

# Mind the care Training & consultancy

## Training brochure 2017

*Bridging the 'theory to practice' gap*

“What if I train my staff and then they leave?”

“What if I don't train them and they stay?”

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## About Stuart Sorensen



Hello. My name's Stuart Sorensen. I qualified as a mental health nurse in 1995 and gained my Post Graduate Diploma in 'Psychosocial Interventions' (PSI) in 2003/4. I've worked as a clinician and trainer/speaker in various roles ever since. There. That's the boring bit of my bio out of the way.

What my clients really need to know is who I am. I'm passionate about mental health, rights and liberties and in helping both workers and service-users to be all that they can be.

I've been a trainer, writer and speaker for around 15 years now but I still practice 'at the coalface' too, just as I always have. I keep my skills fresh by taking temporary contracts (up to 2 years) in different specialties and sectors.

In the last few years I've worked as a community psychiatric nurse and also as Quality Development Lead for a large UK social care provider. I've worked in psychosis and non-psychosis pathways, most recently in a specialist personality disorder team and before that as clinical lead for a city psychosis team. I've worked in acute psychiatry, as a clinical lead nurse specialising in recovery from serious mental disorders and I led a team of drugs workers in residential social care. You might say I've been around a bit.

I have long believed that for a trainer or consultant to stay relevant he or she must keep their practical skills up to date. I know that my clients think so too. From learners in training sessions to managers in consultancy you want the person you're talking with to understand the real world of practice. You want him or her to understand your world and the challenges you face. You want him or her to 'know'.

That's why the best freelancers make a point of staying in touch. But spending time in practice is only half the battle. How that time is used is just as important. Freelancers in practice need to take note of changes and understand new challenges. We need to think strategically and come up with practical ways to meet the demands of the real world. And we need to use that experience when we work with our freelance clients.

For me the net result of all this is a constantly evolving range of services based upon the most up to date principles of mental health practice, social care, organisational strategy and personal development. That's why my training and consultancy clients keep coming back - they know how hard I work to keep in touch with the real world.

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## Terms

All courses listed are available as either one day or two day programmes

Prices reduce for multiple bookings made together.

There are no hidden expenses. The price includes all training materials and handouts. All you need to provide is the venue (and the participants, of course).

One training day    £400  
Two training days   £750  
Three training days £1,000

**Training will be delivered to your exact specifications at the venue of your choice anywhere within mainland Britain.**

**If the course you want isn't listed, please get in touch.  
I regularly design bespoke training upon request.**

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## Read what others have said about Stuart's training

*"The way you built it up, the story of anxiety etc. with research and anecdotes so that when it came to actual diagnoses they were not as important as the person and the specific understanding I now feel I have about mental illness."*

Sally, Social worker, S. West England

*"Stuart is one of the best trainers I have had the pleasure of commissioning. Not only is his vast knowledge around adult mental health based on real experience as a practitioner, he has the ability to engage, enthuse and motivate learners by challenging, stimulating and relating the learning to their environment, making it easy to transfer new skills back to the workplace."*

*Feedback from learners is consistently very positive, and the training he delivers is always of an extremely high standard. I would not consider using any other trainer in this field."*

Jane Hatton (Director, Public Sector Providers)

*"I have known Stuart in a professional capacity for several years. Stuart was commissioned by ARC Scotland to work in partnership with us and SCLD to deliver a series of Scottish Government funded training courses on the Adult Support and Protection Act 2007."*

*Stuart designed and delivered a course to meet the needs of social care workers at various levels over a period of 9 months. The material was very well received and evaluated as excellent."*

*In addition to Adult Support and Protection, Stuart has also on behalf of ARC Scotland, delivered training around Mental Health, Working with Risk, Challenging Behaviour, Lone Working and Self Harm."*

*Stuart is reliable, dependable and very flexible in meeting the training needs of our members. He is always professional in his approach and provides learners attending his courses with confidence and renewed enthusiasm."*

*We continue to retain Stuart on our list of "active" contractors."*

Debbie Gibb (Training Manager, ARC Scotland)

*"I feel I'm in a good position to recommend Stuart, having attended a course he led which covered twelve day-long sessions. Stuart teaches what could be daunting mental health concepts with patience and ease, backing everything up with reference to a wide range of published theory, legal precedent, anecdotes from his own practice and solid gold suggestions for further reading. As this comes via an entertaining delivery that always keeps one's attention, I can honestly say you don't need any more from a trainer."*

Jim North, (Resource Centre Worker, Liverpool)

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## Safeguarding of Vulnerable Adults

Experience has shown that three major misunderstandings prevent care workers from using the safeguarding system effectively. These are:

- 1 I can't report my concerns without evidence;
- 2 Confidentiality prevents me from reporting my concerns;
- 3 It's not abuse if the person consents.

