

LEVEL UP: COMPETENCES OF THE FUTURE

WORKING WITH MENTAL SICK PEOPLE

SCRIPT 4

County Center for Family Assistance in Oświęcim in cooperation with

UNITED KINGDOM - BUTTERFLIES LTD

EDU SMART TRAINING CENTER LIMITED IRELAND

PROJECT ERASMUS+, Action 2:

Strategic partnerships for vocational education and training:

„Level up- competences of the future”

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Script 5 LEVEL UP

Topic: - Topic: - A family with mental/psychiatric illnesses or behavioural dysfunctions and disorders.

The duration of the meeting: 3 hours divided into meetings.

Recipients:

The recipients of the meetings are families,

The script can be used by social workers, family assistants, family coordinators and all other professionals working with family facing divorce difficulties.

Participants:

The meetings may be attended by the whole family, individual family members on their own, adults without children or adults with children e.g:

- Mother with children
- Father with children
- Mother and father with children
- Mother with father
- Whole family

In justified cases, you can invite people relevant to the life of the child, e.g. grandmother, grandfather, etc. to the meeting.

Work methods:

- case study
 - psycho-education
 - mini-lecture
 - group work
 - individual work
 - relaxation techniques
 - psycho-education
 - mini-lecture
 - group work
 - individual work
 - relaxation techniques
 - brainstorming

Materials needed for the meeting:

- worksheets
- markers
- crayons
- scissor
- adhesive cards
- flipchart paper

- A4 paper
- pens

The script includes exercises and individual work cards for 3 meetings lasting 1 clock hour each.

The user decides for himself in what order he will use the proposed content.

Purpose of the meetings:

The aim of the classes is to psychoeducate the family in the field of forms of help in case of mental illness or behavioural disorders in the family. During the classes, participants get to know the places where they can get help depending on the difficulties that arise, they get to know the forms and procedures of the help granted to individual family members. Participants will learn about the rights and responsibilities of parents and children who are directly or indirectly involved in the treatment process. They will become familiar with the consequences of particular mental illnesses or behavioural disorders, and will acquire the appropriate skills to better deal with the problems that arise.

The following results are planned to be achieved by the participants:

- Learning about aid institutions
- Psychoeducation for the most common mental disorders
- To know the main difficulties in the family in dealing with the disease
- Acquisition of competences to better cope with difficult situations related to the illness of a family member
- More openness and understanding of the patient's situation

The script of the classes aims to familiarize participants with the methods of working with a family in which a mental illness or behavioral disorders occur. We will learn about the main forms of assistance we can offer to the family and its individual members, we will try to understand more broadly what the family crisis is about and how a successful solution can be achieved. We will focus on learning about the development of the family, its individual phases in order to diagnose the causes of the crisis more accurately and to select appropriate methods of support.

The individual workshop tasks will serve to increase understanding of the issues involved, provide participants with specific tools for working with the family, as well as increase interpersonal competence to better cope with the illness.

Meeting 1

The teacher/teachers move. Welcome to the families

- Name
- Education
- Work experience
- Interests

Customer psycho-education - A social worker can prepare the following content in the form of an information sheet and pass it on to the family members with whom he works.

During the meeting the worker educates the family members by processing the following content.

INFORMATION CARD

Support for families with children with mental disorders occurs most often for the following reasons:

- The family has economic problems, and a child's illness or disorder is one of the elements of a difficult situation; sometimes for this reason a parent cannot take up work, the family needs economic support, reorganisation of household management, the possibility of taking up work or additional employment, sometimes retraining in a profession;
- The child's disorders are a secondary cause of the parents' breakdown and helplessness, often resulting in the family's self-exclusion from social contacts. Parents would probably be able to cope in life if it wasn't for the illness and the situation that overwhelmed them. The family requires interventional support, psychological assistance, contact with a support group, actions to restore coping capacity;
- The family is not educative and as such is not able to provide the sick child with appropriate conditions for development; the family requires long-term educational support, assistance in education and rehabilitation of the sick child.
- There are some elements of social pathology in the family - regardless of the disorder found in the child or related to it, i.e. the pathology may be the cause, co-curricular or triggering factor of the disorder; it may be a toxic relationship, causing so-called double bond, traumatic events, e.g. sexual exploitation of the child and others. The family requires intervention and support, as in any other case of finding a pathology in the family, including therapeutic support, with the mentally ill child being protected twice: one - as a child, two - as an ill person.

