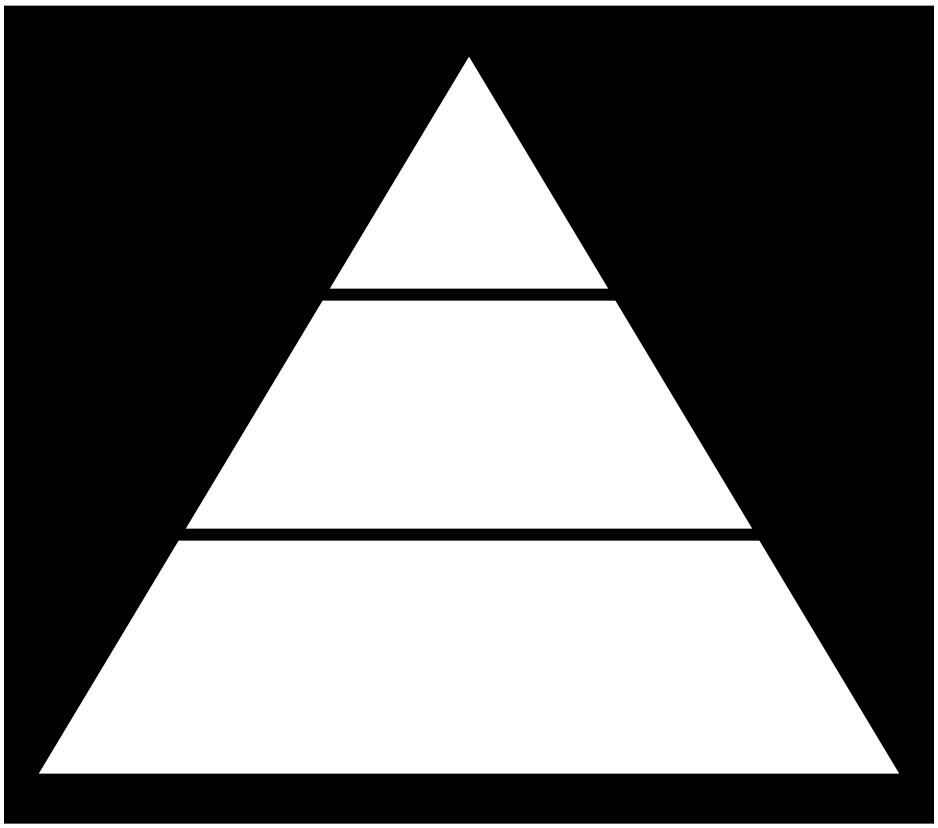

Heartland Alliance

Iraq Torture Treatment Project

Instructor Curriculum:

Integrating Family in Services and Treatment Planning

Revised April 2006

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Introduction

This curriculum was developed as part of Heartland Alliance for Human Needs & Human Rights' Integrated Torture Treatment Services in Rural Iraq. The purpose of this curriculum is to train Community Mental Health Workers in Iraq about skills and duties necessary to provide psychosocial support to individuals who experience mental health problems.

The content and design of this curriculum were developed, in part, as a result of feedback from trainers and participants. This training curriculum is designed to be a practical, user-friendly and culturally appropriate resource in successfully developing and enhancing the skills of paraprofessional and professional staff in Iraq by helping them to identify their role in the treatment team and practice the skills needed in providing direct service.

Acknowledgments

This curriculum was developed in a collaborative effort between staff at Heartland Alliance for Human Needs & Human Rights — Elizabeth Bowen, Mary Bunn, Lorna Elam Jackson, Stanley McCracken, and Alice Virgil, with the assistance of several other individuals who offered their technical assistance and support in developing this curriculum — Ari Hasan Ahmed, Ahmed Amin, Haithem Asedy, Katherine Bennett, Richard Brouillette, Hans Buwalda, Patrick Corrigan, Mary Lynn Everson, Mary Fabri, Salah Hasan, Jonathan Lewis, Sid Mohn, Scott Petersen, and Scott Portman.

In addition, a special acknowledgment and thanks are extended to the people of Iraq who participated in the development and implementation of this project.

About this Curriculum

The aim of this curriculum is to help direct service providers learn through a combination of lecture, visual aids, group participation and practice exercises.

The content of this curriculum is intended to provide trainers with insight into the rationale, processes and implications of integrating family members in supportive services for individuals in the primary healthcare setting. The companion participant workbook reinforces the content by reviewing key points covered in the lectures. In addition, several handouts and tip sheets are also provided for the participants' use with their clients.

The design of this curriculum offers specific text explaining the basic concepts of this curriculum, so that the trainer knows what needs to be presented in each lecture. The text is written in an easy-to understand dialogue style, so that the trainer may use the text as a lecture script, if desired. Italicized prompts provide the trainer with teaching tips and presentation notes, along with other helpful information and suggestions.

Trainer Tips

It is important to personalize the training experience by offering or eliciting relative examples or anecdotes regarding the topic areas covered in this curriculum. By doing this you will keep training participants engaged and will help them learn from another.

Throughout the training sessions be sure to continually assess the needs of the training participants and revise the amount of time devoted to each specific topic in this curriculum according to their questions, interests and needs. For example, if some of the participants want to focus on training issues related to a particular problem, you should assess to what degree devoting extra time to discussing these problems would be instructive and helpful for the entire group.

You may also decide to tailor this curriculum in order to meet specific training needs. For example, if your training time is limited, you may choose to conduct several separate training sessions in order to complete one lecture. If so, you may find it helpful to end a training session at the point before a new topic are begins. New topic areas are indicated by bold headers. Also, supplemental reading materials are referenced at the beginning of each lecture and are recommended for individuals seeking a more comprehensive understanding of the topic being covered in the lecture. (We can provide copies of many of these materials written in English, if desired).

Introduction to Family Work

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INTRODUCTION

Purpose of training:
To orient community mental health workers to the task of involving families in client treatment.

At the end of this training, the CMHW will know…

- Iraqi-specific definition of family
- Characteristics of family systems
- Benefits of including family members in individual client work as well as examples of current ways families are integrated
- Drawbacks and challenges associated with family work
- When and how to make referrals for clients' family members
- The person in environment model
- The continuum of family involvement

At the end of this training, the CMHW will be able to…

- Explore opportunities for family involvement in individual client work based on the definition of family
- Use the family systems perspective to understand client and family interactions
- Utilize reasons for involving family and examples from the field to frame discussions about family involvement with clients
- Make referrals for clients' family members when appropriate
- Problem solve and determine appropriate roles for family members in treatment utilizing knowledge of benefits and challenges associated with family work
- Utilize knowledge of the person in environment model and the continuum of family involvement to "meet families where they are" and develop appropriate opportunities for collaboration

The goal of this training session is to teach…

- Information aimed at orienting the CMHW to involving family members in individual client work
- Common benefits and challenges associated with involving family members

TRAINING SET-UP

Training Format:
Didactic lecture, group exercises and group discussions

Equipment:
Chalkboard, flipchart or dry erase board with markers

References:
Lukas, S (1993). *Where to start and what to ask: An assessment handbook*. W.W. Norton: New York.

TRAINING SCRIPT

Welcome, Introductions and Daily Agenda

Greet participants. Discuss the purpose of today's training. Review the goals of the training and the skills and knowledge that CMHWs should learn from the training.

I. Agenda

The purpose of the training this week is to highlight ways that family members can be involved in our core tasks with clients. We will also discuss how to use your core skills to successfully integrate families.

Today we will discuss the Iraqi-specific definition of family as well as some general characteristics of family systems, in order to understand the benefits and challenges of family work. In Part 2 of this unit, we will discuss the person in environment model and the continuum of family involvement as tools to help demonstrate how families can be involved. Not all families will be involved to the same degree.

Many of you have already had experiences working with family members in your health posts and we will be relying on you to share those experiences in order to ground our discussion in "real" field work.

Part 1: Why Family? An Introduction to Family Work

II. Exercise 1: Definition of Family

Before we begin talking about involving families in individual client work, let's think more generally about families. I'm going to give you a few minutes to think about your own family, families you know, and/or families in Iraq in general. What would you include in a definition of family?

Please also consider these questions:

- Who is included in the definition of family?
- What is the role of family in Iraq?
- What roles do different family members have? How do different family members interact with one another?

The purpose of this exercise is to explore meanings that trainees associate with the word "family." In doing so, we hope to set the framework for all the range of possible people who might be included in our work with individual clients.

Elicit responses. Capture responses on flip chart or white board. Possible responses include: consisting of parents (or one or none of them) and children, living a house together, to support each other in good and bad times, to take care of each other in sickness.

Thank you. That's great. Let's stop there and take a look at all of our answers.

Though we shared some ideas in our definitions of family, there were areas where we differed. For example, some of you thought "family" included a large group of people while others saw it as a very small group of people. These are important differences to consider as we begin to explore opportunities for involving family members in our work with clients.

As CMHWs, our expectations (or definitions) about how family members should be involved in treatment may be very different from the expectations of our clients and their family members. It is important that we allow families to "define" who should be involved, how they see the problem and how they can support our work. Let's briefly look at the reasons why this is important:

- The family is likely to be more engaged in the process if their perspective is respected and considered.
- The family is likely to be more successful if they are invited to be involved in the way that they think is most appropriate.
- The family also knows itself best and therefore is in the best position to make decisions about how to support their family member.

Does anyone have any questions or concerns about what we have just talked about?

Elicit feedback and answer any questions that participants raise.

III. The Systems Perspective

Now, I would like a talk about the systems perspective and how this view of the family can help frame our work.

Each day, all of us participate in many systems, such as the government system, the healthcare system, the educational system, and the family system. We may not always think of the family as a system since it is not a formal organization, but it is in fact one of the most important systems in which we participate. Let's explore what this means.

A system is any group of elements that interact together to form a whole. One of the systems that each of you participates in on a daily basis is the hospital system. Let's use this example to discuss some of the main characteristics of systems:

- All of the parts of the system interact with each other. For example, physicians, nurses, pharmacists, CMHWS, patients and their families are all interacting parts of the hospital system.
- There is interdependence between the parts, meaning that when something happens to one part of the system, it affects the entire system in some way. For example, if a nurse who is supposed to assist a physician with surgery does not show up for work that day, this affects the physician, the rest of the surgical team, the patient who needs the surgery, and other nurses who might be asked to fill in for her.
- The system is affected by internal events (changes within the system) and external events (changes outside of the system). An example of an internal event that would affect the hospital system would be if the hospital hired a new administrator who had some different ideas about how the hospital workforce should be organized. An example of an external event would be if something happened in the community, such as if a community's water supply became tainted and many people became ill, that would change the way that the hospital operates.
- When a change happens inside or outside of the system, the system must find a way to deal with that change in order to return to an equilibrium or steady state**.** Whether the change is something positive like acquiring new staff or resources or something negative like losing staff or having to respond to a new type of illness in the community, the hospital system must find a way of adjusting to the change in order to continue to operate.

A. Exercise 2: Applying a Family Systems Perspective

Now we are going to use a vignette to think about how these same characteristics apply to families. Please take a look at the brief vignette about Ari in your workbook.

Have a participant read the case study aloud.

Vignette:

Ari was born and has lived in Dahouk for most of his life. He is a physician in Dahouk and lives at home with his mother, father, and two younger sisters. His two older brothers also live in Dahouk but in separate houses with their wives and children. Ari has a good relationship with all of his family members but is especially close with his two younger sisters. They often come to him for advice

and support.

Recently, Ari was offered a better job working for the Ministry of Health in Suleymania. Though it requires him to move away from his family and childhood town, the salary and opportunities are much better. After discussing it with his mother and father, he has decided to accept the job and will move at the end of the month.

Together we are going to apply this idea of systems to understand Ari's family. The first characteristic of a system is that all parts of the system interact with each other. So let's start by identifying the "parts" in Ali's family system. Who is part of the system?

Elicit responses and write them on the board. The parts of Ari's family system include: Ari, his mother, family, two sisters, two older brothers, sister in laws and nieces and nephews Participants may speculate that there could be other people who are part of the family system who aren't mentioned in the case study.

So now we know that all of Ari's family members are part of the system. The second characteristic of systems is that because all of these parts interact with each other, when something happens to any part of the system, it affects the entire system. The third characteristic is that the system is affected by both external and internal events.

In this case study, what external event occurred that is affecting the family system?

Elicit responses. Correct response: Ari has been offered a job in Suleymania.

How did this event affect Ari?

Elicit responses. Possible responses: Ari has to make a difficult decision. Ari is happy because of the possibility for increased salary and more responsibility.

Remember that when something happens that affects one part of the system, it has an effect on the system as a whole. How do you think Ari's job offer might be affecting the whole family?

Elicit responses. Possible responses: The entire family feels worried about Ari moving away. His younger sisters are sad because they have a good relationship with Ari and are used to coming to him for advice and support. Perhaps Ari's

family is also hopeful that he will be able contribute to the family income with an increased salary.

You can see that there are many possible ways in which the family system would be affected by Ari moving to Suleymania. Another way to think about this is that while the job offer is an external event, it will cause changes to the internal family structure. The family system responds to both the external event, the job offer, and the resulting internal changes in parts of the system.

The fourth characteristic of systems is that after change occurs, the system must find a way to deal with that change in order to return to an equilibrium or steady state. So in this case, Ari's family will have to find ways to cope and adjust to the change that occurred, in order to continue to function as a family.

Do you have any questions about this idea of the family system or how to apply this concept?

IV. Natural Allies: Benefits of Involving Family Members in Client Treatment

From our discussion of the systems perspective, we know that individual problems affect the whole family. We can also see that family members play an important role in helping to address individual problems. Now we are going to do an exercise to further explore some of the ways in which involving family members in treatment can help our clients.

A. Exercise 3: Identifying the Benefits of Involving Family Members

I would like to think a little more specifically about the benefits of involving family members in our work with clients. What would you say are some of the benefits of involving family members in our work?

Elicit ideas and write them on flip paper; then hang the list in a visible part of the training room and refer to it throughout the week. Possible responses include: reduce stigma surrounding mental illness as a result of better understanding among family members; continuation of treatment; having feedback about the client in the home environment; creating a more supportive home atmosphere; reduced risk of suicide during crisis; monitoring side effects of medication; solving problems in the larger family.

These are great ideas. Some of you may have even had some of these experiences already. Can someone share their experience of working with family members? What were some of the benefits of having them involved?

Elicit ideas. Add any additional benefits to the list. Possible examples may include involving a client's sister who is in an abusive relationship; working with family members for clients who were suicidal; working with younger client's parents.

V. Natural Allies: Challenges of Involving Family Members

These examples are great. Thanks for sharing them. We started this discussion by talking about the benefits of involving family members and it seems like there are a number of them. We'll leave our list of benefits up throughout the training so that we can continue to refer to them. We also heard about some specific examples that you have had working with the family in a way that resulted in positive outcomes for the clients. Let's keep these success stories in mind.

Though we know that there are a variety of ways that family members benefit our work it is equally important to remember that involving family is not going to be right for everyone. For some clients, involving family members may create challenges. For example, it may be hard to know who and how to involve family members in a case where a woman is being abused. Or, involving family members may require you to make specific adjustments to how you are practicing confidentiality.

A. Exercise 4: Identifying Drawbacks to Involving Family Members

Again, let's try to create a list of some specific challenges that might arise from including family members. What possible challenges can you think of?

Elicit ideas and write them on flip paper to be left up throughout the training. Possible responses include: less case confidentiality; possibility of family members handling their role (in treatment) improperly, i.e. maybe they try to take over; family may have negative attitudes toward the client; family may not take the client seriously; possibility of taking away the client's role in family decisions because of beliefs about their mental health.

We can see that in addition to a number of benefits, there can also be complications and challenges that result from family involvement. You will want to collaborate with your client to weigh the benefits and challenges of involving their family. We will talk more about this in later lessons this week.

VI. Making Referrals for Other Family Members

I'd like to briefly discuss one concern that people sometimes have about working with families. As you get to know the members of a client's family, in some cases

you might realize that another member of the family has problems that are just as serious as the client's. Conducting family work with clients does not mean that you are expected to provide interventions to help all members of the family solve their problems. If you spend a lot of energy focusing on the mental health issues or other problems of one family member, this may detract from the time and energy you can spend helping the client.

In order to be able to continue to provide the best possible services for the client, it may be necessary to refer a family member who has his or her own serious problems to another CMHW or other resources in the community. This way the family member can get the help he or she needs, and you will be able to concentrate on helping the client. So if you find that you are spending considerable time trying to help family members other than the client, talk with your supervisor as soon as possible about the situation. Your supervisor can help you determine how to make a referral.

Do you have any questions about making referrals for clients' family members?

Part 2: How? Finding Appropriate Ways for Family to Be Involved

We started today by considering why we involve family members in our work. We discussed the systems perspective to help us understand the important role that family members play in individual members' problems and difficulties. We also spent some time outlining the specific benefits of family involvement. Now I would like to start discussing how family members will be involved. You may be asking yourself: What role should families play in the services we provide? We are going to discuss the concept of person in environment and look at something called the continuum of family involvement to help us answer that question.

VII. The Person in Environment Model

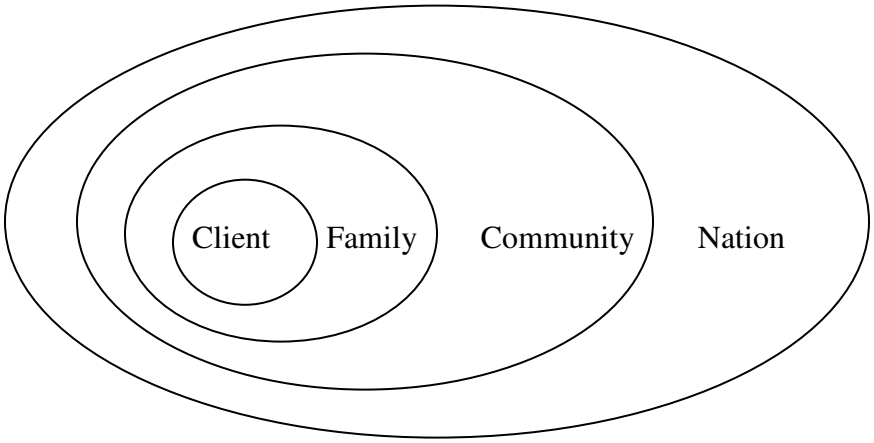
You may remember this concept of "person in-environment" from Module I. What do you think of when you hear the term "person in environment"?

Elicit ideas.

The person in environment model expresses the idea that each person/each client functions within a complex environment including the individual, their family, the community that surrounds the family (and all of the resources/or lack thereof within the community) as well as the larger society or nation that surrounds that community. This environment has a great influence on the individual at all its

levels. Just as the systems perspective helps us understand the relationship between family members, the person in environment model helps us understand the relationships between individuals and families and their community, within the context of the society or nation.

Draw the following diagram on the board and conduct a brief discussion about how the different levels of this environment affect each other.



Instead of focusing just on the individual in providing treatment, this model considers the individual's relationship to his or her surroundings. By using this multileveled approach in working with your clients, you can help them identify potential points of intervention for their family members. The person in environment model can also help you to identify different kinds of strengths and resources at the individual, family, community and national levels.

For example, at the individual level, the client may not feel capable of remembering to take his or her medication; but at the family level, the client may have someone in the household whom he or she trusts to remember that the medication must be taken.

The same can be true for the family. It is possible that, at the family level, there is no medicine within the household to treat the particular illness; but at the community level, there is a hospital with a physician who can provide the needed medicine.

Let’s brainstorm some specific ways that families could be involved in treatment at each level. To start, what are some ways in which families could support individual clients in treatment?

Elicit responses and discuss. Possible responses include: help client remember to take medication; encourage client to meet with CMHW; listen empathically to the client, etc.

Very good. Now let's go to the next level in the person in environment model. How might family members directly involve themselves in the client's treatment?

Elicit responses and discuss. Possible responses include: attend sessions with the client; work on improving family communication.

How might family members participate in treatment at the community level?

Elicit responses and discuss. Possible responses include: educate neighbors and community members about mental illness stigma; meet with the client and CMHW in the community; organize community education events.

Finally, how could family members be involved in treatment at the national level?

Elicit responses and discuss. Possible responses include: advocate in the national government for increased funding for mental health services; become involved in a public health campaign to dispel myths about mental illness.

Thank you for sharing your ideas. Please keep these ideas about how families can participate in treatment at the individual, family, community and national levels in mind as we discuss our next topic, the continuum of family involvement. Before we do that, are there any questions about the person in environment model and how it helps us consider ways that families can be involved in our work with individuals?

VIII. Continuum of Family Involvement

As you discuss involving family members in treatment with your individual clients, it is important to identify what level of involvement best suits their unique family situation. The continuum of family involvement is a tool that you can use to frame this discussion with individual clients. Let's take a look at the tool.

Draw this diagram on the board:

No involvement Some involvement Very involved

You'll see that the continuum of family involvement is similar to other continuums we have used in training—i.e. the continuum of mental illness and the Domains of Mental Health and Wellbeing continuum. This continuum helps us see the different ways that family members can be involved in our work with clients.

At the left side of the continuum, we have "no involvement." This means that the client's family is not interested in being involved and/or the client has no interest in having their family involved. In the middle, we see "some involvement." This means that the family is actively becoming involved in treatment in some way. For example, perhaps they are supporting the client by encouraging him or her to attend meetings with the CMHW, or perhaps they are even accompanying the client to regular meetings with the CMHW. On the far right of the continuum, we have "very involved." This is where you would put family members who spend considerable time and energy in activities related to the client's treatment. For example, very involved family members might accompany the client on visits to the CMHW, help the client practice the skills he or she learns with the CMHW at home, and even become active teaching others in the community about mental health and mental illness.

Let's practice trying to identify where different kinds of family involvement would fit in the person in environment model and on the continuum. For example, some family members may be comfortable helping the client monitor medication. Which level of the person in environment model does this refer to?

Elicit ideas. The correct answer is the individual level.

And where would you place this family on the continuum?

Elicit ideas. Correct answer: somewhere in the middle of the continuum or between no involvement and some involvement.

Another family member is willing to provide support to the client at home and to accompany the client to their physician's appointments. Which level of the person in environment model does this refer to?

Elicit ideas. The correct answer is the individual and community level—maybe family too.

And where would you place this family on the continuum?

Elicit ideas. Correct answer: in the middle, maybe between some and "very."

Another family member wants to speak to the other family members about the effects of stigma on their family member. They are also interested in presenting some of these ideas to their colleagues at work.

Which level of the person in environment model does this refer to?

Elicit ideas. The correct answer is individual, family and community.

And where would you place this family on the continuum?

Elicit ideas. Correct answer: toward the end of the continuum (very involved).

Just as each client is unique, each family will be unique as well. The purpose of these tools is just to help you and your client identify the level of involvement that is most comfortable and appropriate for the client as well as the family member. We will revisit these tools in the lesson on treatment planning so you can practice how to use them to set goals with clients and family members.

Do you have any questions about the person in environment model or the continuum of family involvement?

IX. Review

Let's review some key points that we talked about today before moving on to the next lesson of this training:

1. There are many different definitions of family that will inform how and if we involve family members in client treatment.
2. When we do involve family members, it is important to remember that there are benefits and challenges involved. Remember to collaborate with your client to weigh these and decide if and when family involvement is most appropriate.
3. Involving family in individual client work is not a "one size fits all" formula. You and your client will want to identify a level of the involvement that is comfortable for the client and family member.

X. Conclusion

There are many potential benefits to involving family members in client treatment. In the upcoming sessions in this training series, you will learn more about these benefits, such as how involving members can help to engage clients and encourage them to work on achieving treatment goals. As we explore more specific ways of involving families in treatment, remember to look at clients and families using the systems perspective, the person in environment model and the continuum of family involvement. These tools will help you and your clients to identify the most beneficial and appropriate ways for family members to become involved in client treatment.

Do you have any questions about any of the topics we discussed today?

Address any questions or concerns that participants raise. Be sure to thank participants for their time and attention. Have them complete the Competency-Based Training Exam.

Competency-Based Training Exam – CMHW

Name: _____ Date: _____

Answer the following questions to the best of your ability.

1. Choose one characteristic of a system and describe what this means in the context of working with families.

2. Describe two potential benefits and two potential drawbacks to involving clients' families in treatment.

3. When and why might it be necessary to make a referral for a client's family member?

4. Give one example of how family members might participate in clients' treatment at each of the levels in the person in environment model: individual, family, community and nation.

Review of CMHW Core Skills

TABLE OF CONTENTS

INTRODUCTION

Purpose of Training:
To review core skills and emphasize their use in all CMHW-directed tasks and activities including those that involve family members.

At the end of this training, the CMHW will know…

- Concept of empathy and ways to demonstrate empathy
- Concept and purpose of active listening
- Concept and purpose of preserving confidentiality
- Concept and purpose of setting goals
- Concept and purpose of identifying strengths
- Concept and purpose of information gathering
- Concept and purpose of problem solving
- Concept and purpose of modeling
- How core skills help CMHWs to effectively perform all of the core tasks of their jobs

At the end of this training, the CMHW will be able to…

- Demonstrate empathy with clients and family members
- Use active listening skills with clients and family members
- Discuss confidentiality with clients and families
- Collaborate with clients and families to set goals including daily, short term, and long term goals
- Collaborate with clients and families to identify strengths
- Collaborate with clients and family members to gather information about the client's condition, goals and strengths
- Engage clients and families in problem solving techniques
- Utilize modeling to highlight skills
- Utilize a range of core skills in performing all tasks of their jobs

The goal of this training session is to teach…

- Core skills
- The role of core skills in performing CMHW tasks and helping to create positive outcomes for clients

TRAINING SET-UP

Training Format:
Didactic lecture, group exercises and group discussions

Equipment:
Chalkboard, flipchart or dry erase board with markers

References:
Cohen-Cole, S. *The medical interview: The three-function approach.* Mosby-Year Book (1991).

Corrigan, P. W., Buican, B., & McCracken, S. (1996). Can severely mentally ill adults reliably report their needs? *The Journal of Nervous and Mental Disease, 184*, pp. 523 – 529.

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

Martin, G. & Pear, J. (2003). *Behavior modification: What is it and how to do it*. Upper Saddle River, NJ: Prentice Hall.

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TRAINING SCRIPT

Welcome, Introductions and Daily Agenda

Greet participants and address any unfinished business from the previous day's training. Discuss the purpose of today's training. Review the goals of the training and the skills and knowledge that CMHWs should learn from the training.

I. Agenda

Today we are going to review the skills that you need to perform your job tasks successfully. We will also discuss how these skills interact with the client's unique environment to create a set of outcomes.

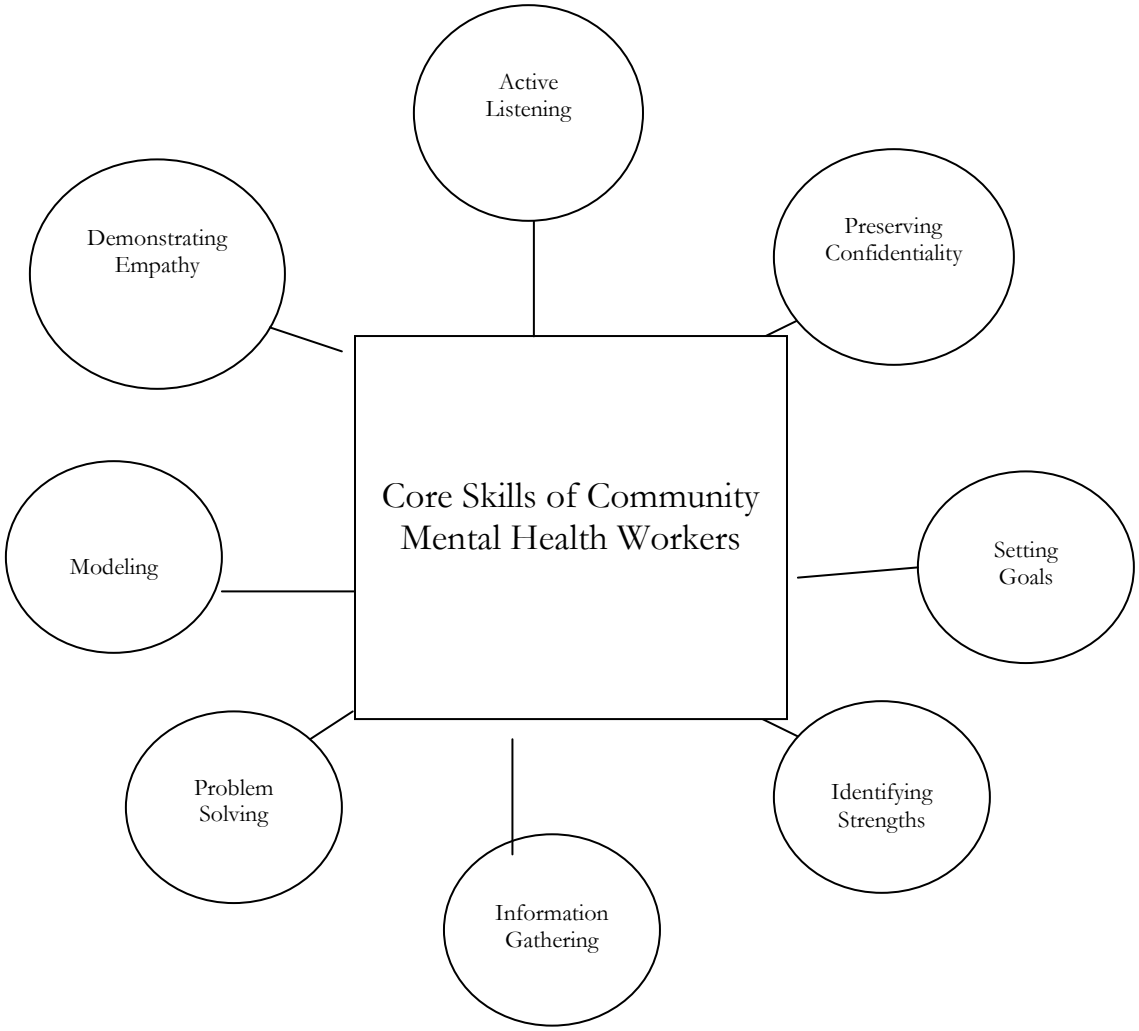
II. Core Tasks and Core Skills

In Module III, we used a diagram to show all of the core tasks of your job. The tasks include engagement, psychoeducation, medication management, suicide prevention and crisis planning, advocacy, community work and treatment planning.

Although the core tasks were separated out individually, you practice many of these tasks simultaneously. For example, you may engage a client by conducting treatment planning. Or perhaps, you use psychoeducation techniques when talking to clients about medication management. All of the tasks build on and complement each other naturally.

