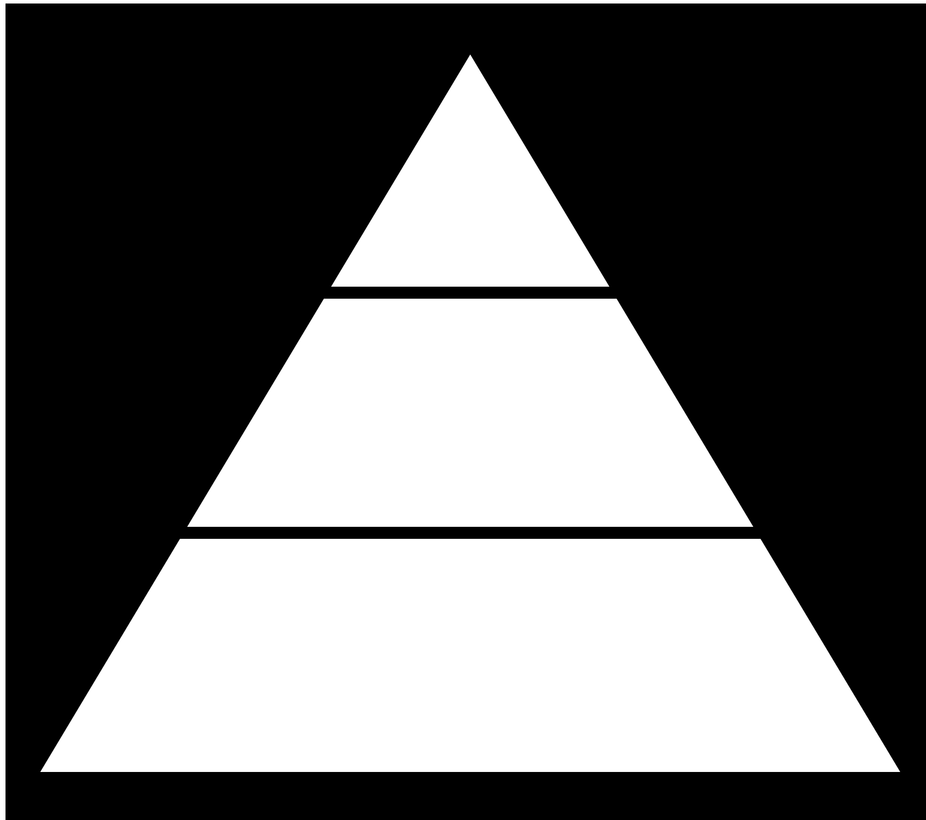


Heartland Alliance
Iraq Torture Treatment Project

Instructor Curriculum

August 2005

Module II
Training Outline

Participants: Community Mental Health Workers

DAY (DATE)	**MORNING SESSION** 8:30 to 12:30	**AFTERNOON SESSION** 2:00 to 4:30
DAY 1	Welcome, Program Updates, Pretest	Introduction to PTSD and Trauma. Broad overview of individual, family and community effects of traumatic stress, with an emphasis on torture. Overview of Judith Herman's three components of recovery: rehabilitation, reconnection, reintegration. Discussion of trauma, especially torture, and effects on CMHW's communities, families, friends. Definition of torture, short primer on human rights and health care.
DAY 2	Symptoms of Trauma, PTSD, and Sleep Disturbance. Trauma-related mental health problems (Symptoms and signs, diagnosis, the weaknesses of DSM-IV). Management of injuries and physical disabilities from war and particularly due to torture. Brief introduction to somatic complaints. Traumatic stress and PTSD biology, diagnostic criteria and discussion of symptoms and effects. Differences due to age, gender and culture; uniqueness of response is rule not exception. Depression and Sleep Disorders.	Understanding the traumatized person. PTSD and mental illness (distinguishing between traumatic stress and mental illnesses; PTSD and persons with preexisting conditions). Pre-occurring conditions, risk in conflating mental illnesses and trauma, differential diagnosis. History taking. Effective interviewing skills in helping traumatized persons. Establishing a helping relationship with the traumatized person.
DAY 3	Trauma and Recovery Rehabilitation - Management of symptoms of PTSD; and health care for injuries, access to basic services and physical needs. Reconnection - Resilience and social/family/community connections. Case management and employment Reintegration – Helping clients return to full participation, the freedom to participate or not in full range of public and private life. Goal of treatment as well-being, not just	Crisis Assessment and Intervention. Assessing the severity of crisis, torture/trauma, substance abuse, domestic violence, child abuse, suicide and self-harm. Triage and case selection. Crisis assessment forms and the suicide contract. The Harvard Trauma Questionnaire (HTQ).

	absence of symptoms.	
DAY 4	Introduction to Drug Taking and Motivational Interviewing. Substance abuse and motivational interviewing skills. Why it is important to always gather information about an individual's drug use. Identifying the stages an individual goes through in deciding to change a problem behavior (Stages of Change). Types of information that should be gathered about an individual's use of drugs.	Treatment Planning and Crisis Management. Treatment plan for crisis and mental health needs. Medication monitoring and working with physician. Setting goals. The importance of record keeping
DAY 5	Coping with Crisis. Resilience and coping strategies, Social networks and resilience (theory, identification, using social networks in case management, helping clients reconnect to social networks). Self-care.	Wrap-up, Posttest

Introduction to PTSD and Trauma
Participant Workbook

Purpose of Training:

To teach community mental health workers about PTSD and trauma

Learning objectives:

Participants will be able to define trauma.
Participants will be able to define traumatic events.
Participants will understand and be able to discuss the diagnosis of PTSD.
Participants will be able to identify symptoms of PTSD.
Participants will be able to identify and discuss risk factors of PTSD
Participants will be able to identify and discuss resiliency factors of PTSD.

References and Recommended Reading:

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorder, 4th Edition-Text Revision*. Washington, D.C.: APA

Figley, C. (Ed.). (1985). *Trauma and its wake: The study and treatment of post-traumatic stress disorder*. New York: Brunner/Mazel

Foa, EB, Keane, TM, & Friedman, MJ (2000). *Effective treatments for PTSD*. New York: Guilford Press

Herman, J. (1992). *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror.* New York: Basic Books

Rothschild, B (2000). *The body remembers: The psychophysiology of trauma and trauma treatment.* New York: Norton Press

Williams, MB, Poilula, S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms*. Oakland, CA: New Harbinger Publications

What is Trauma?

Definition of Trauma: Trauma is a psychological reaction to a traumatic event. It is an "emotional state of discomfort and stress resulting from memories of an extraordinary, catastrophic experience which shattered the survivor's sense of invulnerability to harm" (Figley,1985).

What are some examples of a Traumatic Event?

Definition of Traumatic Event:

1. An event that is perceived as being life-threatening to the person or to someone close to the person, such as torture, war, terrorism, natural and manmade disasters, serious car accidents, etc.

2. An event that threatens the physical or bodily integrity of the person or someone close to the person, such as rape, assault, a surgical operation, domestic abuse, forced displacement, etc.

3. An event that places the person in close proximity of (or forces them to have a personal encounter with) violence or death, such as witnessing torture, massacre or someone dying.

Political Repression as a Source of Trauma

What are some Consequences of Violence and Torture to Individuals, Families and Communities?

____

____

____

United Nations definition of torture: "Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions".

Torture and Violence affect five basic human needs:

- ____
- ____
- ____
- ____
- ____

Torture can be identified by its distinct characteristics:

- ____
- ____
- ____
- ____

The purpose of torture is:

- ____
- ____
- ____
- ____

Common types of torture include:

____

____

____

_

____

____

____

When an individual is tortured or is victimized by violence, the traumatic event affects the individual, as well as his/her family and community.

- The individual suffers from the physical and psychological effects, and the symptoms of PTSD.

- The family suffers from feelings of powerlessness and fear.
- The community becomes divided; and society-at-large suffers from the legacy of victims and perpetrators

Trauma is an ordinary response to extraordinary events

Who Experiences Trauma?

What are some physical, emotional or psychological responses to trauma?

Physical____

____

____

Emotional____

____

____

Cognitive____

____

____

What is PTSD?

____

____

____

_

Definition of PTSD: Posttraumatic Stress Disorder, or PTSD, is a psychiatric (or emotional) disorder that can develop after a person is exposed to a traumatic event.

____

____

____

____

____

____

_

What are the symptoms of PTSD?

Mediating Factors of PTSD

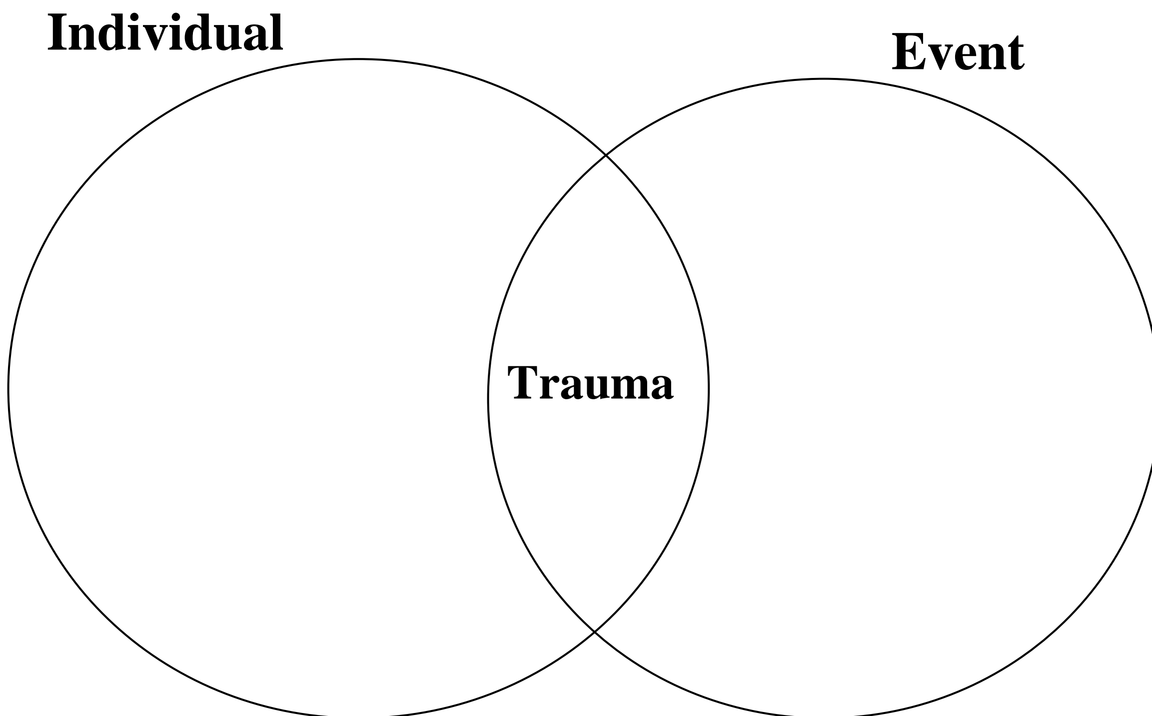
Risk factors include (but are not limited to):

Resiliency factors include (but are not limited to):

Exercise 1: The Effects of Pre-event Factors, Event Factors and Post-event Factors of Trauma – group discussion

Pre-Event Factors	*Event Factors*	*Post-Event Factors*

Exercise 2: Individual Factors versus Event Factors



Exercise 3: My Ability to Cope with Trauma Checklist

____

____

____

____

____

____

Three components of Recovery from PTSD
Rehabilitation =

____

____

____

Reconnection =

____

____

____

Reintegration =

____

____

____

Key Points to Remember

1. Trauma is the psychological and biological reaction to traumatic events
2. Trauma effects the individual, his/her family, and community
3. Acute PTSD = duration of symptoms less than 3 months; Chronic PTSD = duration of symptoms more than 3 months
4. Loss of control is at the core of the trauma/torture experience; restoring a sense of control is at the core of healing/recovery
5. The three components of recovery are rehabilitation, reconnection and reintegration.