Social care workers tend to be practical, 'hands on' people and they think in practical ways rather than about abstract concepts. That's why this training uses real 'stories' about past cases and exercises/discussions to make the Safeguarding framework real. It relates the principles to their own lived experience and the 'common sense' that underlies the legislation both North and South of the Scottish border.

By the end of the training participants will not be experts in Safeguarding but they will understand their own responsibilities and have a clear idea of what abuse means and who is a vulnerable adult according to UK law. They will also be confident that Safeguarding processes are not 'witch hunts' and that there is nothing to fear from the process. Reporting abuse isn't a pleasant experience but it's not a terrible one either.

*The basic message is: Record, report, co-operate*

### **The course covers:**

What is abuse?

What is a vulnerable adult?

A little history – Ian Huntley, Miss X and the Borders inquiry, The second Laming report

The basic framework

7 types of abuse and how to spot them

Alerters and investigators – not the same

Confidentiality isn't secrecy – it's 'need to know'.

7 principles for information sharing (6 when delivering the course in Scotland).

Roles & responsibilities

Rights and self-determination.

Process based case studies

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## Support planning

Taking the notion of person-centred support as the basic principle this course uses the assessment and planning process as a foundation for individuality, independence, privacy, partnership, choice, dignity, respect and rights. We begin with an overview of the process using a familiar model:

Assess  
Plan  
Implement  
Evaluate  
Re-assess

Exercises, presentations and discussions lead participants through the process and introduce the various aspects of genuinely respectful and inclusive support planning.

A constant theme throughout the training is the notion that 'people are just people' and regardless of diagnosis they retain the same rights as others unless there is a legal reason to say otherwise (eg Mental health act/Mental capacity act/Adults with incapacity Scotland act/Mental health care and treatment Scotland act).

The importance of interaction with others, spirituality (however the individual defines it) and the need to make choices is also emphasised along with a healthy understanding of risk and its impact upon the role of the worker and the organisation. Support plans that do not approach risk sensibly lead to harm for the individual and increased liability for the organisation.

### **The course covers:**

More than just problem solving  
A fundamental model  
Assessment is the key  
Risk and support planning (personalisation & person-centred support)  
Going too far versus not going far enough  
There are no failures – just learning experiences  
Effective debriefing when things go wrong

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## **Introduction to the Mental Capacity Act 2005**

Many care workers are still confused by the Mental Capacity Act. Some are even frightened of it. They believe that using the Act (and in particular assessing capacity) is complicated, requiring highly trained professionals. However this is not necessarily the case.

It's true that the MCA covers a lot of ground but far from being complex it's designed to make capacity and best interests decisions easier and to support workers 'on the ground' in their dealings with mentally vulnerable people.

By constantly relating the MCA to practice and by relying upon straightforward illustrations, case studies, quizzes and discussion this course builds upon existing and familiar knowledge to create a 'picture' of capacity, self-determination, duty of care and above all 'balance' in the minds of the participants.

By the end of the course participants will not be experts in all the underlying legal concepts but they will have a real awareness of their responsibilities and the confidence to put that awareness into practice.

### **The course covers:**

- Background to the MCA & the Bournemouth story
- The five principles of the Mental Capacity Act
- The right to self-determination versus the right to be
- Who is 'decision-maker' & the role of the multi-disciplinary team
- Assessing mental capacity
- Understanding best interests
- Least restrictive Interventions and what's 'reasonable'
- Advance Decisions & Lasting Powers of Attorney
- Independent Mental Capacity Advocates
- Dealing with disagreements
- Part 5 – 'Protection from liability'
- Implications for practice and the duty of care

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## **Introducing the Deprivation of Liberty Safeguards (DoLS)**

Many care workers are confused about the Deprivation of Liberty Safeguards and what it means for them. There are many misconceptions making it hard for people to 'see the wood for the trees'. This training takes the participants through the legislation, the reasoning behind it and their responsibilities in a logical step by step fashion.

