AD/HD is a neurodevelopmental disorder often initially diagnosed in childhood that can persist for the majority of cases through adolescence and adulthood. This disorder is characterized by hyperactive-impulsive and/or inattentive symptoms in more than one setting (APA, 2013). Job Corps students most likely will have a prior history, generally reflected in the academic record.

There are three types of AD/HD:

- **Inattentive Type** – A person has to show six of these nine symptoms and very few of hyperactive-impulsive type: losing things that are needed to complete tasks, not paying attention to detail, making careless mistakes, being distracted, failing to pay attention and keep on task, not listening, being forgetful, being unable to follow or understand instructions, avoiding tasks that involve effort.

- **Hyperactive-Impulsive Type** – A person has to have at least six of these nine symptoms and very few of inattentive type: fidgeting, talking out of turn or blurting out, squirming, getting up often when seated, running or climbing at inappropriate times, having trouble playing quietly, talking too much, interrupting, often “on the go” as if “driven by a motor”.

- **Combined Type** – A person has symptoms of both inattentive and hyperactive-impulsive types; it is the most common type.

Students with an AD/HD diagnosis might be referred to the Health and Wellness Center for showing:

- Depression
- Bad tempers
- Aggressive behavior
- Frustration
- Problems with routines and change
- A lot of negativity

**Authorized health and wellness staff may treat general symptoms of attention-deficit/hyperactivity disorder as follows:**

1. Provide student with a private, comfortable temperature, and spacious room or space that is quiet and calm.

2. Allow student to express their current feelings and reactions. Avoid accusing or scolding.

3. Evaluate and discuss the student’s physical health and how it might impact the student’s AD/HD symptoms, including eating habits, sleep hygiene, exercise.
activities, and consumption of harmful chemicals (like nicotine, marijuana, alcoholic beverages, and energy drinks).

4. Refer student to their counselor to obtain additional support or make a referral to the center mental health consultant (CMHC) or center physician (CP) for follow-up.

WHEN TO REFER TO THE CENTER PHYSICIAN, CENTER MENTAL HEALTH CONSULTANT or to community services:

- If not previously evaluated by the CMHC or CP.
- If depression symptoms and/or aggressive behavior are present.
- If there is a need for an evaluation for medication.
- To determine the need for a referral to a local community mental health agency for evaluation and/or treatment.
TREATMENT GUIDELINES FOR HEALTH STAFF

ANXIETY DISORDERS (INCLUDING PANIC AND PHOBIC DISORDERS)

Authorized health and wellness staff may treat students with symptoms of anxiety as follows:

1. Rule out a substance-induced reaction, particularly if symptom onset is sudden. If student reports, or is suspected of, having used a substance, follow the Alcohol or Drug Use Treatment Guideline.
2. For specific phobias, treat the immediate symptoms by separating the student from the situation or object.
3. When a student presents in an anxious state:
   a. Provide a private, supportive space for the student to talk about his/her feelings.
   b. Avoid saying phrases like, “stop panicking!” or “relax!” as these statements tend to be invalidating and not helpful.
   c. If possible, help the student identify and label what is occurring. For instance, “I'm having a panic attack, it's uncomfortable, but not dangerous.” Or, “I'm feeling intense anxiety, I've felt this before, it'll pass, I'll be okay.”
   d. Teach and encourage the student to take several deep breaths to calm the nervous system (inhale slowly through the nose and then long, slow exhale through the mouth; counting to four while inhaling and exhaling can be helpful).
   e. Encourage the student to focus his/her attention on something s/he can see, hear, smell, or touch in the present moment (e.g. describe something in the room; smell a candle or lotion; focus on what feet feel like on the floor; focus on listening to music, etc.).
4. While supporting the student, try to evaluate the symptoms of anxiety and any functional impacts on academics, vocation, and social integration. Remember anxiety causes avoidance (see symptom guidelines at end of document to determine next steps).
5. Be aware that frequent visits to the health and wellness center (HWC), particularly for vague physical symptoms or for health complaints commonly associated with anxiety (sleep difficulties, headaches, muscle tension, fatigue, etc.) can be an indicator of anxiety or the somatic expression of anxiety.
6. If the triggering events are rare and unlikely to recur on the center, further intervention may not be required, but student can be encouraged to use any helpful coping strategies above in the future.
7. Be sensitive to any thoughts of self-harm. If present, follow guideline for suicidal behavior.