My Ability to Cope with Trauma Checklist

Check those of the following statements that you believe apply to you.

____ I have a high degree of extraversion (I like to be with people)
____ I am open to new experiences.
____ I am conscientious in the work I do (I follow through)
____ I am an agreeable person
____ I believe that my source of personal power lies within me
____ I am confident in my own abilities to cope with situations
____ I try to find meaning in what happens to me
____ I try to break down bad situations into manageable parts I can handle
____ I am motivated to solve the problems that occur in my life
____ I am generally an optimistic person – I see things more positively than negatively
____ I take control of situations whenever possible, or at least try to take control
____ I like a good challenge and I rise to the occasion
____ I am committed to overcoming the bad things I have experienced in life
____ I have a good social support network – there are people I can turn to
____ I understand my life's circumstances and what I can and cannot do about them
____ I have faith
____ I have a good sense of humor
____ I have a sense of hope
____ I like to try new things or look at things in new ways
____ I am open to how others feel
____ I am an action-oriented person – I would rather do something than sit back and let it be done to me
____ I actively try to structure my own life and make plans

Williams, MB, Poilula, S. (2002). The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms. Oakland, CA: New Harbinger Publications

Symptoms of Trauma, PTSD and Sleep Disturbance Participant Workbook

Purpose of Training:

To teach community mental health workers about trauma-related mental health problems

Learning objectives:

Participants will be able to describe the symptoms and signs of PTSD.
Participants will know four areas of crisis assessment.
Participants will understand and be able to demonstrate crisis interventions.
Participants will be able to use the Harvard Trauma Questionnaire.
Participants will be able to discuss and complete the Safety Plan.

References:

Abdulkhaleq, H. (2005). Recognizing and caring for survivors of torture. ACCESS Psychosocial Center for the Rehabilitation of Torture Survivors. Michigan: Author

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorder, 4th Edition-Text Revision*. Washington, D.C.: APA

Figley, C. (Ed.). (1985). *Trauma and its wake: The study and treatment of post-traumatic stress disorder*. New York: Brunner/Mazel

Foa, EB, Keane, TM, & Friedman, MJ (2000). *Effective treatments for PTSD*. New York: Guilford Press

Herman, J. (1992). *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror.* New York: Basic Books

Rothschild, B (2000). *The body remembers: The psychophysiology of trauma and trauma treatment.* New York: Norton Press

Williams, MB, Poilula, S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms*. Oakland, CA: New Harbinger Publications

What are some symptoms of PTSD?

____
____
____
____
____
____
____
____

Is PTSD a normal response?

____
____
____
____
____

Diagnostic criteria of PTSD

Many symptoms associated with PTSD fall into three distinct categories:

Hyperarousal =
____
____
____
____

Intrusion =
____
____
____
____

Constriction (or Avoidance) =
____
____
____
____

Other clinical criteria of PTSD:

____
____
____
____

Co-morbid problems associated with PTSD

____
____
____
____

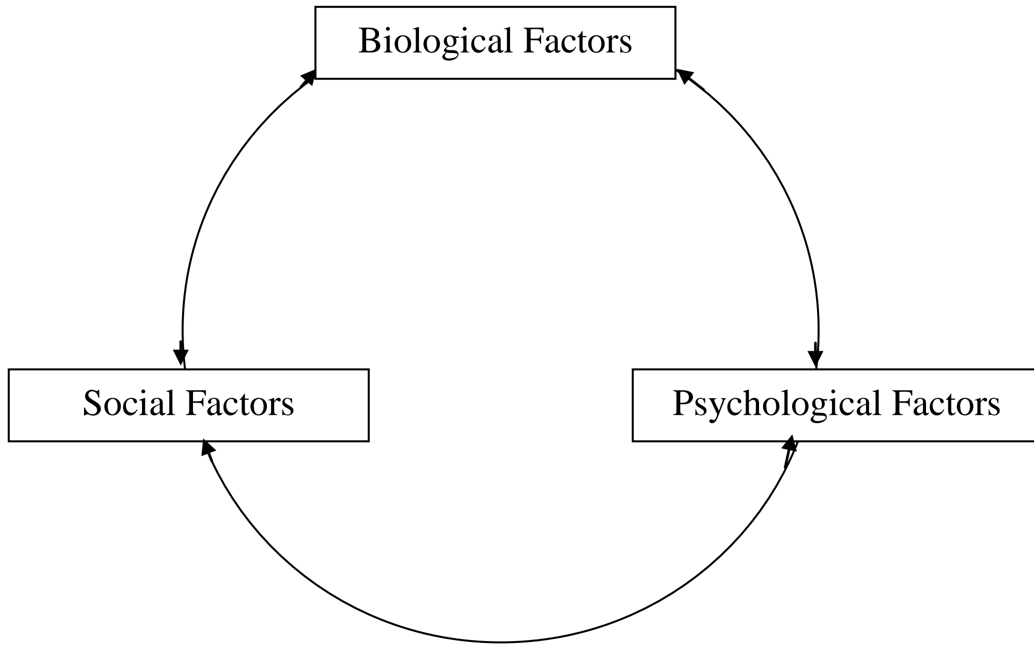
Exercise 1: The biology of PTSD

____
____
____
____

The 5 most important things to remember about how stress affects the brain:

____
____
____
____
____
____
____
_____

Exercise 2: Feedback loops between biological, social and psychological factors
Research also suggests that biological, social and psychological factors all affect each other in feedback loops that maintain and promote PTSD symptoms.



Managing physical disabilities and injuries due to torture

There are physical symptoms of trauma that would tell us whether or not the traumatic event was recent or was experienced a long time ago.

Common psychosomatic complaints due to trauma:

Why is it important to know about torture?

Trauma-related Depression and Sleep Disturbance

What are some common symptoms of depression?

What is meant by “sleep disturbance”? sleep disturbance

Key Points to Remember

1. PTSD is a major mental health issue
2. PTSD is a normal reaction by normal people to an abnormal event
3. Co-existing conditions are common
4. Diagnostic criteria of PTSD falls into three categories: Hyperarousal, Intrusion and Constriction
5. Feedback loops between biological, social and psychological factors all affect each other to maintain and promote PTSD symptoms.

Understanding the Traumatized Person
Participant Workbook

Purpose of Training:

To teach community mental health workers how to interview people who have been traumatized, and gather information to assist in treatment

Learning objectives:

Participants will be able to describe a preexisting condition.
Participants will be able to describe a co-morbid condition.
Participants will be able to describe a differential diagnosis.
Participants will be able to describe and use four steps to establishing a relationship with a traumatized person.
Participants will be able to utilize basic principles to providing intervention to people who have been traumatized.
Participants will be able to use active listening to effectively interview clients who have been traumatized.

References:

Abdulkhaleq, H. (2005). Recognizing and caring for survivors of torture. ACCESS Psychosocial Center for the Rehabilitation of Torture Survivors. Michigan: Author

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorder, 4th Edition-Text Revision*. Washington, D.C.: APA.

Caplan, G. (1964). *Principles of preventive psychiatry.* New York: Basic Books.

Corrigan, P. W., & McCracken, S. G. (In Press). Interviewing people with serious mental illness. *Clinical and Diagnostic Interviewing, second edition*. Jason Aronson Publishers: Northvale: NJ.

Parad, H.J., & Parad, L.G. (1990). *Crisis intervention, book 2: The practitioner's sourcebook for brief therapy*. Milwaukee, WI: Family Service America.

Parad, H.J. (1965). *Crisis intervention: selected readings*. New York: Family Service Association of America

Psychiatric Rehabilitation Certificate Program (2000). Tinley Park, IL: University of Chicago Center for Psychiatric Rehabilitation

Rosen, A. (1998) *Crisis management in the community.* The Medical Journal of Australia website at http://www.mja.com.au/public/mentalhealth/articles/rosen/rosen.html

Volpe, J.S. (1996). *Effects of Domestic Violence on Children and Adolescents: An Overview*. The American Academy of Experts in Traumatic Stress website at http://www.aaets.org/arts/art8.htm.

What is a preexisting condition?

____
____
____

Definition of a preexisting or pre-occurring condition: An illness or injury that existed before the date of the current problem being treated or assessed. For example, if Abraham had a diagnosis of schizophrenia/mental illness, for several years, and then he recently witnessed the torture and death of his son, which traumatized Abraham, the schizophrenia is considered the preexisting condition to his new diagnosis of PTSD.

Why is it important to be aware of preexisting conditions?

____
____
____

What is a co-morbid condition?

____
____
____

Definition of co-morbid condition: A problem or illness that occurs in association with another problem or illness. For example, if Abraham develops depression in relation to his PTSD, then depression is a co-morbid condition of his PTSD.

Why is it important to be aware of co-morbid conditions?

____
____
____

What is a differential diagnosis?

____
____
____

Definition of differential diagnosis: Distinguishing between two or more problems or illness that have similar symptoms.

____
____
____
____

Establishing a relationship with the traumatized person

Remember the reason that we want to establish a relationship with the individual is because we need to build their trust, help establish hope and help them reconnect with others. In order to get to know the client, you will need to quickly establish rapport with him or her. There are four easy steps to establishing a relationship with a traumatized person.