Like the core tasks, there are also a set of core skills that you use when you perform your job as a CMHW. There is a diagram in your workbook that we will use to highlight all of the various skills needed and used by CMHWs. Let's take look at the diagram together. These skills are not new to you—you have seen, learned and used many of these skills in all previous trainings and in your work.

Have participants find this diagram in their workbooks on page 16. You might also sketch it on the board:



To review, the core skills are demonstrating empathy, active listening, preserving confidentiality, setting goals, identifying strengths, information gathering, problem solving, and modeling. Are there any other skills that you would add to this diagram?

Elicit responses. Possible responses may include: ability to work with physicians, ability to get along with other people, etc. If participants offer additional skills attempt to group them into the identified categories.

What is the difference between a task or job and a skill?

Elicit ideas and discuss.

The core tasks refer to what you do while the skills refer to how you do it. A skill consists of the tools that you need to complete a task.

For example, you use sewing skills to make a dress. You use cooking skills to make a meal. CMHWs use a variety of skills to engage clients, provide psychoeducation, develop treatment plans, or conduct community work. For example, you use skills like active listening and demonstrating empathy when you engage clients. You might also utilize the skill of goal setting and strengths identification to develop treatment plans with clients or to engage them in services.

We will briefly review each of these skills and how we use them in our work. Throughout this training, try to think about the various ways that you use these skills to perform all of your job tasks. We will also explore some of the specific ways that you can utilize these core skills with family members.

III. Demonstrating Empathy

Let's start at the top. What does it mean to demonstrate empathy?

Elicit responses.

Right. Empathy is described as placing yourself in the other person's situation in order to understand his or her unique perspective, feelings, and meanings and to be able to reflect this sensitivity back to the person. As we have talked about before, empathy is not the same as having pity for the other person. It is having an understanding of what that person is experiencing or feeling at the time.

A. Demonstrating Empathy with Family Members

Demonstrating empathy with family members is essential to engaging them, but there are some potential challenges to doing this. You may not always have the opportunity to get to know your client's family members in the same way that you know your client; therefore, it may be difficult at times to really understand the family members' perspectives. In a group situation, such as when meeting with a client and several members of his or her family, it can be difficult to understand or even hear each family member's point of view. So when meeting with clients and families, do your best to listen to each family member, and don't be afraid to ask questions if you don't hear or understand what someone is saying. Using active

listening skills, which we will review in a moment, can also help you to resolve this challenge.

Demonstrating empathy with family members can become an even greater challenge if the client is experiencing conflict with some of the family members who are involved in the treatment process. If a client and a family member disagree, you might feel that you are "siding" against the client if you show empathy for another family member's point of view. Preparation can help with this situation. Talk with you client before meeting with their family to get a better understanding of the client's relationship with his or her family members. Explain to the client that though you will be listening and trying to understand their family member, this does not mean that you are "ganging up" on the client. Becoming involved in family conflicts or disagreements is a very delicate issue, and you will likely need to consult with your supervisor to determine how to handle it.

IV. Active Listening

Active listening is a communication skill that we use to improve our ability to understand the people that we are helping. Some of the key aspects of this skill include:

- Being prepared to listen.
- Listening to verbal and nonverbal cues and body language.
- Listening and understanding in a supportive way, including using short statements such as "um hmmm," "okay," and "yes."
- Facilitative body posture - this means that you use body language that invites the client to feel comfortable. These include gestures such as leaning toward the client, making eye contact with the client, or remaining in a relaxed posture.
- Avoiding barriers to communication. As we talked about in Module III, there are times when a barrier may actually be useful, such as reassurance. However, you want to be mindful and strategic of how often you are using these as a communication technique.

A. Using Active Listening with Family Members

You can use active listening techniques with family members in the same way you would use them with clients. However, one possible challenge in using active listening skills to engage families is determining who the speaker is. After all, it is not possible to listen to several people at the same time! If it seems that several family members are trying to say something at once, you might respond by saying, "I really want to understand everyone but it is difficult to listen to more than one

person at a time. Can I suggest that only one person speak at a time?" Then ask, "Who wants to start?" Next, be sure to use your active listening skills to understand what each speaker wants to say, one at a time. Remember that by using active listening skills, you are also modeling this technique to your clients and family members. For example, when family members observe that when someone is talking, you lean forward, offer the speaker your full attention, paraphrase what the speaker is saying and never interrupt, they may start to do these same behaviors themselves.

V. Preserving Confidentiality

The third skill on our core skills diagram is preserving confidentiality. Confidentiality means keeping your client's experiences private, and it is a high priority for this project. Preserving confidentiality is one way that you can build trust between you and your client. Unless people trust you, it is unlikely that they will tell you about things that are important.

A. Preserving Confidentiality with Family Members

You will want to preserve confidentiality in family work just as you do with individuals. In order to preserve confidentiality with families, two things must occur:

- The CMHW must preserve the confidentiality of the family.
- Family members must preserve one another's confidentiality, including that of the client.

In other words, families should understand that confidentiality means that you will not repeat what they are saying to others. It also means that all family members present are agreeing not to talk about the things they discuss in treatment outside of treatment, unless they all decide that is OK to do so. It may take some time to make sure families understand that this means they cannot discuss information that comes up during meetings with the CMHW with friends, neighbors or even other family members who aren't actively involved in the treatment process.

In discussing confidentiality with families, you may wish to review the four exceptions to breaking confidentiality, so that the family understands if you must break confidentiality for any of these reasons. The definition of confidentiality and the four areas of exception are summarized on a handout on page 123 of your workbook, "What is Confidentiality?" (*this worksheet is on page 166 of the trainer's manual*). You can use this handout when explaining confidentiality to families, or just refer to it as a reminder for yourself.

VI. Setting Goals

Setting goals refers to collaborating with clients to identify and take steps toward reaching their goals. Goals are important because they help us make plans and can give us a sense of direction. Clients with goals are more likely to be motivated to participate in activities and complete daily tasks that will enable them to reach their goals. Goals include daily, short term and long term objectives.

A. Goal Setting with Family Members

Having goals to work toward is motivating for everyone involved in treatment. Remember that we can think of families as systems, and that when something happens to one part of the system, it affects all of the other parts. When a client attains a goal, this can have a direct, positive impact on the other members of the family. There are multiple ways in which families can become involved in goal setting, including helping clients to identify goals; helping clients stay motivated and encouraged to work on goals; and playing an active role in the client's goal attainment (i.e. if a client's goal is to improve communication with her husband, he will have to actively participate to help her meet this goal).

Even when the family is involved in goal setting, keep in mind that goals should still be client-driven. While the family may be involved in helping the client set goals and in providing support and encouragement, family members should not be setting goals for the client. We will talk more about involving the family in goal setting in another training called Involving the Family in Treatment Planning.

VII. Identifying Strengths

The next skill on our diagram is identifying strengths. Strengths can be personal characteristics, such as having good physical health, a lot of energy, or a curiosity for learning new things. Another type of strength is having positive relationships with friends and family members who can support one in meeting one's goals. Strengths and resources also include things that people possess, such as having a house, a job, or access to a computer. As we talked about in Module III, helping a client identify the strengths and resources they currently possesses can lead to a discussion about the goals a client hopes to attain in the future, building upon existing accomplishments.

Identifying strengths can help a client feel more hopeful about treatment and the future. Even in the face of great problems, with your help clients can realize that in many cases, they already possess many of the things they need to find solutions. Even people who are not functioning well or are in great distress have some strengths and resources. The fact that a client had the willpower to survive

traumatic events, torture, or serious physical or mental health problems is a tremendous strength in itself.

A. Identifying Strengths with Family Members

Focusing on strengths can help to engage family members as well as clients in treatment. One tool you can use for identifying individual and family strengths is the Domains of Mental Health Satisfaction Scale, which was introduced in Module III. Having each family member, including the client, rate their satisfaction on the different domains can help you to see how they perceive their strengths in areas such as family cohesion, physical and emotional health, and religion and spirituality. If family members rate themselves as strong in certain areas where the client feels less strong, explore how they can use this strength to help the client.

VIII. Information Gathering

We use the skill of information gathering a great deal when we first meet our clients and are filling out the intake paperwork. We also use this skill when we develop treatment plans to understand the client's strengths, resources and goals. We can use this skill in the community to understand the beliefs that people may have about mental health problems and to offer information. There is really no time when we do not use this skill. As we continue to gather information, our understanding of the client increases, and we make decisions based on our analyses of the information we obtain.

A. Gathering Information with Family Members

Even though we do not have time to do a formal assessment on each family member and have them fill out an intake sheet, as we do with our clients, we are still constantly gathering information about families. By asking the family questions, such as what their strengths are or what role they see themselves playing in the client's treatment, and even by simply observing the family, we find out information about them. We use this information to tailor our general approach and the interventions we use. For example, say that in talking with a family, you learn that they really value privacy. Although they want to participate in treatment, they are generally very quiet and don't reveal much personal information. How would you use this assessment information to inform your approach to working with this family? What are some interventions you might use with them?

Elicit responses and discuss. Possible responses include: don't pressure the family to talk; demonstrate empathy to acknowledge the things family members do say; be patient and give the family time. Specific interventions might include reviewing and emphasizing the importance of confidentiality.

IX. Problem Solving

Problems are an inevitable part of everyday life and nearly every job. You may experience problems with clients, problems with colleagues, or problems with the setting where you have to practice your job. You may also experience specific problems such as how to approach community education.

What are some problems that you have experienced in your work as CMHWs?

Elicit ideas write them on the board.

Thank you for sharing these experiences. I know that all of you have been using problem solving skills for a long time. For example, maybe your family had an unexpected expense and you had to come together to gather the necessary resources. Perhaps there was a time when someone you worked with became ill and together you and your colleagues had to develop a plan to cover you ill colleague's responsibility. These skills are crucial as without them we may become frustrated or lose hope.

What are some of the techniques that you use when you encounter a problem?

Elicit ideas and thank participants.

A. Problem Solving with Family Members

Problem solving skills can be used with families in much the same way as they are used with clients. When you are meeting with a client and he or she describes a problem, rather than telling the client what you think he or she should do, you can engage him or her in the process of problem solving. That way, the client learns to generate and implement his or her own solutions, which can help the client feel empowered and engaged in the treatment process. The same is true for families. Problem solving with families can be especially useful because of the idea that "two heads are better than one." When the client and his or her family members are involved in problem solving, they can generate even more potential solutions than the individual client can, since each family member offers different perspectives and ideas. We will talk more about problem solving with families in our training on engagement.

X. Modeling

The last skill on our diagram is modeling. Modeling means to represent, imitate or be an example of something. In the context of your work, modeling refers to

presenting a sample of behavior to an individual or individuals in order to encourage that person or people to engage in the same behavior.

Parents use modeling all of the time to teach manners, caring, language among many things. For example, when a parent and a two year-old child are walking down the street, the parent might say, "Look at the truck. Can you say truck?" Or when teaching a child how to prepare tea a parent might say, "Do it this way." In fact, modeling is so common in everyday life that we probably do not even think of it as modeling.

As CMHWs, there are many times that you may use modeling. For example, you may use modeling to teach a client how to take their medication. You use modeling when role playing with a client in preparation for a meeting with their physician. When you point out a client's strengths you are also using modeling.

A. Using Modeling with Family Members

Core skills are important not only because they help to engage clients and families in treatment—they are also tools that clients and families can use to help themselves. Families can learn new skills and new ways of interacting just from watching you. For example, when you maintain a family's confidentiality, you are modeling how they can maintain one another's confidentiality.

A good way of enhancing the effectiveness of your modeling is to be very intentional about the skills you use and perhaps identify the skill as you are using it. For example, you could say, "Focusing on strengths often helps people stay motivated to work on their goals. Amira (the client) seems to have a lot of problems in her life, but let's take some time to talk about the strengths she has that can help her meet her goals." You would then lead the family in the skill of strengths identification.

We will be discussing and practicing how to use these core skills with clients and families throughout this training. For now, do you have any questions about any of the core skills?

XI. Exercise 1: Practicing Core Skills – Role Play

Now we're going to do a role play to practice using the core skills we just discussed. Though we may find them to be particularly useful when working with clients and families, remember that we use core skills in all aspects of our lives and our jobs. For this role play, we are going to practice using core skills when talking with a colleague about a problem he or she is having at work.

The purpose of having participants do the role play with a colleague is to give them the chance to focus on the skills in a scenario that should be familiar.

For this exercise, you will work in groups of three. One person will be the colleague with the problem, one will play the role of the helper, and one will be an observer. The colleague with the problem should talk about any sort of problem he or she is having at work. It can be a difficult client, trouble with a supervisor, or any type of conflict one finds on the job as a CMHW. You can use a problem from real life or invent one. The person playing the helper should respond to their colleague using as many core skills as they can. For example, you might use information gathering and active listening to understand the problem, demonstrate empathy for your colleague's problem, and then try to help your colleague use problem solving skills to find a solution. The observer will watch to see which core skills he or she observes the helper using. You can write down the core skills you observe on a piece of paper, or use the Core Skills Checklist handout on page 124 in your workbooks (*page 167 of the trainer's manual*) to check off the core skills that you see the helper use.

Spend about seven or eight minutes doing the role play, and then switch roles. After seven or eight more minutes, switch again, so that everyone gets to play all three roles. You do not have to try to perform all eight core skills when you are being the helper; just try to perform whichever skills seem most useful to you in the interaction. After everyone has played each role, we will come back together and discuss our experiences as a class. Do you have any questions?

Help participants separate into groups of three. Circulate around the room and observe participants' role plays. This will give you a sense of the participants' baseline performance of core skills, so you can observe how they improve as they learn more information and have more opportunities to practice over the course of the training. Offer positive feedback and encouragement to participants as you observe them. Remind participants to switch roles every seven or eight minutes. Call the group back together after all participants have had the chance to play each role. Debrief using these questions:

- As the helper, what core skills did you find most useful in the interaction?
- As the colleague with the problem, what effects did the helper's use of core skills have on you?
- As the observer, what are some examples of how you saw core skills being effectively used?
- Do you have any questions about using these core skills with clients and families?

Be sure to thank participants for their contributions and willingness to practice these skills.

XII. Review

Let's review some of the key points from this lesson on core skills:

1. There are a number of core skills that you use to perform the jobs of a CMHW. Those skills include demonstrating empathy, active listening, preserving confidentiality, setting goals, identifying strengths, gathering information, problem solving and modeling.
2. CMHWs utilize these skills when performing all of the jobs on the core tasks diagram that you saw in Module III.
3. Core skills are equally useful in involving clients and family members in treatment.

XIII. Conclusion

As we talk about core skills throughout this training, keep in mind that many of these skills are probably things that you are already doing, even if you do not realize it. For example, you may demonstrate empathy, point out clients' strengths, and demonstrate the use of problem solving skills in regular interactions with your clients, without even knowing you are doing this. The purpose of reviewing core skills is to become aware of their many uses and find ways to practice and become even better at using them. We will talk more about how to tailor these skills specifically for use with clients' family members in upcoming trainings. When we are able to use a range of core skills effectively with clients and families, we can feel very confident in our ability to perform all of our CMHW core tasks and ultimately help our clients find solutions to their problems.

Do you have any questions about core skills or any of the topics we discussed today?

Address any questions participants raise. Be sure to thank them for their time and attention. Have them complete the Competency-Based Training Exam.

Competency- Based Training Exam – CMHW

Name: _____ Date: _____

Answer the following questions to the best of your ability.

1. What is the difference between a task and a skill?

2. Describe one potential challenge to demonstrating empathy with clients' family members and how you might address this.

3. What two things must occur to preserve confidentiality with families?

4. What is the skill of information gathering and how can you use it with clients and their families?

5. Define modeling and give an example of how you might model a skill for a client and his or her family members.

Engagement in Family Work

TABLE OF CONTENTS

INTRODUCTION

Purpose of training:
To teach community mental health workers how to engage clients' family members and use a family work approach to build rapport with clients.

At the end of this training, the CMHW will know…

- The purpose of engagement in family work
- How to determine the role of family members in client treatment, using the Family Involvement Worksheet
- The role of core skills in engaging clients and families in treatment
- How to resolve challenges in using core skills to engage families
- Problem solving skills for overcoming barriers to engaging families in treatment, such as when a family member is a significant source of the client's problems
- Different ways in which family engagement can help clients to be more engaged in the treatment process

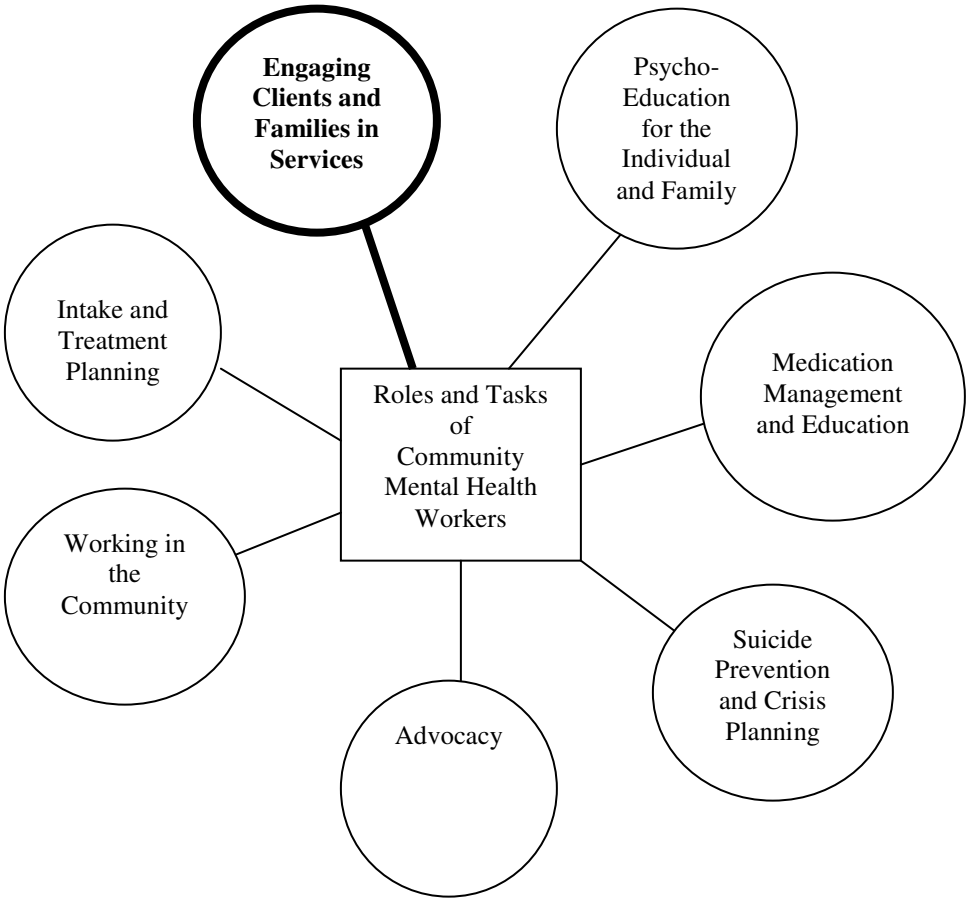
At the end of this training, the CMHW will be able to…

- Describe the purpose of engagement in family work
- Use the Family Involvement Worksheet as a guideline for determining family members' roles in client treatment
- Use core skills to effectively engage clients and families in treatment
- Use problem solving skills to overcome barriers to engaging families in treatment
- Identify ways in which engaging family members can help clients to be more engaged in treatment

The goal of this training session is to teach…

- The purpose of engaging families in the treatment process
- Decision-making skills for determining how to involve families in treatment
- Core skills for engaging families and clients

This training addresses the following CMHW Job Role(s):
Engaging Clients and Families in Services



TRAINING SET-UP

Training Format:
Didactic lecture, group exercises and group discussions

Equipment:
Chalkboard, flipchart or dry erase board with markers

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

Miller, W.R. & Rollnick, S. (2002). *Motivational interviewing, 2nd ed*. New York, NY: The Guilford Press. Part 2 is highly recommended

Corrigan, P. W., Buican, B., & McCracken, S. (1996). Can severely mentally ill adults reliably report their needs? *The Journal of Nervous and Mental Disease, 184*, pp. 523 – 529.

Corrigan, P. W., & McCracken, S. G. (2005). Interviewing people with serious mental illness. *Clinical and diagnostic interviewing, 2nd ed*. Jason Aronson Publishers: Northvale: NJ.

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

TRAINING SCRIPT

Welcome, Introductions and Daily Agenda

Greet participants and address any unfinished business from the previous day's training. Discuss the purpose of today's training. Review the goals of the training and the skills and knowledge that CMHWs should learn from the training.

I. Agenda

Today, we are going to talk about how to engage clients' family members in the treatment process. When the client is open to the option of including his or her family in treatment, working with the family can help build rapport with the client and help clients meet their treatment goals.

II. Purposes of Engagement in Family Work

There are two main reasons for learning how to engage client's family members. The first reason is that when family members are engaged, they are more likely to want to play an active, supportive, ongoing role in the client's treatment. Your core skills can be used to encourage family as well as individual participation in treatment.

The second reason is that the client him or herself may feel more engaged in the treatment process when the family is engaged. In the Introduction to Family Work unit, we discussed the idea of the family as a system. Anything that happens to the client affects his or her family members, and the reverse is also true. When family members are engaged, we hope that the general effect will be that the client also becomes more engaged.

Please keep in mind that seeking help for one's problems is difficult for many people. Some clients may feel more encouraged to follow up on seeking assistance from you, their physicians, and other service providers when they have the support of their families as partners in the treatment process. Naturally this will vary from person to person. In some cases the family's involvement could be unhelpful or even detrimental to the client's treatment and wellbeing. Next we will discuss the process of determining when and how to involve clients' families in your cases.

III. Determining the Role of the Family in Client Treatment

Different families will be ready and capable of different levels of participation in the treatment process, as the continuum of family involvement that we discussed in the Introduction to Family Work training describes. Some families won't be involved in treatment at all. We're going to discuss two tools that can help you to

explore family involvement with clients: genograms and the Family Involvement Worksheet.

A. Genograms

A genogram is a map of a family's structure. It is useful for showing relationships and patterns that are present in families, even across several generations. In the handouts section of your workbook you will find a sample genogram on page 125 (*page 168 of the trainer's manual*). Let's take a look at it, and then we will talk more about how you can use this tool with clients.

This sample genogram is for the family of Zahra. You might remember the case of Zahra from Module III. If you need to be reminded, the case study of Zahra is also included as a handout, on page 126 of your workbook (*page 169 of the trainer's manual*).

There are a few things you need to know about genogram coding. Squares are used to represent men, and circles represent women. A line connecting a square and a circle together represents a marriage. Lines descend from that connector line to represent children. You might write other relevant information next to the symbols on the genogram, such as the name and age of a family member. However, the purpose of a genogram is not to represent detailed intake information, but rather to provide a simple map of family relationships.

You can use a genogram to represent as many generations of a family as are relevant to the client's treatment. Our sample genogram starts with two names, Ibrahim and Maryam. Who are Ibrahim and Maryam, in relation to Zahra?

Elicit responses. Answer: her parents.

Good. You can tell Ibrahim and Maryam are married by the line connecting them. Ibrahim and Faiz's children are represented beneath them on the genogram. What are their names?

Elicit responses. Answer: Zahra, Nadia and Mohamed.

You can also see on the genogram that our client, Zahra, is married to Jamil. They have one daughter, Ahlam. An X through a symbol, like the one through Zahra's brother Mohamed's square, indicates that a person has died.

There is one other symbol on here that is important to note. The line between Zahra and her daughter is darker than the other lines. A darker line or a double line can be used to indicate a particularly close relationship within a family. The case study of Zahra notes that Zahra and her 12 year-old daughter are very close and that they really support each other. The darker line represents the closeness of this relationship.

It would be possible to add more detail to this genogram. For example, if Zahra's sister is married, her spouse and children could be represented here. Her parents' siblings could also be included, and Zahra's husband's parents and siblings could also be represented. But including this level of detail can make the genogram more complicated than necessary. When you do genograms with clients, you want to focus on including those family members who are closest to the client and who are likely to play a role of some sort in the client's treatment.

Now that you understand what a genogram is, let's talk about why they can be useful. How do you think you might use genograms with your clients?

Elicit responses and discuss. If the following responses do not come up during the discussion, read them aloud and write them on the board:

- The genogram can help you keep track of who is in the client's family. For example, if Zahra mentioned having an argument with Nadia, you could glance at the chart and quickly be reminded that Nadia is her sister.
- Talking with the client about who will be on the genogram and who the client is close to gives you an idea about which family members might be able to play an active role in the client's treatment.
- The genogram can also give you an idea about family conflicts and problematic relationships that are affecting the client—for example, if the client mentions that she has a brother but they do not get along well and barely speak to each other.
- Completing a genogram can help build trust and rapport with a client. It shows the client that you are really trying to understand the family structure and the client's relationships with different family members.

In sum, completing a genogram with the client helps to give you a basic understanding of the family structure and sets the stage for talking with the client about how you might specifically involve family members in treatment.

B. Exploring Family Participation with the Family Involvement Worksheet
After mapping out a genogram, you'll want to ask the client how they see their family participating in their treatment. Here are some steps to guide you through this process:

- Start by simply asking the client how he or she feels about involving his or her family. You can ask questions such as:
    - "What are your thoughts on involving your family in the treatment work that we are doing?"
    - "How could your family be involved in treatment?"
    - "How could your family support you?"
    - "Do I have your permission to talk with your family about _____?"

  Remember that in order to preserve the client's confidentiality, you must obtain the client's explicit permission before involving the family in any aspect of the treatment process. If the client does not want to involve the family in treatment in any way, you must respect the client's wishes. If you feel that involving the family could be beneficial, you might continue to discuss the potential advantages and disadvantages of involving the family with the client over time. The client may eventually change his or her mind, and decide to involve their family in some way. This should always be the client's decision, so it is important that you do not pressure the client to make a certain choice.

- Brainstorm some ways in which the family could be involved. As we discussed earlier, there are some situations in which the benefits of involving the family are more obvious, such as when the client needs assistance with taking medication. Talk with the client to see if any of these situations are present and brainstorm other possible ways that the family could support the client. Try to get the client to be specific about how he or she sees different members of the family being involved in different ways. Family members can have very different types of involvement. A client might want his mother to help monitor his medication and his brother to be a key support person whom he can talk to at home, but perhaps his sister and their father won't be involved in treatment at all. The client's preferences should determine which family members play which roles in the treatment process. Referring to the genogram can help you to see which family members are most likely to play an active role.

- Outline the client's expectations for how he or she expects to benefit from the family's help. For example, would the client feel more comfortable meeting with the CMHW if he or she was accompanied by a family member? Does the client think he or she would feel better if his or her family were more educated about mental illness? Listing some of the benefits the client would like to get out of family involvement can help you identify more ways for the family to participate.

- Specify an initial plan for action and include it in the client's treatment plan. The plan could be inviting the client's family members to join the client at your next meeting. It could be that the CMHW will give the client some information about mental health for the client to share with his or her family at home. Or it could be that the CMHW will visit the client at home. This is just a starting point. As treatment continues, you and the client will find other ways to involve the family—or discontinue working with the family if it is not proving to be helpful.

These guidelines are summarized in a handout, "Family Involvement Worksheet," on page 127 of your workbooks (*page 170 of the trainer's manual*). You can use this worksheet as a tool to help guide your discussion with clients about how to best involve a client's family in treatment. This worksheet can be completed while meeting with a client, or you can fill it out right after a meeting to help you organize your thoughts. Let's take a few minutes to review it.

Review the handout, "Family Involvement Worksheet." Address any questions participants raise.

Do you have any other questions about the decision-making process for involving families in treatment?

Supervision Note
To help CMHWs practice the skill of determining how to involve families in treatment, you can ask questions in supervision such as:

- Did the client give you consent to involve the family? What type of involvement has the client consented to?
- How does the client expect different family members to help him or her in treatment?
- What concerns do you have about involving the family in treatment for this client?

You might also spend some supervision time practicing how to complete genograms.

IV. Exercise 1: Deciding How to Involve the Family in Treatment – Case Study Discussion

Now we are going to practice doing a genogram and completing the Family Involvement Worksheet with a client. To do this we're going to use the case study of Salima. You were introduced to Salima in the Treatment Planning training in Module III, when you completed a treatment plan based on information on Salima's Patient Intake Sheet. Now you're going to use this information to think about some possible ways of involving Salima's family in her treatment.

For this exercise, you'll work in groups of three or four. Using the information on the Patient Intake Sheet, which is included in your workbook on page 129 (*page 172 of the trainer's manual*), try to make a genogram for Salima's family on a blank sheet of paper. The genogram should include her closest family members, such as her children, parents and siblings. The Patient Intake Sheet does not give names for most of these family members, so you can make up their names on your genogram.

Your group should also complete the Family Involvement Worksheet for Salima. Please concentrate on questions two through five. You can assume that Salima is interested in involving her family in some way. Speculate on how Salima might want to specifically involve different family members, and how doing so could benefit her. Your group will have 30 minutes to review the Patient Intake Sheet and then complete a genogram for Salima and the Family Involvement Worksheet. Afterward we will come back together as a class to share our ideas. Do you have any questions before we begin?

Help participants separate into groups of three or four. Circulate around the room and observe them as they complete a genogram and the Family Involvement Worksheet. Answer any questions that come up. Call the groups back together after about 30 minutes. Have a representative from one group draw their genogram on the board, and then have other groups comment on how theirs were similar or different. Although there are different ways of doing genograms, the genogram should basically show Salima, her parents, her sister, her brother, her missing husband and her two children, using the symbols described above in the section on genograms. Participants might use a dark line to note the close relationship between Salima and her parents.

Ask each group to share their responses to one question on the Family Involvement Worksheet, and write their responses on the board. Be sure to praise each group

for their contributions. After all groups have had the opportunity to share their ideas, debrief using these questions:

- What did you find helpful about making and using a genogram?
- If Salima were here, what are some questions you'd ask her to get more information about how she wants to involve her family in treatment?
- Do you anticipate any difficulties in using genograms or the Family Involvement Worksheet with your clients? (*If participants describe any expected difficulties, help them to problem solve how to resolve these challenges in order to effectively use these tools.*)

Remember to praise all participants for their contributions and efforts.

V. Using Problem Solving to Engage Families

After you and the client have established how the client sees his or her family members participating in treatment, you can focus on engaging those family members and encouraging them to support the client in the ways that the client desires. All of the core skills that we just reviewed in the previous lecture are essential in engaging families in treatment.

Problem solving skills can be particularly important in engaging family members. As we discussed in the Introduction to Family Work training, there are many possible barriers or challenges to involving families in treatment. Problem solving skills can help you to overcome these challenges and engage families. And when families see you modeling problem solving skills, they may be able to learn and use these skills to solve their own problems.