By constantly relating DoLS to practice and by relying upon straightforward illustrations, case studies, quizzes and discussion this course builds upon existing and familiar knowledge. It is not enough simply to give people information – that information must be arranged in ways that change their understanding so that far from being 'another new stick to beat us with' they see DoLS as the positive means to help them avoid breaking existing law.

By the end of the course participants will not be experts in all the underlying concepts but they will have a real awareness of their responsibilities and the confidence to put that awareness into practice.

### **The course covers:**

- Background to Dols (Bournewood, Fritzl and the European Convention)
- Different types of liberty
- Practice implications
- Why we can't use DoLS elsewhere.
- Impairment of brain versus impairment of mind
- Decision-makers
- Applying for DoLS authorisation
- The basic process (6 assessments)
- Standard & Emergency authorisations
- Representation
- What care workers must do to stay safe (and legal)

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## **Advanced Mental capacity Act (2005)**

This course is intended for senior practitioners and managers who already have a reasonable working knowledge of the MCA. Participants are guided through a series of increasingly complex case scenarios, each accompanied by discussion and limited 'lecturing' to illustrate some of the more challenging aspects of the Mental Capacity Act 2005.

There is no 'off the peg' programme for this course as each care provider has different needs and so each course will involve different aspects of the MCA and varying exercises, case scenarios.

Please telephone 07872 102626 or Email [stuart.sorensen@gmail.com](mailto:stuart.sorensen@gmail.com) to discuss the appropriate course content for your social care staff.

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## **Duty of care training** ***(Hanged if you do & hanged if you don't)***

One of the biggest headaches for health and social care workers is how to make sense of their duty of care. On the one hand we're told that we must take steps to ensure safety and on the other hand we need to respect people's rights to make their own decisions, even if they're risky. This can be a delicate balance to strike.

It's true that the law surrounding duty of care can be complicated but care workers aren't expected to have the same knowledge as barristers. We're expected to understand the basic principles of care law, to know what to do if we're unsure and we have to act reasonably. We don't even need to be right every time. We only need to be reasonable.

This one or two day course is designed for workers who are far too busy delivering care to spend their time reading through long reports of legal precedent. It covers the basic points we all need to be safe 'at the coal face' of care delivery in a practical, work based way that is both engaging and understandable.

Delivered in plain English, the basic message of 'Hanged if you do & hanged if you don't' is 'don't panic'.

By taking the mystery and complicated jargon out of the equation the course guides workers step by step from basic principles to a solid understanding of duty of care. Real life stories and clear examples are used throughout to make the training both absorbing and easy to apply in practice.

The course covers:

- The 'no win' myth
- Balancing rights, risks and responsibilities
- Common law and necessity
- Being reasonable
- Team working
- Safeguarding
- Mental capacity and the right to decide
- Acting in best interests
- How not to be hanged

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## Positive risk management

Without risk, life becomes empty. We develop as people by stretching ourselves and by gradually pushing the limits of what has come to be known as the 'comfort zone'. There is a balance to be struck in ensuring that risks are reasonable but also in motivating clients to take therapeutic risks with a high likelihood of success.

Reablement involves careful planning in order to 'factor in' the possibility of failure so that setbacks are seen not as disasters but as learning experiences. They are 'grist for the mill' as people work toward future success. This process is known as 'risk debriefing'.

Throughout this training session participants are encouraged to relate the process of risk-taking to their own lives and their own development. They see the service-user not as a set of problems to be contained but as an individual with potential to grow through taking reasonable (but not overly dangerous) risk.

Constant themes throughout are self-determination, capacity, personalisation, person-centred care, reablement and therapeutic risk-taking. However these must be balanced with the realities of organisational risk and liability (some risks really are ours to control) and an awareness of our duty of care to those we serve.

### The course covers:

Why this, why now?

Risk appreciation and personalisation

Reablement & clients' progress

Not a nanny state (risk-taking versus 'cotton wool care')

Organisational risks versus individual risks

The law on liberty and the right to take risks

We must manage the risks that we create (legal obligations for workers)

Likelihood and severity – the 'mechanics' of risk

Planning support around risk and enablement

Safe practice principles versus irresponsible care

How to debrief after negative experiences. People learn by their mistakes

Sticky moments & practice dilemmas

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## Lone working & aggression

Dealing with violence and aggression for lone workers should be fairly straightforward. There are only a few basic principles to consider – for example, don't be there, leave if you need to, risk assess and share information, don't do what you're not trained or equipped to do, why people get hostile and how to avoid escalating aggression in the first place. The problem is that so many other factors get in the way.

