long-term sense of sadness, emptiness, despair, isolation, or hopelessness. Feeling trapped, suicidal thoughts or behaviors. Depression is pervasive and can be very subtle. There can be a fine line between normal sadness and depression. Sometimes it really comes down to what characterizes the patient's life. Do they feel sad sometimes and happy or content at other times? Or does the feeling of emptiness follow them around even when they're doing something they love? Thankfully, depression is highly studied and there are many treatment strategies available. Lifestyle change is considered a crucial part of depression treatment. A healthier life leads to a healthier mind. Appropriate physical activity, changes in diet, and alternative therapies have been proven to help depression. Talk therapy, support groups and medications are also helpful and often necessary. Like anxiety, depression can have direct and serious impacts on a patient's health. Beyond the obvious risk of suicide, depression can also lead to weight-loss or gain, malnutrition, gastrointestinal issues, and an overall decline in physical strength. Be alert for signs and symptoms of depression and do not be afraid to address these symptoms quickly. |
| Eating disorders Abnormal eating habits. Most commonly Anorexia, Bulimia, and Binge-Eating. Symptoms include distorted body image, fear of gaining weight, unhealthy relationship with food, excessive exercise, fasting, and induced vomiting. All of these behaviors lead to malnutrition and serious physical complications. Eating disorders may show up along with a number of other illnesses, like depression and anxiety. A patient may develop an eating disorder as a way to control their environment or a way to punish themselves for something they feel they did wrong. Patience and empathy are crucial for OTs working with such patients. |
| Episodic memory | Episodic memory refers to memories of specific events or episodes. Many types of neurological disorders or trauma can have an effect on a patient's episodic memory. Episodic memories can be categorized in two ways: visual and vocal. Each category will need to be assessed individually. There are no known cures for episodic memory impairment. However, memory may be improved in the short term through a variety of memory-building, or brain-training activities. Memory impairments are often associated with dementia and Alzheimer's but can also develop after brain trauma or because of certain medical conditions. When working with elderly patients it is common to observe lapses in memory but testing and assessment is needed to confirm the specific type and cause of such symptoms. |
| Mania (Mood disorder) | Mania itself can be a symptom of several other mental illnesses, including Manic Depressive Disorder, Bipolar, and several medical conditions. The person experiencing a manic episode may say that they feel great, but they need to be watched very closely for the quick turn from mania to depressed. The specific causes of manic depressive and bipolar disorder are still being studied, but some therapies and medications do exist to help patients with these diagnoses. Treatments include mood-stabilizing drugs, antidepressants, antipsychotics, psychotherapy, and in many cases hospitalization. As well organized routines is usually very helpful for bipolar patients. An OT may encounter bipolar symptoms in a wide variety of patients. Recognizing Mania may be harder to spot since they can appear positive, like an increase in energy, or a more optimistic outlook. OTs need to be alert for risky behaviors and restlessness that can signal a manic episode. |
Mental Retardation
A distinct difficulty in reasoning, thinking, processing, and understanding. Risky behaviors, being impulsive, poor social skills. Difficulty living alone or practicing good self-care. Also known as intellectual disabilities.

Mental retardation is considered chronic. There is no cure. This is a broad diagnosis with a wide range of symptoms. Each patient with this diagnosis will have a different level of function and ability.

Special education, life skills training, and developmental and behavioral therapies are all helpful for this diagnosis. Routine and physical exercise are also encouraged. Animal-assisted therapies and sensory-based therapies have also proved very effective.

At OT’s main goal should be to improve the quality of life. This includes teaching job skills, cooking, cleaning, self-care, and social skills.

Mood Disorders
Several types of mental illness fall into this category including depression, mania, manic-depressive, and bipolar disorders. There are two main categories within mood disorders: Dysthymic and Cyclothymic. In general, a mood disorder is less severe than the full diagnosis of depression or bipolar.

Dysthymic mood disorders can be a “low-grade” version of depression. A patient may display some signs of depression, but is able to cope on a daily basis. A Cyclothymic disorder is a “low-grade” version of bipolar. It has ups and downs but the episodes may be shorter and less severe than the full bipolar diagnosis. Both dysthymic and cyclothymic disorders can be “warning signs” pointing to the onset of more severe disorders.

Treatments may include medications (antidepressants, mood stabilizers and antipsychotics) and psychotherapy. An active and healthy lifestyle can also help to manage the symptoms of mood disorders.

Some sources say that as many as 10% of the US population suffers from some type of mood disorder. An OT should be prepared to handle these symptoms and challenges on a daily basis with a wide range of patients.

Obsessive Compulsive Disorder (Anxiety Disorder)
Unbalanced thoughts that lead to unbalanced behaviors. Fear, irrational worry, extreme need to do or avoid doing something. Feeling anxious or panicking if something is done out of order or in the wrong way. Hoarding, cleaning, organizing, and picky eating can all be signs of OCD.

OCD is often misunderstood because of the way it is portrayed on TV and movies. OCD is not simply about funny behaviors. Patients with true OCD live in a world where every action they take has deep meaning and they can be extremely fearful, angry, and depressed.

Cognitive behavioral therapy and exposure/aversion therapy are commonly used to treat OCD. Support groups are also helpful. Some prescriptions are also available to help manage anxiety and obsessive thoughts.