1. Reduce further harm.
____
____
____
____
____
____

2. Help with decision-making.
____
____
____
____
____
____

3. Look for ways to connect/normalize the person's feelings.
____
____
____
____
____
____

4. Identify needs.
____
____
____
____
____
____

Early intervention as part of the initial interview

1. Provide direct services as soon as it is feasibly possible.

2. Provide opportunity for empowerment.

3. Help the client identify possible social/family/community supports.

Understanding the basic needs of clients who have been traumatized

When helping people who have trauma-related problems, there are several key principles to keep in mind:

1.
2.
3.
4.
5.

6. ______________________________

7. ______________________________

8. ______________________________

9. ______________________________

The initial interview and taking a history

____

Exercise 1: Model Wrong/Model Right Active Listening

____

Conducting the intake interview and getting the client history is the most important component in helping to make an accurate diagnosis. Here are some helpful tips:

1. Showing interest and allowing the client to explain symptoms, history, etc. from his/her perspective is a useful technique in engaging the client in treatment.

2. The use of open-ended questions encourages full disclosure on the part of the client. For example, an open-ended question that we may want to ask is: What was that experience like for you? A closed-ended question we would usually ask might be: How old are you?

3. Positive nonverbal behavior encourages openness and reassures the client that you are listening (i.e., attending).

4. Repeating and summarizing information that the client has told you, is another way to let the client know that you have heard what he/she has said, and that you care about what he or she has said.

5. A normal direct interviewing style of asking one question after another can seem like an interrogation for a client who has been traumatized, especially if their trauma is due to torture. Understandably, you should learn to adopt an open listening and discussing style of interview. Learn to pick up cues as they present themselves during a normal conversation. Learn to gently probe for information without making the person feel uncomfortable.

____

____

____

____

____

Hearing the torture history

A major job role for you is to assist survivors in their retelling of their torture history. This may take months or even years to accomplish depending upon how comfortable they are at disclosing the painful details of their experiences. So be patient with them, and let them proceed at a pace that is comfortable for them. Here are ten additional helpful tips that you can use in order to assist them in retelling their experiences of torture.

INTERVIEWING TIPS

1. Be sure to maintain a highly confidential setting during the interview
2. Be sure the physical environment (room, temperature, etc) is comfortable for the survivor
3. Expect some reluctance. Discussing this topic will not be easy for the survivor.
4. Some details may be difficult to recall or remember. This is to be expected. Some details may reveal themselves later, or never at all.
5. The survivor may have some fear about putting self or others at risk by disclosing information about the torture. Make efforts to reassure the survivor that you will not turn this information over to authorities or other individuals who might further traumatize the survivor or his/her loved ones
6. Expect a general lack of trust. Use confidentiality, empathy, unconditional positive regard, and active listening skills to help build and maintain a trusting relationship with the client.
7. Denial and avoidance are normal responses to revisiting these traumatic experiences. This is to be expected.
8. The person may exhibit detached behaviors and/or affect while retelling the story. This is to be expected.
9. Hearing the story may be difficult for the CMHW. Conduct ongoing assessment for secondary trauma and be sure to take care of yourself. *(Secondary trauma is discussed in the Crisis Coping training)*
10. Consider culturally prescribed sanctions that could influence the survivor's willingness to disclose.

Exercise 1: Intake and Interviewing Group Discussion

____

____

____

____

Exercise 2: Interviewing Skills Role-Play

____
____
____
____
____

Key Points to Remember

1. Clients who have been tortured may have been denied the freedom to make decisions, so encourage them to take an active role in decision-making about their treatment.

2. Traumatized individuals frequently have (or perceive) losses in connections with family, friends and community.

3. Traumatized persons may need help in securing basic needs or they may need help with addressing pressing physical problems before they are ready to address emotional/psychological problems.

4. The accumulation of these various factors increases their vulnerability to additional problems.

5. Four easy steps to establishing a relationship with a traumatized person:
    a. Reduce further harm.
    b. Help with decision-making
    c. Look for ways to connect.
    d. Identify need

Trauma and Recovery

Participant Workbook

Purpose of Training:

To teach community mental health workers trauma intervention and recovery

Learning objectives:

Participants will understand the impact of traumatic experiences on individuals and communities.
Participants will be able to identify three steps in the process of recovering from trauma.
Participants will understand effective ways of helping people who have been traumatized.
Participants will understand the importance of personal and psychological self-care.

References and Recommended Reading:

Bijelic, M. (1999). *Torture and war significantly effect the refugees' sense of family and community.* Minneapolis, MN: The Center for Victims of Torture

Herman, J.L. (1992). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. New York: Harper.

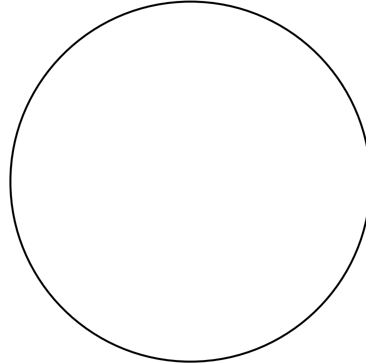
Johnson & Dross (1997). *Impact of torture and trauma on the community in the home country.* Minneapolis, MN: The Center for Victims of Torture

Robertson (1999). *Resiliency and recovery.* Minneapolis, MN: The Center for Victims of Torture

Swales, P. (2005). *Coping with Traumatic Stress Reactions*. National Center for PTSD

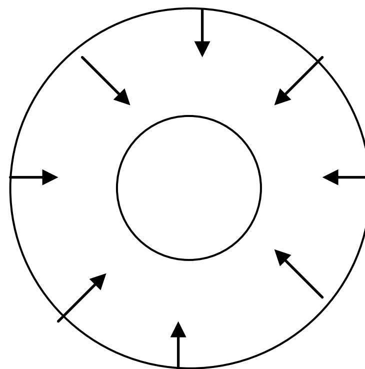
How do torture and trauma affect an individual's sense of family and community?

____
____
____
____
____



This circle represents an individual's sense of family and community before the traumatic event occurs. It includes everyone who the person cares about and everyone who the person believes cares about him or her. For example, Naima, who is 19 years old and lives with her family, has many friends and neighbors who she cares about. She currently has no major problems and she feels happy and safe. Her sense of family and community, as represented by this circle, includes everyone living in her home, distant relatives, people living in her village, and many others who live in neighboring villages.

____
____
____

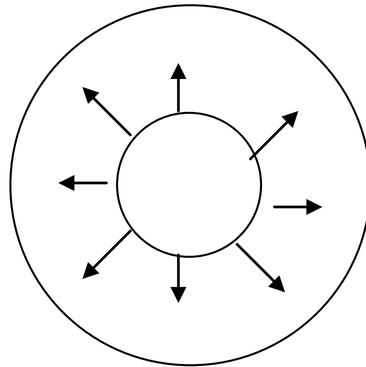


PTSD involves the development of certain symptoms following a psychologically distressing event, such as a threat to the life of oneself or one's family, being the victim of a rape or torture, the sudden death of loved ones or the witnessing of violence or death. As a result, a person's sense of family and community can be significantly reduced. In other words, faced with the effects of the traumatic event and the symptoms of PTSD, Naima will probably significantly reduce the number of people whom she believes she can trust or who help her feel safe and who care about her.

____

____

____



The feelings of disconnection from others and the insecurity that results from psychological trauma requires that person rebuild and make new connections in order to recover. Healthy communities provide individuals and families with:

- An end to isolation
- Mutual support and encouragement
- Meaningful community structures
- Cultural meaning and identity
- ***Resources***

____
____
____

Recovery needs to take place within the context of relationships. The relationship you build with survivor may be one of the first places where recovery begins to take place for that individual. The basic qualities that need to be reformed in relationships to help the process of recovery are:

- **Trust**—helping a person feel that you will be honest and will try to help in whatever ways you can
- **Autonomy**—validating an individual's experiences and helping a person feel that he or she has some control over decisions and behavior, rather than reinforcing what was likely experienced within trauma—that others have the control
- **Initiative**—helping a person find hope to feel motivated to work hard and find the courage to take steps to feel better
- **Competence**—helping a person understand that you have seen problems like this before and you can help to make them better by instilling confidence, not by saying "everything is going to be okay" because it may not be okay and this can feel invalidating
- **Identity**—helping a person discover a new role or meaning of life in relation to the trauma that has happened
- **Intimacy**—helping a person feel closer and more connected to others who can offer support and understanding

____
____
____

Naima's story continues. . .
Naima came into the hospital to see a doctor complaining of symptoms of anxiety and depression. As mentioned earlier, Naima was previously happy and was also very sociable. She had recently withdrawn from her friends and family members and found that daily tasks like cooking and cleaning that used to take her very little time to accomplish, now took her much more time to accomplish. She also had trouble breathing at times and felt like she was losing control over her mind and body when she remembered all that had happened to her. Several weeks ago, Naima was raped. She had also witnessed her sister's rape on the same day she was raped. Naima felt guilty that she could not help her sister at the time and feels overwhelmed with helplessness about how to help her sister and take care of her own troubles now. The Community Mental Health Worker (CMHW) who first saw Naima when she came into the hospital began to feel awful for her and what she had been through. The CMHW wanted to help and so she told Naima that she should immediately go to her mother and tell her to bring her sister into the hospital to get help and then she should tell the

police who the person who raped her was. Naima began to feel much worse and felt that no one understood her.

What might the CMHW have done differently that may have helped to reduce Naima's symptoms?

____
____
____
____
____
____
____
____
____

Stage 1: Safety

____
____
____

1) Supportive Listening

____
____
____
____
____
____

2) Education and Reassurance

____
____
____
____
____
____

3) Coping and Stress Management

4) Problem Solving

5) Finding Meaning and Perspective

6) Symptom Management

7) Observation and Reporting

8) Providing referrals for health care

Stage 2: Remembrance and Mourning

Hearing the torture history

A major job role for you is to assist survivors in their retelling of their torture history. This may take months or even years to accomplish depending upon how comfortable they are at disclosing the painful details of their experiences. So be patient with them, and let them proceed at a pace that is comfortable for them. Here are ten additional helpful tips that you can use in order to assist them in retelling their experiences of torture.

1. ____________________

2. ____________________

3. ____________________

4. ____________________

5. ____________________

6. ____
____
7. ____
____
8. ____
____
9. ____
____
*10.*____
____

Stage 3: Reintegration and Reconnection

____
____
____
____
____
____
____
____
____

1) Work with family members

____
____
____
____
____

Naima's family shares in the family chores of cooking and cleaning. Naima's aunt and grandmother looked after all five of the children in the family as they were growing up. Naima's parents have helped Naima and her sister through the trauma by letting them rest when they want to so they do not have to participate in helping with family chores. Naima's parents say they want to "put the incident behind them without further mention." Naima's father has a good job and is able to make enough money to take good care of the family.