In addition to the above considerations, the student should not be left alone until the acute symptoms diminish.
WHEN TO REFER TO THE CENTER PHYSICIAN OR CENTER MENTAL HEALTH CONSULTANT:

- If student hasn’t previously been diagnosed with an anxiety disorder and could benefit from an evaluation and treatment (brief therapy, medication).
- If the triggering event is a frequent and integral part of the student’s regular social, academic, vocational experience.
- If student presents with panic disorder.
- If the anxiety is interfering with progress in the program (e.g. due to avoidance, etc.).
- Frequent visits to the HWC, particularly for vague physical symptoms or for health complaints commonly associated with anxiety.

Emotional/Cognitive symptoms of anxiety

All anxiety disorders share the primary symptom of excessive (defined as out of proportion to the situation) fear or worry. Other common emotional and cognitive symptoms of anxiety:

- Irritability
- Restlessness
- Watching for signs of danger
- Feeling like your mind’s gone blank
- Feelings of apprehension or dread
- Trouble concentrating
- Feeling tense and jumpy
- Anticipating the worst

Physical symptoms of anxiety

Common physical symptoms of anxiety include:

- Pounding/racing heart
- Sweating
- Stomach upset or nausea
- Dizziness/faintness
- Frequent urination or diarrhea
- Shortness of breath
- Feeling shaky
- Feeling dizzy, lightheaded
- Muscle tension
- Headaches
- Fatigue
- Insomnia

Symptoms of panic attacks include:

- Abrupt surge of intense fear
- Sense of losing control, going “crazy” or dying
- Pounding heart, chest pain
- Dizziness, lightheadedness
- Trouble breathing or choking sensation
- Shortness of breath
- Hot flashes or chills
- Trembling or shaking
- Nausea
- Derealization (sense things aren’t real)
- Depersonalization (feeling detached from oneself)
TREATMENT GUIDELINES FOR HEALTH STAFF

DEPRESSION/BIPOLAR DISORDER

Authorized health and wellness staff may treat students with depression and bipolar disorders as follows:

1. Evaluate symptoms of depression such as suicidal thoughts or intent, changes in appetite, weight, or sleep, depressed mood, irritability, crying, feelings of hopelessness, helplessness, or inappropriate guilt, lack of pleasure (anhedonia), decreased energy, restlessness or agitation, difficulty concentrating or making decisions, and family history of mood disorders.

2. If already under treatment, determine whether the student has been compliant with medications prescribed or therapeutic interventions.

3. If positive for suicidal thoughts or intent, follow Treatment Guideline for Suicidal Behavior.

4. Evaluate symptoms of acute manic episode such as increased energy or activity, inability to sleep, hyper-verbal, pressured speech, grandiosity, euphoria, racing thoughts, delusions, hallucinations, or hypersexuality.

5. Rule out a substance-induced acute mania. If student reports having used a substance, then follow the Alcohol or Drug Use Treatment Guideline.

6. If hallucinations or delusions are occurring, follow Psychotic Disorders Treatment Guideline.

7. Discuss with the student any psychosocial difficulties he or she may be experiencing; often acute symptoms of depression can be alleviated in the short-term by the sharing of thoughts and feelings.

WHEN TO REFER TO CENTER PHYSICIAN (CP) OR CENTER MENTAL HEALTH CONSULTANT (CMHC)

- If student reports persistent or acute feelings of depression or mania as described above.
- If not receiving treatment but has received in the past, refer to CMHC or CP for evaluation.
- If treatment has been received in the past and symptoms have returned, obtain prior treatment records and refer to CMHC or CP for evaluation.
TREATMENT GUIDELINES FOR HEALTH STAFF

PSYCHOTIC DISORDERS

Authorized health and wellness staff may treat students with psychotic disorders as follows: [NOTE: Psychotic features are often present in schizophrenia and schizoaffective disorder. These features include delusions (false ideas about what is taking place or who one is) and hallucinations (seeing or hearing things which aren’t there). Psychotic features are also often present during the manic phase of bipolar disorder and may manifest during extreme episodes of depression.]

