

Thursday, January 31, 2008

Teacher Survival Strategies

Dealing with the Mentally Ill: Whether Students, Parents, Colleagues or Supervisors

Mental illness affects people of all socioeconomic backgrounds, and of all personal and professional levels.

People of all ages, genders, religions, and political persuasions can exhibit mental illness.

And, mental illness crosses all educational levels, racial and ethnic group membership. No group has a monopoly on mental illness, and no group is immune. Based upon the prevalence figures and demographic distributions, we can predict that one or more mentally ill student is placed in each classroom, and that at least one mentally ill employee will be found in a staff of 30 employees. Types of Mental Illness The categories of mental illness differ from children and adults because psychologists and psychiatrists wish to avoid labeling children unless the child's school work suffers. Mental illness is different than the Special Education Label of "Emotionally Disturbed." Sidebar There are 19 subcategories of mental illness, and Wikipedia lists 48 pages of diagnostic information

Source: Wikipedia http://en.wikipedia.org/wiki/Category:Mental_illness_diagnosis_by_DSM_and_ICD

Diagnoses of mental illness can include psychiatric disorders or mental health disorders, and diagnosis can only be conducted by trained professionals (not teachers).

The major categories of mental illness include: Anxiety Disorders

Cognitive disorders

Childhood psychiatric disorders

Depression and Bipolar

Eating disorders

Memory disorders

Mental disorders due to a medical condition

Mood disorders

Personality disorders

Psychosis

Sexual and gender identity disorders

Sleep disorders

Substance-related

disorders Source: Wikipedia http://en.wikipedia.org/wiki/Category:Mental_illness_diagnosis_by_DSM_and_ICD Diagnosis and Need to Know Teachers are not qualified to diagnose mental illness in students, colleagues, parents or supervisors. And, teachers seldom learn about the diagnosis of students because they are not authorized to know these personal details.

Besides, teachers are big "lounge gossips" and too many teachers reveal confidential information to (told directly or listening in) others.

Besides, teachers earned a negative reputation for suggesting that children with attention problems, hyperactive movements, and compliance issues require medication.

So many children were taking teacher-recommended drugs that the "prescribed drug-taking" by students has been called a national epidemic. (Of course, teachers were not the only culprit, but suggesting a body-mind-life-altering course of action to parents when the teacher does not have the professional training, legal prerogative or moral right is indefensible). General Traits Since teachers are unqualified to make mental health diagnosis, fine tuning teachers' mental health labeling skills is counter indicated (a bad idea).

What teachers need to do is develop a general model of reacting to mentally ill students, colleagues and supervisors based upon human relations and communications techniques.

And, as with all human communication, the proof is in the communication results, not the theory about what should work. Because the success of a communication is in the effect, result, outcome; an encyclopedic knowledge of the symptoms and classifications of mental illness proves to be a hindrance, rather than a help for teachers.

But, here are the general guidelines for dealing with the mentally ill... Ideas fail to match observable reality

Reasonable information, requests, arguments are not accepted

Responsibility is rejected, blame cannot be accepted

The "self-promulgated rationale" of the mentally ill is always "correct," no matter how illogical, irrational, or out of touch

Reactions are often the opposite of the way that most others react

Everyone knows that "something is wrong" with the mentally ill person

Friendships are odd, strained or weird, if there any friendships at all Since such a large number of people satisfy

categorization as mentally ill, master teachers understand that in dealing with large numbers of other people; i.e., students, parents, colleagues and supervisors; teachers should expect that daily contact with mentally ill people is "just part of the job." Second-Hand Mental Illness Teachers also must be aware of the tendency of mental illness to produce

second-hand mental illness in the lives of people who live in close proximity to the organic (the person with the real problem) mentally ill person.

The toxic mental environment that a mentally ill person creates is similar to the toxic physical environment surrounding a smoker.

And the mental health issue that is passed on to others in the environment that is dominated by a mentally ill person is "environmental depression."

Few people can take the stress, chaos, uncertainty, unpredictability, confusion, blame and irrationality that accompanies living with a mentally ill person without developing symptoms of their own.

Of course, if the person suffering "environmental depression" were to be removed from the toxic living environment, they would get better soon. Maybe! (This all depends upon how long, how deeply, how abused, how indoctrinated they were by the mentally ill person that captivated their life.)

The person that confides that "XXX is driving me nuts!" may be describing a basic truth in their lives. This statement might be an accurate description of the "second-hand mental health" dynamic at work in their life.

The implication for teachers of this "Second-Hand Mental Illness" paradigm is that teachers must…Take daily steps to manage stress in their lives

Take daily steps to decrease the stress in their students' lives

Find a listening ear, a shoulder to cry on and other sources of personal and professional support

Take special care of themselves, avoid overwork, eat well, sleep enough

Learn the art of positive self-talk and the art of affirmation

Learn techniques of suggestion and group dynamics that can be used to counter act the stresses that are heaped upon the living environment by the mentally ill student, parent, colleague or supervisor

General Patterns and Recommendations Teachers should be prepared to deal with mentally-ill-others since teachers will encounter these folks (young and old) on a daily basis.

And, teachers should discover "mental illness negotiation skills" that motivate, direct and influence these folks; even if these techniques seem strange and professionally suspect. (Remember, the mentally ill respond the opposite of normal, stable people. Sometimes you have to deal with them in their own world, not yours.)

Teachers should also avoid any "savior syndrome" behaviors and understand that they neither can make the mentally ill person "worse" by what they say and do; and, that they cannot make the mentally ill person better by all their acts of love, sacrifice, wisdom and professional intervention.

Teachers must also focus on their core strength, i.e., instruction. Dabbling into counseling, psychotherapy, or behavioral therapy is neither appropriate, insured with malpractice insurance, or sanctioned by the school district that employs you as a teacher. You are not qualified to provide mental health interventions; and not employed to do so, so "butt out!" Sidebar "Butt out" is not a slogan for an anti-smoking campaign, but sage advice for protecting your "behind" from firing and lawsuits.

It is fantasy for a teacher to believe that the school district that they work for will support them in even a trivial way if the teacher exceeds the boundaries of their employment position.

(Note: School districts don't even support teachers that were following orders in issues of negative community reaction or financial liability.) Finally, a teacher should understand that to be the most value to their students, the teacher must take care of themselves.

This means following all the healthy living rules, but it also means protecting yourself from the "con jobs, jive-talk, and seductive manipulations" that mentally ill people seem to have a knack for.

Watch out for yourself, because the "game that the mentally ill person sucks you into" is only theirs to "win," but only yours to "keep from loosing."

Here's hoping that if you ignore these principles, that your learning encounters with mentally ill students, parents, colleagues and supervisors is of the mildly punishing kind; and that you learn these lessons quickly, with a minimum of stress, anguish and "second-hand" depression.

And at any early sign of "loosing your grip" on your thoughts, emotions, beliefs or attitudes; seek professional help.

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