Naima's older sister and grandmother have talked openly with Naima and her sister about what happened to them. Naima feels safe with her younger sister and her

grandmother. Naima's grandmother has helped Naima discover her responsibility in helping her sister through her trauma, rather than feeling guilty for not helping her when she was raped. Naima has talked with her sister a lot and does feel that she is helping her, which has helped Naima feel much better and her sister has improved as well.

What are this family's strengths?

____
____
____
____
____

Where might they need some help?

____
____
____
____
____

2) *Work with individual to seek employment*

____
____
____
____
____

3) *Discuss spirituality and religion*

____
____
____
____
____

Key points to remember from this lecture:

1. Traumatic experiences have a large impact on individuals, families and communities.
2. The three stage of recovery from trauma are: Safety, Remembrance and Mourning and Reconnection and Reintegration
3. Helping people who have been traumatized requires listening, empowering the individual and helping the individual tell and find meaning from the story of trauma.

HANDOUT—COPING WITH TRAUMA AND STRESS REACTIONS

When you take direct action to cope with stress reactions and trauma-related problems, you put yourself in a position of power and start to be less helpless.

• Active coping means recognizing and accepting the impact of trauma on your life, and taking direct coping action to improve things.
• It means actively coping even when there is no crisis; coping is an attitude of mind and a habit that must be strengthened.

Understanding the Recovery Process

Knowing how recovery happens puts you in more control of the recovery process.

• Recovery is an ongoing daily gradual process. It doesn't happen through being suddenly "cured."
• Some amount of continuing reactions is normal and reflects a normal body and mind. Healing doesn't mean forgetting traumatic experiences or having no emotional pain when thinking about them.
• Healing may mean fewer symptoms and less disturbing symptoms, greater confidence in ability to cope with your memories and reactions, and improved ability to manage emotions.

Coping with Traumatic Stress Reactions: Ways that DON'T help

• Using drugs and alcohol as ways to reduce anxiety or relax, stop thinking about traumatic experiences, or go to sleep. Alcohol and drug use cause more problems than they cure.
• Keeping away from other people. Social isolation means loss of support, friendship, and closeness with others, and more time to worry or feel hopeless and alone.
• Dropping out of pleasurable or recreational activities. This leads to less opportunity to feel good and feel a sense of achievement.
• Using anger to control others. Anger helps keep other people away and may keep bad emotions away temporarily, but it also keeps away positive connections and help from loved ones.
• Trying to constantly avoid people, places, or thoughts that are reminders of the traumatic event. Avoidance of thinking about trauma or seeking treatment doesn't keep away distress, and it prevents progress on coping with stress reactions.

• Working all the time to try and avoid distressing memories of the trauma (the "workaholic").

Coping with Traumatic Stress Reactions: Ways that CAN help

There are many ways you can cope with posttraumatic stress. Here are some things

you can do if you have any of the following symptoms:

Unwanted distressing memories, images or thoughts

- Remind yourself that they are just that—memories.
- Remind yourself that it's natural to have some sorts of memories of the events(s).
- Talk to someone you trust about them.
- Remember that although reminders of trauma can feel overwhelming, they often lessen over time.

Sudden feelings of anxiety or panic

These are a common part of traumatic stress reactions, and include sensations of your heart pounding and feeling lightheaded or "spacey" (often due to rapid breathing). If this happens, remember that:

- These reactions are not dangerous. If you had them while exercising, they would not worry you.
- It is the addition of inaccurate frightening thoughts (e.g., I'm going to die, I'm having a heart attack, I will lose control) that makes them especially upsetting.
- Slowing down your breathing may help.
- The sensations will pass soon and you can still "go about your business" after they decrease.

Each time you think in these positive ways about your arousal/anxious reactions, you will be helping them to happen less frequently. Practice will make it easier to cope.

Feeling like the trauma is happening again ("Flashbacks")

- Keep your eyes open. Look around you and notice where you are.
- Talk to yourself. Remind yourself where you are, what year you're in, and that you are safe. Trauma happened in the past, and you are in the present.
- Get up and move around. Have a drink of water, and wash your hands.
- Call someone you trust and tell them what's been happening.
- Remind yourself that this is quite common traumatic stress reaction.
- Tell your counselor or doctor what happened to you.

Trauma-related dreams and nightmares

• If you awaken from a nightmare in a "panic," remind yourself that you are reacting to a dream and that's why you are anxious/aroused…and not because there is real danger now.
• Consider getting up out of bed, "regrouping," and orienting yourself.
• Engage in a pleasant, calming activity (e.g., listen to soothing music).
• Talk to someone if possible.
• Talk to your doctor about your nightmares; certain medications can be helpful.

Difficulty falling or staying asleep

• Keep to a regular bedtime schedule.
• Avoid strenuous exercise within a few hours of going to bed.
• Avoid using your sleeping area for anything other than sleeping or sexual intimacies.
• Avoid alcohol, tobacco, and caffeine. These harm your ability to sleep.
• Do not lie in bed thinking or worrying. Get up and enjoy something soothing or pleasant; reading a calming book, drink a glass of warm milk, do a quiet hobby.

Irritability, anger, and rage

• Take a "time out" to cool off or to think things over. Walk away from the situation.
• Get in the habit of using daily exercise as a friend. Exercise reduces body tension and helps get the "anger out" in a positive and productive way.
• Remember that anger doesn't work. It actually increases your stress and can cause health problems.
• Talk to your counselor or doctor about your anger.
• If you blow up at your family or friend, find time as soon as you are able to talk to them about it. Let them know how you feel, and what you are doing to cope with your reactions.

Difficulty concentrating

• Slow down. Give yourself time to "focus" on what it is you need to learn or do.
• Write things down. Making "to do" lists may be helpful.
• Break task down into small do-able "chunks."
• Plan a realistic number of events or tasks for each day.
• Perhaps you may be depressed; many who are do have trouble concentrating. Again, this is something you can discuss with your CMHW, doctor, or someone close to you.

Having difficulty feeling or expressing positive emotions

• Remember that this is a common reaction to trauma, that you are not doing this on purpose, and that you should not feel guilty for something you do not want to happen and cannot control.
• Make sure to regularly participate in activities that you enjoy or used to enjoy. Sometimes, these activities can re-kindle feelings of pleasure.

• Take steps to communicate caring to loved-ones in little ways: write a card, leave a small gift, phone and say hello.

Experiment with these ways of coping to find which ones are helpful to you. Practice them, because, like other skills, they work better with practice. Talk to your counselor or doctor about them. Reach out to people in the hospital, your family, your mosque and your community that can help. You’re not alone.

HANDOUT—BREATHING FOR RELAXATION

If you can control your breathing, you will have an easier time controlling your thoughts.

Sit back in your seat.

Close your eyes.

Take a deep breath.

Good.

Breathe again.

Now make your hands comfortable, while keeping your eyes closed. You have a choice of any comfortable hand position. We suggest one of the following three positions:

1. One hand on your belly, one on your chest
2. Palms of hands on your knees
3. Hands folded in your lap

Now sit back, feet on the floor, hands comfortable.

Inhale slowly and deeply through your nose.

Feel your stomach expand as your lungs fill with air.

Now exhale through your mouth to the count of five.

Pause.
Repeat while inhaling through the nose and exhaling through your mouth and slowly count to five.

Again, in through your nose and out through your mouth counting to five.

Good. You should be feeling more settled. This kind of breathing is called diaphragmatic breathing. It means to breath from the depths of your belly, rather than from your chest and nose.

Sit and enjoy the calmness for a few minutes, and when you are ready, go on to the next lesson where we'll be working on relaxing muscles and learning to visualize.

If your body needs to be calmed, read through this section first and then try these muscle relaxation techniques. In this module we introduce visualization and teach you how to create deeper levels of relaxation for yourself.

Untense those Muscles

Breathe deeply and exhale slowly 3 or 4 times, just as you learned in the breathing exercises.

Now, sitting comfortably, and breathing deeply, close your eyes.

Think of a safe place for you -- beach, mountains, with family -- wherever you feel relaxed.

Continue breathing and paint a picture in your mind of this safe place.

Feel a cool breeze against your skin, the sun's warmth, the sounds of birds. You are the artist here, create an environment that is calming for you.

Feel the quiet.

Now beginning with your toes, flex and then relax each muscle set.

Visualize your toes growing less tense and then looser.

Now move to the ankles, loosen them and then allowing them to relax, move on to your calves.

Continue in this manner, repeating as necessary, until you feel totally relaxed and ready to take in some new material.

Remember: you can return to these breathing, muscle-relaxation exercises whenever you need them, anytime and anywhere.

How to Help a Family Member Who Has Experienced Trauma

1. Be predictable, don't surprise the person. If you say you are going to meet somewhere at a certain time, be there. If you agree to respond to a certain anxious habit in a certain way, stick to the plan.

2. Don't assume that you know what the affected person needs, ask them. Make a mutual plan about how to fight the anxiety problem.

3. Let the person who has experienced trauma set the pace for recovery. Its going to take months to make things better, so you can expect slow but increasingly difficult goals to be attempted.

4. Find something positive in every attempt at progress. If the affected person is only able to go part way to a particular goal, consider that an achievement rather than a failure. Celebrate new achievements, even small ones.

5. Don't enable. That means don't let the person too easily avoid facing their fears, yet DO NOT FORCE them. Negotiate with the person to take one more step when he or she wants to avoid something. Gradually stop cooperating with compulsive or avoidant habits that the person may be asking you to perform. Try to come to an agreement about which anxiety habit you"re going to stop cooperating with. Take this gradually, it's an important but difficult strategy.

6. Don't sacrifice your own life activities too often and then build resentments. If something is extremely important to you, learn to say so, and if it’s not, drop it. Give each other permission to do things independently and to also plan pleasurable time together.

7. Don't get emotional when the person with the disorder panics. Remember that panic feels truly horrible in spite of the fact that it is not dangerous in any way. Balance your responses somewhere between empathizing with the real fear a person is experiencing and not overly focusing on this fear.

8. Do say: "I am proud of you for trying. Tell me what you need now. Breath slow and low. Stay in the present. It's not the place that's bothering you, it's the thought. I know that what you are feeling is painful, but it is not dangerous." Don't say: " Don't be anxious. Let's set up a test to see if you can do this. Don't be ridiculous. You have to stay, you have to do this. Don't be a coward."

9. Never ridicule or criticize a person for becoming anxious or panicky. Be patient and empathetic, but don't settle for the affected person being permanently stagnant and disabled.

10. Encourage the person to seek out help with a doctor who has experience treating their specific type of problem. Encourage sticking with the doctor for as long as steady attempts at progress are being made. If visible progress comes to a stop for too long, help the family member to re-evaluate how much progress made, and to renew initial efforts at getting better.