1. If acutely psychotic [out of touch with reality], evaluate possible substance-induced psychosis. If positive, then follow the Alcohol or Drug Use Treatment Guideline.

2. Evaluate for danger to self and/or others. Psychotic symptoms often include paranoid thinking with hallucinations and delusions which may include other people being viewed as threats to the student and, therefore, at possible physical risk from the student.

3. Evaluate for suicidal ideation or intent. If positive then follow Treatment Guideline for Suicidal Behavior—the presence of psychosis greatly increases the likelihood of a suicide attempt, even if there is only suicidal ideation.

WHEN TO REFER TO CENTER PHYSICIAN (CP) OR CENTER MENTAL HEALTH CONSULTANT (CMHC)

- If positive for danger to self and/or others, then arrange transport to a psychiatric emergency facility, per CMHC and/or center operating procedures (COP). Make sure you are not at physical risk as well; alert other staff to stay nearby while the student is escorted to the emergency evaluation. **DO NOT LEAVE THE STUDENT UNATTENDED.**

- If psychotic symptoms interfere with ability to complete activities of daily living or leave the student so confused and disorganized that student could become a danger to self or others (e.g., could accidentally walk in front of a moving vehicle), arrange transport to a psychiatric emergency facility, per CMHC recommendations and/or the COP. **DO NOT LEAVE THE STUDENT UNATTENDED.**

- If chronically symptomatic with or without medication compliance, refer to the CP. A medical leave may also be required.

- If the student is experiencing any psychosocial difficulties which may exacerbate chronic psychotic symptoms, refer to CMHC or counselor for further advice.
TREATMENT GUIDELINES FOR HEALTH STAFF

POST-TRAUMATIC STRESS DISORDER (PTSD) or ACUTE STRESS DISORDER

Authorized health and wellness staff may treat acute symptoms of post-traumatic stress disorder (PTSD) or Acute Stress Disorder as follows: After a trauma or life-threatening event, it is common to have reactions such as upsetting memories of the event, increased jumpiness, or trouble sleeping (Acute Stress). If these reactions do not go away in 4-6 weeks or if they get worse, you may have PTSD. PTSD can happen to anyone. It is not a sign of weakness. A number of factors can increase the chance that someone will have PTSD, many of which are not under that person's control. For example, having a very intense or long-lasting traumatic event or getting injured during the event can make it more likely that a person will develop PTSD. PTSD is also more common after certain types of trauma, like child abuse, sexual assault and combat.

There are four types of PTSD symptoms but they may not be exactly the same for everyone. Each person experiences symptoms in their own way.

1. Reliving the event (also called re-experiencing symptoms). You may have bad memories or nightmares. You even may feel like you're going through the event again. This is called a flashback.
2. Avoiding situations that remind you of the event. You may try to avoid situations or people that trigger memories of the traumatic event. You may even avoid talking or thinking about the event.
3. Having more negative beliefs and feelings. The way you think about yourself and others (feel guilt or shame) may change because of the trauma. Or, you may not be interested in activities you used to enjoy. You may feel that the world is dangerous and you can't trust anyone. You might be numb, or find it hard to feel happy.
4. Feeling keyed up (also called hyperarousal). You may be jittery, or always alert and on the lookout for danger. Or, you may have trouble concentrating or sleeping. You might suddenly get angry or irritable, startle easily, or act in unhealthy ways (like smoking, using drugs and alcohol, or driving recklessly).

What can you do to support students with PTSD?

1. Provide students with social support, reassurance, and a quiet, stable environment during the acute episode.
2. Allow student to talk about their current feelings and reactions. Avoid probing for details about the trauma but do let them know they are safe now.
3. Evaluate for presence of perceptual disturbances (e.g. visual hallucinations) that may result from flashbacks or re-living or re-experiencing the traumatic event. Provide grounding in which you help student connect to the present moment (e.g.
put on some soft, relaxing music, give them a tissue or cotton ball with essential oils (lavender/lemon) or perfume to smell or a cup of herbal tea to drink) and tell them they are safe now and where they are (i.e. help to reorient them to date, time, place and situation).

4. Refer student to their counselor to obtain additional support.

WHEN TO REFER TO THE CENTER PHYSICIAN (CP) OR CENTER MENTAL HEALTH CONSULTANT (CMHC)

- If not previously evaluated by the CMHC.