Now I would like to introduce you to the problem solving model, which outlines several steps involved in addressing a problem. This can be a helpful model to use with clients and families when they are having difficulty identifying a solution to a problem. The model describes nine steps of problem solving. They are summarized on a handout in your workbook on page 132, "The Steps of Problem Solving" (*the handout is on page 175 of the trainer's manual*).

Let's review these steps:

1. Define the problem.
2. Get consensus on the problem definition.
3. Turn the problem into a solvable question.
4. Brainstorm solutions.
5. Evaluate solutions.
6. Pick a solution.

7. Implement the solution.
8. Evaluate results.
9. Decide whether to continue with solution or start over.

Next I'm going to do a demonstration to show you what these steps look like in action and how you can use them with families.

A. Exercise 2: Problem Solving with Families – Demonstration
For this demonstration, I will play the CMHW. I need three volunteers: one person to play the client, one to play the client's mother and one to play the client's brother.

Select volunteers from the audience. Thank them for their willingness to participate.

For this role play, let's imagine that the CMHW has already met with the client and the client's mother and brother a couple of times. The client is very close with his or her mother and brother, and the client wants them to continue accompanying him or her to treatment sessions. The client feels nervous going to the CMHW's office by himself or herself. The problem is that the client and the family live far away from the hospital where the CMHW works. It takes them a long time to travel there. The mother and brother want to keep accompanying the client, but it takes a lot of time away from their duties at home and work.

I am going to demonstrate how the CMHW would lead the client, mother and brother through the steps of problem solving to find a solution. In doing this, I will use the "Steps of Problem Solving" handout. You can also use this handout when meeting with clients and families or just use it as a reminder for yourself.

Demonstrate how the CMHW would engage the family in the steps of problem solving. Refer to the handout for the steps. Engage the family in the steps, i.e. asking "How would you define this problem?" "What are some solutions?" "What are the advantages and disadvantages of each solution?" Possible solutions might include: the CMHW meets the family at home or in another location; the mother comes one week and the brother comes the next; the family helps the client develop coping skills to help him or her become more comfortable about going to the hospital unaccompanied. After the client and family members have evaluated the solutions, have them pick a solution to implement. If you like, you can also demonstrate how the client and family might evaluate the results after

implementing the solution. After the demonstration, debrief with the entire group by asking these questions:

- What effect do you think participating in problem solving had on the client and family's engagement?
- Would it have been better for the CMHW just to suggest a solution?
- What questions do you have about using problem solving skills with families?

VI. Overcoming Barriers to Engaging the Family in Treatment

We just role played a situation in which the family wanted to participate in treatment, but was having trouble finding time to go with the client to see the CMHW. This is just one example of many possible barriers that may make it difficult for you to engage the family in treatment. For example, how do you engage the family in treatment when a family member is a significant source of the client's problems? We're going to do a brainstorming exercise now to explore some of these potential barriers and possible solutions for them.

A. Exercise 3: Brainstorming Solutions to Barriers to Engaging Families in Treatment – Group Activity

To start this activity, let's look at the list of barriers to involving families in treatment that we made in the Introduction to Family Work Training. Remember, it is not always possible or desirable to involve the family in treatment, such as when the client does not give permission to do this. For this exercise, let's focus on situations where involvement might be possible, but there are some obstacles in the way.

Briefly review the list of barriers with participants.

Let's try to brainstorm some possible solutions to these challenges. One of the most important steps of the problem solving model that we just discussed is brainstorming possible solutions. This means coming up with as many ideas as we can for how the problem might be solved, even if some of the ideas sound infeasible or silly. After all, sometimes a silly or strange-sounding solution is the one that works.

So let's brainstorm as many ideas as we can for overcoming each of these barriers to involving families in treatment. I'm going to write your ideas on the board. After we have come up with several possible solutions for each barrier, we'll talk about which solution might be most effective for each. This will give you some

ideas about what to do if you encounter some of these barriers in your work with clients.

Encourage participants to think of as many solutions as they can for each barrier, and write all ideas on the board. Afterward, review the possible solutions for each barrier. Lead participants in discussion about the advantages and disadvantages of the various possible solutions. For example, is a particular solution feasible? Would it actually solve the problem? Are there other advantages or disadvantages/costs to using it? After discussing advantages and disadvantages, have participants pick one or two possible solutions for each barrier that they think would be most effective.

The main purpose of this activity was to show you that problem solving skills can be used to solve any barrier you encounter in trying to engage clients and families in treatment. In fact, problem solving skills can be used for any problem you encounter, on the job or otherwise. As an additional resource, there is a handout in your workbook on page 133 with some tips for solving common barriers to engaging families (*the handout is on page 176 of the trainer's manual*). These tips are just a starting point. Remember to use your problem solving skills to think of as many solutions as possible and identify the best one when any barrier arises!

If the barriers listed on the handout, "Tips for Overcoming Common Barriers to Engaging Families," were not discussed in this exercise, take a few minutes to review them. There is space on the handout for participants to write additional tips under each barrier.

Supervision Note
When a CMHW describes a challenge or barrier to engagement during supervision, always take time to engage the group in the problem solving process. Going through the steps of problem solving can help identify effective solutions to the problem, and the process empowers CMHWs by showing them that with a little guidance and collaboration, they are able to take action to solve the problems that occur in practice.

VII. Review

Let's review the key points we learned today about engagement in family work:

1. The purpose of engagement in family work is to involve families in the treatment process in a positive, supportive way, and to use family involvement as a means of engaging clients.

2. Different family members will be involved in treatment in different ways, and some families won't be involved at all. Choices about family participation in treatment should always be client-driven.
3. Genograms and the Family Involvement Worksheet are two tools you can use to explore how the client wants the family to participate in treatment.
4. All of the core skills are essential in engaging families in the treatment process.
5. Although there are many potential barriers to engaging families in treatment, problem solving skills can be used to help identify and implement solutions.

VIII. Conclusion

Engagement is a continuous process that should occur throughout treatment. Engaging family members as well as clients presents unique challenges, but core skills such as active listening, preserving confidentiality and problem solving skills serve as valuable tools for the CMHW in this process. The successful engagement of clients and family members stands to make the treatment experience a more positive and effective one for everyone involved.

Before we conclude for today, do you have any questions about engagement in family work?

Address any questions or concerns that participants raise. Be sure to thank all participants for their contributions and attention. Have them complete the Competency-Based Training Exam.

Competency- Based Training Exam – CMHW

Name: _____ Date: _____

Answer the following questions to the best of your ability.

1. What are two purposes of learning how to engage clients' family members?

2. A client tells you he thinks his brother might be able to help and support him in treatment. Write at least three questions that you would ask the client to help you determine the role his brother might play in treatment.

3. What is a genogram and how can genograms help us understand how to involve a client's family in treatment?

4. Describe one core skill and how it could be used to engage clients and families in treatment.

5. Name one barrier to engaging families in treatment and one possible solution for overcoming this barrier.

Psychoeducation in Family Work

TABLE OF CONTENTS

INTRODUCTION

Purpose of training:
To teach community mental health workers how to use psychoeducation with families to inform them about the client's condition and to help them identify ways to support the client in treatment.

At the end of this training, the CMHW will know…

- The importance of obtaining client permission before sharing information about the client's condition with his or her family
- The importance of using psychoeducation with families
- Knowledge of common family responses to learning a family member has a mental health problem and how psychoeducation can help families combat biases or preconceived ideas
- The importance of normalizing in psychoeducation with families
- Knowledge of the symptoms associated with mental illness and general causes of mental illness
- The importance of utilizing core skills in communicating with the family

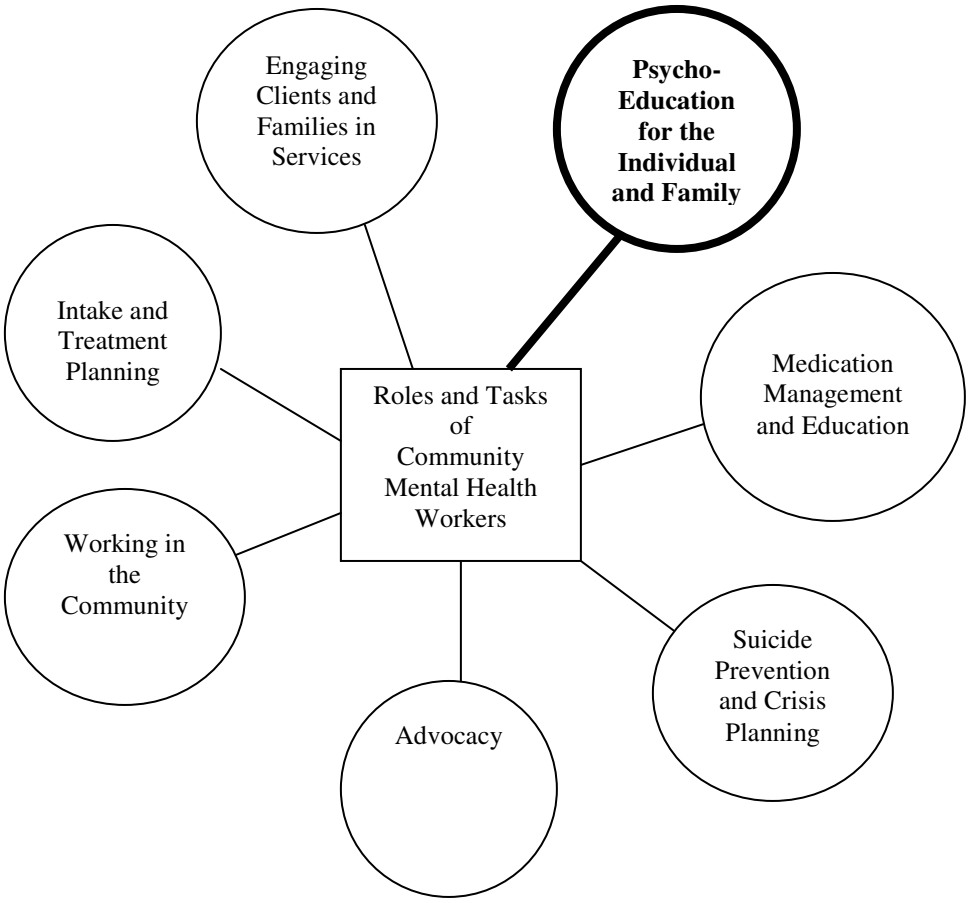
At the end of this training, the CMHW will be able to…

- Explain to clients and families the importance of psychoeducation
- Utilize core skills in eliciting and addressing family concerns about mental illness
- Use normalizing when communicating with family members
- Educate family members about the common symptoms associated with mental illness and the "biological-environmental" model of mental illness
- Help family members identify ways to support the client in the treatment process
- Utilize core skills when conveying psychological information to families

The goal of this training session is to teach…

- The importance of using psychoeducation with families
- Approaches for educating families about mental health and addressing their concerns

This training addresses the following CMHW Job Role(s):
Psychoeducation for the Individual and Family



TRAINING SET-UP

Training Format:
Didactic lecture, group exercises and group discussions

Equipment:
Chalkboard, flipchart or dry erase board with markers

References:
American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders*, 4th ed.—text revision. Washington, DC: APA.

Corrigan, P.W. & Garman, A.N. (1996). Case management and severe mental illness. In S.S. Blancett & D.L. Flarey (Eds.), *The handbook of nursing case management: Health care delivery in a world of managed care* (pp.334-353). New York: Aspen Publishing.

Pratt, C.W., Gill K.J., N.M. (1999). *Psychiatric rehabilitation*. San Diego: Academic Press.

Rothchild, B. (2001). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York, W.W. Norton.

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

University of California at Los Angeles (1987). *Social and independent living skills: Involving families in mental health services consumer guidebook.*

TRAINING SCRIPT

Welcome, Introductions and Daily Agenda

Greet participants and address any unfinished business from the previous day's training. Discuss the purpose of today's training. Review the goals of the training and the skills and knowledge that CMHWs should learn from the training.

I. Agenda

Today, we are going to talk about how to use psychoeducation with families to address their concerns, discuss mental health and educate them about ways that they can be involved in treatment.

II. Purpose of Using Psychoeducation with Families

As we discussed in Module III, psychoeducation means educating clients, families or communities about topics related to mental health. Psychoeducation can be an easy, effective technique that you can use to help improve the client's understanding of his or her condition. It can also be helpful with families, especially key members who live with the client or interact with him or her on a daily basis. When families know more about the nature of the client's problems and how treatment works, they can better support the client. This support can help improve the client's experience in treatment.

Psychoeducation can be useful in many contexts, in particular if a client is having a mental health problem. CMHWs can use psychoeducation not only to educate their clients, but to inform their clients' families about mental illness and treatment. Drawing on your own experience, how do you think psychoeducation could help with families?

Elicit responses. Possible responses include: psychoeducation could be used to help address questions the family may have or to explore their concerns about mental health; it could help educate the family about mental illness and trauma; it could help families learn more about how they could play a supportive role in client treatment.

As a reminder, you should consider the confidentiality of the client and obtain his or her permission before involving the family at any level.

III. Discussing Family Responses to Mental Distress

In Module III, we discussed some of the concerns that clients might have about their symptoms or their conditions. For example, when people are experiencing

mental distress, they often feel isolated, misunderstood or worried that there is something wrong with them for feeling this way. Family members also have their own ideas and concerns about mental health and it is important to explore and address these concerns and emotions during psychoeducation. Asking questions about the family's response to the client's mental health problem will help you to determine how much education you will need to give the family about mental illness and treatment.

IV. Exercise 1: Common Family Responses to Mental Illness – Brainstorming Activity

Let's discuss some of the ways that families you have worked with have responded to learning that a member of their family had a mental illness or mental health problem. I want you to break up into groups of three or four to brainstorm possible reactions that family members might have to learning about the mental health condition or attitudes about mental illness that families have displayed in your experience. Each group will make a list of three to five common responses or concerns. I also want you to choose a representative to compile your list. You will have 15 minutes to brainstorm. At the end of this time, the representative will write down the group's responses on the board.

Circulate around the room as the groups brainstorm about family reactions and prepare the board by dividing it into two columns. After 15 minutes, invite the representatives to write down their lists on the left hand side of the board. Possible responses might include: confusion about the mental illness as a sign that there is something "wrong" with the client or that the client is "bad;" belief that the client can recover from his or her problem by putting his or her mind to it; concern about how the client's illness will affect the family; concern about the cost of treatment. Do not erase the responses, as you will revisit them in a few minutes in the discussion on normalizing.

Good work. You may want to write down some of these reactions so that you will have them to refer to later. As you can tell, there is a variety of responses that family members might have to learning the client has a mental health problem. Some of the responses you listed center around practical concerns about how the client's mental health will affect the family. Others related to erroneous beliefs about mental illness. We discussed some of the common myths about mental illness in Module I. These include: fears that people with mental health problems will never recover, will become violent or dangerous, will be unable to perform anything but the most menial of jobs, or will be unable to participate in family

responsibilities and decisions. *If any of these are included in the brainstorming responses, you may want to point them out.*

The problem with these beliefs is that they can lead to stigmatizing attitudes and behaviors about mental illness. For example, such beliefs might lead the family to treat the client like a child, which, in turn, may lead the client to view him or herself as incapable of doing things because of his or her mental health condition. This can impede the client's recovery and self-development. The client might feel reluctant to take on responsibilities or challenges. Over time, he or she might become increasingly dependent upon family members or may take on the role of the "crazy" or "disabled" relative.

These stigmatizing attitudes stem from a lack of education about mental illness. That is why psychoeducation is such an important part of family communication. By talking with and educating families about the causes and course of mental health problems, you can dispel erroneous beliefs, help family members realize the client's capabilities and strengths, and help them identify beneficial ways in which they can support the client.

It is also important to remember that when responding to family concerns, you should utilize your core skills. To review, these are: demonstrating empathy, active listening, preserving confidentiality, setting goals, identifying strengths, information gathering, problem solving, and modeling. Your ability to actively listen and empathize with the family will be an especially important part of acknowledging their concerns and educating them about mental health.

Supervision Note
You can increase CMHW understanding about family responses by asking the following questions during group supervision:

- In your experience, what kinds of knowledge do family members have about mental illness?
- How might the concerns and reactions of the family be different based on the role the client plays in the family? For example, what do you think a family member's reaction/concerns would if they learned that the head of the family had a mental health problem? How about if they learned that a sister-in-law was suffering from a mental illness?

V. Using Normalizing with Families

Talking to families about their concerns regarding the client and the client's problems provides an opportunity for you to normalize the experience of the client and the family. As a review, normalizing means recognizing someone's concerns and acknowledging that their feelings are not unusual. In Module III, we discussed

how to use normalizing with individual clients. These techniques will continue to be useful. Today, we are going to focus on how to use normalizing with family members.

You can utilize normalizing when communicating with family members to show empathy for their feelings and concerns. When a client is experiencing problems, this can affect his or her family in a variety of ways. For example, the client may have to rely on the family for financial support or may require more day-to-day care and understanding than he or she has in the past. Family members can feel burdened by the client and confused if the client is exhibiting behaviors that they consider strange or bizarre. They might even feel angry with the client or scared about how the changes in the client will affect their daily lives. You should refrain from judging the emotions or reactions of any family member. Listening to families without judgment and empathizing with them without immediately offering solutions will help them realize that their emotions and experiences are understood and validated.

Let's try and think of some ways you can use normalizing with families. Using the list of family reactions we came up with in Exercise 1, I now want you to think of how you would respond to their concerns. What are some statements or expressions you could use with families to convey that the feelings or fears that they are describing are normal?

Elicit suggestions from participants and ask them which concern they are responding to. Next to that concern, write down the response of the participant in the right hand column on the board. Possible suggestions might include: "I understand that you are feeling very concerned not only for your son but for the kinds of burdens that his condition may place on the family;" "Caring for someone with depression can be very stressful and I understand that you are feeling overwhelmed."

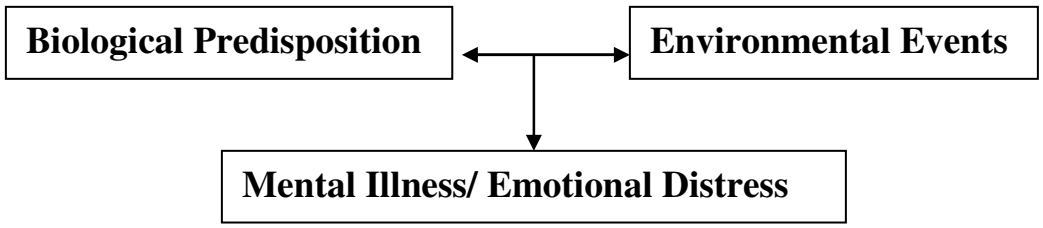
VI. Educating the Family about Symptoms and Causes of Mental Illness

In addition to normalizing, conveying information about the mental health of the client is one of the main functions of psychoeducation with families. You may be meeting with families in order to inform them that the client has a mental illness or you may be meeting with families who are already aware of the physician's diagnosis. Either way, it will be important for you to educate the family about the symptoms, contributing factors, course and treatment of the mental illness so that they can decide how best to support the client.

A. Teaching Families about the Causes of Mental Illness

It is important to remember that many families may not be aware of the complex interplay of factors that can lead to mental illness and may not be familiar with the range of symptoms of the client's particular mental health condition. In talking with families, you will want to be sure to use language that it is easy to understand given the comprehension and education level of the family, to offer explanations that are clear and thorough, and to answer any questions that the family may have. During Modules I and III, we used the following diagram to explain the causes of mental illness and you may want to use it when talking with families:

Draw the following diagram on the board



This model illustrates that emotional distress arises from a complex interplay of an individual's biology and experiences. A useful way to utilize this diagram is to pair it with analogies between physical and mental health conditions, especially when talking about biological predisposition. For example, you could explain to families that mental health problems can arise from and can cause vulnerabilities in the structure and functioning of the nervous system in the same way that a heart attack can arise from a problem in the structure and functioning of the heart vessels or can weaken the functioning of the heart. If a person has a predisposition toward mental illness, witnessing or experiencing stressful or traumatic events might cause later mental health problems. In this case, the person may suffer long term effects of trauma even though other people who witnessed or experienced the same event may not feel the same level of distress or symptoms. This is similar to the fact that if someone has a weakened heart, a high cholesterol diet or strenuous exercise may make it more likely that they will have a heart attack even though another person might eat the same foods without a problem.

What are some other analogies to physical health that you might think of that could explain the causes of mental illness?

Elicit suggestions from the participants. Possible suggestions include analogies comparing mental illness to diabetes, smoking and respiratory problems, or the flu. As participants offer examples, ask them to explain how it reflects the way in

which biological functioning can make someone vulnerable to environmental stresses. For example, someone might have a gene for cancer; this means that their chances for developing cancer will be greater if they smoke.

Those are great examples, and I would encourage you to use an analogy that allows you to illustrate how biological predispositions can interact with environmental circumstances and, in turn, how certain stresses can make people more vulnerable to changes in mental functioning. Stressing the biological factors in mental health problems can help families understand that mental health is analogous to physical health. This can help lay the foundation for discussions about maintaining good mental health later in the treatment process. It can also help the family to accept and address the client's mental health in a supportive way. In order to reinforce this idea, you should stress the following points:

- A mental illness is just that: an illness. A person should not be blamed for their illness and cannot will it away any more than someone who has diabetes can will away his or her illness.

- The client and his or her family did not cause the illness. People do not have a choice in developing a mental illness, just as someone does not choose to develop a heart attack.

- Mental health problems are common, especially for people who have experienced traumatic events.

Finally, it is important to be aware of the family's level of education. If the family is unable to read, you would want to modify this diagram by including pictures in place of writing."

Supervision Note
You can increase CMHW competency in educating families on this topic by asking questions during group supervision such as:

- In your work experience, what explanations do clients or family members have for why mental illness occurs?
- How do you explain that research supports the ideas of biological predispositions and environmental events causing mental illness, without offending clients or family members with other beliefs?

B. Teaching Families about the Symptoms of Mental Illness

In addition to explaining the general model of mental illness to families, you will want to teach families about the symptoms of the specific mental health condition that the client has been diagnosed with. The family may have noticed changes in the client's behaviors or attitudes, but may not be sure how it relates to the client's mental health problem. You should be sure to explain that these changes are symptoms of the client's particular mental distress. You may also want to let the family know of other related symptoms that could occur during the course of his or her treatment. Given your experience working with clients, how do you think family members could use this information to help support the client?

Elicit responses. Possible responses include: once family members are aware of the symptoms, they may have a better understanding of the client's concerns and behaviors; family members may be able to help the client assess the effect of medication if they can track the progression of the client's symptoms.

Good. Now, let's think about how we could frame this discussion for the family. In our last session we used the example of Salima, the woman who has been feeling depressed since losing her husband, to talk about engaging the family. The intake sheet is included as a handout in your workbook on page 129 (*page 172 in the trainer's manual*). Now, I want to use this case study to think about how you would explain her condition to her family. Remember that Salima not only has experienced feelings of depression, but also symptoms of anxiety. You would want to be sure to outline these symptoms in relation to both types of mental distress.

For example, you might say: "Salima has mentioned to me that she has been crying a lot recently and feels very fatigued. She also has told me that she has felt very anxious about her children's safety and her own when leaving the house. You may have noticed this. These are symptoms related to depression and anxiety, which are types of mental distress that many people develop in response to very stressful or tragic life experiences. They are characterized by a variety of symptoms. There are some other symptoms that you might want to be aware of. Some people who have depression have reported feelings of hopelessness about the future, inability to make decisions, and difficulty getting out of bed or taking care of daily responsibilities. Some people with anxiety have mentioned feeling excessive worry over routine activities, and even having panic attacks, which are temporary feelings of extreme fear that might be accompanied by a rapid pulse, sweating, and even feeling faint. If you notice any of these symptoms, you should encourage Salima to discuss them with her CMHW and her physician."

What are some good things about that explanation?

Elicit one or two responses. These might include: it offers a clear explanation of depression and anxiety; it gives some symptoms that the family might want to be aware of.

What things would have done differently if you were the CMHW working with Salima?

Elicit a few responses from the audience. These might include: I would include a longer explanation of depression and anxiety; I would try and use normalizing in this explanation.

You raise some excellent points. Each of you will have your own style for communicating with the family, but you will want to be sure that your explanations are thorough, relevant to the family, and easy to understand. With Salima's family, for example, you could also have utilized the biological-environmental diagram in order to enhance your explanation of symptoms by showing how they are related to the experience or environmental factor of losing her husband.

C. Course and Treatment of Mental Illness

Many families will want to know how long they can expect the client's symptoms to last, whether or not the client will "recover" and whether or not the client's current condition will affect his or her ability to function independently over time. You should encourage families to discuss specific questions about the course and impact of the mental illness with the client and the client's physician. However, you can share with the family the same basic facts about mental health treatment that you would share with any client. What would be some general information about mental health treatment that would be important for families to know?

Elicit responses from trainees. Responses might include: numerous treatment approaches have been developed for practically all mental health problems; although not all treatments will be available or affordable for clients, many people suffering mental distress can be helped through the services offered by physicians and CMHWs at your hospital; everyone responds to treatment differently and it takes time; clients can rely on their own resources and coping skills.

You should also stress that in addition to medication and the services offered by CMHWs and physicians at hospitals, families can be an important resource for people struggling with mental health problems. As we discussed in the engagement

unit, families can provide vital support for the client in a variety of ways. For example, in addition to providing financial support, families can help clients remember to take medication, encourage clients to attend sessions with the CMHW, and provide a safe and supportive atmosphere. As we discussed, you will want to talk with the client prior to a meeting with the family to determine if he or she would like the family involved, and how she or he would like the family's support. Remember that there may be specific things that the client does not want the family to know about the treatment plan and you should maintain their privacy.

In discussing the family's role in the client's treatment, you should offer suggestions when appropriate, but should avoid telling the family what to do. For instance, if your client is suffering from PTSD, then it would be helpful for family members to know that the client is sensitive to loud noises. You could then ask the family if there are things they could do to help the client given this sensitivity. But, you do not want to tell them: "You have got to turn down the television and absolutely stop talking in such loud voices."

Finally, you should encourage the family to work with the client to determine ways to support the client that are mutually agreed upon and beneficial. If you see the family begin to override the client's suggestions, gently remind them that the client may be the best person to determine his or her needs.

VII. Exercise 2: Utilizing Psychoeducation to Communicate with Families – Role Play

Let's do a role play to practice the skills that we learned today by again using the case study of Salima. I would like for you to divide into groups of four. One of you will play Salima, one of you will play the CMHW and two of you will play members of Salima's family. You can decide which members you will be. Salima, I want you to think about how you might feel being part of the meeting. Family members, you should think about whether or not you know anything about depression and what your reactions might be. The CMHW should focus on covering the major aspects of psychoeducation that we have discussed throughout this training. In particular, the CMHW should practice using psychoeducation to do the following:

- Normalize the emotions of the family and client
- Educate the family about symptoms and causes of mental health problems
- Educate the family about the course of mental illness
- Educate the family about their possible role in treatment

Remember to use all of your core skills when educating families about mental

health. You will have 30 minutes to practice the role play. Then we will come back together as a class to talk about our experiences.

Help participants divide into groups and, where necessary, help them to get started with the role play. Call groups back together after about 30 minutes. If time permits, have the groups perform their role plays for the class. Then debrief using the following questions:

- How did you see the CMHWs using psychoeducation? For example, did you see CMHWs using normalizing statements to educate the family about the cause of mental illness?
- How would you describe the CMHWs' communication techniques? For instance, did you notice anyone using active listening skills or asking particularly good questions? Is there anything that you would want to use in your own work with clients?
- How did the family respond to the psychoeducation?

VIII. Review of Psychoeducation with the Family

We've just covered a lot of information about ways that you can educate the family about mental health. Let's review some of the things that we have talked about:

1. It is important that you speak with the client prior to initiating a meeting with the family to make sure that he or she is comfortable with all the information that you will be covering. The client may not want his or her family to know certain information and you should respect his or her wishes during the meeting.
2. Working with families can be a sophisticated skill because you will have to address the concerns of the family while attending to the needs of the client.
3. Psychoeducation can help families explore their own concerns about mental health, can educate them about mental illness, and can help them decide the best way that they can support the client in treatment
4. Families often have many responses to mental health problems. You can help to normalize their feelings by maintaining a nonjudgmental stance while listening to their reactions, by responding empathetically, and by helping them to realize that their feelings are normal.
5. You can educate families by explaining that biological predisposition and environmental events are the two factors in mental health problems and by emphasizing that mental illness is not the fault of the client or the family.
6. You should educate the family about the symptoms, causes, and treatment possibilities for the client's particular problem.
7. You should help families to brainstorm ways that they can support the client by asking questions and offering information when appropriate.

8. Using your core skills will help you to effectively provide psychoeducation services to clients and families.

IX. Conclusion

Psychoeducation can be a very useful tool for addressing the family's concerns about mental illness and helping them to better understand the nature of the client's problems. When using psychoeducation with families, you will want to elicit the family's own concerns and questions first, as a starting point for education. From there, you may want to address the symptoms and causes of mental health problems and the range of treatment possibilities, stressing that mental health problems do not mean that the client automatically cannot be trusted or will need to be cared for like a child.

As we discussed, you will also want to work with families to help them identify ways that they can support the client during treatment by asking questions and encouraging discussion. As the role play demonstrated, working with families can be complicated so it is important to utilize the core skills you have learned. Ultimately, working with families can be beneficial for the client. Families can be a powerful source of support for clients and can help clients feel cared for, hopeful and engaged in the treatment process. Before we end for today, are there any questions?

Address any questions or concerns that participants raise. Be sure to thank participants for their contributions and attention. Have them complete the Competency-Based Training Exam.

Competency- Based Training Exam – CMHW

Name: _____ Date: _____

Answer the following questions to the best of your ability.

1. Give an example of how family members could use information about symptoms to support the client.

2. What is normalizing and how can it be used with families?

3. Why is it important to understand the family's concerns and fears about mental illness before educating them about it?

4. Give an example of a biological predisposition and use it to explain the meaning of a biological predisposition.

5. Describe how you would respond to family members who tell you they believe that the client is "crazy" and needs to be treated as a child because he or she has mental health problems.

Involving the Family in Medication Management

TABLE OF CONTENTS

INTRODUCTION

Purpose of training:
To teach community mental health workers how to work with clients' families in order to support clients' appropriate use of psychiatric medication.