Crisis Assessment and Intervention
Participant Workbook

Purpose of Training:

To teach community mental health workers about crisis assessment and intervention.

Learning objectives:

Participants will be able to describe the stages of crisis.
Participants will know four areas of crisis assessment.
Participants will understand and be able to demonstrate crisis interventions.
Participants will be able to use the Harvard Trauma Questionnaire.
Participants will be able to discuss and complete the Safety Plan.

References:

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorder, 4th Edition-Text Revision*. Washington, D.C.: APA.

Caplan, G. (1964). *Principles of preventive psychiatry.* New York: Basic Books.

Mollica, R.F., McDonald, L.S., Massagli, M.P., Silove, D.M. (2004). *Measuring trauma, measuring torture: Instructions and guidance on the utilization of the Harvard Program in Refugee Trauma's Version of The Hopkins Symptom Checklist 25 (HSCL-25) & The Harvard Trauma Questionnaire (HTQ).* Cambridge, MA: Harvard Program in Refugee Trauma

Parad, H.J., & Parad, L.G. (1990). *Crisis intervention, book 2: The practitioner's sourcebook for brief therapy*. Milwaukee, WI: Family Service America.

Parad, H.J. (1965). *Crisis intervention: selected readings*. New York: Family Service Association of America

Rosen, A. (1998) *Crisis management in the community.* The Medical Journal of Australia website at http://www.mja.com.au/public/mentalhealth/articles/rosen/rosen.html

Volpe, J.S. (1996). *Effects of Domestic Violence on Children and Adolescents: An Overview*. The American Academy of Experts in Traumatic Stress website at http://www.aaets.org/arts/art8.htm.

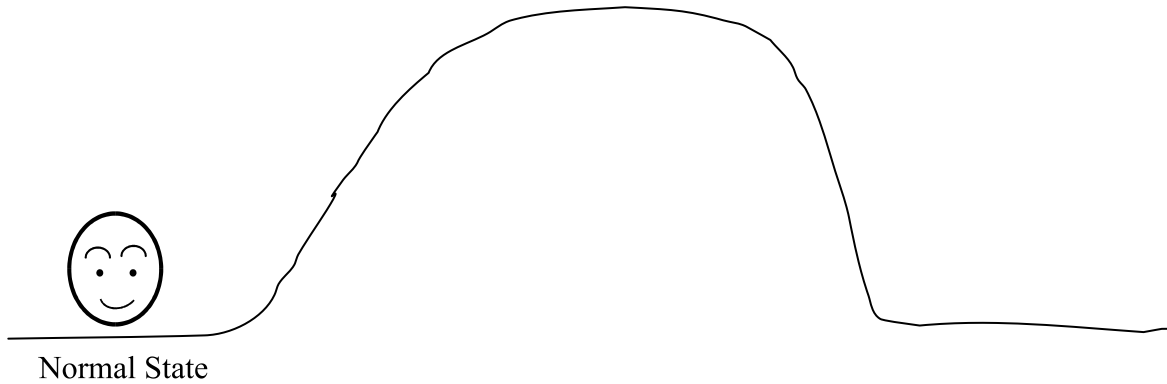
What is a Crisis?

____
____
____

Definition of crisis: Any event or situation that has upset a person's normal state and appears to be unsolvable with the person's customary methods of coping.

The Stages (or Phases) of Crisis

.

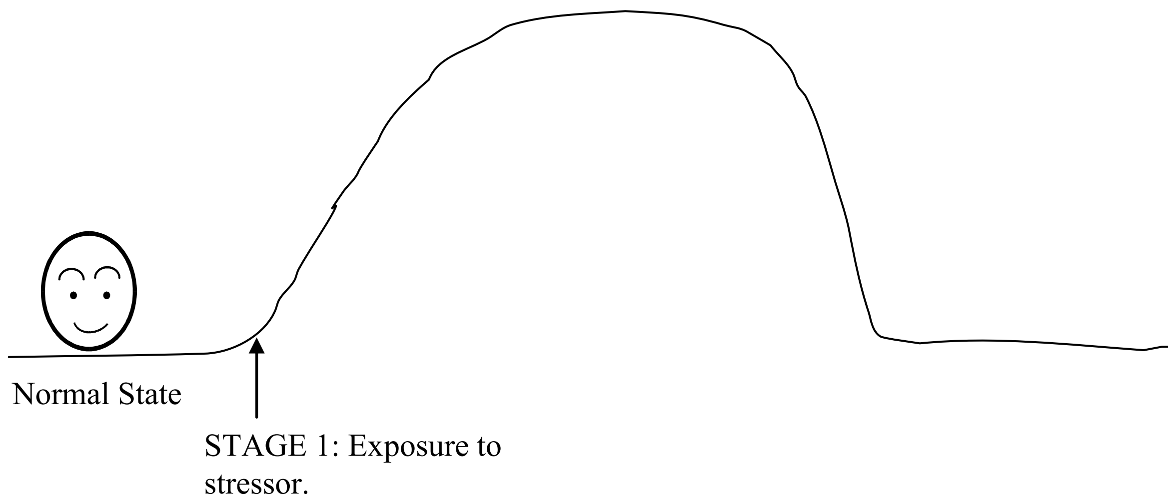


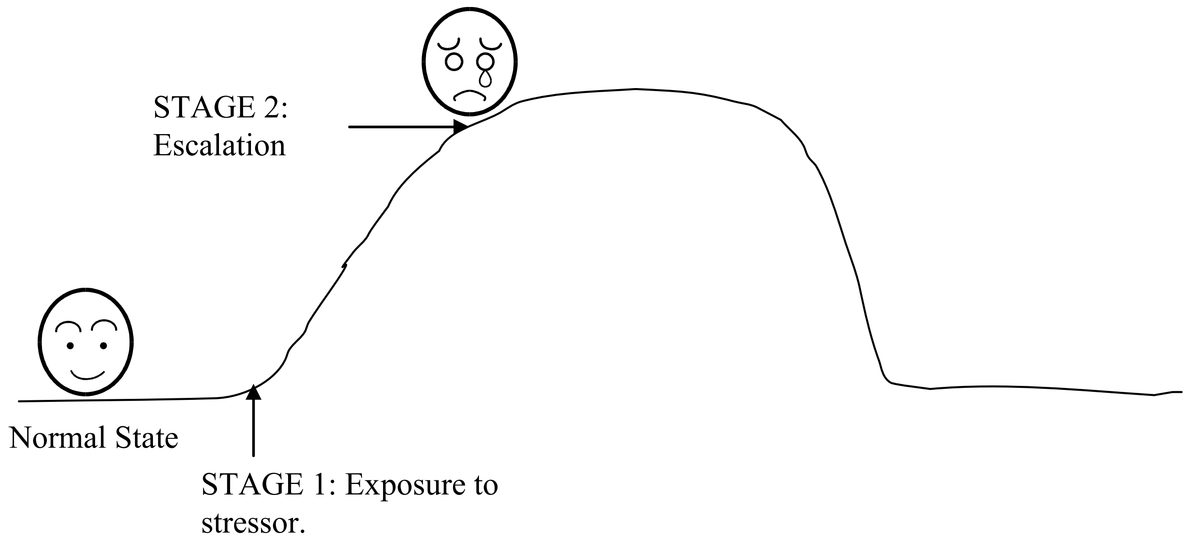
____

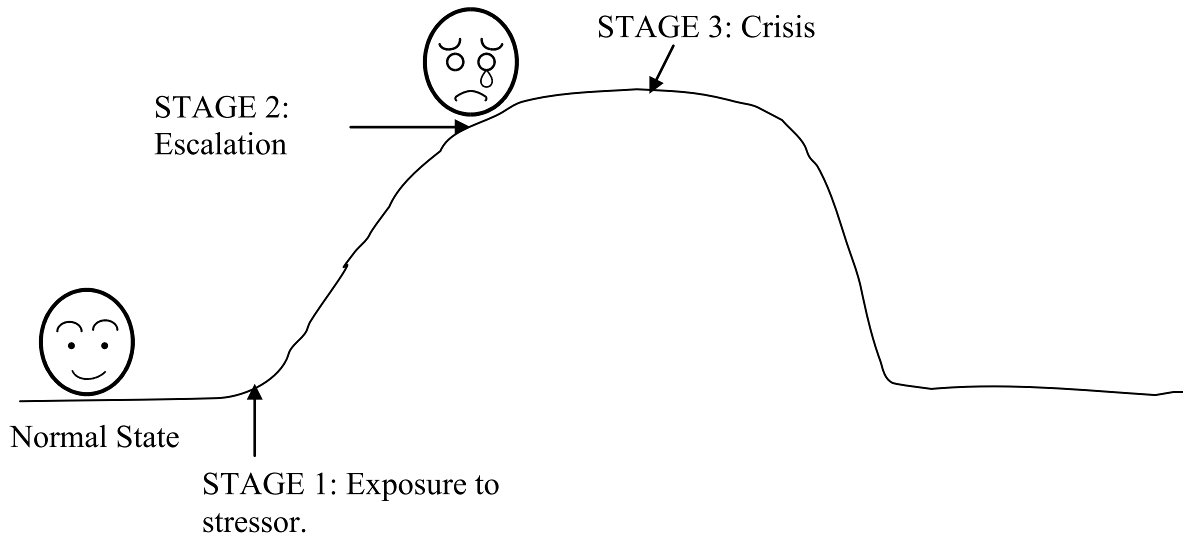
____

____

_.



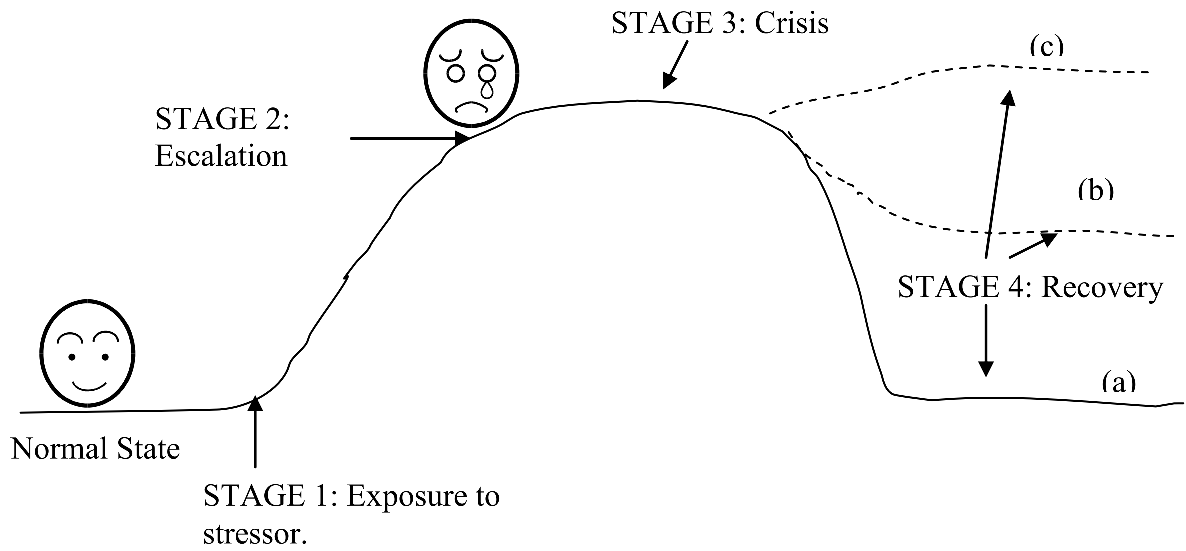

STAGE 2:
Escalation
Normal State
STAGE 1: Exposure to
stressor.