Most serious incidents in health & social care result from the neglect of these basic principles. That's why the first part of the day outlines the basics and the last part returns to them to reinforce the point ('firsts' and 'lasts' are often most memorable in training).

The course includes a step by step process of diffusing aggression that complements (not opposes) the aggressor's natural freeze, flight or fight response. Developed in practice it is both straightforward and extremely effective. The process is based upon the principle that people only escalate their hostility if they think they're not being taken seriously (invalidated).

**Please note that this course does not include techniques for restraint or other physical interventions.**

### The course covers:

What is risk & how is it assessed?

Nanny state or 'reasonable', managed exposure to hazards?

Causes of hostility

The role of workers and others in creating and maintaining aggression

Four main themes (invalidation, learned behaviour, dislike, defence)

The physiology of aggression – what it does and how to spot it building

What does the law say?

Record, communicate, co-operate

What to do when faced with aggression

Not everything needs a response.

How to diffuse aggression step by step

Safety first.

Warnings from practice: Ashleigh Ewing & Jonathon Newby

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## Coping with challenging behaviour (inc hostility and aggression)

Most people think about challenging behaviour from their own perspective of 'appropriate' and 'inappropriate'. To put it another way they define anything that they wouldn't do themselves as 'challenging' when often it's just different. So we begin with the following definition. Behaviour is challenging if:

1. We disapprove of it;
2. **AND** we need to respond to it.

If workers take a less controlling attitude about the things that are just 'different' they have much more time to deal with the real challenges. From that beginning we can go on to consider different behavioural strategies, the basics of behavioural theory and ways to ensure that both the environment and our own responses work together.

The basic idea is that if we want someone to change their behaviour we need to change the way that we behave toward them. If we do the same things we get the same results. This doesn't mean that workers are necessarily to blame for the behaviours of their service-users but it does show that the only thing we can really control is our own behaviour.

### **If we don't change then the world won't either.**

This training equips people to create a genuinely therapeutic and healthy environment for workers and service-users alike. By the end of the one or two day course participants should be aware of what is meant by challenging behaviour and how to:

- Plan effective team responses;
- Deal with common behavioural strategies;
- Understand and stick to boundaries in care relationships;
- Balance their rights & the rights of service-users (challenging or not);
- Prioritise between short-term behavioural strategies & long-term therapeutic outcomes.

### **The course covers:**

- What is challenging behaviour?
- When communication is difficult
- Non-verbal communication strategies
- Rights & liberties - not all should be seen as challenging (including some very basic information on legal aspects of civil liberties)
- The care dilemma: the 'hanged if you do, hanged if you don't' myth
- Lessons from behavioural psychology
- Positive reinforcement
- The need for validation
- Motivational factors in challenging behaviour
- Team cohesion
- Collaboration

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## **Supervision & Appraisal Skills**

Staff supervision is a vital and yet often misunderstood aspect of care provision. Many managers are intimidated by the very idea of supervision whilst others are too 'gung ho' about it. Truly effective supervisors strike a balance between these two extremes, allowing people time to develop at a reasonable pace whilst still taking urgent action where necessary.

### **The first half of this training day covers:**

- The benefits of supervision
- What we mean by good supervision
- The key elements of supervision (development, support, performance management)
- Know your agenda
- Beginning a supervisory relationship
- Listening and communication skills
- Supervision contracts, agreements, records and confidentiality
- Boundaries (when we need to act/report wrongdoing)
- Sticky moments (resistance, resentment etc)
- Linking supervision to appraisal

The second half of the day will focus upon appraisal. This is a rather different process although it draws heavily upon supervision in practice. If supervision is about development then appraisal is about monitoring progress against preferred goals or required targets.

### **The second half of the day covers:**

- Why do appraisals?
- The pros and cons of appraisal systems
- Targets versus standards (what's the difference?)
- SMART planning
- Being fair – what they do matters more than who or 'what' they are
- Preparing for the appraisal
- Sticking to the agenda
- Follow ups
- Sticky moments

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## **Introduction to mental disorder**

This course aims to provide participants with a practical awareness of the main groups of mental health symptoms and how they relate to each other in the real world outside of the textbooks. We also consider the basics of personality disorders and the effects of substance misuse upon mental health.