In the family there are functional disorders or pathologies, resulting from failure to cope with the child's illness, burdens and stigma, secondary disorders of the family system; they may, for example, concern communication disorders, the emergence of alcoholism or acts of violence, conditioned/motivated by the child's disorders. The principles of intervention - similar to the previous one, where the area of influence will be the search for solutions, psychosocial support, as well as therapy, aimed primarily at understanding the disease and helping to accept both it and the sick child.

In situations where a child needs psychotherapeutic help, the whole family is usually covered. The family often feels resistance to therapy, so one of the parents, usually the mother, is delegated to participate. Zadaniem osób pracujących z rodziną będzie zatem przekonanie dorosłych o potrzebie i celowości wspólnego poddania się terapii, a w przypadku jej podjęcia – motywowanie do jej podtrzymania do momentu uzyskania oczekiwanych efektów. The task of people working with a family will therefore be to convince adults of the

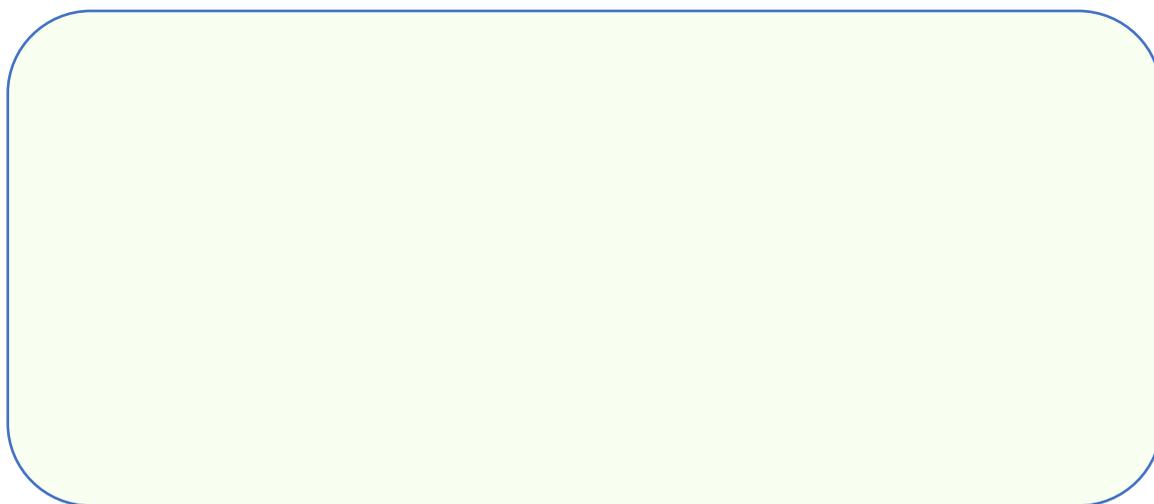
need and advisability of common treatment and, if it is undertaken, to motivate them to maintain it until the expected results are achieved.

Every illness is a stressful situation for the family. Family members are put in a new situation that requires them to be properly prepared. Hopes and plans to date are threatened by the uncertain future. No matter who is ill: husband, wife or child, the situation requires major changes in the way the family lives. An ill person is for some time pushed away from fulfilling the roles that he or she used to play, and then some of them he or she performs in a limited part, which is directly connected with taking over these duties by other members of the family. The family adapts to the new situation in different ways and at different times. To effectively adapt to change, the family changes its internal organization and functions. Problems in the everyday life of a family with a mental illness limit the family's social circle and impoverish its cultural and social life. Lack of common ways of spending free time, abandoning organized forms of recreation and avoiding social meetings, isolate individual family members from each other and the family from the community (e.g. mothers are forced to take increased responsibility for running the house, social life has been reduced, the family's financial situation has worsened, there is a need for additional work or its continuation by parents for a longer period of time, there are growing rifts between spouses, plans for the future of children have been changed).