- In an acute crisis, contact the CMHC and/or CP.

- For ongoing intervention; trauma focused cognitive/behavioral therapy is an evidence based practice with the most empirical support. A referral for medication evaluation can be helpful but is not always necessary. Where appropriate, the CMHC may consider a referral to a local victim’s resource center.
TREATMENT GUIDELINES FOR HEALTH STAFF

SEXUAL ASSAULT

Authorized health and wellness staff may treat to prevent sexually transmitted infection (STI) and pregnancy following a sexual assault as follows:

1. Forensic examination and laboratory testing should be conducted at the designated sexual assault site or Emergency Department prior to initiating treatment according to the center’s Sexual Assault Response Team (SART) protocol. Clothing and laboratory specimens should be secured while preserving chain-of-custody.

2. For STD prophylaxis: administer ceftriaxone 250 mg IM in a single dose, plus azithromycin 1 gram po in a single dose, plus metronidazole or tinidazole 2 grams po with fluids or snack in a single dose.

3. For hepatitis B prophylaxis: if the student’s hepatitis B vaccination status or immunity cannot be confirmed, administer the first dose of hepatitis B vaccine at the initial examination, and administer the second and third doses of hepatitis B vaccine at appropriate intervals. Hepatitis B immune globulin (HBIG) is not indicated unless the assailant is known to be HBsAg positive.

4. For HIV prophylaxis: assess risk for HIV infection in assailant and consider offering antiretroviral post exposure prophylaxis according to the latest Centers for Disease Control (CDC) recommendations: MMWR Recomm Rep. Jan 21, 2005;54(RR-2):1-28. Center physicians may also seek expert consultative services from the National Clinician’s Postexposure Prophylaxis Hotline (PEP line) at 888-448-4911, available from 9 a.m. to 9 p.m. ET, seven days a week.

5. For pregnancy prevention: offer the student at risk emergency contraception with levonorgestrel 1.5 mg, administered po once, as soon as possible, but no later than 120 hours after the assault.

6. Initiation or completion of the HPV vaccination series is recommended for all victims of sexual assault.

7. Instruct student to return for re-treatment if vomiting occurs within 4 hours of any dose of oral medication.

8. Caution student to avoid alcohol ingestion during metronidazole or tinidazole therapy and for 48 hours after the last dose.

9. Schedule retesting for STDs following CDC recommended intervals, if initial test results were negative.


WHEN TO REFER TO THE CENTER PHYSICIAN AND MENTAL HEALTH CONSULTANT

- All students who have experienced sexual assault
TREATMENT GUIDELINES FOR HEALTH STAFF

SUICIDAL THREATS and BEHAVIOR

Authorized health and wellness staff may treat students with suicidal threats and behavior as follows:

1. Immediately assess whether self-harm has occurred and treat any medical emergencies per center's medical protocol, which may include calling 911. After medically stable, evaluate for suicidal ideation and intent per the following protocol.

2. Consult with center mental health consultant (CMHC). If there is concern about a student’s safety or harming him or herself consider immediate emergency evaluation at nearest emergency facility. Do not leave the student alone until they are safely transferred to medical care.

3. If the student reports suicidal ideation only (no self-harm, no threats, no intent, no plan, no means), encourage the student to talk about any problems or worries they are experiencing. Suicidal ideation can often be alleviated in the short-term by sharing thoughts and feelings.

4. Consult with the CMHC about findings, to determine if any further immediate action is needed. If student is considered safe or not at imminent risk, notify counseling and residential life to provide further counseling, monitoring and support.

WHEN TO REFER TO CENTER MENTAL HEALTH CONSULTANT

- Students who are assessed to be at immediate risk (with intent, plan or means) should be evaluated per the treatment guideline above and transported to a psychiatric emergency facility immediately, per CMHC recommendations and/or center operating procedure (COP).

- If student attempted suicide but no serious self-harm occurred, maintain constant supervision, arrange for immediate transport to a designated psychiatric emergency facility per CMHC recommendations and/or COP.

- If suicide threat but no attempt, but student has suicidal intent including a plan and means to carry out self-harm, remove means, maintain constant supervision, and arrange for transport to a psychiatric emergency facility, per CMHC recommendations and/or COP.

- If a minor, refer to state laws and notify guardians as permitted by law.