At the end of this training, the CMHW will know…

- The importance of obtaining client permission before sharing any information about medication with the client's family
- The role of medication in client treatment and how to explain this to families
- Common and serious side effects of psychiatric medications
- Ideas for how families can help clients relieve side effects
- Techniques for utilizing family support in helping clients improve medication adherence
- How to utilize core skills to involve the family in client treatment

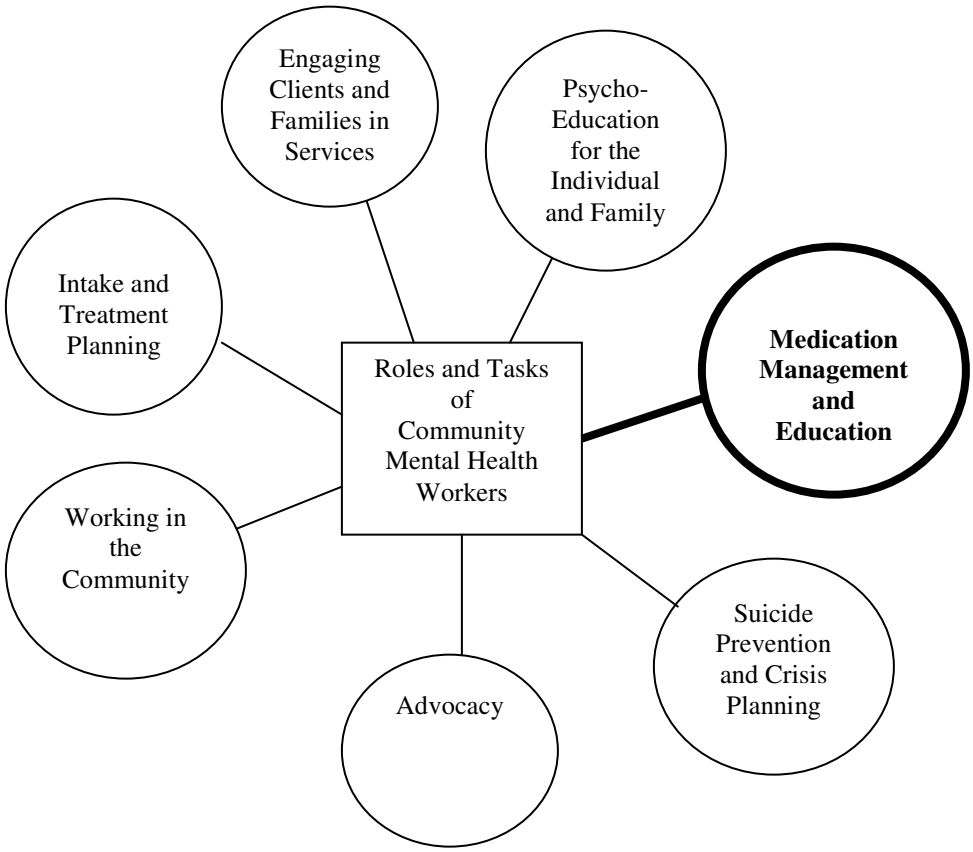
At the end of this training, the CMHW will be able to…

- Explain the role of medication in client treatment to clients and families
- Review common and serious medication side effects with clients and families
- Help families identify things they can do to help relieve clients' side effects
- Help families learn to recognize serious side effects that will require notification of the client's physician
- Explain common adherence issues with the clients and families
- Help families identify strategies for assisting clients with medication adherence

The goal of this training session is to teach…

- The role of the family in medication management
- Approaches for utilizing family support to improve the client's experience with medication

This training addresses the following CMHW Job Role(s):
Medication Management and Education



TRAINING SET-UP

Training Format:
Didactic lecture, group exercises and group discussions

Equipment:
Chalkboard, flipchart or dry erase board with markers

References:
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TRAINING SCRIPT

Welcome, Introductions and Daily Agenda

Greet participants and address any unfinished business from the previous day's training. Discuss the purpose of today's training. Review the goals of the training and the skills and knowledge that CMHWs should learn from the training.

I. Agenda

Today, we are going to talk about how to involve the family in the task of medication management. We will discuss some specific ideas for how you can teach families to support clients' use of medication, such as by helping clients monitor and relieve side effects and assisting clients with adherence issues. The techniques we are going to talk about today can be used to involve the family in the use of medication to treat both physical and mental health conditions.

II. Educating Families about the Role of Medication in Client Treatment

The first step in involving families in the management of any kind of medication is making sure the family understands the role of medication. Many families may be aware of the importance of medication in treating physical health problems such as infections or diabetes. You may find that they are less knowledgeable about medications used to treat symptoms of mental illness. In Module III we talked about the role that medication plays in the treatment of clients' mental health problems. Who remembers some of the things that such medication generally does, and some things that it does not do?

Elicit suggestions from the trainees. Possible responses include: medication relieves symptoms and reduces distress and impairment caused by the illness; medication does not teach a person new skills or provide incentives for using skills.

Good. When talking with families about medication for symptoms of mental illness, you will want to convey that medication can relieve symptoms, but is not a "cure" for mental illness. Because of this, medication is most beneficial when combined with other forms of treatment.

Even if the client is not taking medication for mental health problems, you may wish to speak with the family about other medications he or she may be taking. Mental health and physical health are closely related. Clients who are taking medication to treat mental health problems such as anxiety or depression may find that they feel better physically as well as mentally. Similarly, clients may find that

they experience less stress and feel more hopeful when they are able to manage their physical health problems. That is why it is so important for clients to adhere to all medications that have been prescribed to them.

Here are a few tips to keep in mind when discussing the role of medication with families:

- Explore expectations. In Module III we talked about how clients may have expectations or concerns about medication, and you should be aware that families may as well. So, before you begin educating families about this issue, explore their expectations of how they think medication will help—or won't help. This will give you an idea of how much education you'll need to provide to help the family understand the role of medication. You can explore this by asking a simple question such as, "How do you expect the medication to help the client?" If you are meeting with multiple members of the family, try to elicit each family member's expectations of how the medication will work, as different family members may have different ideas.

- Remain non-judgmental. Remember to maintain a non-judgmental stance and to employ active listening skills. For example, a family member might feel angry about the cost of the medication, especially if he or she thinks that the medication is unnecessary. In addition, family members may feel worried or upset about the client's condition and use of medication. Listening to the family and responding in an empathic manner will help them feel that their concerns are understood and validated.

- Deliver information according to the family's needs and level of understanding. As a CMHW, you must be sensitive to clients' and families' ability to read literature and comprehend information. Some clients and family members may have a limited education and may have low literacy skills. This means that they may be far less knowledgeable about medication and side effects than other clients and families. This may also mean that they have more difficulty understanding information, such as the importance of taking medication as prescribed. Therefore, you will need to communicate with them in ways that they can most easily understand and remember. That is, by using simple language, giving clear instructions, demonstrating complex tasks (when appropriate), and having them repeat directions to verify their understanding.

Supervision Note
You can increase CMHW competency in this skill during group supervision by asking questions such as:

- In your experience with clients, what expectations have family members described for how the medication would help the client?
- How did you explore these expectations?

III. How Families Can Help in Medication Management

As you may know from working with clients, there are a number of ways that families can help with medication management. Let's go over some of the ways that family members can be involved.

Write the following items on the board:

1. The family can help the client pay for medication and can help him or her obtain medication and refills.
2. The family can help the client stick to a medication regimen.
3. The family can help the client monitor the effects of the medication, help identify serious side effects that require a physician's attention, and help relieve less serious side effects.
4. The family can provide a supportive home atmosphere for the client.
5. The family can accompany the client to physician's visits to discuss the medication.

Are there any other ways that family members could assist a client with managing his or her medication?

Elicit suggestions. Possible responses include: going with the client to the physician and asking the physician questions on the client's behalf; administering medication to the client; monitoring the client's use of medication, especially if they are concerned that the client may have a substance abuse problem; preserving the client's confidentiality by not talking about the medication in front of neighbors or other family members.

This is a great start. Remember that families can do all of these things regardless of whether the client is taking medication for a physical or a mental health problem. We'll spend the rest of this unit going over these items in more detail so that you can provide family members with the information they will need to help the client with medication management.

IV. Educating the Family about Observing Medication Effects and Relieving Side Effects

The family can be particularly helpful in observing the effects and side effects of the client's medication. They can help the client identify whether or not the medication is effective in relieving his or her symptoms. In addition, they can help the client identify side effects and decide whether or not a side effect is serious enough to be brought to the attention of the physician. Finally, they can help provide relief for the client's less serious side effects.

When talking with families about this topic, start by specifying which medication the client is taking, the condition that it will treat, the kinds of changes the client can expect to see in his or her symptoms and an approximate timeline for when the client will begin to experience relief of their current symptoms. For example, if a client is taking Fluoxetine to treat anxiety, you should make the family aware that it could take a few weeks before the client begins to notice a change in his or her symptoms. You would then want to outline what these changes might include and how the client might experience them. In the case of Fluoxetine, the client may not notice a sudden sense of relief, but might gradually notice a reduction in his or her symptoms. Finally, you would want to be sure to explain that if the client does not experience any change or if his or her symptoms worsen, then he or she should consult a physician.

After discussing what the medication is supposed to do, it will be important for you to go over the side effects of the particular medication the client is taking. In Module III we talked about common side effects of medication. Some of these are less serious and can be treated at home. Others require the immediate attention of a physician.

As a review, who can tell me what some of the less serious side effects of medication are either from Module III or that you have encountered in your work?

Elicit responses. These include: dryness of the mouth, lips and skin; occasional stomach upset; occasional constipation; occasional dizziness; tiredness or having difficulty staying awake after taking medication; weight gain; mild restlessness; mild stiffness; feeling lethargic or slowed down; sensitivity to heat or sweating; eyes bothered by strong sunlight or artificial light. Be sure to remind CMHWs about less serious side effects from this list that have not been mentioned.

Good. Now, can anyone tell me some serious side effects that clients should be aware of?

Elicit responses. These include: blurred vision; difficulty swallowing or drooling; extreme difficulty urinating; diarrhea or constipation that lasts for longer than two days; daytime sleepiness; skin rash; skin discoloration or darkening; sun burning quickly or with little exposure to sunlight; sexual difficulties (delayed ejaculation, impotence, painful erection or erection that lasts for several hours, loss of interest in sex); menstrual irregularities or breast changes; nervousness or agitation; rigid or stiff muscles; body tremors; slow, involuntary movements of mouth, tongue, hands, or other parts of the body. Be sure to remind CMHWs about serious side effects from this list that have not been mentioned.

For these more serious side effects, the client should notify their physician, who may wish to change the dosage level or type of medication. However, for less serious side effects there are many things that the family could do at home to bring relief. For instance, if the client is suffering from an upset stomach, the family could encourage him or her to eat dry crackers or toast and to take small sips of clear soda water. For constipation, the family could encourage the client to increase his or her intake of liquids or could prepare leafy, green vegetables, bran, and other whole grain cereals for the client to eat.

In sum, here are a few tips to keep in mind when discussing the side effects of the medication with the family:

- Use handouts when appropriate. You might want to give clients and their families a copy of the "Serious Side Effects" and "Less Serious Side Effects" handouts from Module III.
- Brainstorm with the family and the client about ways that they could help relieve the less serious side effects.
- Explain serious side effects to the family. Make sure the family understands that if the client shows a serious side effect they should consult with a physician immediately.
- Explain that family members can accompany the client to the physician in order to discuss the medication. We have found that many families and clients are not aware of this option, and it can be helpful for the client to have someone else with him or her to ask questions and take down information. You may want to stress that the client will have to be present to give permission in order for the family to talk with the physician. The family may also want to think about the questions that they would like to ask the physician prior to the meeting. This will help ensure that their specific concerns are addressed.

- Finally, make sure that the family understands the information you have presented about the medication. This can be as simple as asking, "Is this information clear?" or, "Do you have any questions about the medication?"

Supervision Note
You can increase CMHW understanding of this topic during group supervision by asking questions such as:

- How did you educate the family about the effects and side effects of the medication?
- What are the side effects that you most commonly hear clients mention?
- How do the families you work with help clients to relieve side effects?

V. Educating the Family about Adherence Issues

In Module III, we talked about a variety of factors that can contribute to clients having difficulty sticking with their medication. For example, the client may not feel that the medication is helping his or her symptoms; he or she may feel that it is not helpful enough to outweigh uncomfortable side effects; or he or she may not be able to afford medication. In addition to helping relieve side effects, family members can help clients with medication adherence in a variety of ways. For instance, the family can help pay for medication or can remind the client to take it if he or she has trouble remembering. The family can also help the client to monitor the medication's effects and can alert the client to changes that he or she may not be aware of. This can be particularly helpful for medication that can cause serious side effects or for medication that causes subtle changes.

Of course, having the family involved in treatment at any level can be both beneficial as well as challenging, and this is particularly true in the area of medication management. For this reason, it is important to talk with the client prior to meeting the family to determine how he or she would like the family involved and to clarify the role he or she would like the family to play in the area of medication management.

If the client would like to have the family involved in the medication regimen, be sure to:

- Respect your client's wishes about the role they would like their family to play in mediation adherence and help to convey these wishes to the family. For instance, a client may want his family to know that he is taking medication, but may not want them to be involved in the administration of it.
- Explore barriers to adherence. When you meet with the family, explore any problems the client is having related to adherence.

- Share recommendations. You should also talk with the family about recommendations that have been given to the client, such as taking the medication with food or at a specific time of the day. The more that a family knows about a medication and its side effects, the easier it will be for them to be involved in adherence.
- Help the client and family work together to determine the family's role. This can be done by offering suggestions when appropriate and asking questions that will help the client and family brainstorm about ways that they could improve adherence. For instance, you might say, "Other clients have reported that it is helpful to have a family member remind them to take medication. Is this something that you might feel comfortable with?"
- Utilize your core skills. Talking about adherence issues with families can be a sophisticated skill. The family might have very strong opinions about medication, may become angry with the client for not taking his or her medication, or may want to take over the management and administration of the medication. Normalizing the emotions of the family can help them to understand that their frustrations are understood. At the same time, be sure to explain that adherence problems are common for all kinds of medication and to clarify that it is most beneficial when clients are responsible for their medication and the family plays a supporting role in adherence.

Supervision Note
Addressing adherence is a sophisticated skill. In supervision, stress the importance of discussing adherence in a manner that emphasizes active listening skills and normalizing. Model how CMHWs could explain to family members that adherence is a common problem in medication management and encourage them to brainstorm positive ways that the family could support the client, rather than scolding.

VI. Exercise 1: Family-Based Strategies for Improving Adherence – Brainstorming Activity

We have just gone over some common factors in adherence issues. During Module III, we talked about strategies that you could use to help the client with adherence. You can also work with the family to resolve these issues by offering tips and strategies that they could use to support the client in taking his or her medication. During Module III, you were given a handout with some suggestions for helping clients with adherence. This handout is in your workbook on page 135 (*page 178 in the trainer's manual*). Let's revisit some of the ideas that we came up with.

Give participants a few minutes to silently read the handout titled "Adherence Issues and Recommendations." Ask if they have any questions. Answer any questions that trainees might have.

You will now separate into groups of three or four to think about some specific recommendations that you could offer to families to help them support the client in taking medication. An example would be discussing the client's side effects with the family and encouraging the family to help relieve some of these side effects. You will think of one suggestion for involving the family for each adherence issue. You will also choose a representative who will share the ideas of the group with the entire class. Do you have any questions?

Circulate around the room as groups discuss their ideas. While they are working, make two columns on the board. On the left hand side, list the adherence issues. On the right hand side, you will write down the groups' recommendations. Call the entire group back together after about 15 minutes. Have each group share one adherence issue and recommendation for involving the family. Encourage all groups to write down the recommendations in the space provided on the handout.

VII. Exercise 2: Involving the Family in Medication Management – Role Play

Now that we have explored some techniques for talking with families about medication, let's do a role play to consolidate and practice these new skills. We will use the case of Mohamed and Sarah, which is included on page 139 in your workbooks (*page 182 in the trainer's manual*). Let's take a few minutes to review this case.

Give trainees a few minutes to read through the handout titled, "Case Study: Mohamed and Sarah."

Imagine that a physician eventually prescribes Fluoxetine to help control Sarah's anxiety symptoms. Sarah begins to feel a bit better on the medication, but has trouble remembering to take it. She asks you to meet with her husband Mohamed and her daughter Fatemah to explain the medication to them so that they can help her manage it.

We will divide into groups of four. One of you will play Sarah, one of you will play Mohamed, one of you will play Fatemah, and one of you will play the CMHW. I will give you 15 minutes to role play. I want you to utilize your core skills in talking with Mohamed, Sarah, and Fatemah about how everyone can support Sarah and help her remember to take her medication (*If participants need*

to review the core skills, revisit the core skills diagram on page 27 in the trainer's manual before starting the role play. Ask participants how they think these skills could be used in the task of medication management). The medication chart is included on page 137 in your workbook (*page 180 in the trainer's manual*) if you need to refer to it.

Circulate around the room during the exercise. Give participants about 15 minutes for the role play; then call the group back together. Debrief using the following questions:

- How did you feel role playing Sarah? How did you feel talking about adherence issues with your family and the CMHW?
- How did you feel role playing Mohamed?
- How did you feel role playing Fatemah?
- How did you feel role playing the CMHW?
- As the CMHW, what did you do to actively listen to and empathize with Mohamed, Fatemah and Sarah?
- As the CMHW, what other core skills did you use in talking about medication management with the client and family?
- As the CMHW, what would you do differently when discussing the role of medication in treatment with actual clients and families?

Be sure to praise all participants for their performances and contributions to the discussion. Comment on the core skills that you observed them using.

VIII. Review

Let's review the key points we learned today about the role of the family in medication management:

1. Assuming the client has given you consent to talk with the family about medication, start by exploring the family's expectations about how medication will help.
2. Explain to the family that while medication can relieve the symptoms and distress caused by illness, it does not teach people new skills. Encourage them to think of ways that they could support the client in developing new coping strategies, such as eating right or exercising to relieve stress.
3. Families can help in medication management by observing the effectiveness of the medication and identifying side effects.
4. If families have concerns about the medication, they can accompany the client to meet with the physician to discuss medication.

5. Families can help the client to relieve common side effects, but should know that if the client begins to show serious side effects, the physician must be consulted as soon as possible.
6. Families can play an important role in helping clients with medication adherence. You should work with the family to develop strategies to help the client take his or her medication.
7. In addition to talking with families about psychiatric medication, you can use the techniques we learned today to educate families about medication that the client is taking to improve his or her physical health. Mental and physical health are closely related so improving the client's physical health may be beneficial to his or her mental health.

Dealing with families is not always an easy task, but can help the client to manage his or her medication and to have a more positive medication experience. You should remember to engage the family in the same active, nonjudgmental, empathetic way that you would engage a client. You should encourage the family to set goals with the client for the adherence and management of his or her medication. Most importantly, you must always obtain your client's permission to discuss his or her illness and medication with his or her family.

IX. Conclusion

Today, you learned a number of ways that you can involve clients' families in medication management. When the client and family understand the role of medication in treatment, family support can improve the client's overall experience taking the medication. Effective use of medication, in turn, can help the client achieve the reduction in symptoms necessary to work on achieving other life goals. Therefore, when you help families facilitate clients' effective use of medication, you are ultimately helping your clients to improve their lives.

Before we conclude for today, do you have any questions about the role of the family in medication management?

Address any questions or concerns that participants raise. Be sure to thank all participants for their contributions and attention. Have them complete the Competency-Based Training Exam.

Competency- Based Training Exam – CMHW

Name: _____ Date: _____

Answer the following questions to the best of your ability.

1. Why is it important to talk with the family about their expectations for the medication?

2. What are four ways that families can help with medication management?

3. What are three things families could do to help a client who is experiencing less serious side effects of medication?

4. What are some things that family members can do to help the client with adherence?

5. In your meeting, one of the family members becomes very angry with the client when he or she learns that the client has not been taking the medication regularly. How could you use your core skills to help ease this situation?

Family Work in Suicide Prevention and Crisis Planning

TABLE OF CONTENTS

INTRODUCTION

Purpose of Training:
To teach community mental health workers how to involve clients' families in all aspects of crisis management

At the end of this training, the CMHW will know…

- The meaning and purpose of using a family systems perspective when looking at crisis
- Ideas and techniques for involving the family in different aspects of crisis assessment, including assessing the client's perception of stressor events, strengths and resources, coping skills, and safety.
- Ideas for involving the family in crisis intervention, including providing support, utilizing strengths and coping skills, safety planning, and following up on referrals.
- How to use the Suicide Prevention Flowchart as a guide for assessing and intervening to prevent suicide.
- The importance of continuity of care in crisis intervention and prevention
- The use of core skills in engaging clients and families in crisis management

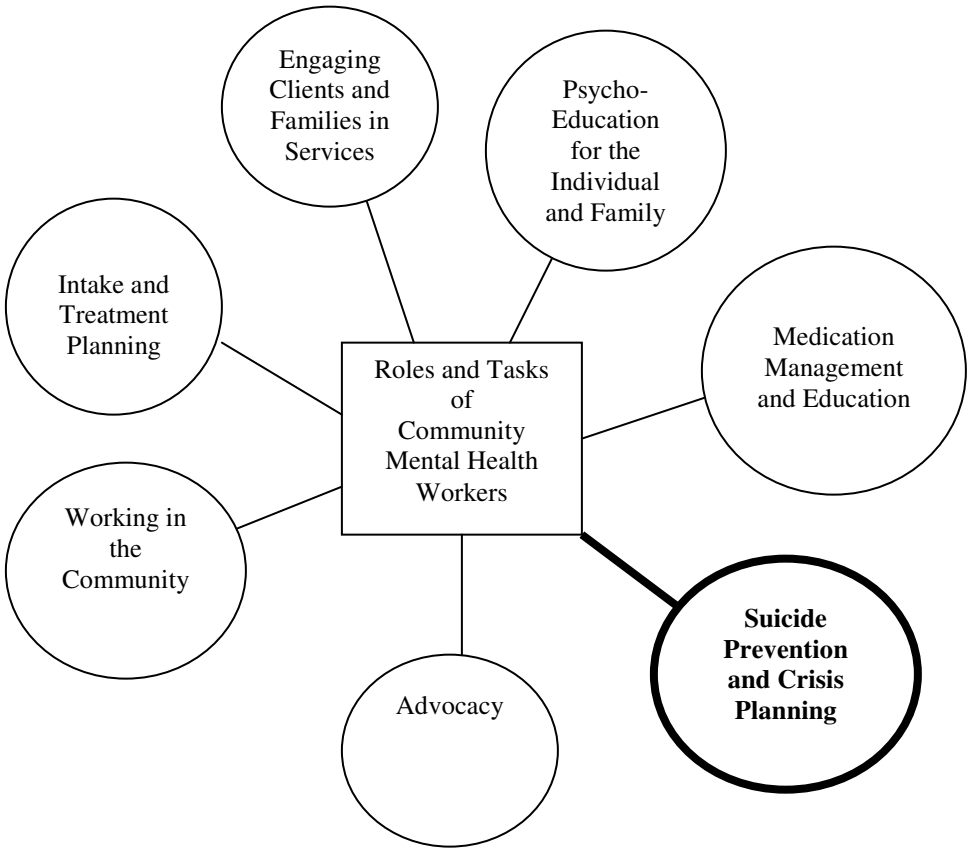
At the end of this training, the CMHW will be able to…

- Use a family systems perspective to assess how crisis affects clients and their families and make appropriate interventions
- Use the family as a resource in carrying out all aspects of crisis assessment
- Engage clients' families in different types of crisis intervention, including providing support and stabilization for clients in crisis
- Use the Suicide Prevention Flowchart to evaluate risk and guide intervention choices for suicidal clients
- Provide follow up services to ensure continuity of care for clients and families experiencing crisis
- Use core skills to engage clients and families in all stages of the crisis management process

The goal of this training session is to teach…

- The use of the family systems perspective when looking at crisis
- Crisis assessment skills
- Crisis intervention skills
- Crisis planning skills
- Family engagement skills

This training addresses the following CMHW Job Role(s):
Suicide Prevention and Crisis Planning



TRAINING SET-UP

Training Format:
Didactic lecture, group exercises and group discussions

Equipment:
Chalkboard, flipchart or dry erase board with markers

References:

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TRAINING SCRIPT

Welcome, Introductions and Daily Agenda

Greet participants and address any unfinished business from the previous day's training. Discuss the purpose of today's training. Review the goals of the training and the skills and knowledge that CMHWs should learn from the training.

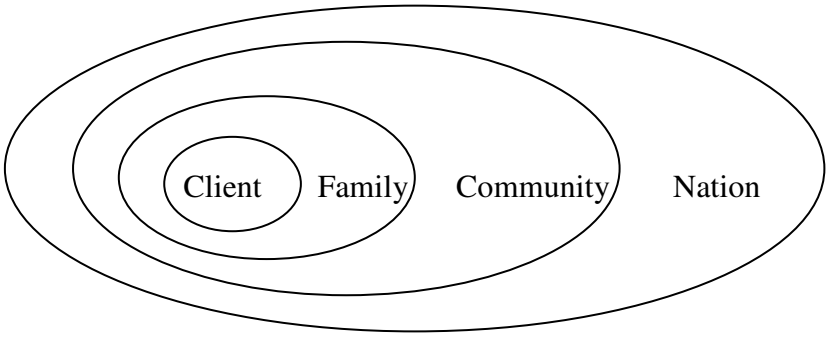
I. Agenda

The purpose of today's training is to teach you skills for involving families in all aspects of crisis prevention, assessment, intervention and planning. We will start by discussing how to adopt a family systems perspective when looking at client crises.

II. Looking at Crisis from a Family Systems Perspective

Learning to use a family systems perspective to examine crisis can help the worker to effectively carry out all stages of crisis planning and prevention. To use a family systems perspective, we must understand the concept of person in environment, and the idea of the family as a system. You'll recall that in the Introduction to Family Work training, we used the person in environment model to understand how an event that happens at the national level can have a "ripple effect" and affect people at the community, family and individual levels. The reverse is also true; individual people can intentionally or unintentionally have an effect on others at the family, community and national levels.

Draw the person in environment model on the board as a reminder to participants:



A crisis is an event that represents a change from the norm, and that affects people at multiple levels. When a nation experiences a crisis, such as war, the crisis affects people at all levels: communities, families and individuals. And when a single client is in crisis, this can affect his or her family, and perhaps the surrounding the community and even the nation.

Our focus in this training will be on how crises affect clients and families. In the Introduction to Family Work training, we discussed characteristics of systems, and the idea that when something happens to part of the system, it affects the entire system. Since the family is a system, when one family member is in crisis, the other members are also affected. Therefore, comprehensive crisis assessment should take into account information from both individual clients and families, and explore the impact of the crisis on the client's and the family's functioning. In addition, crisis intervention can be most beneficial when it utilizes resources at both the individual and family level—and even beyond, at the community level. That said, since many of our communities do not have alternative resources for helping clients in crisis (i.e. psychiatrists or psychiatric hospitals), the family is one of our most valuable resources in suicide prevention and crisis planning.

As we talk about suicide and crisis today, please keep in mind that helping clients in crisis can be very stressful for workers. It can even make you feel like you are in crisis, as we discussed in Module III. This is why it is very important to always use a team approach when working with clients in crisis, particularly with clients who are risk of committing suicide. When you have a client who is an acute crisis—for example, someone who is thinking about committing suicide and has a plan to do it—you'll want to talk about it with your supervisor at the hospital and with the Heartland Alliance supervisor as soon as possible. Working with a team of supervisors and colleagues will help you to feel supported as you handle these difficult cases.

Note to trainers: It is recommended that you provide your phone number to the CMHWs at this point, so they know how to contact you if they have a client who is suicidal or experiencing some other type of acute crisis.

Supervision Note
When CMHWs are discussing cases in supervision, ask questions to remind them to utilize a systems perspective when looking at crisis. For example, you might ask, "Who does the client consider to be a part of his or her family system" or "How did the client's family react to the client's depression?"

III. Using the Family as a Resource in Crisis Assessment

Assessment is the first step in helping clients who are experiencing crisis. You might recall from Module III that there are four main aspects of crisis assessment:

- Assessing the client's perception of the crisis or stressor event
- Assessing the client's resources and support
- Assessing the client's coping skills

- Assessing safety, including trying to predict if a client may be suicidal or homicidal

Next we will discuss how to involve the family in each of these aspects of crisis assessment. But before we do that, I would like to briefly talk about confidentiality. Preserving confidentiality is often a concern for clients in crisis, but we must also remember that when the client is in danger of hurting him or herself or others, this is one of the four areas of exception in which it is necessary to break confidentiality in order to keep the client safe. Given the limited resources in our communities, we often have to rely on families to help clients who are potentially suicidal or at risk of a crisis. So while you should still ask clients about their preferences regarding family participation in treatment, please keep in mind that when the client is determined to be in danger, you may have no choice but to involve family members.

Do you have any questions about preserving confidentiality with clients who are suicidal or in crisis?

A. The Family as a Resource in Assessing the Client's Perception of the Stressor Event

A good starting point for crisis assessment is determining how the client perceives the stressor event(s) precipitating the crisis. First you'll want to directly ask the client some questions to determine his or her thoughts and feelings about what has occurred. We practiced doing this in Module III.

Since crisis affects the entire family system, it's also useful to get a sense of how the family perceives the crisis. The family's perceptions of the crisis event will influence how the client in crisis views the event, and vice versa. Each family member may have a different view of the crisis, so it is important to take time to explore this with all of the family members with whom you are working. What are some questions that you might ask family members to assess their perception of a crisis?

Elicit responses. Possible responses include: What do you think caused the crisis? Do you perceive the event that precipitated the crisis as coming from within or outside of your family? How have you been feeling since this event occurred? How do you feel about seeking help for it?

As we discuss this and other areas of crisis assessment, I would like to use a case study to illustrate these concepts. On page 140 in your workbooks (*page 183 of the*

trainer's manual), you will find the case study of Ali. Could somehow please read it aloud?

Thank the volunteer for reading.

How would you describe the crisis that is occurring in Ali's family?

Elicit responses. Possible responses include: Ali was attacked on his way home from work. His brother Mustafa was killed in the attack. Ali has felt anxious and fearful since the attack.

What are some specific questions that you would ask members of Ali's family to try to assess how they perceive the crisis that occurred in their family?

Elicit responses and discuss. Possible responses include: How do you describe the crisis? How do you think the crisis event affected Ali? How has it affected you?

Thank you for sharing your ideas. We will refer back to Ali's story as we discuss different aspects of crisis assessment.

Supervision Note
To help CMHWs maintain this skill, during case presentations in group supervision you can ask questions such as:

- How did the client describe the crisis event and his or her reactions to it?
- How has the client's family reacted? How do you know?
- How do you think the family's reactions affect the client's response to the crisis?

B. Using the Family in Assessing Resources and Support

Adaptive resources are critical for helping people cope with crisis. As the person in environment model shows us, strengths and resources exist at multiple levels. There are personal resources, such as an individual's strengths and skills; family resources, such as the family's closeness or adaptability; and community resources, such as support from neighbors and friends. How do you think the family can be useful in assessing resources and support?

Elicit responses. Possible responses: The family can describe family resources, such as closeness or good communication; the family can remind the client of personal resources he or she possesses; the family can identify resources in the community.