STAGE 3: Crisis
STAGE 2:
Escalation
Normal State
STAGE 1: Exposure to
stressor.

____

____

____


STAGE 3: Crisis
(c)
STAGE 2:
Escalation
(b)
STAGE 4: Recovery
(a)
Normal State
STAGE 1: Exposure to
stressor.

____

____

____

____

Four areas of crisis assessment

1. **Safety -**

2. **Client's perception**–

3. **Resources and Support -**

Coping Skills –

Assessing suicide potential

It is important to make every attempt to identify individuals at risk for suicidal or parasuicidal behavior and to take every precaution to prevent this from happening. However, some people kill themselves without telling anyone or making any sign that they are even thinking about it. So even though you may have asked all the right questions to assess suicidality, sometimes we cannot control other people's actions.

Exercise 1: Assessing Suicide Potential -- Group Discussion

____

____

When assessing suicidality, try to use empathy as you ask questions about the following:

Thoughts about suicide.

____

____

____

____

____

Dangerousness:

____

____

____

____

____

Availability:

____

____

____

____

____

Intention:

____

____

____

____

____

Assessing torture and trauma

____

____

____

____

____

Exercise 2: The Harvard Trauma Questionnaire (HTQ) – Role-Play

____

____

____

____

____

____

____

____

____

Assessing Domestic Violence

Domestic violence includes several kinds of abuse such as physical abuse, sexual abuse, psychological abuse, economic abuse and spiritual abuse. Domestic violence can be life-threatening and can leave victims feeling emotionally weak and defenseless (vulnerable) and helpless.

Physical abuse --

____

____

____

Sexual abuse--

____

____

____

_

Psychological abuse –

____

____

____

_

Economic abuse –

____

____

____

_

Spiritual abuse –

____

____

____

_

Signs and Symptoms of Domestic Violence

Victims of domestic violence may exhibit a wide range of behavioral reactions. The following list represents only a few of the reactions you may observe.

Children:

____

____

____

_

Adolescents:

____

____

____

_

Adults:

____

____

____

_

Crisis Intervention

The overall goal of crisis intervention is to restore the person to his/her pre-crisis level of functioning. This may be accomplished by providing support, reducing risk of harm, and providing appropriate referrals.

1. ____
   ____
   ____
   ____
2. ____
   ____
   ____
   ____
3. ____
   ____
   ____
   ____

4. ____

5. ____

Developing a Safety Plan

Exercise 3: Safety Plan Role-Play

Key Points to Remember

1. Most crises are to be expected as a part of everyday life.
2. Some people require help to recover from their crisis.
3. Four areas of crisis assessment include:
    a. Safety
    b. Client's perception of event(s)
    c. Support and resources
    d. Coping skills
4. When assessing potential suicide, it is important to assess the person's:
    a. Thoughts about suicide
    b. Dangerousness
    c. Availability
    d. Intention
5. Five types of domestic violence include:
    a. Physical
    b. Sexual
    c. Psychological
    d. Economic
    e. Spiritual
6. Five steps of crisis intervention include:
    a. Rapidly establish the relationship
    b. Assess the problem
    c. Explore alternatives and specific solutions
    d. Develop an action plan
    e. Follow up

Safety Plan

Name: ____________________________ Date: __________ Date of Return:________

How will you spend your time between now and when you return? (Be specific: Who will you be with? What will you do? Where will you go?)

What dangerous items are in your home or are easily accessible to you? What will you do with these items? (Example: medications, toxic substances, knives and other sharp objects, firearms)

What will you do to avoid or cope with situations that place you in danger?

Who is available to help with your plan? (Who can you call? Who can you stay with? Who can come stay with you?)

What will you do if the unsafe situation arises again?

Emergency Contact Information:

Introduction to Drug Taking
Participant Workbook

Purpose of Training: To provide a beginning understanding of drug taking behavior, development of problems associated with drug taking, and how people decide to change problem behaviors, including drug taking.

Learning objectives:

Participants will understand that drug taking is a nearly universal characteristic of human beings.
Participants will understand why it is important to always gather information about an individual's drug use.
Participants will be able to identify three characteristics of the individual, three characteristics of the environment, and three characteristics of the drug that relate to drug effects and drug taking behavior.
Participants will be able to identify the stages an individual goes through in deciding to change a problem behavior (Stages of Change) and two characteristics of people who are in each of these stages.
Participants will be able to identify the progression an individual makes in going from initial use of a drug to problem use of the drug.
Participants will be able to identify four types of information that should be gathered about an individual's use of drugs.

Recommended Readings and References:

Psychiatric Rehabilitation Certificate Program (2000). Tinley Park, IL: University of Chicago Center for Psychiatric Rehabilitation

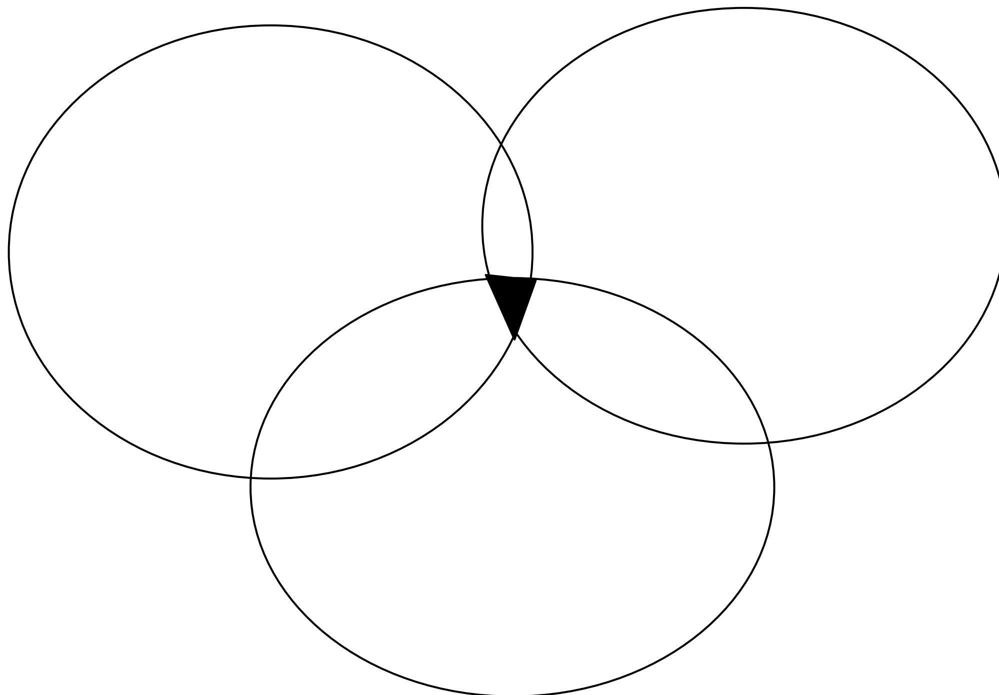
American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorder, 4th Edition-Text Revision. Washington, D.C.: APA.

What are some characteristics of drug users?

____
____
____
____
____
____

Why do people take drugs?

The Public Health Model of drug taking.



Can people take drugs without having problems, and how does drug use become a problem?

____
____
____

Initial use.

____
____
____
____
____
____

Repeated then regular use.

____
____
____
____
____
____

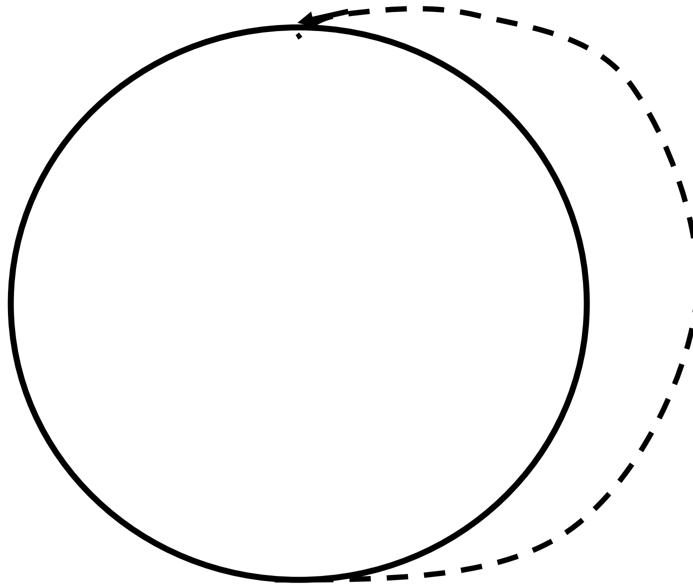
Problem and/or uncontrolled use.

____
____
____
____
____

How do people change problem behaviors, like excessive drug use?

The decision to change a problem behavior of any kind, including problem drug use, occurs in a series of steps. The kind of help a person needs depends on where they are in this process. This is called the Stages of Change Model, and understanding this model helps us to know how to help a person change a problem behavior…or at least how to avoid making a problem more difficult to change.

Stages of Change



Precontemplation.

____
____
____
____
____

Contemplation.

____
____
____
____
____

Determination.

____
____
____
____
____

Action.

____
____
____
____
____

Maintenance.

____
____
____
____
____

Relapse.

____
____
____
____
____

Why is getting drug use information important, and what information do I need to get about a client's drug use?

____
____
____
____
____
____
____
____
____
____
____
____
____
____
____

There are several types of information that are important to gather about an individual's drug use. Each type of information is gathered for a specific reason. For now, I will briefly review the type of information and why it is gathered. In a later training session, we will discuss drug use screening and assessment in more detail.

