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 4 LEVEL UP

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

The duration of the meeting: 3 clock 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
    - 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 meeting:

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 member 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
- Psycho education for the most common mental disorders
- 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 chich, a mental illness or behavioural disorders appear. 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 crisis in the family 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 suport. 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 familes

- Name
- Education
- Work experience
- Interests

LEVEL UP
COMPETENCES OF THE FUTURE

Psycho-education on mental problems

Mini-lecture - Mental illness / family behavioural disorders - consequences (a social worker may use the mini-lecture in the form of an information sheet which he or she will print out in advance for the family members with whom he or she works.

What is mental illness for a person? At the frantic pace of change in recent years, mentally ill people are one of the social groups that are completely lost in today's reality. Like other diseases, mental illness is an expression of the body's loss of ability to effectively carry out its internal relations and exchanges with the environment. This means in practice that a sick person is often not able to fully fulfil various social and professional roles. As a person who plays the role of the "other" in society, we still do not understand it. The stigmatisation of the illness and the sick person makes the family the last refuge for many years for the mentally ill person, it is a group where they can still function and where it is tolerated Withdrawal from the marker circles follows many unsuccessful attempts to take root in new social systems giving the chance to live without a label. For example, intellectual disabilities, especially those of a severe and profound degree, often prevent people from living independently in an unaccompanied society. Similarly, schizophrenic psychosis, in the course of which intellectual deterrence (deterioration of the intellectual state) and disintegration of personality structure occurs, often also prevents independent functioning. Addiction to alcohol and other psychoactive substances leads to mental, somatic and social degradation.

LEVEL UP
COMPETENCES OF THE FUTURE

INFORMATION CARD

Selected categories of mental disorders by ICD-10

F00 - F09 Organic mental disorders, including symptomatic syndromes

F10 - F19 Mental and behavioural disorders caused by the use of psychoactive substances

F20 - F29 Schizophrenia, schizophrenic (schizotypic) and delusional disorders

F30 - F39 Mood disorders (affective)

F40 - F49 Nervous disorders, stress-related and somatic

F50 - F59 Behavioural syndromes related to physiological disorders and physical factors

F60 - F69 Adult personality and behavioural disorders

F70 - F79 Mental disability (intellectual disability)

F80 - F89 Mental developmental disorders - comprehensive developmental disorders (autism spectrum)

F90 - F99 Behavioural and emotional disorders usually starting in childhood and adolescence

Above the general census according to the basic classification of the ICD - 10, the instructor can expand the knowledge of a given disorder on his own, adapting the lecture to the needs of a specific family. In this scenario, we will focus on several of the most common diseases, such as: psychotic disorders, affective disorders, behavioural disorders in children.

According to many studies, the most common disorders in the Polish population are addictions (12.8%), including alcohol abuse and dependence, which occurs in 11.9% of the population, and drug abuse and dependence - in 1.4% of the population. Anxiety disorders (neurotic disorders) affect 10% of the population, of which 4.3% are specific phobias and 1.8% are social phobias. Mood disorders (unipolar and bipolar affective disorder) at the time of the study concerned 3.5% of the population. Other sources show that the risk of mood disorders during life is 17% (three times more frequent in women than in men). Schizophrenia occurs in about 1% of the population, but it is a disease that requires the greatest social assistance because of its destructive nature for the individual.

Selected mental disorders:

Psychotic disorders:

- Schizophrenia
- Schizoaffective disorder
- psychotic depression and bipolar affective disorder with episodes of psychotic mania and psychotic depression,
- psychoses resulting from taking psychoactive substances

- psychosis in the course of damage to the central nervous system (so-called organic disorders).