Clients' families can be quite helpful in identifying resources in many ways. Identifying personal, family and community resources is not only an important part of crisis assessment; it is also important in keeping clients and families engaged in the treatment process. When the family is consumed by the crisis, they may forget about some of the strengths and resources they possess, both as individuals and as a family unit. Talking about these resources can help them to feel more engaged and feel hopeful that they can resolve the crisis. The Domains of Mental Health Satisfaction Scale, which we discussed in Module III and in the Core Skills training, is one tool you can use for helping clients and families identify different kinds of strengths. Remember that when family members feel strong on a domain in which the client feels less strong, you can help them explore ways to use this strength to help the client. Similarly, if the client feels strong in an area in which other family members experience difficulty, he or she can use that strength to help his or her family members.

What are some of the personal, family and community strengths that Ali and his family possess?

Elicit responses. Possible responses include: They have a house; Ali still has a job; they like spending time together; they go on picnics; Ali has been willing to seek help for his problems; the family is concerned about Ali.

C. The Family as a Resource in Assessing Coping Skills

Another essential part of crisis assessment is assessing coping skills. Coping skills are the behaviors that people use to help them solve problems and cope with crises and negative emotions. The family can provide additional insight into the client's coping skills, as people can sometimes use coping skills—both adaptive and maladaptive ones—without even being aware of it. For example, a person might start eating more as a way of coping with their feelings of distress after a crisis, but not even notice that they are doing this. This is why it can be helpful to ask families about their observations of how the client is coping with the crisis.

It can also help to get a sense of how the family is coping with the crisis. Each individual member of the family will develop ways of coping, and the family as a whole might change the way it functions in order to cope with the crisis. For example, in Ali's family, perhaps no one will ever mention the terrible attack that Ali endured. Although it may be unlikely that the family will get together and say, "Let's never speak of that again," they have still implicitly decided as a family unit that they will cope with the trauma by not talking about it and perhaps trying to pretend that it never happened.

Later we will discuss how to help clients and families learn new coping skills as part of crisis intervention. In the meantime, do you have any questions about using the family to assess coping skills?

D. The Family as a Resource in Assessing Safety

When the client's safety is threatened because they are at a risk of harming themselves or others, this is a particularly serious type of crisis. The previous three areas of crisis assessment should give you a sense of whether or not safety is an issue for your client. For example, if your client is experiencing a crisis that he or she considers to be relatively minor; has a number of strengths and resources, including family support; and has at least some skills for coping with the crisis, then you might conclude that safety is not really a concern for this client. However, if a client perceives the crisis he or she is experiencing as serious, has few strengths and resources, and/or does not seem to have good coping skills, then you may need to do a thorough safety assessment.

Let's explore how family members can be involved in the two aspects of safety assessment: assessing the client's risk of harm to self (suicidal potential), and assessing the client's risk of harm to others.

1. Using Family Input in Assessing Risk of Harm to Self

The family is a critical resource in assessing the client's risk of harm to self. Assessment begins by seeing if the client appears to have any suicide risk factors. Suicide risk factors include family history of suicide, previous suicide attempts, signs of severe depression and social isolation; you learned about these risk factors in Module III.

While you can ask the client directly about suicide risk factors, the family can provide important additional information. For example, the family may be able to tell you if the client has been giving away his or her possessions, or if there is a history of suicide in the family. You can use your handout on suicide risk factors from Module III to discuss risk factors with clients and families. Remember to explain to the family that these risk factors cannot predict the future, but rather, they simply give us information about the client's <u>potential</u> for suicide risk.

If you establish that one or more suicide risk factors are present, the next step in assessing the client's risk of harm to self is to ask about suicidal thoughts and intent. Only the client can directly answer questions about his or her thoughts and intent, but the family can provide extra insight and information. For example, they

can let you know if the client has access in the home to any potentially harmful or dangerous items, or if the client has been talking about suicide or a specific plan with them.

What are some questions you might ask Ali's family members to assess Ali's risk of harm to self?

Elicit responses and discuss. Possible responses include: Has Ali mentioned any plans to harm himself? Has he ever tried to commit suicide in the past? Does he have access to any potentially dangerous items in your home?

When a client has specific thoughts about suicide and has thought of a plan for how he would harm himself, you will need to intervene. We will talk a little later in this training about how to involve the family in developing interventions for suicide prevention.

Do you have any questions about involving the family in assessing the risk of harm to self?

Supervision Note
Because crisis impacts the entire family, it is possible that CMHWs may observe suicide risk factors or risky behaviors in family members other than the client. Encourage CMHWs to bring this to your attention immediately if they notice this occurring. They will need guidance and supervision in learning how to address this situation. So that the CMHW can concentrate on helping the client, it may be necessary to help the CMHW refer the troubled family member to other mental health services.

2. Using Family Input in Assessing Risk of Harm to Others

The second part of safety includes assessing a client's risk of harming others. Family input can also be utilized here. Aggression toward others can take many forms. If you have any observed the client acting aggressively in any way, or if you have reason to believe that the client might become aggressive (such as when the client has a history of violent behavior), it is a good idea to ask the family if they have observed the client engaging in any of the following types of aggressive behavior:

- Verbal aggression (i.e. threatening, shouting and cursing)
- Aggression against oneself (i.e. hitting or cutting oneself)
- Aggression toward objects (i.e. throwing things, kicking things)
- Aggression toward others, including violence and other aggressive acts toward other people

- Intimidation

When your own observations or information from the client and the client's family lead you to believe that the client has engaged in or might engage in any type of aggressive behavior, you'll want to follow up with some assessment questions. In Module III we discussed some good questions to use to assess an individual's potential for increased aggression or violence, such as, "What is the closest you have ever come to being violent? or "What would have to happen in order for you to get so mad or angry that you would hurt someone?" You can ask family members to offer their insight into these questions. If your assessment leads you to believe that the client is at risk of becoming aggressive or violent, be sure to talk to your supervisor and follow your team's protocol for handling aggressive behavior.

Do you have any questions about using the family as a resource in assessing safety?

Supervision Note
CMHWs will likely need help determining when a client should be determined to be at imminent risk of harming themselves or others, therefore necessitating the breaking of confidentiality and the possibility of involving the client's family, even against the client's wishes. In supervision, remind clients that they should never make this determination alone. Assessment of a client's risk of harm to self or others, and decisions about how to intervene to help the client based on the assessment, should always occur with input and guidance from the entire treatment team.

E. Exercise 1: Crisis Assessment – Role Play

Now we will do a group activity to practice involving families in the four different aspects of crisis assessment: client's perception of the stressor event, strengths and resources, coping skills, and safety. For this exercise, you will meet in groups of three. You might recall that in Module III, we did an exercise to practice doing crisis assessment, using the case study of Zahra. This exercise will be similar, but now we will focus on applying a family perspective to crisis assessment for this example.

Zahra's case study is on page 126 in your workbooks (*page 169 in the trainer's manual*). Although the story does not mention it, let's imagine that Zahra has a sister, Nadia, with whom she is quite close. Nadia lives nearby and sees Zahra frequently, so she knows how Zahra has been struggling. She wants to help Zahra manage her crisis however she can.

One person in your group will play Zahra; one will play Nadia; and one will play the CMHW. Imagine that Zahra has come in to talk with the CMHW about her crisis situation. Zahra wants Nadia to be involved in the crisis assessment and intervention process. We can assume that while Nadia is also mourning the loss of their brother Mohamed, she herself is not currently experiencing crisis or any serious mental health problem.

In your groups, begin the process of crisis assessment with Zahra and Nadia. Remember to explore all four main areas of crisis assessment. Since the case study suggests that Zahra is at some risk of harming herself, be sure to spend ample time assessing this. Zahra is the main subject of your assessment, but you can ask Nadia questions to gather additional information. In Module III you received a handout, "Questions to Use for Crisis Assessment," which summarized some of the questions you might want to ask clients to assess their response to crisis. This handout is included as a refresher on page 141 in your workbooks (*page 184 in the trainer's manual*); if you like, you can use it as a guide during this role play. Remember also to practice using your core skills, such as demonstrating empathy, active listening, and information gathering.

You do not need to determine how the worker should intervene to help Zahra; your discussion should focus only on assessment. You have 20 minutes to do the role play. We don't have time to switch roles, but those who don't get the chance to play the CMHW now may be able to in another role play later in this training. After about 20 minutes, we will come back together and your group will share your experience and ideas with the rest of the class.

Circulate around the room and observe as the groups role play. Call the groups back together after about 20 minutes. Debrief with the entire group using the following questions:

- How did you feel role playing Zahra?
- How did you feel playing Nadia?
- How did you feel playing the CMHW?
- What core skills did you use as the CMHW to engage Zahra and Nadia in the crisis assessment process?
- What are some of the benefits and challenges of involving family members in crisis assessment?
- Based on your assessment of Zahra's risk of harm to self, what kinds of interventions (if any) might be necessary to help her?

Be sure to praise all participants for their performances and contributions.

IV. Involving the Family in Crisis Intervention

In general, crisis intervention should focus on helping people find better ways of coping with crisis and managing their responses to it. There are also specific interventions you can provide to clients in crisis who are suicidal. In this training we will talk about involving families in two general interventions for helping clients in any kind of crisis: providing support and encouraging the client's use of strengths and coping skills. We also discuss how to involve families in reducing the risk of harm through safety planning and providing appropriate referrals. Let's start by doing a brainstorming exercise to begin thinking about how to involve family members in these strategies.

A. Exercise 2: Brainstorming Ways to Involve the Family in Crisis Intervention

Think back to some of the families you have worked with. You can also think about your own family, and how family members have helped out one another in times of crisis. Based on these experiences, let's start listing some of the things families can do to help when a crisis occurs. I will write the three general strategies of crisis intervention—providing support, encouraging the client's use of strengths and coping skills, and safety planning—on the board. Let's list as many specific ideas for involving the family in each strategy as we can under each one.

Write the three general strategies of crisis intervention on the board. As participants volunteer ideas, ask them to describe which strategy their idea would fall under. Example: Sitting with the client at home and listening when the client wants to talk is a good specific way of providing support. Have participants generate as many ideas as they can.

You have generated a lot of good ideas here. Next we're going to talk in more detail about each strategy.

B. Involving the Family in Providing Support for the Client in Crisis

The CMHW is a key support person for the client and family in crisis, but it's also very important that family members support one another. Family members clearly spend far more time with each other than any of them spend with the CMHW, so their ability to support one another is a critical aspect of crisis intervention.

The CMHW can help family members identify different ways of showing their support for each other. How people choose to do this will vary among individuals

and families, but a good place to start is encouraging family members to ask one another, "How would you like me to support you right now?"

It is also important to note that the client can still give support to his or her family members, as well as be a receiver of support from the family. In fact, it can be beneficial to the client's recovery for family members to articulate some of the ways in which the client is able to support them, despite the crisis that is occurring (Example: "Hakim, I appreciate that you take the time to ask me how I'm doing, even though I know you are really struggling with your own problems right now.")

What are some ways in which Nadia could support Zahra, and in which Zahra can support Nadia during their time of crisis?

Elicit responses and discuss.

Supervision Note
Facilitating the family's support of the client is one of the most basic forms of crisis intervention, and also one of the most critical. To encourage CMHWs' development of this skill, during supervision you can:

- Ask questions during case presentations, such as "In what way does the client see his or her family as supporting (or not supporting) him or her?" or "How does the client continue to provide support for members of his or her family, even during this crisis?"
- Do role plays to practice how CMHWs can encourage family members to support one another. Role play scenarios in which this might be challenging, such as if the client considers him or herself to be the family's "head" or "breadwinner" and feels ashamed about asking for help or support from other family members.

C. Involving the Family in Encouraging Use of Strengths and Coping Skills

Another main strategy of crisis intervention is encouraging clients to use strengths and coping skills. The CMHW can help the client identify strengths and coping skills, and develop new skills for coping with problems. This is important in both helping the client cope as effectively as possible with the current crisis and in preventing future crises.

The family can also be instrumental in this process. Remember that strengths and resources exist at personal, family, and community levels. The family can remind the client about strengths he or she personally possesses, and also use family and community strengths to help the client. For example, if a client is depressed, the family might build on the fact that many members of the family are good listeners, and encourage the client to talk about her problems with those members. They

might also encourage the client to socialize in the community and take advantage of local resources, like taking walks in a nearby park.

The CMHW can guide the client and family in this process by asking each family member to identify personal, family, and community resources that can help the client—and help themselves. Remember that any crisis will take its toll on the entire family system. All family members may need to be reminded that they possess individual strengths and coping skills as well as collective or group strengths that can help them cope with the crisis.

D. Involving the Family in Safety Planning

We've discussed safety plans in past trainings, including Module III. Safety plans can be very useful tools for reducing the risk of harm for people who are at risk of suicide. Family cooperation is extremely important in effective safety planning. What are some of the purposes of involving family members in safety planning?

Elicit responses. Responses include: The family can help see that the plan is carried out when the CMHW is not present; the family can provide useful information when completing the plan.

There are many reasons for involving families in safety planning. In addition to providing information necessary to complete the plan, such as identifying dangerous items in the home, family are essential in ensuring that the plan is carried out. For example, on the safety plan, clients are asked to specify people who can help them cope with situations or feelings that place them in danger. For most clients, these people will be family members, since they live with the client and are generally most accessible when the client has need. It is important for the CMHW to communicate to families how valuable they are in safety planning, so that families understand the purpose of the plan and will be motivated to actively participate in creating and using it.

The activities that a family provides to help a client experiencing an acute crisis such as suicide risk can be referred to as "family stabilization." These activities would be agreed upon by the client and family and would be included in the safety plan. Family stabilization activities include:

- Help the client identify skills for coping with situations or emotions that may trigger the client to want to harm him or herself.
- Reduce the client's access to potentially dangerous items, such as medications or knives.

- Spend time with the client, ensuring that the client does not have the opportunity to try to harm him or herself.

What are some other things the family could do to help a client who is at risk of suicide?

Elicit responses and discuss.

Family stabilization is usually the first choice for intervening with suicidal clients or clients in other types of severe crises. Family stabilization assumes that the CMHW and family will stay in touch with each other to monitor and update how the client is doing. Also, please remember that you should always use a team approach when dealing with clients who are at risk of suicide. As you are providing support to the client and family, your supervisor and colleagues should be providing support and guidance to you.

In addition to family stabilization, it can also be helpful to see what resources are available in the community and consider making some referrals for the client. One possibility is immediate hospitalization of the client. When family stabilization is not available or appropriate, and a hospital bed is available, hospitalization can be a good short-term solution for ensuring that the client does not have opportunity to harm him or herself. We know that in many communities, this may not be a possibility. However, I wanted to mention it for those of you who can use this option.

Another possibility is making a psychiatric referral for a client. Sometimes a client in crisis can benefit from resources outside the hospital and the family, including psychiatric consultation. For example, the CMHW and physician may determine that the client should be evaluated by a psychiatrist to determine if there is a certain medication that could help the client. Most of the time, a psychiatric referral will require travel to a central city like Suleymania and it may not be a viable option for everyone.

Families can be valuable partners in deciding this and seeing that clients follow through if a referral is made. If the family understands and agrees with the reason for the referral, they can provide support and encouragement for the client to obtain the service. They also might provide financial or material support in helping the client travel to the place and pay for the service. In order for this to happen, the CMHW must take time to explain to the client and the family about why the referral is being recommended and answer questions about what the client can

expect from it. If the client or the family do not want to pursue the referral, the CMHW should explore their resistance and determine if a different referral or another intervention approach is needed.

What are some resources that Zahra might be referred to? How could the CMHW bring up these possibilities with Zahra? How could the CMHW follow up after making a referral?

Elicit responses and discuss.

Please also note that safety planning does not end with the intervention that the client and CMHW select. Following up after an intervention is essential to ensuring continuity of care, particularly for clients who are at risk of suicide. Follow up includes checking in to see how the intervention worked (i.e. seeing how the client was able to function while receiving family stabilization and support during a crisis); seeing what additional help the client needs; and continuing to assess and reassess the client's coping skills and risk for suicide. Without this follow up care, the CMHW will not know if the interventions implemented in the safety plan were effective, and will not be able to help the client plan to manage the current crisis in the long term and prevent future crises from occurring.

What are some ways that family members could be involved in following up after safety planning?

Elicit responses and discuss. Possible responses include: Family can accompany the client to a follow-up appointment with CMHW; family can provide feedback on how the intervention worked; family can report client's continuing risk for suicide; family can help identify areas of strength as well as skills the client needs to learn in order to better manage crises.

> *Supervision Note*
> Be sure to follow up during supervision with CMHW who are doing safety plans with their clients. Even after the safety plan has been made, check to see how the CMHW is following up with the client, and ask what ongoing support or resources the CMHW needs to continue to help the client.

V. The Suicide Prevention Flowchart

We've just spent some time discussing how to involve family members in assessment and interventions for clients in crisis, including clients who are at risk

of suicide. I'd like to introduce you now to a new tool that will help guide you through the process of helping clients who are suicidal. This tool will help us review the areas of crisis assessment and intervention that we just talked about as they pertain to suicide prevention.

Please find the handout, "Suicide Prevention Flowchart" on page 143 in your workbook (*page 186 in the trainer's manual*). You can see that the chart shows all of the steps of suicide assessment and intervention, describing them in three stages.

Stage One consists of a multilevel assessment of the client's safety. The flowchart starts by asking if the client has any suicide risk factors. Remember that it can be useful to get family input when talking about suicide risk factors. The next step on the chart is assessing the client's suicidal thoughts and suicidal intent. The chart indicates that if the client displays any suicide risk factors or meets any of the criteria on the chart for signs of suicidal thoughts and intent, you should continue on to Stage Two, developing a plan for intervention.

The chart emphasizes that the first step in intervening for suicide prevention is collaborating with the treatment team. Because suicide prevention is such a complex and serious task, all interventions aimed at suicide prevention should be discussed with your supervisor and the physician on your treatment team.

The next step in Stage Two is to develop a safety plan with the client. You'll want to involve the family in discussing what they can do to support the client and help keep him or her safe. Based on the safety plan, you will proceed to one or more of the three intervention options listed beneath the box for Stage Two. As we discussed earlier, family stabilization is usually the first choice for helping clients who are suicidal. However, depending on the resources available in your community, you might consider using one of the other intervention options listed, psychiatric referral and immediate hospitalization. Even when these referrals are made, the family's support is still essential to seeing that the client feels safe and supported before and after pursuing the referral.

Stage Three on the chart consists of ongoing follow-up by the CMHW and primary health physician. As we discussed, following up with a client who is suicidal is essential to seeing that the interventions in the safety plan were effective, and helping the client develop coping skills to manage the current crisis. Another important part of follow up is reviewing the chain of events that led up to the client becoming suicidal. You can then help the client find different ways of coping with

these events, so that a suicidal crisis can be prevented even if these events do occur again in the future.

Finally, the CMHW must also remember to follow up with his or her Heartland Alliance supervisor and physician at the hospital. Your supervisor can help you to process the experience of helping a suicidal client and discuss your own feelings and concerns about this. This can help to reduce your stress, and your supervisor can also help you identify the best ways to continue to support this client in the future.

Next we're going to do a role play to practice involving the family in intervening to help a client who is at risk of suicide, using this chart as a guide for this process. Before we do that, do you have any questions about the Suicide Prevention Flowchart?

VI. Exercise 3: Involving the Family in Safety Planning – Role Play

Now we're going to do an exercise to practice involving the family in Stage Two of assessment and intervention for suicidal clients. To do this, we will return to the example of Zahra. You will work in groups of three, with one person playing Zahra; one playing Zahra's sister Nadia, and one playing the CMHW. The CMHW should complete the safety plan for Zahra by gathering input from both Zahra and Nadia, using the safety plan form on page 144 in your workbooks (*page 187 in the trainer's manual*). After answering the questions on the safety plan, decide if family stabilization will be the only intervention for Zahra, or if the CMHW should refer her to a psychiatrist or a hospital. Then discuss how the CMHW can follow up with Zahra and Nadia to provide continuity of care.

Your group has 20 minutes to practice the role play. You should play a different role than the one you played when we did the crisis assessment role play. Before we begin, do you have any questions?

Circulate around the room and observe as the groups role play. Call the groups back together after about 20 minutes. Debrief with the entire group using the following questions:

- How did you feel role playing Zahra?
- How did you feel playing Nadia?
- How did you feel playing the CMHW?
- As the CMHW, what core skills did you use while engaging Zahra and Nadia in safety planning?

- How did having direct family input from Nadia affect the safety planning process?
- What ideas did you have for providing continuity of care to Zahra in the future?

Be sure to praise all participants for their performances and contributions.

Supervision Note
Core skills are essential in all aspects of suicide prevention and crisis planning. Take time to review and reinforce the importance of core skills in supervision. An important ways of doing this is constantly modeling the core skills, such as using active listening skills when CMHWs are presenting cases and demonstrating empathy for CMHWs' concerns. You can also practice these skills with role plays, and be sure to point out examples of when you notice CMHWs successfully applying core skills in their work.

VII. Review

Here are some of the key points from today's training:

1. Using a family systems perspective when looking at crisis can help us to understand how crisis affects the client as well as the client's family unit. In addition, the person in environment model reminds us that crisis affects people at multiple levels and that strengths and resources for coping with crisis are available at the individual, family, community and national levels.
2. Families can serve as important collaborators in all aspects of crisis assessment, including assessment of the client's perception of the stressor event, the client's resources and support, coping skills, and the client's safety.
3. Clients' families can be valuable resources in crisis intervention, and can help by providing support, encouraging the client to utilize strengths and coping skills, participating in safety planning and helping the client follow up on referrals.
4. The Suicide Prevention Flowchart is a tool that can help you structure how to intervene and utilize family support for clients who are at risk of committing suicide.
5. When working with clients who are suicidal or experiencing other types of crisis, it is essential that you use a team approach and collaborate with your supervisors and colleagues. This will help you to feel supported, so that you can provide the best possible care for the client.

VIII. Conclusion

Preventing and managing crisis is a task that no client or CMHW can accomplish completely on their own. Crisis assessment and intervention always require a team approach, with the CMHW collaborating with the client, his or her supervisor, and physicians. When the client is willing to include family members, they can be extremely helpful members of the team. Family members can provide important information during crisis assessment and can offer invaluable support in carrying out different crisis interventions, including safety planning. Engaging families in this process can ultimately help the client identify new ways to cope with and resolve crises.

Do you have any questions about anything we discussed today?

Address any questions or concerns that participants raise. Be sure to thank participants for their contributions and attention. Have them completed the Competency-Based Training Exam.

Competency-Based Training Exam – CMHW

Name: _____ Date: _____

Answer the following questions to the best of your ability.

1. Why is it useful to use a family systems perspective when looking at crisis?

2. How might the family be involved in assessing the client's safety (both risk of harm to self and risk of harm to others)?

3. Describe the value of eliciting family members' perceptions of crisis events.

4. Describe three specific ideas of how the family could be involved in safety planning for a client who is at risk for suicide.

5. Why is it so important to use a team approach when working with clients in crisis?

Advocacy and the Family

TABLE OF CONTENTS

INTRODUCTION

Purpose of Training:
To teach community mental health workers how to provide advocacy services to clients and their family members as a way to affect change.

At the end of this training, the CMHW will know…

- The definition of advocacy
- The purpose of advocacy
- Core skills associated with advocacy
- The CMHW's role in advocating to family on the client's behalf
- The family's role in advocating for the client and/or for itself
- Characteristics of an advocacy attitude

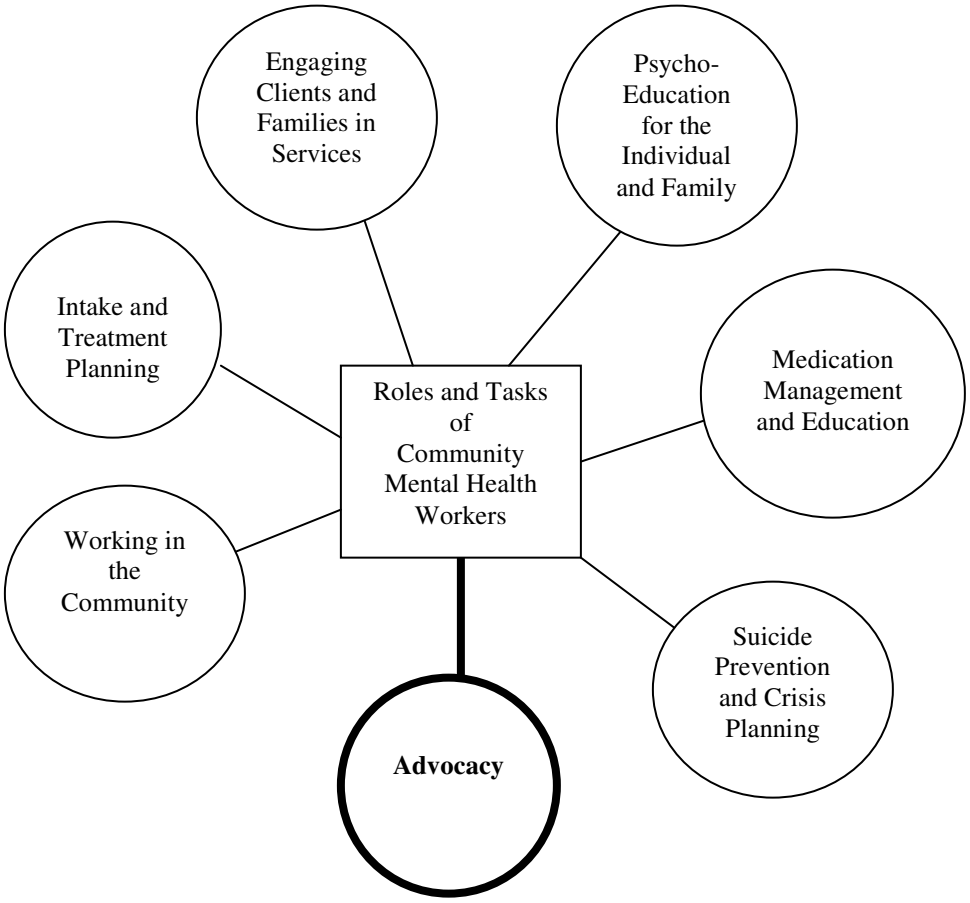
At the end of this training, the CMHW will be able to…

- Define and describe the purpose of advocacy to family members
- Discuss how families can utilize advocacy when interacting with service providers
- Utilize core skills in advocating for clients and their families
- Maintain confidentiality in advocating for clients and their families
- Help families advocate for themselves
- Maintain an advocacy attitude

Learning objectives:
The goal of this training session is to teach…

- Advocacy skills
- Communication skills
- Problem-solving skills

This training addresses the following CMHW Job Role(s):
Advocacy



TRAINING SET-UP

Training Format:
Didactic lecture, group exercises and group discussions

Equipment:
Chalkboard, flipchart or dry erase board with markers.

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

TRAINING SCRIPT

Welcome, Introductions and Daily Agenda

Greet participants and address any unfinished business from the previous day's training. Discuss the purpose of today's training. Review the goals of the training and the skills and knowledge that CMHWs should learn from the training.

I. Agenda

This training session will build upon previous advocacy training that you have had, and will focus on how advocacy strategies can be utilized in working with the client's family.

Let's begin with a brief review of what we mean by advocacy. Then we will discuss types of advocacy, who can provide advocacy services, and how these services can best be provided for your clients and their families.

II. Definition of Advocacy

Advocacy occurs when a person or a group of people speak up on behalf of someone or something. The goal of advocacy is usually to protect or promote a certain position. It is not an adversarial approach, however. Rather, it is a cooperative and assertive strategy to obtain information, and to provide assistance, services, and resources.

Draw three stick figures on the board to demonstrate advocacy as a partnership between the client and CMHW, in which the CMHW advocates on behalf of the client to others (e.g., physician, employer, etc.).

Client CMHW Others in the Client's Community

A. The Difference between Advocacy and Support

Advocacy and support are very closely related and sometimes it is difficult to know when you are advocating for the client and when you are simply demonstrating support for your client. Nevertheless, it is important to recognize the

difference so that you can be clear about the kinds of interventions you are making during client treatment. When we talk about supporting the client, we are usually referring to the interactions that take place between client and CMHW. *Cover the third stick figure representing "Others in the Community," leaving the CMHW and Client stick figures visible.* Examples of CMHW support in this context include listening to and empathizing with the client, helping the client to brainstorm ways that he or she can reduce symptoms of mental distress, helping the client to realize his or her strengths, and helping the client to set treatment goals.

When we advocate for clients or their families, we are taking some sort of action in the community to help them reduce symptoms of distress and achieve goals. *Uncover the third stick figure to emphasize that advocacy helps to link the client to the community.* For instance, a CMHW might help a client access basic resources such as food or shelter, might help the client learn to communicate more effectively with his or her physician, or might try and educate the community about mental illness to reduce stigma and barriers. In this way, the CMHW helps the client and family bridge the gap between themselves and their community.

There are many types of advocacy, and advocacy occurs in many different professions. Can you provide some examples of advocacy in your community?

Elicit examples. Examples might include:

- *System advocacy is concerned with changing a system, such as a healthcare system, public works system, or education system. For example, hospital administrators might advocate for patients and employees by asking the Ministry of Health for more resources.*
- *Legal advocacy is what lawyers do when they represent an individual, a group, or a business in a courtroom, or in front of a judge.*
- *Legislative advocacy involves government officials and politicians who wish to change laws. An NGO can advocate to the national or regional government for laws that support the NGO's mission, such as a law banning domestic violence or legislation that would allocate more money to health and mental health care services.*
- *Individual advocacy takes place any time someone fights for the right of someone else, or for something to take place, in the community. For example, in the hospital, nurses advocate for their patients by alerting physicians when the patient is in pain.*

These are great examples. As you can see advocacy is a common practice for people in many walks of life. Anyone can be an advocate, and many people can

advocate for your clients.

B. Individual and Self Advocacy

While there are many types of advocacy, the focus of this training session will be limited to two types: individual advocacy and self-advocacy.

- Self-advocacy is about advocating for oneself. It is defined as a person speaking up on behalf of himself or herself, or a group of people speaking up on behalf of their group. Having effective self-advocacy skills will increase a person's chances of solving problems, and will improve their ability to get what they want in life. Self-advocacy skills can also help them reach their goals.

- Individual advocacy involves advocating for someone or something other than oneself. It is defined as a person or a group of people speaking up on behalf of someone else, or on behalf of something else. Individual advocacy can be divided into three categories:

  First, individual advocacy can be a person or a group of people speaking up on behalf of a specific client. Can you give me an example of why a client might need someone to advocate for them?

  Elicit responses. Possible responses include: talking with physician, connecting with resources.

  Second, individual advocacy can also be a person or a group of people speaking up on behalf of a group of people. Can you give me an example of a group of people who might need someone to advocate for them?