- **Pattern of use.**

____
____
____
____
____

- **Consequences of use.**

____
____
____
____
____

- **Context of use.**

____
____
____
____
____

- **Stage of Change.**

____
____
____
____
____

Key Points to Remember:

1. Drug taking is a nearly universal characteristic of people. The characteristics of drug takers are the characteristics of all of us.

2. Drug taking is an interaction among characteristics of the individual, characteristics of the environment, and characteristics of the drug. This is called the Public Health Model.

3. People typically go from initial use of a drug, to regular use of a drug, to problem use of the drug. People may stop use at a particular stage or they may progress to the next stage.

4. The decision to change a problem behavior, including drug use, occurs in a series of stages. The kind of help a person needs depends on their Stage of Change. The stages are Precontemplation where the individual does not recognize that a problem exists; Contemplation where the person is ambivalent and sees both advantages and

disadvantages of the behavior; Determination where the person decides that the disadvantages are more important than the advantages, that they want to make a change, but they don't have a plan; Action where the person has a well-thought out plan for change; Maintenance where the individual has been successful for many months in making the change and where attention shifts to other aspects of life; and Relapse where the individual resumes the problem behavior—either temporarily or long term.

5. Information about drug use should be gathered routinely for all clients. There are many reasons to gather drug use information: we can't tell by looking at a person what kinds of drugs they use or whether they have a problem; drug use may cause or increase symptoms and life problems; drug use may interfere with treatment the doctor may prescribe; drug use may be used to cope with emotional problems, including those caused by trauma; and a person may have a drug abuse or dependence problem in addition to other problems.

6. The following information should be gathered about a client's drug use: pattern of use, consequences of use, context of use, and stage of change.

Motivational Interviewing
Participant Workbook

Purpose of Training:

To teach community mental health workers how to use motivational interviewing in helping individuals make change

Learning objectives:

Participants will understand how to approach the change process.
Participants will be able to identify ambivalence and change talk.
Participants will understand effective ways of helping people who are resistant to change.
Participants will understand the importance of reflective listening and an overall person-centered approach.

References:

Herman, J.L. (1992). Trauma and recovery: The aftermath of violence from domestic abuse to political terror. New York: Harper.

Miller, W.R. and Rollnick S. (2002). Motivational Interviewing: Preparing people for change. New York: Guilford.

What motivates people to change?

____

Part of your job as a CMHW will be to help people make changes in their lives to help them feel better.

____

Ask questions. ______

Advise. ______

______ **Explain**. ______

______ **Warn**. ______

Make Suggestions. ______

Direct. ______

______ **Refute**. ______

Analyze. ______

Reassure. ______

Creating a Context for Change

- **Creating a safe relationship and environment--** ______
- **Contextual assessment—** ______
- **Explore negative consequences of change and positive consequences of change—** ______

- **Goal setting**—

What is motivational interviewing?

Motivational interviewing is a person-centered, directive method of communication for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

Five basic principles of motivational interviewing:

Express empathy—

Develop discrepancy—

Avoid argumentation—

Roll with resistance—

Support self-efficacy—

Questions that Evoke Self-Motivational Statements

The following questions may help you in thinking about what to ask someone who is ambivalent about change in order to help an individual become motivated to change:

- What difficulties have you had in relation to your _____________(smoking, drinking, eating habits, etc.)?
- In what ways has this been a problem for you?
- How does your _____________________(smoking, drinking, eating, etc.) interfere with your values or your goals?
- In what ways does_________cause you concern?
- What worries you about the way things are?
- What can you imagine happening to you as a result of ________?
- What do you think will happen if you don't make a change?
- What makes you think you need to do something different?
- What would be the advantage to changing your behavior?
- What would be the disadvantage to changing your behavior?
- What things make you think you should keep doing what you are doing, and what things make you think you should change?
- If you decided to change, what do you think would work for you?
- What makes you think you can change, even if you decided to?
- What abilities do you have that might be useful if you decide to change?
- If you decide to change, what do you think you will do?
- What do you think has to change?
- How would you like things to turn out for yourself?
- What concerns you about changing?
- If you were successful in changing, what would be different?

____
____
____
____
____
____
____

Readiness for Change

0 1 2 3 4 5 6 7 8 9 10

____
____
____
____
____
____
____

Key Points to Remember:

Now, let us review what we have said about motivational interviewing.

- Approaching the change process requires that you help an individual feel safe to explore the possibilities associated with change.
- Resistance to change is normal and most people are ambivalent about making changes at first.
- There are several effective ways of helping people who are resistant to change which involve reflective listening and helping a person see how you understand that their viewpoint makes sense given the context of the situation.
- It is very important to practice reflective listening and an overall person-centered approach so that people feel validated and trust that you are someone who understands what it is like to experience what they have experienced.

Treatment Planning and Crisis Management
Participant Workbook

Purpose of Training:

To teach community mental health workers about treatment planning for mental health needs and crisis management.

Learning objectives:

Participants will be able to identify and discuss reasons why clients should be included in all aspects of the treatment planning process.

Participants will be able to discuss why client progress must be continuously monitored and evaluated, and why the treatment plan must be revised accordingly.

Participants will understand the importance of record keeping.

Participants will be able to name three different types of goals.

Participants will be able to use a treatment plan with a client, and will be able to fill in the information accurately

Recommended Readings:

Anthony, B. (2000). A recovery-oriented service system: Setting some system level standards. *Psychiatric Rehabilitation Journal*, 24(2), 159-168.

Mead, S., & Copeland, M.E. (2000). *What recovery means to us*. New York: Plenum Publishers. Available at www.mentalhealthrecovery.com

Ralph, R.O. (2000). Recovery. *Psychiatric Rehabilitation Skills*, 4(3), pp. 480-517.

References:

Psychiatric Rehabilitation Certificate Program (2000). Tinley Park, IL: University of Chicago Center for Psychiatric Rehabilitation

Spengle, R. (2003). *Medication monitoring*. WebMDHealth website at http://my.webmd.com/hw/health_guide_atoz/hw6431.asp

What is a Treatment Plan?

____

____

____

____

A treatment plan is:

- Written
- Structured
- Detailed

A treatment plan includes:

- the problem to be addressed in treatment
- services to be delivered
- the frequency of services
- expected duration of services
- community resources
- treatment goals
- monitoring
- assessment.

____
____
____
____
____
____
____

Developing a Treatment Plan

____
____
____
____
____
____
____

The content of a treatment plan will include (but is not limited to):

1. An identified problem or area that needs improvement
2. Targeted goals
3. Targeted behaviors
4. Targeted skills
5. Targeted dates for meeting the goals

Identifying problems

____
____
____
____
____
____
____

Defining targeted goals

What are goals?

____
____
____
____
____

Why are goals important?

____
____
____
____
____
____

Types of goals

Daily goals --

____
____
____
____

Short-term goals –

____
____
____
____
____

Long-term goals –

____
____
____
____
____

Exercise 1: Discussing Goals

1. What is one of your daily goals?
2. What is one of your short-term goals?
3. What is one of your long-term goals?
4. What are your personal strengths?
5. What are your personal interests?

Defining targeted behaviors

Targeted behaviors are directly linked to the targeted goals on a treatment plan. Assessment information can be used to identify and define target behaviors on a treatment plan. These may be behavioral excesses, behavioral deficits, or behaviors occurring under inappropriate conditions.

When defining target behaviors, be specific.

Identify the components of the behavior.

Specify conditions under which the behavior will occur,

Specify when the behavior should occur.

____
____
____
____
____

Defining targeted skills

____
____
____
____
____

In helping your clients, you may need to assist them to:

1. Modify existing skills -
   ____
   ____
2. Learn new skills –
   ____
   ____
3. Reduce barriers to performing skills –
   ____
   ____
4. Generalizing skills –
   ____
   ____

Target Date

____
____
____
____

Exercise 2: Treatment Planning Vignettes

____
____

Vignette 1:

A 40-year-old man, Fadil, reports that his wife, Esma, just gave birth to a baby boy who requires medicine for his heart. They have six older children who live with them and who are very healthy. Fadil is concerned about where he will find the medicine and how he will pay for it. He wishes to become a business owner so that he can have more money for his family, but he is worried that he will not be able to save much money in order to buy a business now that the baby is ill. Fadil is also worried about Esma who spends all day crying and will not eat or care for herself. She seems to have lost interests in spending time with her friends and relatives. She has lost much weight and appears to be weak and tired all of the time.

Vignette 2:

An 18-year-old girl, Adara, reports that her neighbor, a 25-year-old man named Salem, physically and sexually assaulted her. Sarah is afraid and does not want to tell her family what has happened to her. She believes she has brought shame to her family and she also reports that she is having nightmares and is afraid to go outside of her home. She is also afraid that people will find out about the attack and will blame her for what happened. She is also worried about the possibility of being exposed to HIV or other diseases.

Vignette 3:

A 67-year-old woman, Dilar, has recently lost her husband. He died two months ago after a long battle with cancer. She lives with her in-laws. Her two children, a son and a daughter, disappeared during the war. Dilar has very little money saved from when her husband worked in the government. While she has a number of friends and used to be active in her neighborhood, Dilar has kept to herself since her husband died because her friends are all married with children. Dilar's in-laws are planning to move to a distant city in order to have a better life. Although Dilar knows that she and her family must move away, she is angry and hurt about the situation. She says that she wants to remain in her current neighborhood where her children call home, and she worries about not being there if her children should happen to return to the home that they have always known.

Documenting Findings and Observations

____
____
____
____

Documenting observations

____
____
____
____

Exercise 3: Documenting observations

____
____
____
_____________________.

Crisis Management

Many of the people whom you help will be in crisis at the time you meet with them. Helping them to manage their crisis involves:

.

1. *Identifying the current crisis*
   ____
   ____
2. *Planning a response to the crisis*
   ____
   ____
3. *Confronting and resolving the crisis*
   ____
   ____
4. *Forecasting potential crises in the future*
   ____
   ____
5. *Developing a strategy to prevent future crises*
   ____
   ____

Medication Management

____
____

Why is medication monitoring important?