The situation of an ill person in the family is difficult - the longer the illness lasts (and makes big changes in the functioning of the ill person), the more isolated he/she is, and his/her roles are taken over by others, while he/she remains on the side of family life. Despite the changes, it is the family that becomes a particularly secure refuge for safety, emotional support, protection and care from external threats. It allows for easier entry into the surrounding world, dealing with loneliness, loss.

It can be said that there are extensive consequences of the disease for family life, in a sense the whole family is involved in the disease. The changes caused by the illness - from those that can be considered positive (such as an increase in care of the emotional climate), through changes that are somewhat obvious or sometimes forced (caring function), to dysfunctional changes - a reduction or withdrawal from certain functions, such as economic and social functions - occur with varying intensity, depending on the structure of the family, the severity of the illness and its duration and the role of the sick person. The families who claimed that there were many changes in their families were tested. As a result of these changes, the family is being deeply reorganized in order to adapt to the new situation and to ensure that it functions as well as possible. It is worth noting that the impact of illness on family life cannot be seen only in clearly negative terms, as it sometimes represents a mobilising factor for the whole family, strengthening its cohesion and triggering family activity and solidarity.

After the completion of the mini-course and the psycho-educational part, the **social worker** gives the customer a card to take notes. Once the customer has completed the Work Card, the employee answers the questions. If the employee does not know the answer to the questions asked, he informs the customer about it, indicating the time and manner of the answer.



Meeting 2

The social worker prints out work cards for individual family members and brings them to the meeting. He or she discusses the content with clients if something is unclear. He then gives the family members time to fill in the therapy card.

Therapy card

Using the previous work card, participants write down at least two things from each area that are the most difficult for them, changes that are currently causing them the most problems.

Changes behaviour:

-
-

Change In thinking:

-
-

Changes in the issues a feelings:

-
-

They then answer further questions in writing:

What can i do to deal with the behaviour?

-
-

How can my loved ones help me?

-
-

What can I do to deal with negative thoughts?

-
-

How can my loved ones help me?

-
-

What can i do to deal with negative feelings?

-
-

How can my loved ones help me?