  Elicit responses. Possible responses include: ethnic minorities, children, individuals with disabilities, patients with mental illness.

  Third, individual advocacy can also be a person or a group of people speaking up on behalf of a cause, a condition, an event, an interest, or a problem. Can you give me an example of something that might fall into this category that may lead someone to advocate?

  Elicit responses. Possible responses include: prompting voting rights, reducing discrimination, promoting domestic violence prevention.

Do you have any questions about this?

III. Purpose of Advocacy

Whether you are advocating for a specific client, for a group of people, or for a cause, the purpose of advocacy is to make sure that people's voices are being heard. Meaning, advocates speak up for others when they cannot speak up for themselves.

Why is advocacy important for clients and their families?

Elicit responses, and write answers on the board.

Advocacy is important because it:

- Keeps the wellbeing of the client and the family at the forefront of activity.
- Highlights services that are available to the client and family.
- Actively works to bring about change for the client and family.
- Enhances the impact of the client's efforts to meet treatment goals.
- Works to overcome barriers that might otherwise stand in the way of progress.

A large part of your job will focus primarily on advocating for the client. This type of advocacy, however, can also help the client's family. For example, it may be necessary for you to advocate to the client's family on behalf of the client if he or she requests your help in talking to the family about a problem they are experiencing. If the client gives consent, you may wish to engage the family in a problem-solving discussion as a group. Family members may need to learn how to advocate for the client, or they may need to learn skills in advocating for themselves. In essence, you may find that your advocacy work on behalf of the client may also include advocacy work involving the client's family.

IV. The Role of the CMHW in Advocating for the Client/Family

During previous training sessions we have discussed various problems that can occur when an individual has suffered from physical or mental illness, or emotional distress. Recall that there are many different ways of responding to the loss of a job, the loss of a home, or the loss of a loved one. No two people are likely to respond in the exact same way.

Accordingly, since each individual responds differently to these types of events in life, you will find that your response in helping them, and your role as an advocate, will also differ from one person to the next.

You will advocate for clients and their families in a variety of ways. For example, you may:

- Assist them in sorting through their problems in order to determine which problem has priority, especially if this involves drawing on community resources such as food banks or physicians.
- Help clarify information about resources, medication or treatment options that they don't understand.
- Work with clients or their family members to help them understand treatment options, and medication side effects and to encourage them to speak with the client's physician if they have questions or concerns.
- Help clients and their family understand the limitations of confidentiality—meaning that you will need to inform others if the client has expressed a clear intent of danger to him or herself or another person.
- Help clients and their family learn how to access resources in their community.
- Make a referral to another treatment provider or agency, if appropriate, so that the client and/or family can get additional help.
- Intervene when the client is refusing help, or when a family member is not being supportive.

What are some other ways in which you might advocate for clients and families?

In taking on the advocate role, you are essentially permitting the client to "borrow" what he or she does not personally possess at the present time. This may include:

- Knowledge about the healthcare system, its procedures and processes
- Information about community resources and supports
- Skills (e.g., communication, problem-solving) to facilitate the achievement of goals.

As you can see, there are many ways to advocate for your clients and their families. We have discussed types of advocacy, your role as an advocate, and helpful actions that you can take in advocating for your clients and their families. Now we will discuss advocacy as a continuum of activity.

Supervision Note
CMHWs may identify role conflicts in attempting to advocate for their clients. For example, a client's wish may directly conflict with the values or beliefs of the CMHW. Conflicts cannot always be avoided. You may use supervision sessions to explore these conflicts, and find solutions in dealing with them. The CMHW's competency in this area can be increased by asking the following questions during supervision sessions:

1. What are the client's wishes?
2. What are the client's values/beliefs related to these wishes?
3. How do the client's values/beliefs compare with yours?
4. What personal or professional conflicts do you have in advocating for the client's wishes?
5. What organizational conflicts, if any, have you identified?

V. Exercise 1: The Advocacy Continuum – Group Discussion

Draw a horizontal line on the board. Indicate that one end of the continuum involves individual advocacy activities that require the CMHW to take strong direct action on behalf of the client. The other end of the continuum involves self-advocacy activities on the part of the client. This requires the CMHW to step back to observe and support the client as he/she advocates for himself. Rationale: By helping CMHWs distinguish between direct and indirect approaches to advocacy, they are able to recognize the wide spectrum of advocacy activities in which the family and clients can participate.

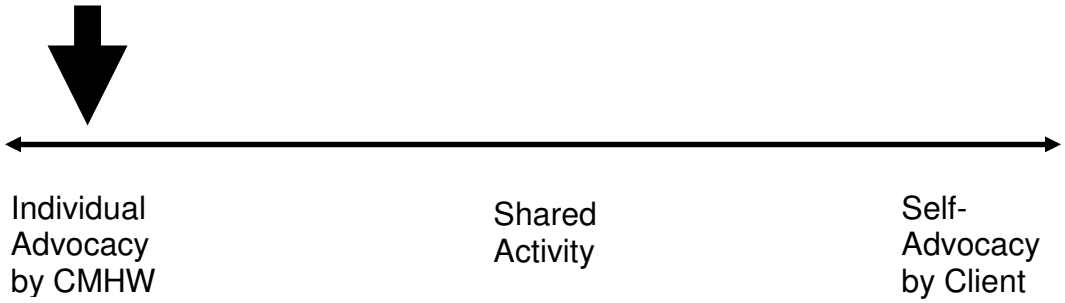
Conduct a group discussion about the different roles, and the dynamic nature of advocacy. Also point out that a client can be at different points on the continuum at different times, in different settings, or for different needs. You may wish to add examples to the continuum in order to demonstrate these points. For example, a client may feel comfortable self-advocating at home, but may need a little help from someone else to advocate on his/her behalf at work, and a lot of help from someone else to advocate on his/her behalf at the hospital.

Advocacy is a continuum. In working with the client and his or her family, sometimes you will:

- Advocate <u>for</u> the client and family

- Advocate with the client and family (shared activity)
- Advocate by showing the client and family how to advocate for themselves

Advocating may begin at the individual level, with the client and family needing you to advocate on their behalf, but as the client and family learn new skills, self-advocacy efforts may increase.



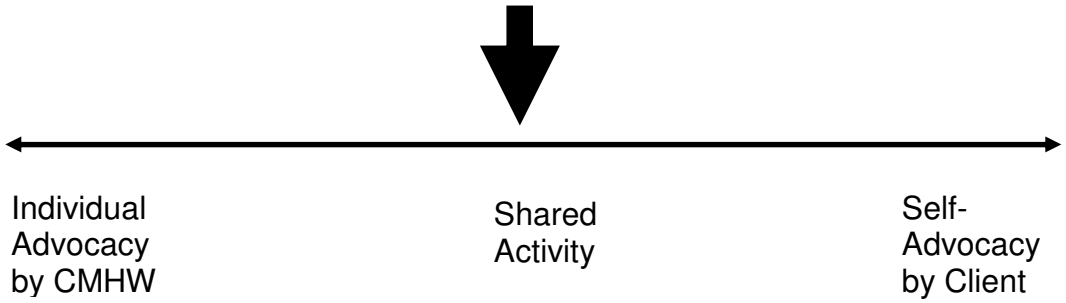
When clients and their families are unable to advocate for themselves, you may have to speak up for them until they are able to advocate for themselves. This is especially true when clients and their families are suffering from the effects of traumatic events that have disabled them from normal functioning.

For example, as a CMHW, you may:

- Advocate to the physician in order to make sure that the client's wishes are upheld during treatment or during treatment planning.
- Advocate to a judge or police officer for the client in helping him or her resolve a legal problem.
- Advocate to a family member for the client by speaking up for the client if he or she feels unable to do so.
- Advocate to members of the community on behalf of clients and families to provide education about mental illness and treatment in an effort to reduce/eliminate stigma.
- Advocate for the client and family by ensuring that healthcare providers adhere to best practices in delivering service to the client.

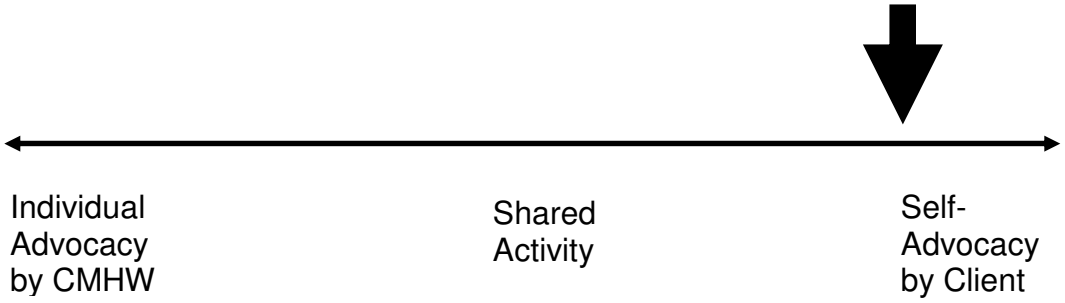
However, remember that ultimately your goal is to help the client and/or family learn to advocate for themselves. You do not want the client and/or family to become entirely dependent upon you. Nor do you want them to believe that you hold some special power that they can never possess.

Ideally, while you are advocating for the client and/or family, you will use this opportunity to model advocacy skills so that they will learn from observing you in action.



You can also use this opportunity to help clients and families learn skills that move them toward self-advocacy. Also, you may identify opportunities in which you can share in advocacy activities. Can you provide an example of a situation in which advocacy can be shared between the CMHW and the client/family?

Elicit responses. Possible responses include: CMHW writes a letter to a local official after family members make inquiry phone calls to find the name of the official.



Many clients and their families will be perfectly capable of advocating on their own behalf. They will be able to speak up for themselves in identifying their needs and desires. Some of them, however, may still need a little support from you while they advocate for themselves directly. For example, a man may arrive at the hospital requesting help to sleep at night, and perhaps also complaining about the onset of stomach pain ever since he lost his job. Although he is apparently quite capable of speaking up for himself in discussing his problem with the physician, he may find comfort in having you by his side while he speaks to the physician. Your presence and encouragement may also provide him with added confidence in telling the physicians what he wants. Therefore, you can advocate for clients and

their families by simply providing them with support as they attempt to advocate for themselves.

Advocacy is not about keeping people dependent upon our ability to advocate for them. Advocacy is about letting people speak for themselves. This empowers clients and their families. This can also help them feel as if they are taking back some of the control and power they may feel they had lost as a result of their problem and/or need.

Do you have any questions about this?

VI. Identifying your Family Advocate

Refer to the earlier drawing, or redraw three stick figures on the board. This time indicate that the client is partnering with another family member.

Client Family Advocate Others in the Community

Although your client may be unable to advocate for himself or herself, there may be a family member who is capable of providing individual advocacy for your client. This family member can serve as the client's advocate to speak on behalf of the client during physician visits, or in the community, when your client is unable to speak for himself or herself. There are several practical reasons for helping your client identify a "family advocate" of this sort:

- Your advocacy time is limited, and you must spread your time between several clients.
- Family members know the client's history, and may be better equipped to help discuss problems, needs, and goals.
- The client may feel more comfortable being accompanied by a family member than by a CMHW.

Can you think of other benefits to identifying a family member who can advocate for the client?

Elicit responses and write answers on the board.

When family members advocate for themselves or for the client, they will utilize the same types of core skills, and will need to adopt the same types of attitudes that you might use in performing advocacy work. Therefore, keep in mind that you may find yourself helping the family advocate learn new skills to enable him or her to be more effective as an advocate.

Supervision Note
The CMHW's competency in this area can be increased by asking the following questions during supervision sessions:

1. With which member of the family does the client feel the most comfortable?
2. Which family member does the client trust the most?
3. Who usually speaks on behalf of this family's members?
4. Who does the client identify as the "family advocate?"
5. What barriers, if any, does this individual have in performing advocacy work on behalf of the client?

VII. Using Core Skills and Adopting an Advocacy Attitude

All of your core skills can be useful when you are advocating for your clients and their families. To review, the core skills are: demonstrating empathy, active listening, preserving confidentiality, setting goals, identifying strengths, information gathering, problem solving and modeling. Do you have any questions about using these core skills, or helping clients and families learn and use these skills when they advocate for themselves?

Elicit responses and discuss. Address any questions or concerns that participants raise. Encourage participants to think of ways that families and clients can use core skills in self-advocacy. For example, family members could use active listening and information gathering to effectively talk to a physician about questions they have regarding the client's treatment.

Can you think of any other skills that would be important to use when advocating for clients and families?

Elicit responses and discuss. Possible responses include: coaching and providing encouragement to clients and families as they advocate for themselves; knowing how to connect families to community resources.

In addition to using core skills, your attitude is also an important factor in how you

provide advocacy services. In order to be effective and consistent in advocating for your clients and their families, you should adopt an advocacy attitude of:

Write these on the board as you discuss them.

- Cooperation
- Flexibility
- Patience
- Positive thinking
- Persistence

Can you think of anything else to add to this list?

Elicit responses and write answers on the board.

VIII. Exercise 2: Overcoming Barriers to Advocacy – Group Discussion

We have covered a lot of information about how to provide advocacy. Based on what you have learned about advocacy, what do you believe are some of the potential barriers to providing effective advocacy with family members?

Conduct a short discussion about the possible barriers to effective advocacy, then immediately problem solve as a group how these barriers can be overcome. You may find it helpful to divide the board into two sections – on one side list the barriers, and on the other side list the corresponding solution(s). For example:

Barriers	*Solutions*
Lack of community resources	*Network with other CMHWs, agencies, NGOs in identifying resources*

Elicit responses and write answers on the board. Examples of barriers include:

- *Lack of time*
- *Lack of money*
- *Being unprepared*
- *Low self-efficacy or feeling unable to succeed*
- *Being aggressive*
- *Lack of knowledge*
- *Unrealistic expectations*
- *Being unwilling to listen*

Elicit possible solutions for the barriers. For example:

- *Lack of time = There is never enough time to complete every thing that needs to get done. Determine how much time you can devote to advocacy efforts and use that available time wisely. Or, ask for assistance from others.*

IX. Review

Let's review some of the key points from today's discussion:

1. Advocacy occurs when a person or a group of people speak up on behalf of someone or something. It is a cooperative and assertive strategy to obtain information, and to provide assistance, services, and resources to help clients and families.
2. Advocacy is a continuum that includes:
    - Advocating for the client and family
    - Advocating with the client and family (shared activity)
    - Advocating by showing the client and family how to advocate for themselves
3. Although your client may be unable to advocate for himself or herself, there may be a family member, who can speak on behalf of the client.
4. When family members advocate for themselves or for the client they will utilize the same types of core skills, and will need to adopt the same types of attitudes that you might use in performing advocacy work.

X. Conclusion

We've just discussed advocacy and ways of using advocacy in working with clients and their families. We've discussed types of advocacy, your role in advocating for your clients and their families, and how to utilize family members to advocate for themselves and the client as well. When clients and families are better able to advocate for themselves, they are more likely to be able to access the resources they need to effectively solve their problems.

Are there any final questions?

Address any questions or concerns that participants raise.

As a final activity, I would like to go around the room and have each person name one thing they learned today about advocacy and family work.

Be sure to thank participants for their contributions and attention. Have them complete the Competency-Based Training Exam.

Competency- Based Training Exam – CMHW

Name: _____ Date: _____

Answer the following questions to the best of your ability.

1. What is advocacy? In your definition, give one example of how you could advocate for clients and families.

2. Pick two core skills and describe how they could be used in advocating for clients and families.

3. Name one barrier to advocating for clients and families and one possible solution for overcoming this barrier.

4. What is meant by "family advocate"?

5. Complete the following diagram by filling in the blanks below to show advocacy as a continuum.

_____ _____ _____

Community Work and the Family

TABLE OF CONTENTS

INTRODUCTION

Purpose of training:
To teach community mental health workers how to involve families in community work as a way of affecting positive change in communities, families and clients.

At the end of this training, the CMHW will know…

- The holistic framework as a way of understanding how clients interact in their families and communities
- Strategies for involving families in implementing community-based interventions with clients
- The importance of describing community interventions to clients and families
- Skills for communicating effectively with clients and families in the community
- Benefits of community education work for clients and families
- Strategies for encouraging family participation in community education and outreach activities, including efforts to combat stigma

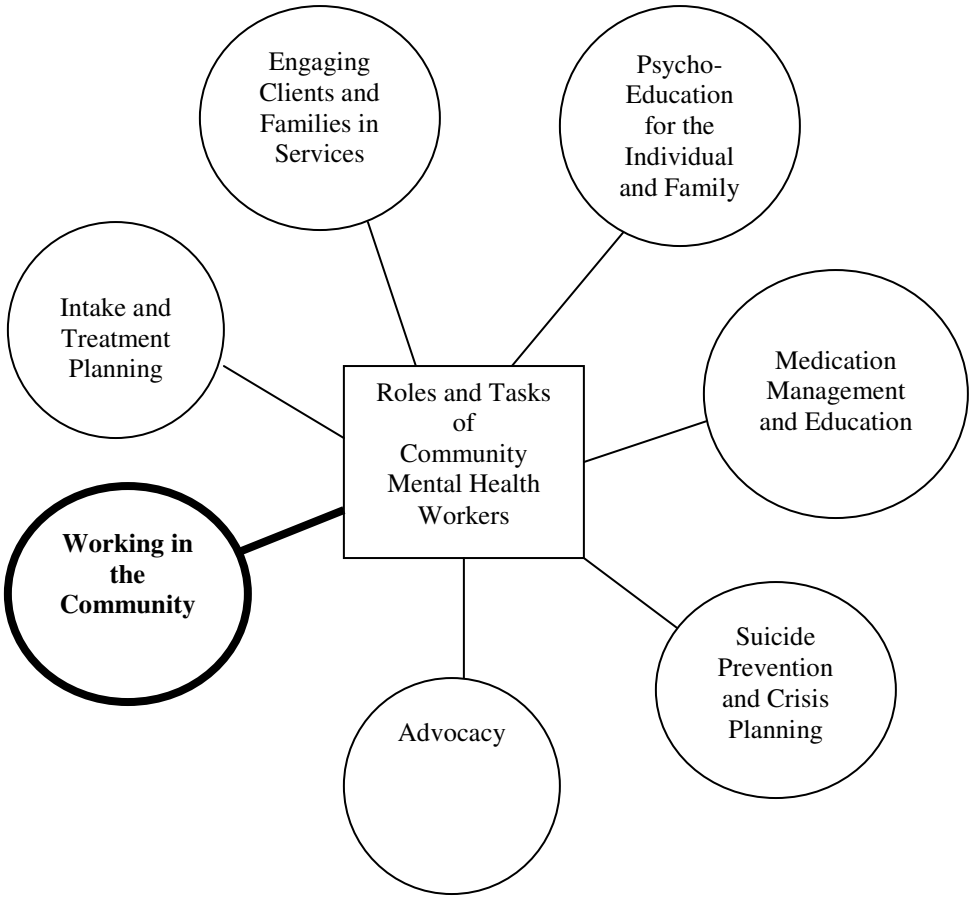
At the end of this training, the CMHW will be able to…

- Use the holistic framework as a way of understanding clients in the context of their families and communities
- Involve family members in community-based interventions with clients
- Use effective communication skills to clearly describe community-based interventions to clients and families
- Identify benefits of participating in community education and outreach for clients and families
- Encourage participation and provide support through coaching for family members providing community education activities

The goal of this training session is to teach…

- Communication skills
- Public speaking skills
- Community education skills

This training addresses the following CMHW Job Role(s):
Working in the Community



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Freedman, P. (2003). *What makes a solution?* Charlottesville, VA: Pew Partnership for Civic Change.

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Pratt, C.W., Gill K.J., N.M. (1999). Chapter 8, Case management strategies. In *Psychiatric rehabilitation* (pp.122-133). San Diego: Academic Press.

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

TRAINING SCRIPT

Welcome, Introductions and Daily Agenda

Greet participants and address any unfinished business from the previous day's training. Discuss the purpose of today's training. Review the goals of the training and the skills and knowledge that CMHWs should learn from the training.

I. Agenda

We will start this training by briefly reviewing the definition and importance of community work. Then, we will explore the role of family in conducting community work.

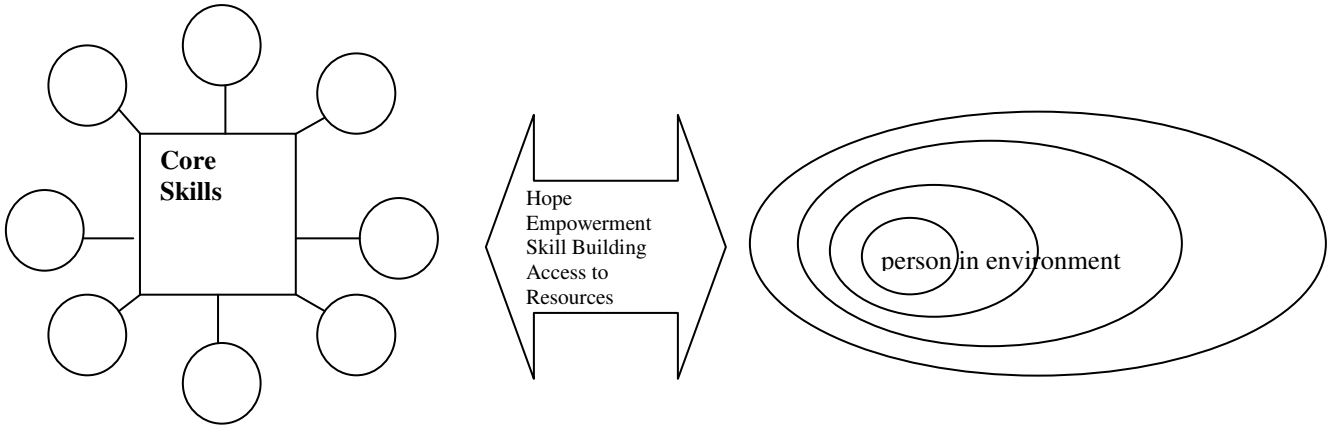
What is community work? What are some examples of community work that you do (or can do) or have done? Why is community work important?

Elicit responses. The definition of community work includes a range of activities, from facilitating community-based interventions on an individual level, to educating the local population. Examples include: worker accompanying a client to an NGO; worker leading a discussion on mental health in a client's neighborhood. Examples of why community work is important include: worker and client build rapport due to community visit; client gets access to resources; effects of stigma on client are reduced as a result of community education.

II. The Holistic Framework for Community Work

We know that "community" is one of the layers on the person in environment model. Let's take a few minutes to revisit this model and see how community work fits with all of the skills and ideas we've been learning about in this training.

Refer participants to the following diagram in their workbooks. You may also wish to sketch it on the board:



On the left side of this diagram are the core skills, which we've been talking about throughout this training. These are the main tools that we have to help our clients. We also use core skills to engage and work with clients' family members.

On the right side of the diagram is the person in environment model. This represents the client's life situation. The clients we see may be experiencing problems at the personal, family, community or national level – perhaps even at all of these levels! They also can possess strengths and resources at the personal, family, community and national levels. The person in environment model represents the sum of the client's experiences at all of these levels of the environment. So far in this training, we've been focusing mostly on intervening to help the client at the individual and family levels. Now we are going to focus on helping the client at the level of the family and the community.

Client outcomes are listed in the middle of the diagram. When CMHWs use core skills to meet the client in his or her environment, we hope that these are some of the positive outcomes that will result. The outcomes listed here are hope, empowerment, skill building, and access to resources. What are some other positive outcomes that can result from our work with clients?

Elicit responses and discuss. Possible responses include: improved relationships with friends and family, increased confidence, more likely to seek help for problems in the future.

Looking at these client outcomes reminds us of the importance of community work. Creating these positive outcomes often requires going beyond working with the client at the individual and family level, and seeing what we can do to change the client's environment at the community level. As we will discuss throughout this training, the family can be a very important partner in working with clients at the community level.

This diagram is not meant to suggest that if you use your core skills and help clients at the individual, family, community and national levels, you will always see these positive outcomes. Sometimes there are problems or barriers in the client's environment that are so powerful that the client will not improve, no matter how well we use core skills and other interventions. For example, if a client you are seeing becomes ill with cancer, you may try very hard to use core skills to restore the client's sense of hope, but depending on the client's condition and available treatments, this may or may not happen. The opposite can also be true;

that is, some clients may improve even without help from the CMHW, due to strengths and resources in their environments (including personal coping skills).

Therefore, we can never take complete credit for a client's success or failure in treatment. Rather, we simply try to understand where the client is coming from in terms of the client's problems, strengths and goals at all levels of their environment, and we use our core skills to help the client however we can. Somewhere between the core skills we use and the experiences that our clients bring when they meet with us, outcomes are born, and hopefully most are positive.

Do you have any questions about using this diagram as framework for understanding the importance of community work?

Supervision Note
The CMHWs may be reluctant to give themselves credit for some of the community work they are performing because they do not recognize its potential impact on their clients. Therefore, it may be necessary to revisit the person in environment model during supervision in order to help a worker link a discussion about the program with a local community leader, for example, to the potential reduction in stigma for clients living within the community.

III. Conducting Community Work with Families

In Module III we discussed how community work can be very beneficial for individual clients. When you involve families in community work, individual clients and their families, as well as the community at large, stand to benefit. Observing clients and their families in the community also gives you additional insight into how the family functions in different environments and can help you to build rapport.

This training is focused on two types of community work that may involve family members:

- Involving families in our community-based interventions with clients
- Engaging families in community education and outreach

IV. Involving Families in Community-Based Interventions with Clients

As we discussed in Module III, there are a number of possible services you might provide to the client in his or her community, including home visits; accompanying the client to visit a physician or government office; or speaking to a relative, employer, or friend on behalf of the client. Such community-based interventions should be planned out in advance and included in the client's treatment plan.

Remember to respect the client's confidentiality, culture, and comfort level at all times.

It is possible to involve the client's family in virtually any community-based service you provide. If you make a home visit, you will obviously be interacting with the family; in addition, a client may choose to bring family members if he or she is meeting you at an NGO or another location in the community. Let's talk now about some of the skills you need to successfully involve family members in these interventions.

A. Describing a Community-Based Intervention

The first step in involving the family in a community-based intervention is to describe the intervention and the purpose of family involvement to the client and form an agreement about what will take place. For example, if the client has asked you to make a home visit to talk with his brother about the medication he is taking, you might inform the client that:

1. You will meet with his brother in the presence of the client in their home,
2. You will introduce yourself as an employee of the hospital,
3. You will discuss the medication and its possible side effects, and
4. Unless instructed by the client, no other information will be provided to his brother.

Then, when you meet the client's brother, you would provide him with a similar description of what you plan to discuss, before beginning the discussion, based on what the client had requested.

There are three key reasons why you want to clearly describe the community-based intervention, or plan of action, to the client in advance:

1. To help reduce the client's anxiety concerning the pending intervention.
2. To give the client the opportunity to amend his/her request (For example, he may decide that he also wants you to tell his brother about his symptoms of depression that led him to seek treatment).
3. To keep the client in charge.

While it is always important to discuss community-based interventions with clients, this is particularly critical when family members are involved. If you share information with the family that the client did not want them to know, there is no way to "take back" what you shared. You may end up creating more problems for the client if you communicate information to the family that the client had planned to keep confidential. In addition, clarifying the intervention with the family

members involved will help them to understand your role as a service provider and clear up any misunderstandings about what you can and cannot do.

Do you have any questions about the importance of describing community-based interventions to clients and families?

B. How to Talk with Clients and Families

When doing interventions with clients and their families in the community, keep the following tips in mind to ensure that you communicate as clearly as possible:

- Use language appropriate for their level of understanding.
- Avoid using sophisticated medical terms. *(No medical jargon)*
- Listen to what they have to say and encourage them to express their concerns to you.
- Let them know that they are being listened to and understood.
- Answer questions directly in a reassuring, calm manner.
- Keep instructions and information simple by using short sentences.
- Repeat the most important information (e.g., medication schedule) they need to remember.
- Write information (e.g., diagnosis, intervention, directions) down so that they have it as a reference, if appropriate (i.e., if they can read it).
- Draw pictures or diagrams when applicable.
- Hand out literature, if available, that they can read at home.
- Have them repeat key information, such as diagnoses, to make sure they understand and accept them.

Are there any questions?

C. Exercise 1: Describing a Community-Based Intervention – Role Play

Now, let's practice how to describe and clearly define our community work to clients and family members. Break into groups of three or four to conduct a role play exercise. Each of you should take the opportunity to role play a CMHW and role play a client, while the others in your group observe your interactions. As the client, you want to ask for help in discussing a problem or situation with your family member at home. As the worker, you want to ask the client what kinds of things the client would like you to discuss with his or her family members. Use the communication tips we just discussed as you talk to the client. After you have come to an agreement, describe, in clear detail, what you will be discussing with the family member. Once this is accomplished, the client may wish to amend his/her request; so CMHWs, you should be prepared to amend and describe your

amended intervention as well. You have 20 minutes to complete the role play exercise.

Circulate around the room and observe as participants role play. Call the group back together after about 20 minutes. Debrief by asking the following questions:

- As a client, what did you find helpful in hearing about the intervention beforehand?
- As a worker, what did you find helpful in discussing the intervention beforehand?
- What did you find challenging in doing this exercise?

Be sure to praise all participants for their contributions and efforts.

> *Supervision Note*
> This type of role play may be helpful during supervision sessions. It gives the CMHW the opportunity to practice the discussion before presenting the information to the client or family. It also provides other CMHWs the opportunity to observe and give feedback.

V. Engaging Families in Community Education and Outreach

The second type of community work you may do that can involve family members is conducting community education and outreach aimed at improving conditions for clients and their families. Families can be included in this work in two ways. First, when you perform community education on topics such as the healthcare system, treatment, or symptoms of mental illness, families as well as individual clients with mental health problems can benefit. In addition, some family members may become personally involved in providing education and outreach in their communities.

A. How Does Community Education Benefit Families?

We've already established how community education can help clients, but let's take a look at how community education and outreach can help families as well. How do you think community education efforts could benefit clients' family members?

Elicit responses. Possible responses include: the family may feel less stigmatized in their community; other families may learn about CMHW services through outreach.

We have spent a lot of time in past trainings talking about stigma related to mental illness, and we must remember that stigma affects not only people with mental health problems, but also their families. Many people believe various myths about mental illness, such as the idea that mental illness results from bad parenting. Therefore entire families may feel that they are stigmatized and looked down upon in society when one member has a mental illness. Community education about mental health and mental illness can help to dispel these myths. Families may feel empowered when they realize that others in their community understand the truth about mental illness.

Families can also benefit from the outreach services that CMHWs provide. Through outreach, families may realize that there are services at the hospital and elsewhere in the community that can help them, as well as their family member who has a mental health problem.