____
____
____
____

Medication management and Improved Functioning

____
____
____
____

Key Points to Remember

1. Treatment plan content is based largely on the findings of assessments.
2. The content of a treatment plan will include (but is not limited to):
   - (a) Targeted goals
   - (b) Targeted behaviors
   - (c) Targeted skills
3. Accurate documentation in the client's chart is important because:
   - (a) The information is important.
   - (b) It is a method of communication between staff members.
   - (c) The chart may be considered a legal document.
4. Crisis management includes helping clients:
   - (a) Identify the current crisis
   - (b) Plan a response to the crisis
   - (c) Confront and resolve the crisis
   - (d) Forecast potential crises in the future
   - (e) Develop a strategy to prevent future crises

Treatment Plan

Today's Date:______________ Next Treatment Plan Review Date: ______________

Client Name: ____________________________________ I.D.#_______________________

Doctor: ________________________________ CMHW: ____________________________

Problem Statement	Related Goal	Skills/Behaviors in Reaching Goal	Target D

SAMPLE Treatment Plan

Today's Date:____*7/18/2005*___ Next Treatment Plan Review Date: __*1/18/2006*___

Client Name: ___*Mohamed Hassan*_______________ I.D.#_____*1234567*______

Doctor: ______*Salah Ahmed*___________________ CMHW: _____*Mustafa Ali*___

Problem Statement	Related Goal	Skills/Behaviors in Reaching Goal	Target Date
I lost my job and have not worked in 3 months	*I want to find a job so that I can support myself and my family.* *I want to learn how to use a computer so that I can get a job that pays better.*	*I will contact 3 potential employers each day to ask for a job.* *I will ask my brother to show me how to use a computer.*	*7/25/2005* *7/19/2005*
		I will practice my new computer skills twice each week.	*8/1/2005*
I feel depressed and lonely all the time. I cry and cannot sleep very well. I do not feel like getting out of bed on most days. I have not talked with my friends in three months.	*I want to feel better.*	*I will talk with my doctor about my feelings of depression.* *I will take medication as prescribed by the doctor.*	*7/18/2005* *7/18/2005*

		I will get out of bed each day, even when I do not feel like it. *I will contact one friend each week, and I will socialize for three hours (or more) each week.*	*7/20/2005* *8/18/2005*

Coping with Crisis
Participant Workbook

Purpose of Training:

To teach community mental health workers about resilience and coping strategies, building social networks, and self-care.

Learning objectives:

Participants will be able to identify and discuss the typical emotional responses to crisis.
Participants will be able to identify and discuss the typical behavioral responses to crisis.
Participants will be able to identify and discuss the typical cognitive responses to crisis.
Participants will be able to identify and discuss the typical physical responses to crisis.
Participants will understand the importance of self-care.
Participants will be able to provide assistance to individuals in crisis.

Recommended Readings:

Egan, G. (1998). The skilled helper: A problem-management approach to helping. Pacific Grove, CA: Brooks/Cole.

References:

The Center for Mental Health Services (2004). After disaster strikes: What you can do. 4therapy.com website at http://www.4therapy.com/consumer/life_topics/article/6946/539/After+Disaster+Strikes--What+You+Can+Do

The Center for Victims of Torture (1997) *Secondary Traumatization*. Minneapolis, MN.

McKenry, P.C. & Price, S.J. (1994). *Families and change: Coping with stressful events.* Thousand Oaks, CA: Sage

George Mason University (2005). *Coping with crisis, disaster and the stress of war/terrorism*. http://www.gmu.edu/departments/csdc/disaster.htm

Kono, G. (2004) *Surviving loss, grief and trauma*. 4therapy.com website at http://www.4therapy.com/consumer/life_topics/article/7541/539/Surviving+Loss%2C+Grief%2C+and+Trauma

Psychiatric Rehabilitation Certificate Program (2000). Tinley Park, IL: University of Chicago Center for Psychiatric Rehabilitation

What are some of the effects of trauma and crisis?

____

____

____

____

____

____

Exercise 1: Identifying Common symptoms of (or responses to) Trauma/Crisis

Emotional____

____

____

____

____

____

Behavioral____

____

____

____

____

____

Cognitive____

____

____

____

____

Physical____

____

____

____

____

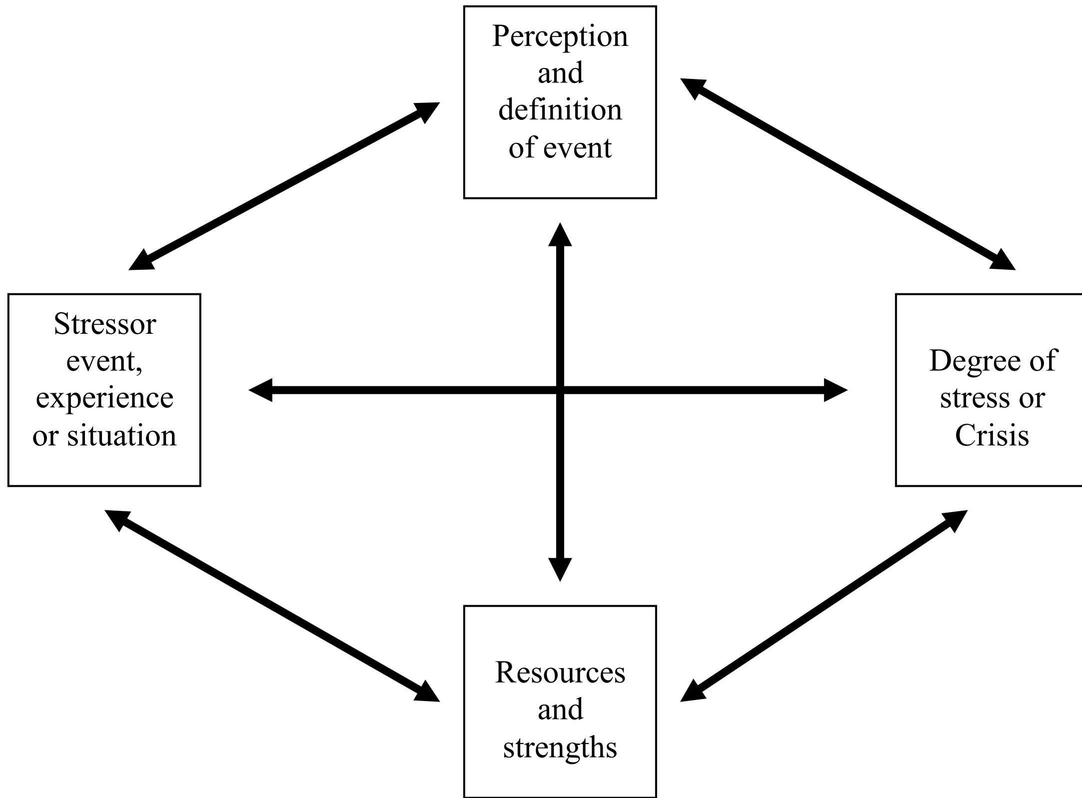
____

____

Crisis theory

.

.



Stressor events

____

____

____

____

Resources

____

____

____

____

Perception

____

____

____

____

Stress and crises

____

____

____

____

.

Resiliency and Coping

When we help people build resiliency and coping, we are actually assisting them in improving their resources and perceptions. Coping refers to the things that people DO in order to deal with a stressor event.

____

____

____

____

____

There are several things you can encourage people to do in order to improve their resiliency and coping. For example:

- Resume normal daily routines as fully as possible. Structure time during the day and maintain a schedule of activity.
- Get extra rest and set aside time to relax. This includes getting proper rest at night, waking up at a regular time each morning and going to bed at a reasonable time each night.
- Talk with someone about any feelings of guilt, shame, sorrow, anger, fear, loss, denial, or confusion. Even though it may seem awkward at first, find someone (e.g., CMHW, family, friend, Imam, etc.) to talk to about emotions or thoughts that are currently being experienced. Be sure to choose someone who can be trusted to maintain confidentiality.
- Find things to do that bring pleasure (for example: music, poetry, reading, walking, gardening, dancing, cooking, visiting with friends and family).
- Get adequate exercise and make healthy eating choices. Do not skip meals. Eat regular balanced meals even if not feeling hungry. Exercise or participate in some regular physical activity. Use relaxation techniques.
- Reach out to others, and socialize with friends and family. Resume social activities to combat isolation and feelings of loneliness.
- Delay major life decisions or major changes in life until after symptoms have reduced.

Exercise 2: Normalizing feelings Role Play

One of the most important things you can do to help people cope during crisis is to help them recognize and accept that their feelings are "normal" responses to the extreme circumstances that they are under. Remember that “normal” reactions vary greatly between one person and another. A supportive environment that normalizes the

feelings, thoughts and behaviors of the victim can minimize the negative effects of traumatic experience.

____

____

____

____

Building social networks

Another key role that you can take in helping people in crisis is to help them reconnect to their social support networks. Using social networks is an important part of effective case management.

____

____

____

____

What are some case management tasks in building community resources?

1. <u>Assessing</u>
    a. Goals –
    ____
    ____
    ____
    b. Skills –
    ____
    ____
    ____
    c. Symptoms and Needs –
    ____
    ____

2. Planning
    a. Treatment Plans –
    b. Coping strategies –
    c. Recreational activities –
    d. Daily schedule –
3. Linking
    a. Services
    b. Social networks

Exercise 3: Linking Services Group Discussion

____

____

What is Secondary trauma? (or Compassion Fatigue)

____

____

____

____

Definition: The experience of trauma-related stress caused by working closely with trauma survivors. It is the stress resulting from helping or wanting to help a traumatized or suffering person.

____

____

____

____

____

____

Some signs and symptoms of Secondary Traumatization:

- Decreased level of energy
- Sadness, depression, social withdrawal from others or activities
- Apathy, indifference, emotional numbness
- A sense of having no time for oneself
- An increased disconnection from loved ones;
- Forgetfulness, confusion, difficulty making decisions or concentrating
- Loss of sense of humor or playfulness
- Loss of creativity, loss of problem-solving skills
- Irritability, intolerance, anger and rage
- Feelings of helplessness, hopelessness, lack of control
- Nightmares related to the client's trauma
- Sleep disturbances
- Disbelief and denial of other people's experiences
- An increased sensitivity to violence, threats, or fear, as well as the opposite—decreased sensitivity, cynicism, generalized despair, and hopelessness
- Guilt for having survived or escaped trauma
- Preoccupation with safety of self or loved ones
- Physical complaints: gastrointestinal pain, headaches, joint pain, muscle aches, etc.

Exercise 4: Strategies for Addressing Secondary Trauma

____

____

____

____

____

____

____

____

____

____

____

____

Key Points to Remember

1. Responses to trauma and crises can appear emotionally, physically, cognitively and/or behaviorally.
2. The degree of stress experienced by the client and the development of a crisis are influenced by:
   a. the stressor event
   b. the perception of the client and meaning attached to the event
   c. the client's resources and strengths
3. Building community resources require the CMHW to:
   a. Assess
   b. Plan
   c. Link
4. Secondary trauma refers to the experience of trauma-related stress caused by working closely with trauma survivors. It is the stress resulting from helping or wanting to help a traumatized or suffering person.
5. Three ways to combat secondary trauma are:
   a. Know the signs and symptoms of secondary trauma
   b. Live a balanced life
   c. Build connections and supportive relationships