The Stress & Vulnerability model of mental disorder combines both the medical model and social model approaches and provides an easily understandable, common sense explanation of practical mental health needs. The focus is upon what to do and how to do it without getting bogged down by jargon and psychiatric theory. The theory matters but so does practical day to day care and support.

This session will not make participants experts in mental health care and treatment but it will help them to make sense of what they see. They will be able to recognise problems as they arise, to provide basic care and, above all, they will know when and how to seek further help.

Concentrating on practice rather than esoteric theories and philosophies this introductory course provides a basic understanding of different conditions, how to spot them and what to do about them. The emphasis is very definitely upon practical steps to reduce harm and prevent relapse.

### **The course covers:**

Attitudes to mental health and disorder?

The 'stress & vulnerability' model of mental health and disorder

Classifying mental disorder – (anxiety, depression and psychosis)

Personality disorder – focus on problems but understand the personality.

From anxiety to depression and psychosis – a progression of problems

Working with anxiety, depression and psychosis

What recovery really means

Why good support workers and care assistants are so vital

'Expressed Emotion (EE)' and the invalidating environment

When (and how) to get help

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## Self-harm

Self-harm can be confusing and bewildering for both staff and service-users. Ideas about 'manipulation' or a 'cry for help' do little or nothing to help prevent future self-harm. This course explores some alternative notions and examines ways that support workers can make a difference in a genuinely difficult situation.

There is a great deal that support workers can do to help people who harm themselves. The trick is to be able to see past the behaviour and to understand the person who cuts themselves, takes overdoses or otherwise injures themselves.

In the past this sort of behaviour has been written off as attention-seeking or as an attempt to manipulate workers and yet most self-harm happens in secret and never comes to the attention of the staff.

Something else is going on and the tired old notion that it is merely 'behavioural' is both meaningless and irrelevant in a modern context of deliberate self-harm.

### **The course covers:**

Definitions of self-harm

A cry for help?

Is it all just attention-seeking?

Self-harm and suicide – are they linked?

Pain, the brain and self-soothing behaviours

The emotional purpose of self-harm

Helping people to 'get past' self-harm

Managing the risks

Emotional support for workers

Dos and Don'ts

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## **Introduction to schizophrenia and psychosis**

Mention words like schizophrenia and psychosis to most people and they immediately think of headline grabbing tragedies and untreatable, unmanageable people they'd rather not have anything to do with. This is inevitable given the way that the subject is covered in the press but it's not really very accurate.

Schizophrenia is one of many psychotic disorders and most people diagnosed with schizophrenia, like people diagnosed with other mental health problems are more likely to harm themselves than others.

This course aims to lift the lid on the myths about psychosis and schizophrenia and introduces participants to the practical, common sense things that they can do to support their service-users. By breaking symptoms and problems down into manageable 'chunks' and by relating them to participants' own experiences we build a clear understanding of what psychosis and schizophrenia really means.

### **The course covers:**

What is psychosis?

Schizophrenia – a psychotic illness

Three 'symptoms groups' of psychosis (hallucinations, delusions and thought disorders)

Symptom sorter – knowing what you're looking at

Stress and vulnerability – a practical, common sense approach

The importance of the environment (expressed emotion in action)

What support workers can do

When to seek help & how to get it

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## Schizophrenia for support workers

There are many myths about schizophrenia and none of them are particularly helpful. Influenced by half-understood clichés about ‘split personality’ and media reports of ‘psychotic killers’, most people are confused about the whole subject.

In reality schizophrenia is no more complicated to understand and work with than any other mental disorder. Once we clear away the myths and misrepresentations it is possible to ‘see the wood for the trees’ and concentrate upon genuine problems in a way that makes a real difference.

Support workers are vital to the process of relapse prevention and recovery. We know from research dating back over 60 years that the best outcomes in schizophrenia result from good quality, consistent care on a day by day basis. This training then is designed to help support staff not only to understand the main principles underlying schizophrenia but also to know how best to approach sufferers.

### **The course covers:**

Schizophrenia – a psychotic disorder

What is psychosis?