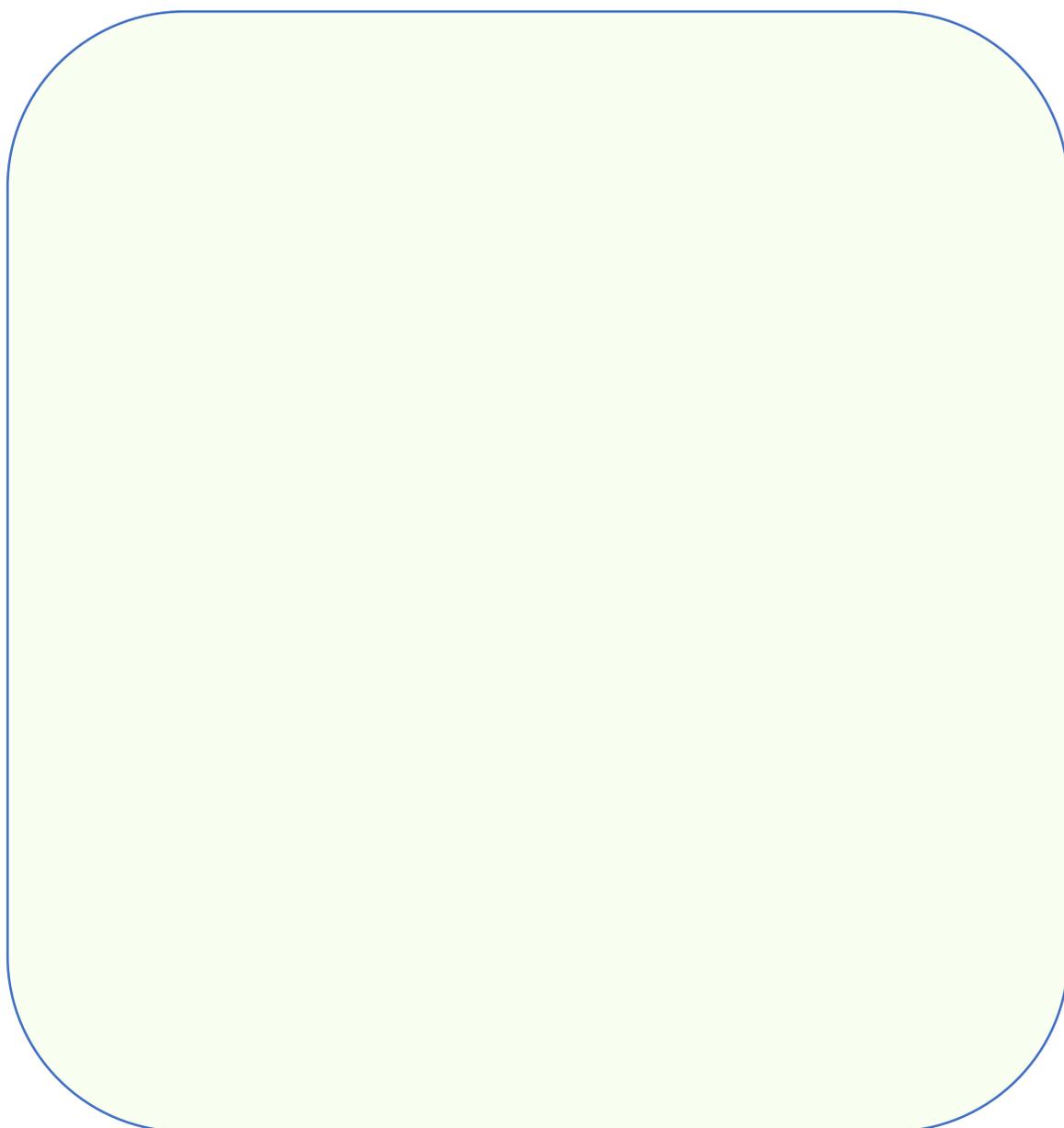
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At the end, the teacher talks to the family, reading the answers together and thinking about how to make the desired changes in their lives. What is real for the present and what can be done in the future.

The family under the supervision of the social worker records conclusions/comments

A large, empty rounded rectangular box with a light green gradient background and a blue border, intended for recording conclusions or comments.

Before the end of the meeting, the social worker gives the customer a card to take notes. Once the customer has completed the Work Card, the employee answers the questions. If the employee does not know the answer to the questions asked, he informs the customer about it, indicating the time and manner of the answer.



Meeting 3

1. During the meeting, the employee answers all the customer's questions and completes an individual work plan with him (only if he agrees to further meetings) *
Copy for the client

S WHAT'S BOTHERING YOU - CALL IT A SINGLE SENTENCE.	M How long has it been bothering you? Since when? Give a specific date	A What do you want? What's your plan to do that? Specifically, write down step by step	R Is this plan real?	T When do you want to do it? Give a real date and time

What the client expects from the employee

1. A copy for the employee - the employee fills in the form from his perspective- what is his plan to help the customer

S WHAT'S BOTHERING YOU - CALL IT A SINGLE SENTENCE.	M How long has it been bothering you? Since when? Give a specific date	A What do you want? What's your plan to do that? Specifically, write down step by step	R Is this plan real?	T When do you want to do it? Give a real date and time

What can I offer an employee

2. Once the SMART plan has been completed by the Client and the Employee, a joint action plan must be completed and agreed upon by the Client and the Employee (agreement must be reached)

S WHAT'S BOTHERING YOU - CALL IT A SINGLE SENTENCE.	M How long has it been bothering you? Since when? Give a specific date	A What do you want? What's your plan to do that? Specifically, write down step by step	R Is this plan real?	T When do you want to do it? Give a real date and time

Suggestions and notes from both sides

Here, the staff member shall also take notes on the continuation or termination of sessions and meetings. He also writes recommendations and recommendations