B. Encouraging Families to Participate in Community Education

Community education work can be an important way for family members to become involved in improving the way that their community responds to situations such as mental illness or emotional distress. For example, a father may wish to educate members of his religious community about a successful intervention that helped his child overcome anxiety. This type of community education can be beneficial for the father as well as for the members of his religious community.

Can anyone share a story from your experience in which a client's family member or friend got involved in community education or outreach?

Elicit responses. If participants do not have any personal experience with this, you might describe an anecdote from your own experience.

This type of community work is usually conducted for organizations, professional personnel, and other members of the community. Community education activities are directed toward informing the general public about the agency, its programs, and its services; about general principles of good mental health, coping strategies, treatment, recovery, and preventing mental disabilities. Community education is also the best way of reducing stigma.

You may find that your role in helping family prepare for this type of community work will involve <u>coaching</u> them by giving them encouragement, support, and positive feedback.

You can also help them prepare to perform community education work by assisting them in:

- Identifying specific learning benefits for the community—what do you want the audience to learn? *(The learning objectives should benefit more than just one learner.)*
- Drawing on culturally based knowledge and skills to demonstrate and explain key principles or important information. For example, when speaking to religious leaders about coping skills, it would be appropriate to mention the value of prayer in helping an individual reduce stress. Or, when talking with a group of businessmen about the effects of depression, it might be useful to talk about the potential costs (e.g., loss of business, reduced revenue, low production) to the local business community when problems like depression are ignored in their employees *(cultural relevance will facilitate acceptance and meaning of the topic area).*
- Fostering a desire to learn information that will meet personal and community needs. For example, in talking with the businessmen *(discussed above),* you might suggest that, "supporting mental health services can potentially improve your business." People will have a deeper desire to learn the information if they believe that there is a benefit in it for them.

C. Helping Families to Identify their Role in Combating Stigma

One aspect of community education in which family participation can be particularly helpful is combating stigma. Families can either help to combat stigmatizing attitudes or can help to perpetuate them depending on how they view and treat the client. When families have learned—either on their own or with the CMHW's help—to recognize their own biases and treat clients in a non-stigmatizing way, they can set an example for others in the community.

From your experience, can you think of some things that families have done or could do to help combat stigma either in their own behavior toward the client or in the larger community?

Elicit responses. Suggestions might include: including the client in family activities and decisions as much as possible; giving the client specific household responsibilities; making sure that friends and family know that disparaging remarks about mental illness will not be tolerated. If participants do not mention this, be sure to include: maintaining the client's confidentiality by not revealing his or her condition to friends or family without the client's permission.

These are great responses. Remember, you can utilize the person in environment model to illustrate to families how they can combat stigma at different levels. For instance, a family might want to start to combat their own biases about mental health. This would be an example of combating stigma at the family level. They could then begin to educate neighbors and friends about mental health issues. By doing this, they would be moving from the family level to the community level.

D. Exercise 2: Practicing Public Speaking to Provide Community Education
Whether you are helping family members become more involved in community education efforts, or you are providing community education yourself, having effective public speaking skills is essential to your success. Possessing public speaking skills may also help you provide coaching to family members who wish to improve their ability to speak in public.

Now, let's practice our public speaking skills. *Refer to the suggestions above that we outlined about "speaking with family members" and also recall some of the public speaking suggestions that were outlined in Module III.*

Please break into smaller groups of four or five people. Each member of your group will prepare and deliver an informal community education presentation, for about five to seven minutes, on a topic of his or her choice, while the other group members serve as the audience. Audience members, this is a good opportunity for you to practice your coaching skills by providing support and feedback for the person who is speaking, just as you would if you were helping a client or family member become involved in community education.

You may take a few minutes to brainstorm some ideas for topic areas. Some topic ideas: common symptoms of depression, PTSD, anxiety, etc.; effective ways to reduce stress and improve coping; common side effects of medication; ways to reduce the stigma of mental illness.

Make sure that each of you has a chance to practice public speaking. The audience should provide useful feedback and encouragement after each presentation. Your group may leave this room to find another place in which to conduct this exercise. Return here in one hour.

If any groups remain in the room for this exercise, circulate around the room to observe the group members as they practice. Provide help and specific feedback about ways to improve delivery when appropriate. After the exercise is concluded and everyone has returned to the room, debrief by asking questions such as:

- What did you find helpful in doing this exercise?
- What did you find most challenging about the public speaking exercise?
- What did you do that you liked during your speech?
- What would you do differently next time?
- How did you coach or provide feedback and support to your other group members when they were speaking?
- What ideas do you have for teaching public speaking skills to family members who want to become involved in community education?

VI. Review

Let's review some of the key points from today's discussion:

1. Each client functions within a complex environment, or network, as is illustrated by the person in environment model. When we use our core skills to intervene to help the client at the individual, family, community or national level, we aim to create positive outcomes for the client, such as empowerment and access to resources.
2. Two ways that you can address family participation in community work are:
   - Involving families in your community-based interventions with clients
   - Helping families become engaged in community education and outreach
3. When involving family members in community-based interventions, be sure to discuss the intervention in detail with the client ahead of time and then outline the intervention for the family.
4. Individual clients as well as families can benefit from the community education and outreach work that results in the reduction of stigma about mental illness.
5. Community education work can also be an important way for family members to become involved in improving the way that their community responds to situations such as mental illness or emotional distress.

VII. Conclusion

We've just discussed several ways of involving families in community work. In this training, we also took some time to further consider the idea that clients are affected by factors at all levels of their environment, including individual, family, community and national. In conducting community work, remember to keep in mind that clients and their families can be deeply affected by these types of interventions, even when they are aimed at the community level.

Are there any questions?

Address any questions or concerns that participants raise.

As a final activity, I would like to go around the room and have each person name one thing they learned today about community education and family work.

Be sure to thank participants for their contributions and attention. Have them complete the Competency-Based Training Exam.

Competency- Based Training Exam – CMHW

Name: _____ Date: _____

Answer the following questions to the best of your ability.

1. Draw the person in environment model and explain how it is relevant to family and community work.

2. Why is it important to describe a community-based intervention (particularly one that involves family members) to a client before implementing it?

3. Describe two examples of how clients' family members could become involved in community education or outreach activities.

4. What is coaching? Give an example of when you might coach a client's family member.

Involving Families in Treatment Planning

TABLE OF CONTENTS

INTRODUCTION

Purpose of training:
To teach community mental health workers how to effectively involve clients' families in the treatment planning process.

At the end of this training, the CMHW will know…

- Purposes of involving families in treatment planning
- The definition, purposes and process of treatment planning
- Ideas for involving the family in completing the five different sections of treatment plans: client goals; skills and activities to achieve goals; client and family strengths and resources; CMHW interventions; and what is to be accomplished by the next session
- Situations in which involving families in treatment planning is not desirable or appropriate
- Core skills to use in involving families in treatment planning

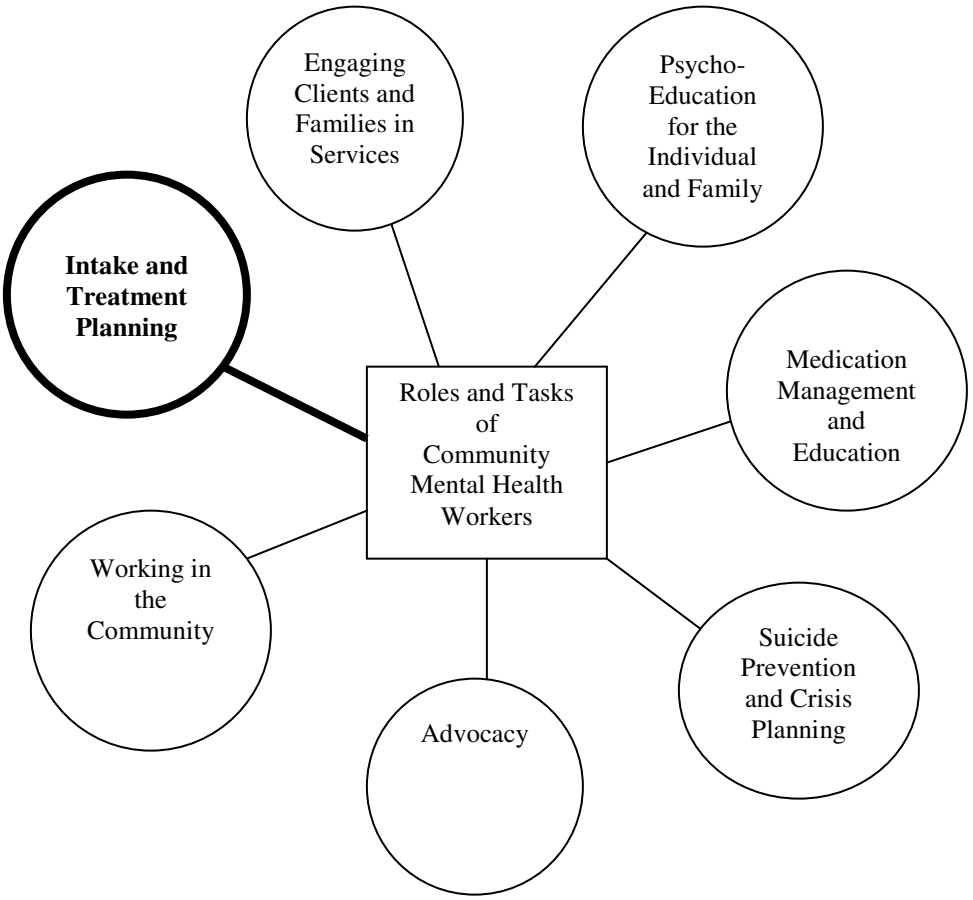
At the end of this training, the CMHW will be able to…

- Describe the purposes of involving families in treatment planning
- Describe the definition, purposes and process of treatment planning to clients and families
- Involve clients' families in completing the five different sections of treatment plans
- Make determinations about when it is not desirable or appropriate to involve clients' families in treatment planning
- Use core skills to successfully engage clients and families in treatment planning

The goal of this training session is to teach…

- Treatment planning skills
- Family engagement skills

This training addresses the following CMHW Job Role(s):
Intake and Treatment Planning



TRAINING SET-UP

Training Format:
Didactic lecture, group exercises and group discussions

Equipment:
Chalkboard, flipchart or dry erase board with markers

References:
Corrigan, P.W. & Garman, A.N. (1996). Case management and severe mental illness. In S.S. Blancett & D.L. Flarey (Eds.), *The handbook of nursing case management: Health care delivery in a world of managed care* (pp.334-353). New York: Aspen Publishing.

Hepworth, D.H., Rooney, R.H., & Larsen, J.A. (2002). *Direct social work practice*, 6th ed. Pacific Grove, CA: Brooks/Cole.

Pratt, C.W., Gill K.J., N.M. (1999). Chapter 8, Case management strategies. In *Psychiatric rehabilitation* (pp.122-133). San Diego: Academic Press.

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

TRAINING SCRIPT

Welcome, Introductions and Daily Agenda

Greet participants and address any unfinished business from the previous day's training. Discuss the purpose of today's training. Review the goals of the training and the skills and knowledge that CMHWs should learn from the training.

I. Agenda

A treatment plan is an essential tool for building on client strengths and ensuring that clients and CMHWs understand what is expected from one another in treatment. In this training, you will learn to enhance the value of the treatment planning process by involving clients' families in this work.

II. Your CMHW Toolbox

Before we start discussing the specifics of involving families in treatment planning, I'd like to briefly review some of the new tools and concepts that you've learned about in this training. These are tools that you can use as you provide services to clients and their families. Having a grasp of these tools will help you as you determine what interventions you will use to help clients and write this on the treatment plan.

The tools and concepts that have been introduced in this training include:

- The systems perspective
- The person in environment model
- The continuum of family involvement
- Genograms
- The Family Involvement Worksheet
- The problem solving model
- Family-based strategies for improving medication adherence
- The Suicide Prevention Flowchart
- The advocacy continuum
- Identifying your family advocate
- The holistic framework for community work

Do you have any questions about the purpose of any of these tools or how to use them with clients and families?

Address any questions participants raise. Since treatment planning is the last unit in the Integrating Family in Services training series, this is a good time to review

these tools and concepts and clarify any confusion participants may have. Even if participants do not have any questions, you may wish to briefly highlight and review the tools that you think might be most helpful for CMHWs in their work, such as genograms, the problem solving model, and the Suicide Prevention Flowchart.

III. Engaging the Family in Treatment Planning

As we talk about involving families in treatment planning, I will be referring back to some of the tools we just reviewed. Throughout this training, we have used the person in environment model to understand the multilevel environment in which our clients function. Since clients' problems and strengths, and the interventions we use to help them, can all fall at different places on the model, it only makes sense to look beyond the client as a source of information when trying to do comprehensive treatment planning. And since it is difficult to directly involve people at the national and community levels in treatment planning due to confidentiality issues, we look to ways in which we can involve families.

There are many ways in which families can be involved in treatment planning. Here are some general steps you can take to initiate the family's involvement and engage them in the treatment planning process:

- Describe the definition and purpose of treatment planning for the family and describe the treatment planning process.
- Review the different components of a treatment plan and identify ways for family members to be involved in each step or component.
- As you revisit and update the treatment plan with the client, also revisit the family's involvement. In doing this, you can work with the client to problem solve any issues or concerns that have resulted from the participation of family members and identify new ways for family members to support the client in attaining goals.

Now we'll discuss each of these steps in more detail. Do you have any questions?

IV. Describing the Purpose and Process of Treatment Planning to Families

While people who work in this field may be quite familiar with the concept of a treatment plan, some clients and families may have very little understanding about a treatment plan's purpose and the process of treatment planning. The first step in involving families in treatment planning is clarifying this information. Who recalls the definition of a treatment plan?

Elicit responses. Possible response: a treatment plan is a written, structured description that defines a client's problems, goals and resources, and describes how these will be addressed in treatment.

In communicating this definition to clients and families, it is important to emphasize that treatment plans are developed through collaborative efforts between the client, the CMHW and other treatment team members, and the family, if they choose to be involved. The goals on a treatment plan are always client-driven. The treatment plan is not created by the CMHW telling the client and family what they need to do and how they're going to do it.

Once the family understands the definition of a treatment plan, you should describe the purposes of treatment planning. Do you recall from Module III what some of the main purposes are?

Elicit responses and discuss. Possible responses include: ensuring that the treatment team, client and family are in agreement about the goals to be achieved and the skills and behaviors that the client will develop; facilitating the selection of appropriate interventions for the CMHW or other professionals to use to best help the client; emphasizing the strengths and resources that the client possesses; increasing rapport between the CMHW and client.

In addition to the definition and purposes, it's also important that families understand the process of treatment planning. Families may be under the impression that the treatment plan will be written in one session, or that everything written on the treatment plan is "set in stone," unable to be changed. To prevent these misunderstandings, discuss the process of treatment planning with the client and family, emphasizing the following points:

- Treatment planning is an ongoing process. It is often started relatively early in treatment, after the CMHW and client have started to get to know each other and have completed the Patient Intake Sheet. However, it may take several sessions to complete the initial treatment plan. There is no deadline for doing this.

- The treatment plan is revised continually over the course of treatment. As the client meets some goals and establishes new ones, and as different types of interventions and support are required from the CMHW, the family and other people in the client's life, the treatment plan should be updated to reflect this. Thus, nothing on the treatment plan is final or "set in stone." The plan can be changed at any point to meet the client's needs.

- Treatment planning is always client-driven. The main purpose of the plan is to identify ways for the client to meet the goals that he or she has selected for him or herself. The CMHW, family members or other people in the client's life may provide support and assistance in this process, but the plan is always driven by the strengths, needs and goals of the client—not anyone else.

If you have completed a genogram and the Family Involvement Worksheet with a client and have determined that he or she wishes to involve his or her family in treatment, it is ideal that the family be present at the session in which you begin working on the treatment plan. That way, you can explain the definition, purposes and process of treatment planning to the client and the family at the same time, and you will be able to begin identifying ways for the family to be involved right away as you start filling out the plan. However, even if the family is not present or involved when you begin completing the plan with the client, they may still be able to be involved in other ways. You might be able to explain the process of treatment planning and help the family get involved later in treatment, if the client desires it. In addition, the family's resources and level of support for the client will likely influence how the client approaches the plan and selects goals, even if the family isn't actually present in the session while the client is doing this.

Supervision Note
CMHWs can practice explaining the definition, purpose and process of treatment planning by doing role plays in supervision. You might also routinely ask questions to refresh their memory in supervision, i.e. "What are some of the purposes of treatment planning?"

V. Involving the Family in Different Aspects of Treatment Planning

Once the family understands the treatment planning process, there are many different ways in which they can be involved. A good way of structuring discussions with the client and family is to review the different components of a treatment plan, and talk about how family members might play a role in determining each of these components. The treatment plan form that you were introduced to in Module III includes the following components:

- Client goals
- Activities to achieve goals
- Client strengths or resources to utilize in reaching goals

- CMHW interventions to assist the client in developing skills and reaching goals
- Description of what will be accomplished by the next session

Now, let's discuss how clients' family members might be involved in each of these steps. A copy of the treatment plan form is included in your workbook on page 145 (*page 188 in the trainer's manual*) for your reference during this discussion.

Draw a large outline of a treatment plan on the board. You will fill it in with input from the participants as you discuss the different aspects of treatment plans.

A. Involving the Family in Setting Client Goals

The first column on the treatment plan lists client goals. You might recall from Module III that goals can be daily, short or long-term. How might families be involved in helping the client set goals on the plan?

Elicit responses. Possible responses include: family can suggest possible goals for the client; family can remind client of goals he or she has recently mentioned or had in the past; family can encourage client to freely describe his or her own goals.

The person in environment model is one tool that can help clients and families set goals. For example, family members can help clients set individual goals, such as when a family member recommends taking medication or exercising regularly as goals for the client. Family members can also help set and support goals at the family level, such as when a client's goal is to have better communication with his or her family members. Depending on the family's involvement, they might even help the client set and carry out goals in the community, such as if the client and family members choose to educate neighbors and other community members about mental health. In sum, the family's involvement in helping the client set and attain goals can occur at any level of the person in environment model.

Although the family's support can be quite valuable in helping the client set goals, remember that goals should always be client-driven. If family members are suggesting possible goals for clients, observe the client's verbal and nonverbal communication to see how he or she responds. If the client outwardly rejects a goal (i.e. "Father, I don't want to try to find a job right now; my goal is to further my education"), or shows nonverbal signs of discomfort with a suggested goal (i.e. shaking one's head, having a closed body posture, pretending not to hear what the person said, etc.), then that goal is <u>not</u> appropriate for the treatment plan, even if

some of the family members think it is. At this point, directly ask the client what he or she thinks of the suggested goal. You may point out the verbal or nonverbal cues you noticed that clued you in to the client's disagreement or discomfort with the suggested goal.

You may also need to remind the family that while their input and support are important, goals need to be client-driven in order to be meaningful. If the family does not seem to understand this, try offering more psychoeducation about treatment planning and consult with your supervisor. If the family continues to insist on trying to dictate the client's goals, it may be necessary to suggest they discontinue their participation in the treatment process.

Let's start filling out this treatment plan that I have written on the board, using the case example of Ali, which you were introduced to in the training on Involving the Family in Suicide Prevention and Crisis Planning. If you would like to reread the case study, it's on page 140 in your workbooks (*page 183 of the trainer's manual*).

Let's imagine that Ali and his wife Selah are in our office right now. We've already completed an intake form and Family Involvement Worksheet and now we want to start on the treatment plan. Selah wants to assist and support Ali in every aspect of treatment planning. What are some possible treatment goals for Ali?

Elicit responses and write them in the first column of the treatment plan on the board. Possible responses include: taking medication to help with his symptoms of PTSD; learning relaxation skills to help him get to sleep; spending more time with friends and family.

How might Selah help Ali in identifying these goals?

Elicit responses. Possible responses include: she could suggest possible goals, offer verbal support for the goals that Ali voices, or gently remind Ali of some of the things in his life that he values but hasn't been doing as much lately, like spending time with family.

Supervision Note
You can increase CMHW competency in this area when CMHWs present treatment plans during supervision by asking questions such as:

- Describe the family's role in helping the client determine his or her goals.
- Did the client appear to show any verbal or nonverbal signs of discomfort during the discussion about goals?
- Is the client planning on sharing these goals with his or her family and involving them in any way? (*Ask when family is not present in treatment planning session.*)

B. Involving the Family in Determining Activities to Achieve Goals
The next column on the treatment plan lists the specific activities, skills or behaviors that the client will need to demonstrate in order to meet his or her goals. For example, if the client's goal is to get at least eight hours of sleep each night, then he might need to learn some relaxation skills to help him fall asleep and also use time management skills to make sure he allows enough time in his schedule for sleeping. How do you think family members could be involved in helping clients determine the skills or behaviors they will need to use in order to meet their goals?

Elicit responses. Possible responses include: families can help clients break down the skills and activities needed to attain each goal; family members can volunteer to help clients perform these skills.

To determine the role the family will play in performing activities to help the client meet his or her goals, refer back to the Family Involvement Worksheet. How did the client see his or her family getting participating in treatment? Is there a plan for involving the family specified under question five on the worksheet? Reviewing this information with the client can help you to determine how the family can best help the client meet his or her goals.

For example, if the client wants the family to be only minimally involved, perhaps they will help in simply identifying the skills the client will need to perform to attain the goal. This is not always an easy task, and if the goal is broad or long-term (i.e. obtaining a job), the family's input can be quite helpful in determining the many skills and activities one must do in order to meet the goal. In some cases family members may play a very active role in performing skills and activities to help the client meet the goal. For example, if a client's goal is to spend more time with his children, then the children have to be willing to spend time with their father in order for him to meet the goal.

What are some activities that would be needed for Ali to meet his goals? How could Selah or other members of Ali's family be involved in these activities?

Elicit responses and write them on the board in the second column of the treatment plan. Responses will depend on the goals that participants selected for Ali. Example: Talking with his wife for at least half an hour per day would be an activity to help Ali meet the goal of spending more time socializing with family and friends. Selah can support this goal by reminding Ali every day that they need to find time to talk and enthusiastically participating in conversation with him.

Do you have any questions about involving family members in this aspect of treatment planning?

Supervision Note
You can increase CMHW competency in this area when CMHWs present treatment plans during supervision by asking questions such as:

- Do any of the client's goals require active participation from family members? If so, how did the client talk to the family about this? What were their reactions?
- Are there other ways the family could support the client in identifying and carrying out the skills and activities needed to meet goals?

C. Involving the Family in Identifying Client Strengths and Resources

Throughout this training and in past trainings, we have discussed the important role that client strengths and resources play in engaging clients in treatment and helping clients meet their goals. Since they are so integral in treatment, client strengths and resources are key components of the treatment plan. In our trainings on core skills and crisis assessment and intervention, we discussed some of the ways in which family members can help clients identify strengths. What were some of those ways?

Elicit responses and discuss. Possible responses include: family can remind the client of personal strengths he or she possesses; family can help the client develop more strengths; family can identify strengths that the family as a whole possesses.

Since people, especially those experiencing crisis or mental health problems, sometimes have difficulty identifying their own strengths or positive qualities, family members can be very useful in helping clients identify strengths. Family strengths or specific things that family members can do to support the client can also be listed here. It's useful to refer back to the Family Involvement Worksheet when completing this part of the treatment plan. If the client mentioned any family strengths or specific ways that family members could help while completing the worksheet, you can revisit those strengths and see how they could be linked to the client's current goals. For example, if the client's goal is to learn some healthy ways of helping herself to feel better when she is sad and depressed, and one of the family's strengths is that all the family members are very creative and artistic, you would describe on the treatment plan how the family will use this strength to help the client meet this specific goal. How might the family do this?

Elicit responses and discuss.

What are some strengths and resources, including family strengths, that Ali could use to help him meet his goals?

Elicit responses and write them on the board in the third column of the treatment plan. Remember to link strengths with goals. Example: the fact that Ali's family is cohesive, accustomed to spending a lot of time together, and generally supportive of one another is a strength that will help Ali meet his goal of spending more time socializing with family and friends.

Supervision Note
You can increase CMHW competency in this area when CMHWs present treatment plans during supervision by asking questions such as:

- What are the client's strengths and how did family members help him or her identify them?
- What strengths does the family possess?
- Specifically how does the client plan to use these strengths and resources to meet his or her goals?

D. Involving the Family in Identifying CMHW Interventions
In this section the CMHW lists the services or interventions he or she will provide in order to help clients develop new skills and meet their goals. How might family members participate in identifying CMHW interventions?

Elicit responses and discuss. Possible responses include: family can help determine what resources or support the client will need from the CMHW, in addition to the family's help; family can identify ways for the CMHW to help the client practice or build on existing skills.

In order to involve the family in this process, it may be necessary for you to first educate the family about what CMHWs can and cannot do. You might discuss some of the skills you can perform to help the client and family, based on the knowledge and skills you've acquired in Module III and in the previous trainings on involving family in the seven CMHW job tasks. You may also need to clarify some of the things that the CMHW cannot do, such as prescribe medication (although you may refer the client to a physician who can do this).

The CMHW interventions described in this part of the treatment plan should build off of the client and family strengths and resources described in the previous column. The client and family strengths and the CMHW interventions should complement one another. For example, imagine that one of a client's goals is to

talk to her physician about medications that can help people with posttraumatic stress disorder (PTSD). During a session, the client, family and CMHW decide that the family will practice asking her physician about this by role playing the situation with her brother at home. "Brother willing to role play meeting with physician" might be listed as a client resource for this goal. Perhaps the CMHW intervention in this case would be that the CMHW will help the client take the next step by accompanying her to a meeting with her physician, where she will initiate the discussion about medication.

What are some interventions that the CMHW might provide to help Ali meet his goals? Let's make sure the interventions we pick build on Ali's personal and family strengths and resources.

Elicit responses and write them on the board in the fourth column of the treatment plan. Responses will depend on the goals and strengths that participants have described in previous sections. Example: Perhaps the CMHW will plan to meet with Ali and Selah to discuss how much time they are spending together and evaluate how spending time together helps to reduce Ali's level of emotional distress.

Supervision Note
You can increase CMHW competency in this area when CMHWs present treatment plans during supervision by asking questions such as:

- What role did the client and family play in determining the interventions that you will provide?
- How do the interventions you selected build off of the client and family strengths?
- Do you think the client will need any other types of assistance to meet his or her goal, in addition to what you and the family can provide?

E. Involving the Family in Determining What Will Be Accomplished by the Next Session

The treatment plan should also include a short description of what the client plans to accomplish by the next session for each goal. This helps the client to break down long-term goals into shorter, more manageable goals and activities. How can families be involved in this step of treatment planning?

Elicit responses and discuss. Possible responses include: family can help the client determine how to break down long-term goals into smaller steps; family can gently remind client at home of what they need to accomplish by the next meeting.

Family members can be great resources in helping clients to practice skills and work on meeting goals between sessions. After the client has specified what he or she will do before the next session in order to make progress toward meeting the goal, the family can help by providing encouragement, assistance and gentle reminders to work on the goal. Due to various circumstances, there may sometimes be considerable time between sessions with the CMHW for some clients. When the family knows what the client has committed to accomplishing before the next session, they can help the client stay engaged in treatment during this time by encouraging them to continue to work on that goal and providing any support or assistance the client may need.

Some clients may find this type of involvement from family members to be too invasive or may wish to limit their family's involvement. Again, refer back to the Family Involvement Worksheet to get an idea for how involved the client wants the family to be. Perhaps the client will want the family's help on working on some of their goals; other goals may be more personal and the client may not wish to share them with his or her family.

In addition, some of your clients may find that discussing their goals and what they need to accomplish with families is actually detrimental to their success, as some family members may intentionally or unintentionally sabotage a client's efforts. For example, if a client's goal is to follow up on a referral to see a psychiatrist, but his father thinks this is a waste of time and money, the father might try to discourage the client from going to the appointment and meeting this goal. For these reasons, it is important to thoroughly explore the idea of family involvement with the client and obtain his or her permission before you suggest that the client involve his or her family in working on attaining goals between sessions.

For Ali's goals, what do you think could be accomplished by the next session? What role will Selah and other family members have in supporting this?

Elicit responses and write them on the board in the fifth column on the treatment plan. Responses will depend on the goals, strengths and activities that participants have selected for Ali in the previous sections. Example: Ali might decide that he will spend at least 30 minutes talking with his wife about his feelings each day between now and the next appointment with the CMHW.

Do you have any questions about involving families in any of these aspects of treatment planning?

Supervision Note
You can increase CMHW competency in this area when CMHWs present treatment plans during supervision by asking questions such as:

- Has the client communicated with his or her family about what the client needs to accomplish before the next session?
- How does the family support the client in working on goals between sessions?
- Is the family discouraging the client from working on goals or affecting the client's work between sessions in any other negative ways?

VI. Exercise 1: Putting It All Together: A Family Treatment Planning Role Play

We're going to wrap up this training by doing a role play exercise to practice putting together a treatment plan with input from clients and families. In a few minutes I will ask you to separate into groups of five. For this role play, we are going to use the case study of Mohamed and Sarah. You might recall this case from Module I and from our training on involving the family in medication management. If you would like to review the case study, it is on page 139 of your workbooks (*page 182 of the trainer's manual*).

One person in your group will play the CMHW; one will play Sarah; one will play Mohamed; one will play Sarah and Mohamed's oldest daughter, Fatemah; and one will be an observer. For the role play, assume that Sarah and her family have been meeting with the CMHW for a couple of months. The case study mentions that two of Sarah's goals were to eat more healthily and to stay busy around the house, in order to help her cope with her symptoms of traumatization. Let's imagine that Sarah has already achieved both of these goals. It's time to update her treatment plan and come up with some new goals.

There is a sample treatment plan for Sarah in your workbook. One of Sarah's ongoing goals, improving communication with her family, is written on the treatment plan as an example for you. In the role play, imagine that the CMHW is meeting with Sarah, Mohamed and Fatemah to think of some new goals for Sarah and make a plan for how she can attain them. Sarah wants her husband and oldest daughter to be involved in this process, and Mohamed and Fatemah want to support her however they can.

The CMHW should help Sarah identify at least three new goals and fill out the subsequent parts of the treatment plan for each goal, eliciting input from Sarah and from Mohamed and Fatemah. Use Sarah's sample treatment plan to do this and remember to use your core skills. The observer should watch how the CMHW

interacts with the client and her family members, paying particular attention to how the CMHW uses core skills to engage Sarah, Mohamed and Fatemah in treatment planning. You can use the core skills checklist on page 146 in your workbooks (*page 189 of the trainer's manual*) to keep track of the core skills that you observe, or just use a sheet of paper. Your group has 30 minutes to practice the role play. Then we will come back together as a class to debrief and share our ideas. Do you have any questions?