Exploding the myths

Hallucinations, Delusions and Thought Disorders

Stress and vulnerability in psychosis

The experience of psychosis

Diagnosing schizophrenia (what the psychiatrist will look for)

The meaning of recovery (medical, social and psychological)

Planning support and the role of support workers

Engaging with service-users

Understanding expressed emotion (the foundation for recovery)

Talking with psychotic individuals (some basic rules/Socratic dialogue)

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## Dual diagnosis (mental disorder & substance misuse)

It is true that dual diagnosis presents multiple and complex issues that must be faced. It is not true that any single worker, or even any single agency has to face them alone. Unfortunately however, the different specialties involved in the care and treatment of people with these complex needs each have their own understanding and policy frameworks which don't always complement each other very well.

Nevertheless, throughout the whole health and social care system various themes remain constant. By focussing upon these areas of consistency it is possible to organise any one of the many services involved in a way that compliments the rest, thus making multi-disciplinary team working much more straightforward and effective.

This course goes to the heart of the problem and encourages participants to focus upon what they can do (their strengths) rather than the tasks and roles more suited to other agencies in the wider team.

This wider understanding of both the nature of dual diagnosis, the roles and boundaries of different agencies and, of course, government guidelines related to the care and treatment of dually diagnosed individuals allows workers, managers and service co-ordinators to play to their strengths in providing care that is both effective and inclusive.

### **The course covers:**

- What is dual diagnosis
- The nature of addiction and dependence
- Patterns & the cycle of change
- Basic notes on interactions (substances and mental health problems)
- The task
- The chemistry of emotion
- Planning recovery
- Working together
- Getting help
- Using the legislation

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## Understanding anxiety

Anxiety is one of the most common mental health problems and yet it's also one of the least understood. Many people don't even realise that it's a mental health problem at all. This is understandable. After all a little worry in your life is quite alright, it's a perfectly acceptable part of living and without it we probably wouldn't survive very long.

The problem comes when people start to worry all the time – even about things that really shouldn't matter or about nothing at all. Many people are chronically anxious and don't even know why. Others find their anxiety 'comes and goes' but is so severe that they physically can't move or they have panic attacks.

This course 'separates the wheat from the chaff', highlighting both the benefits of anxiety and the problems that come from too much anxiety. It provides practical principles and steps that workers can take to help their service-users cope with and even overcome their anxiety problems.

### **The course covers:**

- What is anxiety
- How anxiety benefits us
- Too much of a good thing
- The thoughts that lead to anxiety
- Behaviours and actions that lead to anxiety
- Safety behaviours – how people grow and maintain their own anxieties
- Different types of anxiety
- The role of medication
- Getting the environment right
- Little by little – the beauty of desensitisation
- Support planning for (and with) people with anxiety problems

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## Understanding depression

Depression is a real, biological illness. That's why we treat it with medication – there's something chemical there *to* treat. But chemistry isn't the whole story.

This course introduces workers to the everyday things that they can do to help people with depression. From basic behavioural strategies to understanding the effects of different thoughts and attitudes, participants are encouraged to relate the principles not only to their workplace but also to what they already know about people in general.

The course begins with the common sense understanding that most people already have and builds upon it, step by step until participants not only know *what* to do but also *why* and *how* to do it.

### The course covers:

What is depression?

Biological illness versus 'a bit sad'

The chemistry of depression – and how to help the medication work

Symptoms of depression

Earned depression - how people grow and maintain their own depression

The thoughts that we think

Positive action – the behavioural response

Self-fulfilling prophecies

What to say and do

Getting the environment right

Depression and suicide – the major indicators

When (and how) to get help

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## Understanding personality disorder

There are many misconceptions around personality disorders. There isn't even widespread agreement about whether they should properly be called mental disorders at all.

Caught in the middle of all this, social care workers regularly find themselves 'between a rock and a hard place' with little or no real idea about what to do or how to get effective help.

This training acknowledges and then neatly side-steps 'the PD debate' and looks instead at the difficulties that these conditions cause in practice and what support workers can do both to protect themselves and to support their service-users.

By applying theory to practice in a way that workers at all levels can get to grips with the course uses everyday awareness as the base for a realistic and practical set of skills that really can make a difference.

### The course covers:

What do we mean by personality disorder?

Emotionally Unstable and Antisocial Personality Disorders

(the personality disorders most commonly found in social care)

Splitting

Secrecy and collusion

Deliberate Self Harm

Suicide

Risk to self and others

Practical interventions in social care

Falling between services

Getting help

Speak the right language