OCD behaviors often begin slowly and with something minor, like needing to have food cooked a certain way, or having to clean the kitchen in a certain way every night. But if this develops unchecked it can consume the patient very quickly and have huge consequences for their mental health.

Panic Attack (Anxiety Disorder)
An episode of extreme anxiety. Fast breathing, not being able to catch your breath, pain in chest or stomach, shaking, sweating, irregular heartbeat, nausea or gastrointestinal issues.

A panic attack can be a one-time event or it can be a symptom of a larger anxiety disorder.

Treatment for panic attacks includes therapy to address the underlying issues and lifestyle changes to help prevent panic attacks. A patient can stop their own panic attacks by avoiding stimuli like nicotine and caffeine, by learning breathing and relaxation techniques and by recognizing and managing stressful situations.

An OT should educate a patient on deep-breathing, relaxation, meditation, and other calming activities. This way, a patient can learn to avoid or manage a panic attack even when they are alone.
<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Pattern</th>
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<tbody>
<tr>
<td>Dependent</td>
<td>Dependent, People-Pleasing</td>
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<tr>
<td>Anti-social</td>
<td>Dependent, Victim, Angry, Distant</td>
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<tr>
<td>Borderline</td>
<td>Dependent, Victim, Aggressive, Passive-Aggressive</td>
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<tr>
<td>Paranoid</td>
<td>Supercio, Prickly, Victim</td>
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<td>Schizoid</td>
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<td>Schizophrenic</td>
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<td>Narcissistic</td>
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<tr>
<td>Histrionic</td>
<td>Indecisive, Perfectionist</td>
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<tr>
<td>Obsessive-Compulsive</td>
<td>Depressive, Hopeless</td>
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**Personality Disorder**

This is a large and varied group of disorders, and they each have their own symptoms and characteristics. However, there are some traits that are common to all of the disorders. They are: deep need for praise or honor, very high view of self, poor social skills, little or no concern for others or their feelings, aggression, entitlement, pride, and inability to build and maintain relationships.

Personality disorders or PD are grouped into three clusters. Cluster A is Paranoid PD, Schizoid PD, and Schizotypal PD. Cluster B is Antisocial PD, Borderline PD, Histrionic PD, and Narcissistic PD. Cluster C is Avoidant PD, Dependent PD, and Obsessive-Compulsive PD.

Talk therapies are common treatments for personality disorders. These may include a combination of support groups, counseling and family sessions. Patients with these disorders need to be monitored for changes and increases in symptoms.

An OT should work with the patient to keep their mind on reality and to help them develop social and interpersonal skills while managing other symptoms. An OT should be trained in evidence-based treatments for personality disorders, including cognitive-behavioral therapy (CBT) and dialectical behavior therapy (DBT).

**Post-traumatic stress disorder (PTSD)-Anxiety disorder**

Anxiety, loneliness, inability to sleep, inability to feel joy, anger, aggression, nightmares (night terrors), feeling guilty, risky behaviors, self-harm, suicidal thoughts.

Often the symptoms of PTSD are triggered when a situation or event reminds the person of the trauma they experienced. These triggers can be hard to predict. Sometimes even the loftiest thing can trigger a major and explosive reaction.

Since PTSD is often accompanied by anxiety and depression, medication to treat those two conditions are often prescribed for those with PTSD. Therapy is essential for PTSD patients and should focus on helping the patient understand and overcome that initial trauma. Support groups can also be helpful.

The first goal of an OT should be to determine how much the PTSD has impacted the patient's performance and work to discover the specific triggers for the patient. Triggers should be understood and addressed while providing training to the patient and their caregivers to avoid triggers and create healthy routines.

OTs should focus on quality of life. Some symptoms of this disorder may be reduced through psychoeducation and training in self-care and social interactions.

**Schizophrenia**

Schizophrenia has a long list of symptoms but fall under the category of abnormal social behavior. Some patients also hear or see things that are not real - delusions or hallucinations. Patients may also harm themselves or others have significant cognitive impairment.

Research shows that schizophrenia is strongly linked to genetics, but brain chemistry and environmental factors also play a role. These patients can be extremely volatile, unstable and sometimes dangerous.

The main treatment for schizophrenia is medication and there are many different pills and injections available. This diagnosis often requires hospitalization. Group and individual therapy can also be helpful in rehabilitating the patient and increasing their social skills.

OTs should focus on quality of life. Some symptoms of this disorder may be reduced through psychoeducation and training in self-care and social interactions.

**Substance Abuse**

A dependance on any substance, usually drugs or alcohol. This is not occasional use, but persistent, compulsive need for the substance. Withdrawals when trying to quit.

Substance abuse is common and has many degrees of severity: Drugs and alcohol can have a wide-variety of effects on people, depending on what other medical and mental issues they may be experiencing. Alcohol, drugs and even cigarettes can interact with prescribed medication in dangerous ways.

Psychotherapy is the leading form of treatment for substance abuse. This treatment can take many different forms and take place in many settings. Some prescriptions are also available to help balance withdrawals or create an aversion to the substance. Alternative therapies are also becoming more popular for substance abuse.

Overcoming addiction is a tiring and overwhelming process for both the patient and their family. There is often a great deal of distrust from the family of an addict. They've seen many things fail in the past. An OT will need to support and educate both the patient and the caregiver in order for a positive outcome to be maintained.