Help participants separate into groups of five and circulate around the room as participants practice the role play. Call the groups back together after about 30 minutes. Draw an outline of a treatment plan on the board. Then ask participants for their ideas on how to complete the treatment plan for Sarah, utilizing family input. Write participants' suggestions in each area of the treatment plan (goals, activities to achieve goals, client strengths and resources, CMHW interventions, and what is to be accomplished by the next session). After you have developed a comprehensive treatment plan using input from all groups, debrief with the group by asking the following questions:

- How did you feel role playing the client, Sarah, in this scenario?
- How did you feel role playing the client's family members, Mohamed and Fatemah?
- How did you feel role playing the CMHW?
- As the observer, what core skills did you notice the CMHW using to engage the client and family in treatment planning?
- How is completing a treatment plan with the client and family members participating different from completing a treatment plan with just the client?
- When you complete treatment plans with clients and families in the future, how will utilize some of your CMHW tools, such as the Family Involvement Worksheet and the person in environment model?
- What challenges do you anticipate when doing treatment planning with clients and families in the future? How will you handle these challenges? *(Engage participants in the steps of problem solving to help identify solutions to potential challenges. Explore if they can use any of the CMHW tools reviewed earlier in this training to overcome these barriers. Example: explaining the continuum of family involvement to a client might help her to determine the extent to which she wants her family to participate in treatment planning.)*

Be sure to praise all participants' work and thank them for their contributions to the discussion.

VII. Review

Here are some of the key points from today's lecture:

1. As a CMHW, there are several tools that you can use in treatment planning and providing services for the client and family. The tools that have been introduced in this training series include the systems perspective, the person in environment model, genograms, and the Suicide Prevention Flowchart.
2. To engage the family in treatment planning, the CMHW will need to explain the definition, purpose and process of treatment planning; describe the different components of a treatment plan; and describe how family members can be involved in each aspect.
3. When defining treatment planning, emphasize that it is an ongoing process; that the treatment plan is continuously revised and updated; and that treatment planning should always be client-driven.
4. There are many ways of involving the family in each aspect of treatment planning, including identifying client goals; defining skills and activities to achieve goals; identifying and using client and family strengths and resources; identifying CMHW interventions; and determining what will be accomplished by the next session. Referring to the Family Involvement Worksheet can help you to determine how the family should be involved in different aspects of treatment planning.

VIII. Conclusion

The treatment planning process is so valuable because it helps the client identify ways to meet his or her goals, and also ensures that the client and CMHW have a clear understanding of what is expected from one another during treatment. When clients see that there are ways to meet their goals and they understand how treatment can help them do this, they may feel more empowered and hopeful that life can change for the better. As long as the client permits it, including the family in treatment planning can further enhance these feelings of hope and empowerment. The client can feel even more encouraged and motivated to meet his or her goals with the support of his or her family, and the family in turn may feel more hopeful for the client and for themselves when they are involved in treatment planning.

Do you have any questions about involving the family in treatment planning?

Address any questions or concerns that participants raise. Be sure to thank participants for their contributions and attention. This is the last unit in this training series. Have participants complete the Training Evaluation Form and the

Facilitator Evaluation Form. (There is no Competency-Based Training Exam for this unit as the last role play exercise is used in lieu of an exam.)

Training Evaluation Form

Date: _____
Topic: Integrating Family in Services and Treatment Planning
Name of Facilitator: _____

Please circle your choice on a rating scale of: 1 = Disagree to 5 = Agree

1	**The training was too long.**	**1**	**2**	**3**	**4**	**5**
2	**The training was too short.**	**1**	**2**	**3**	**4**	**5**
3	**The material was relevant to my work.**	**1**	**2**	**3**	**4**	**5**
4	**The material was clearly organized and easy to follow.**	**1**	**2**	**3**	**4**	**5**
5	**There were enough opportunities to ask questions.**	**1**	**2**	**3**	**4**	**5**
6	**The training answered questions I had about my work.**	**1**	**2**	**3**	**4**	**5**
7	**I will be able to use the ideas in my work.**	**1**	**2**	**3**	**4**	**5**
8	**The training taught me skills I will use in my work.**	**1**	**2**	**3**	**4**	**5**

What was most helpful?

_____

_____

_____

Questions I still have about this topic:

_____

_____

_____

Comments:

_____

_____

_____

_____

Facilitator Evaluation Form

Date: **City:**
Topic: Integrating Family in Services and Treatment Planning **Location:**
Name of facilitator:

We hope you enjoyed this training. In an effort to help us be more effective in the future, please fill out the evaluation.

Please circle your honest response.

	Strongly Agree	**Agree**	**Unsure**	**Disagree**	**Strongly Disagree**
Facilitator					
The facilitator demonstrated knowledge of the subject matter	5	4	3	2	1
The facilitator explained concepts clearly	5	4	3	2	1
The facilitator encouraged participation	5	4	3	2	1
The facilitator was responsive to questions	5	4	3	2	1
The facilitator used effective presentation skills	5	4	3	2	1

What were some of the facilitator's strengths?

_____
_____
_____
_____

Suggestions to facilitator:

_____
_____
_____
_____

Suggestions for future training topics:

_____
_____
_____
_____

Additional comments:

_____
_____
_____
_____
_____

Thank you for completing this evaluation!

Handouts

HANDOUT

What is Confidentiality?

Confidentiality means that everyone involved in the treatment process can have faith that what we discuss here will not be told to anyone else.

Two things are required to preserve confidentiality:

- The CMHW must preserve the confidentiality of all family members.
- All family members must preserve one another's confidentiality.

There are only four exceptions to preserving confidentiality:

- **Medical emergency**: Confidentially can be broken in a medical emergency to save the life or protect the health of the client.
  Example: If the client is unconscious and taken to the hospital, the family or the CMHW can tell the hospital staff that the client is taking medication for depression.

- **Threat of suicide or homicide**: Confidentiality can be broken if someone threatens to bring harm to him or herself or to others.
  Example: If someone in the family says they plan to harm someone else, any of the family members or the CMHW can break confidentiality by reporting this to the police.

- **Permission is granted by the client**: The client can give the CMHW or the family permission to tell someone else what was said.
  Example: The client tells the family that it is ok to tell other relatives who are not involved in the client's treatment about the client's diagnosis of depression. Or, the client and family give permission to the CMHW to tell staff at an NGO about their situation, so that the family can get help from the NGO.

- **Part of treatment team**: In order to get professional supervision and coordinate care, the CMHW may discuss information about clients and families pertaining to the client's treatment with the physicians with whom the CMHW works and with the CMHW's supervisor.
  Example: The CMHW discusses a problem raised by the client and his or her family in a session with her supervisor.

HANDOUT

Core Skills Checklist

Instructions: Check off each core skill that you observe the CMHW using in the role play. In the space below, describe at least one example of how you observed the core skill being used.

☐ **Demonstrating Empathy**

_____

_____

☐ **Active Listening**

_____

_____

☐ **Preserving Confidentiality**

_____

_____

☐ **Setting Goals**

_____

_____

☐ **Identifying Strengths**

_____

_____

☐ **Information Gathering**

_____

_____

☐ **Problem Solving**

_____

_____

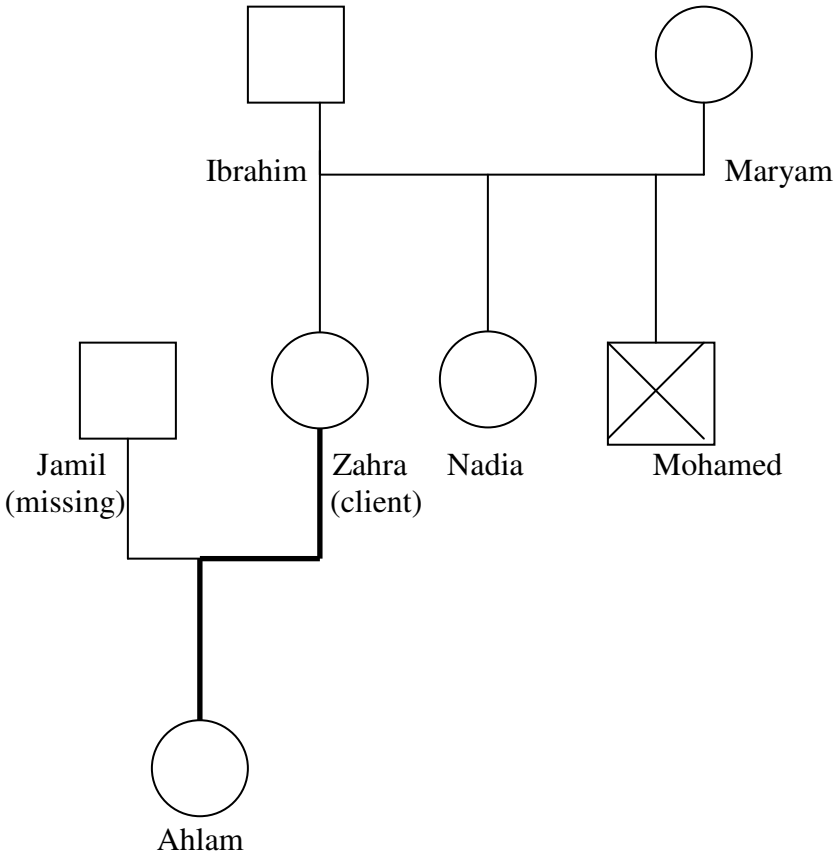
☐ **Modeling**

_____

_____

HANDOUT

Sample Genogram



HANDOUT

Case Study: Zahra

Zahra is a 35 year-old single mother who lives in a small room near an alley with her 12 year-old daughter. Zahra's husband disappeared six years ago and she now supports herself by making kubba and selling it to the local store owners. Lately, her electricity has not been working so she has been unable to cook and therefore unable to make enough money to pay her rent or get enough food to eat for herself and her daughter.

Zahra walks her daughter an hour each way to school every day because she fears for her daughter's safety. Zahra can occasionally get food from the local mosque, but the food supply has been limited lately.

Zahra's younger brother, Mohamed, was recently killed by a bombing in her family's town. Zahra was very close with her brother and is distraught by this tragedy. Since it happened, she has had trouble sleeping and when she does sleep, she often dreams about her brother's death.

Zahra states that she feels as though her life is falling apart and her brother's death has added to an already difficult situation that she feels she was barely coping with before this recent tragedy. She feels very sad and depressed most of the time.

Zahra was referred to a CMHW by her physician after she complained of frequent headaches and feeling shaky and restless at night. In the course of making a crisis assessment, Zahra tells the worker that she has had thoughts of killing herself. These thoughts are strongest early in the morning, when she wakes up feeling hopeless about making it through the day and depressed about the future. Zahra does not have any weapons in the house. However, she mentions that she recently obtained a bottle of valium and has been taking more of the pills than she knows she should be and says she has had thoughts of taking the entire bottle "just to go to sleep and forget that all this is happening." However, Zahra says that she won't ever do this because she loves her daughter too much.

Zahra and her daughter are both physically healthy and both say they don't know how they would get through all of this without one another's support. They are very close and enjoy the walks to school together everyday.

HANDOUT

Family Involvement Worksheet

Instructions: Use the questions on this worksheet to help you determine how to involve a client's family in treatment.

Client name: _____ Date: _____
CMHW: _____

1. What are the client's initial thoughts and feelings about involving his or her family in treatment?

2. Does the client wish to actively involve his or her family in treatment in some way at this time?
   - ☐ Yes
   - ☐ No

   If yes, continue using the worksheet. If no, discontinue and considering raising the issue of family involvement later in treatment.

3. What are some ways in which the family might be involved? Specify the client's ideas about which family members might be involved in which ways. (*Examples: Mother could help with medication management; brother will help by providing support for the client at home*)

4. In what ways does the client see him or herself benefiting from family involvement in treatment? (*Examples: would feel more encouraged to attend sessions with CMHW, would feel more comfortable at home, etc*.)

(Continued on next page)

Family Involvement Worksheet (page 2)

5. Describe your plan for action. (*Examples: CMHW will provide client with mental health info to share with family. Family will join client at next session*.)

6. Do you have the client's clear permission to follow through with your plan for action?

   ☐ Yes
   ☐ No

   Do not carry out any plan without the client's permission. Otherwise you run the risk of breaking the client's confidentiality!

   Remember to include this information in the client's treatment plan.

Sample Patient Intake Sheet: Salima

Hospital / Health Center:
Name of the CHMW: Signature:_____

Form number:
First session: Duration:

Date:

Patient name: Salima Abid

Age: 28 Sex: Female

Full Address:

Education background: Some high school

Occupation: Mother

Social status: Married (husband missing) Telephone number:

Number of children: 2 Male - 1 Female - 1

Economic status: Middle class

Provisional diagnosis: Major depression

Major reason for the patient's coming to hospital:
"My husband has been missing for more than a year. I feel so depressed and sad since he left. I cry all the time and am exhausted from feeling so sad. I don't think I'm doing a very good job of taking care of my children."

Duration:
1.5 years – since July 2004

Intake of the present illness history:
Client reports that previously she was very happy to be married to her husband. He made a good salary as a government clerk and she was happy to be raising their two children. Client's health was good prior to her husband's disappearance in July 2004. At this time he had traveled to the capital on assignment for work. He did not return. Police reported that they think he was killed in a bombing, but his remains were not found. Client says that for months after his disappearance she was very anxious. She constantly worried that her children would disappear too and did not want them to leave the house. When client began to realize her husband was not returning, her anxiety largely turned to grief and she began to feel very sad and depressed. She has been feeling depressed for about 6 months now.

Life events:
Client reports that her life prior to her husband's disappearance was normal. She married her husband at age 20 and they had their first child, a daughter, one year later. Their son was born two years later. Client says she had a happy childhood. She is the youngest child, with an older brother and sister. Client could not recall any significant traumas or events from childhood.

Present signs and symptoms:
-Feeling sad and crying most of the day
-Staying in bed most of the day
-Lack of energy to clean house and take care of children
-Anxious when leaving house
-Has severe headaches nearly every day

Client denied having any thoughts of hurting or killing herself – "My reason for living is to take care of my children."

Relation with his/her surroundings

- **Family**: Client's two children are ages 7 and 5. She says she loves them and they are very good, obedient children. She wants to feel better so she can be a better mother.
- **Relatives**: Client's parents live just a few houses away. They visit her often because they are concerned about her. So far they have been able to financially support her. Client feels guilty that she is making them worried. Client's husband's parents also live nearby but she does not see them often. They are also quite sad about the disappearance of their son. The client's older brother lives close in the same town, but her sister lives in the distant countryside.
- **Friends**: Client reports that she had a few close friends living nearby prior to her husband's disappearance. She has not seen them much since them.
- **Closest person the patient can talk to concerning his/her problems**: Mother

Means used by the patient for his /her condition:

- **Seeking physician**: Client took her son to the physician when he had a skin infection last spring. She herself has not visited a physician in several years.
- **Receiving medications**: None.
- **Traditional healer**: None.
- **Others:** Client reports that she prays every day and that her parents, brother and sister also pray for her.

Family history:

- **History of same condition in his family**
  Client reports that one of her aunts seemed to have a problem with depression and anxiety. She never married and did not leave the house often. She reports that the rest of her family is healthy.
- **History of suicidal attempt or suicide in the family**
  None.
- **History of prison or torture in the family**
  One of client's uncles was imprisoned for several years. He was eventually released and returned to his family.

Medications:

Prescribed (by whom, for what):
Client is not currently taking any medications.

Non-prescribed (over the counter) including herbal preparations:
Client's sister recommended drinking tea to help her relax. She does this periodically.

Habits:

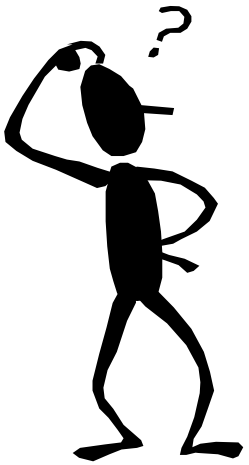
• Smoking	Yes	No	Numbers / day
• Drinking	Yes	No	Amount
• Drug abuse	Yes	No	Kind

Past medical and surgical history:
Client reports that she fell and broke her ankle as a teenager. She recovered but it gives her some pain if she walks long distances.

Client started having severe headaches nearly every day following her husband's disappearance.

Hobbies:
Client enjoys reading and sewing. She still reads occasionally but hasn't had the energy to sew lately. She states that she used to enjoy meeting with friends and going for short walks.
Client also likes to cook and said her husband always praised her cooking.

HANDOUT



Steps of Problem Solving

1. Define the problem.
2. Get consensus on the problem definition.
3. Turn the problem into a solvable question.
4. Brainstorm solutions.
5. Evaluate solutions.
6. Pick a solution.
7. Implement the solution.
8. Evaluate results.
9. Decide whether to continue with solution or start over.

HANDOUT

Tips for Overcoming Common Barriers to Engaging Families

Barrier: The family is reluctant to talk about their problems with anyone outside of the family.

- Be aware that when a CMHW meets with a family, he or she is the "outsider." Many families are not used to discussing problems with a professional who is outside of the family. Give the family time to consider the idea.
- When meeting with the family, be sure to use all of the core skills to build trust with the client and family. For example, demonstrating empathy and explaining and preserving confidentiality can be extremely helpful in building trust and rapport.
- Elicit the family's expectations about the treatment process. Encourage them to voice their concerns and questions, and normalize their concerns. Honestly but tactfully answer any questions the family raises.
- _____
  _____
  _____

Barrier: One of the family members is a significant source of the client's problems (i.e. domestic violence is occurring).

- The first priority is to keep the client safe. If the life of the client or other family members is in danger, it may be necessary to break confidentiality and bring the client's information to the police or other legal authorities.
- In such cases it is rare that the family member causing the problems will be willing to admit to this and work with the CMHW. However, it may be possible for the CMHW to refer this person to some other service.
- Remember to collaborate with the physician on site and with your supervisor.
- _____
  _____
  _____

Barrier: The family members are all very busy and don't seem to have time to care for the client and participate in treatment.

- Educate the family about what treatment is and the many different ways they can be involved.
- The family is probably already doing things to support the client, even if they do not realize it. The CMHW can help them to find ways of building on what they already do, with whatever time and resources they have available.
- Explore if there are other people in the client's life who might be able to help, such as close friends or neighbors, in addition to blood relatives.
- _____
  _____
  _____

Barrier: The client is one of the older members of the family, and it seems like the younger members are unable to do anything to help or influence him/her.

- Acknowledge that it can feel difficult to know how to help when such an important member of the family suffering. Ask the family how they would like to help and support one another, knowing that this is the case.
- Talk about how in all families, different members have different types of power and influence. Talk with the family about how people might be able to support the client, while allowing him or her to still feel important.
- _____
  _____
  _____

Barrier: The family wants to help, but they are not very educated and know very little about mental illness.

- Keep in mind that all families are capable of learning more about mental illness and how to help and support each other, regardless of their education level. Use psychoeducation to start teaching the family about mental health and treatment for mental illness.
- In providing psychoeducation or any service, it is important to gear your information and approach to the family's education and abilities. For example, if several members of the family are illiterate, handouts will probably not be very useful. You may need to spend more time explaining things verbally, and use visual illustrations and very simple language to help families understand the information you are providing.
- _____
  _____
  _____

HANDOUT

Adherence Issues and Recommendations

Adherence Issue	Recommendations for Client	Recommendations for Family
Client does not understand physician's instructions	Make sure the client has the physicians' instructions in writing. Review and ask the client to repeat the instructions back to you. Encourage the client to ask the physician questions.	1. _____ _____ 2. _____ _____
Medication does not appear to help client's symptoms	Encourage client to discuss with physician. Be aware that many medications take a few weeks to take effect.	1. _____ _____ 2. _____ _____
Side effects are causing discomfort	Review tips for relieving less serious side effects with client. Refer client to physician, especially for serious side effects; dosage may need to be adjusted or prescription changed.	1. _____ _____ 2. _____ _____
Client does not have enough money for medication	Discuss client's financial resources. Explore community resources that may be able to help. Consult with physician about less expensive alternatives.	1. _____ _____ 2. _____ _____
Client is embarrassed about taking medication or does not want family members to know	Explore and normalize client's feelings. Provide or help the client provide psychoeducation to the client's family about the client's condition and medication. Or, help client find ways to take the medication discretely.	1. _____ _____ 2. _____ _____
Client forgets to take medication regularly	Help client establish a routine of taking the medication at the same time every day, per the physician's instructions. Help client create cues to remind them, such as note posted discretely in their home. A client who is supposed to take medication first thing in the morning might want to set it beside their bed the night before.	1. _____ _____ 2. _____ _____

Other factors not mentioned:	Other recommendations to clients that have not been mentioned:	Other recommendations to families: 1. _____ _____ 2. _____ _____
Other factors not mentioned:	Other recommendations to clients that have not been mentioned:	Other recommendations to families: 1. _____ _____ 2. _____ _____

HANDOUT

CMHW Medication Chart

ANTIDEPRESSANTS

Drug Name	Side Effects
Fluoxetine	Headaches, nausea, diarrhea, loss of appetite, dizziness, sweating, insomnia, vivid dreams, nervousness/worry, sexual dysfunction, loss of interest in things, weight loss or gain

NON-SELECTIVE CYCLIC

Drug Name	Side Effects
Amitriptyline Clomipramine Imipramine Maprotiline	Tiredness, drowsiness, difficulty sleeping, shakiness, tingly feeling, dry mouth, dry nose, blurred vision, difficulty urinating, sweating, sexual dysfunction, weight gain, menstrual irregularities, sensitivity to light. These medications can be lethal in overdose.

ANTICONVULSANTS

Drug Name	Side Effects
Carbamazapine (Tegretol)	Tiredness, drowsiness, shakiness, skin rash, menstrual irregularities.
Valproate (Depakote)	Sedation, tremors, nausea, weight gain, skin rash, hair loss, menstrual irregularities.

ANTIADRENERGIC AGENTS

Drug Name	Side Effects
Propranolol	Tiredness, drowsiness, dizziness, light-headedness, nausea, wheezing/difficulty breathing, depression.

ANTIPSYCHOTICS

Drug Name	Side Effects
Chlopromazine Trifluoperazine Haloperidol	For many people, these are not well tolerated and there are therefore, many side effects. Stiff muscles, stiffness in the jaw, restlessness. Sedation, slowed cognitive functioning, dry mouth, constipation, urinary retention.

BENZODIAZIPINES

Drug Name	Side Effects
Chlodiazepoxide Clonazepam Lorazepam Diazepam	Tiredness/fatigue, drowsiness, impaired thinking, depression.

HANDOUT

Case Study: Mohamed and Sarah

Mohamed is 45 years old and has a store where he works each day. His wife Sarah, who is 40 years old, stays at home and helps with the housework and cooking. They live with Mohamed's extended family — his parents, his three brothers and their wives, and Mohamed's two sisters. There are 19 children in the home, including Mohamed and Sarah's four sons and two daughters.

Lately Sarah has been unable to sleep. She has nightmares and during the day she is afraid to go outside. She is easily startled. And, on occasion she feels attacks of panic come over her, during which she is unable to catch her breath. Mohamed is very worried about her because he thinks she may be traumatized because of the war and all that she has seen. So Mohamed takes Sarah to the physician, who says that Sarah is really traumatized.

Sarah is also referred to a CMHW, who focuses on teaching Sarah some effective coping skills for dealing with her problem. For example, she has learned to stay busy taking care of her children and cooking and cleaning for her husband. She has been in fairly good health, but recently she has not been eating well. Trying to eat regular, healthy meals and working on improving communication with her family are two of the goals on Sarah's treatment plan.

However, Sarah still experiences panic attacks and usually does not want to leave the house. Sometimes her depression is so bad that she stays in bed all day. Their oldest daughter, Fatemah, age 14, helps with the cooking and cleaning. On the days when Sarah is not doing well and cannot leave her bed, Fatemah works extra hard to keep the younger children quiet so that Sarah may rest. And, when Mohamed is away at work and no other adult relatives are at home, Fatemah goes to the neighbor for help when she doesn't know what to do.

HANDOUT

Case Study: Ali

Ali is 32 years old, married to Selah who is 28 years old. They have four children and live in a large home with Ali's extended family, including both of his parents, his two brothers, and their wives and children. They are happy and enjoy their life together. Ali works as a carpenter with this brother, Mustafa. The entire family enjoys relaxing together and having picnics on the weekends, where the children all play together and the adults spend hours talking.

One day Ali arrives at your clinic, where he shares that he was recently attacked on his way home from work. He also lost his brother in the attack. He tells you that he has felt overwhelmed lately and fearful in general for no specific reason. He also says that he's had a lot of trouble sleeping lately and has nightmares often. He tells you that he notices that he's felt less social lately and doesn't want to go see friends or join the picnics on the weekend. It's been difficult for him to continue to do his carpentry work. Ali does not understand why this is happening to him. His wife and the rest of the family are also very concerned.

HANDOUT

Questions to Use for Crisis Assessment

Assessing Client's Perception of the Stressor Event
What happened to you before you started feeling this way?
Do you think you need help to get through this or do you think you can get through it on your own?
If you think you need help, what kind of help do you want right now?
How does this affect your daily life?
How does this affect your future?
What needs to be done to resolve this problem?

Assessing Resources and Support
Do you have a friend or relative that could spend some time with you now?
With whom do you live?
Who do you talk to when you have problems?
Whom can you trust?
How did your family respond to the crisis event?
What strengths do you think you have that can help you cope?
What helped you get through crises or stressful events in the past?

Assessing Coping Skills
What kinds of things make you feel better when things are more difficult?
What do you usually do to manage when things are difficult?
Did you try to do that again this time and did it work?
What helped you through difficult times in the past?
What do you think may happen now?
What kinds of things make it more difficult when you are feeling this way? How might you avoid these things right now?

Assessing Safety: Risk of Suicide or Harm to Self
Are you having thoughts of self-harm?
Have you been so distressed you thought about suicide?
How many times during the week do you think about killing yourself?
How long have you had thoughts to hurt yourself?
Do you have a plan for suicide or hurting yourself?
Have you made any preparations to hurt yourself?
Do you have access to _____? (i.e. firearms, knives, medications)
How close have you come to trying suicide? (If yes, have him or her describe it.)

Have you tried to hurt or kill yourself in the past?
How close have you come to intentionally hurting yourself?
Also ask about or observe client's behavior for any suicide risk factors.

Assessing Safety: Risk of Harm to Others (Aggression and Violence)
What kinds of things make you mad?
What do you do when you get mad?
What is your temper like? What kinds of things make you lose your temper?
What is the most violent (dangerous) thing you have ever done and how did it happen? When did it happen? (Be sure to ask about violence to objects, self, and others.)
What is the closest you have ever come to being violent? (Asked of individuals who deny committing violent acts.)
What would have to happen in order for you to get so mad or angry that you would hurt someone?
Have you ever used a weapon in a fight or to hurt someone?
Do you think about harming other people, getting even, or paying someone back for something? What are the thoughts, and toward whom are they directed?
Do you feel like your mind is being controlled by someone else? Who is controlling your mind?
Do you feel that thoughts are being put into your head that are not your own?
Do you feel that there are people who wish to do you harm?
Follow up: If the individual acknowledges any signs of having specific people in mind when thinking about doing harm to others, ask, "what would you do if you came into contact with one of these people who you believe is tormenting or persecuting you?"

Suicide Prevention Flowchart

Stage 1: Assess client's safety on multiple levels including:

1. Does the client have any suicide risk factors (see handout)? This may include:

- Previous suicide attempt
- Signs of severe depression
- Marked change in activities of daily living
- Social isolation

2. Is the client having suicidal thoughts and suicidal intent?

Signs of suicidal thoughts may include:

- Thoughts of hurting themselves
- Feeling so distressed that they thought about killing themselves or ending their lives

Additional areas for assessment include:

- Does the client have specific ideas about ending their life?
- How long they have had these thoughts and how often they have them.

Signs of suicidal intent may include:

- Specific plans to kill themselves (taking pills, using a gun)
- Steps or preparations already taken (buying the pills, weapon, writing a suicide letter)

Additional areas for assessment include:

- Previous suicide attempts

YES – Continue to Stage 2

NO
Further assessment not required;
Follow-up with client as per treatment plan

Stage 2: Develop plan for intervention including:

1. Collaborate with Treatment Team

- Inform primary health care physician at your health post. Evaluate the physician's ability to collaborate on intervention and case planning.
- Inform HA Field Supervisor. Clearly identify areas that your field supervisor will participate in intervention (if at all).

2. Develop a Safety Plan. Questions to consider:

- What are the client's resources? (financial, spiritual, familial, etc.)
- Can the family be engaged and provide adequate support to keep the client safe?
- Is psychiatric care immediately necessary and if so, can a referral be made (immediacy, distance, comfort)?

Psychiatric Referral | **Family Stabilization** | **Immediate Hospitalization**

Stage 3: Ongoing follow-up by CMHW and PHP-- Continuity of Care is essential!

Follow up may include:

- Plans for a follow up appointment (this may be by telephone).
- Ongoing work with client that continues to focus on client's recent crisis.
- Review chain of event prior to crisis (suicidal risk)
- Review coping skills

Follow up for CMHW includes:

- Debriefing with H.A supervisor and physician.

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? (*Examples: medications, toxic substances, knives and other sharp objects, firearms*)

What will you do to avoid or cope with situations that place you in danger and who is available to help you with this? (*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:

Treatment Plan

Today's Date: Next Treatment Plan Review Date:

Client Name: I.D. #

Physician: _____ CMHW: _____

Client Goal	Activities to Achieve Goal	Client Strengths and Resources	CMHW Interventions	What Will Be Accomplished by Next Session

Sample Treatment Plan: Sarah

Today's Date: Next Treatment Plan Review Date:
Client Name: Sarah Al-Jamil I.D.#
Physician: _____ CMHW: _____

Client Goal	Activities to Achieve Goal	Client Strengths and Resources	CMHW Interventions	What Will Be Accomplished by Next Session
Improve communication with my husband and our six children	- Spend at least 20 minutes each day after a meal just talking as a family - Tell my husband when I'm feeling angry, sad or upset for any reason - Use active listening skills when family members need to talk to me about something	- Mohamed and Fatemah support the goal and will talk to the other children about the importance of us talking each day as a family - Mohamed is understanding and patient when I talk to him about my feelings - I already consider myself to be a good listener and am willing to work to get better	- CMHW will review active listening skills with me, Mohamed and Fatemah; we will then share them with the rest of the family - I will practice discussing my emotions by doing this regularly in sessions with the CMHW	- Our family will spend at least 20 minutes talking to each other each day - I will tell the CMHW about a time this week when I talked with Mohamed about my negative feelings and how this went - I will use at least three active listening skills when talking with my family

Sample Treatment Plan: Sarah (continued)

Client Goal	Activities to Achieve Goal	Client Strengths and Resources	CMHW Interventions	What Will Be Accomplished by Next Session