For a mental disorder to be diagnosed as psychosis, the following conditions must be met: 1) there must be production symptoms, i.e. hallucinations and delusions, often accompanied by formal thinking disorders; 2) the patient must not feel sick - the world of delusions and hallucinations is the real world for him

Type of manufacturing symptoms	*Definition*	*Breakdown and examples*	*Comments*
hallucinations	False perceptions without external stimuli (except for the person)	Hallucinations are formed without an external factor, projection outside means that the patient can determine where e.g. a voice comes from (e.g. from the closet), lack of criticism towards them	auditory hallucinations (e.g. commentary voices), visual hallucination
Pseudohallucinations	False insights that arise without external stimuli, (inside the person)	a voice in your head, in your tooth, inside you	Typical symptom for schizophrenic psychoses
Delusion	Distortion of the content of thinking consisting of false beliefs, erroneous judgements, resistant to any argumentation and sustained in spite of overt evidence indicating their falseness	Delusions can be different: sizeable, messenger, persecution, nihilistic.	

Effectively disorder:

Effective disorders consist in the occurrence of mood disorders - lowering the mood (depressive episode, depression) or raising the mood (mania). Mood disorders can manifest themselves through two disease units:

- unipolar affective affective disorder - in which depressive episodes divided by periods of relatively good moods recur; (depression)

bipolar affective disorder - where episodes of mania and depression alternate, with usually more depressive episodes in the patient's life. (CHAD)

Unipolar affective disorder is much more common than bipolar disorder - the risk of a depressive episode in life is about 17%, while a maniacal episode survives about 1% of the population. Choroba Bipolar affective bipolar disease is conditioned, as is schizophrenia, by neurodevelopment, and unipolar disease develops more often than bipolar disease as a reaction to severe chronic stress, which is superimposed on the constitutional tendency to develop depression. A depressive episode is often accompanied by slow-moving anxiety Anxiety is not among the diagnostic criteria of a depressive episode, although it is a common and quite typical symptom. The smooth borderline between mood disorders and some anxiety disorders, e.g. generalised anxiety syndrome, indicates the similarity of the two groups and perhaps their common etiology. The probability of recurrence of treated depression over a lifetime is 80%.

The main reasons adults seek psychological help are depression and anxiety; for children, these are behavioural disorders. In some cases, behavioural disorders may be caused by mental illnesses, but they are often caused by socialisation disorders or by the interaction of various unfavourable factors that disrupt the child's development. In addition to behavioural or rebellious disorders, often found problems are attention deficit disorders such as ADD or ADHD or various learning difficulties. It is visible that these disorders take on a different meaning in adult life, if only because during the course of development a person learns to function with them, but also because the educational pressure disappears. Addiction to psychoactive substances is also a serious problem, especially in teenagers. The so called holistic developmental disorders, such as autism, Rett syndrome or Asperger's syndrome, are characteristic for the period of childhood. In the development period, various kinds of fragmented and global intellectual dysfunctions also emerge. These partial deficits (e.g.

disorders of analysis and synthesis of auditory, visual, lateralisation, motorisation, sensory-motor integration) can cause specific learning difficulties, some type of dyslexia, dysgraphy or dyscalculia. Children and adolescents are also diagnosed with disorders that can be described as mental illnesses, but may have their own specificity related to the developmental context. An example can be adolescent depression or a distinction among disorders of separation anxiety, associated with excessive fear of separation from the person to whom the child is attached (often when the child is taken to a kindergarten or school), or the so-called school phobia, associated with selective anxiety and avoidance of situations or things concerning the school environment. Eating disorders (anorexia, bulimia,) are also characteristic of youth.

After completing the mini-lecture and the psycho-educational part, the social worker gives the client a card to take notes. After the client completes the Work Card, the employee answers questions. If the employee does not know the answer to the questions asked, he informs the client about it, indicating the time and manner of the answer.

LEVEL UP
COMPETENCES OF THE FUTURE

Meeting 2

Work card

In this task we will try to determine what has changed in the family and for each member of the family after the appearance, the diagnosis of the disease. Everyone individually writes down in individual columns the changes that he or she noticed after the appearance of the illness in his or her family. What changes have taken place in terms of behaviour, thoughts and feelings?

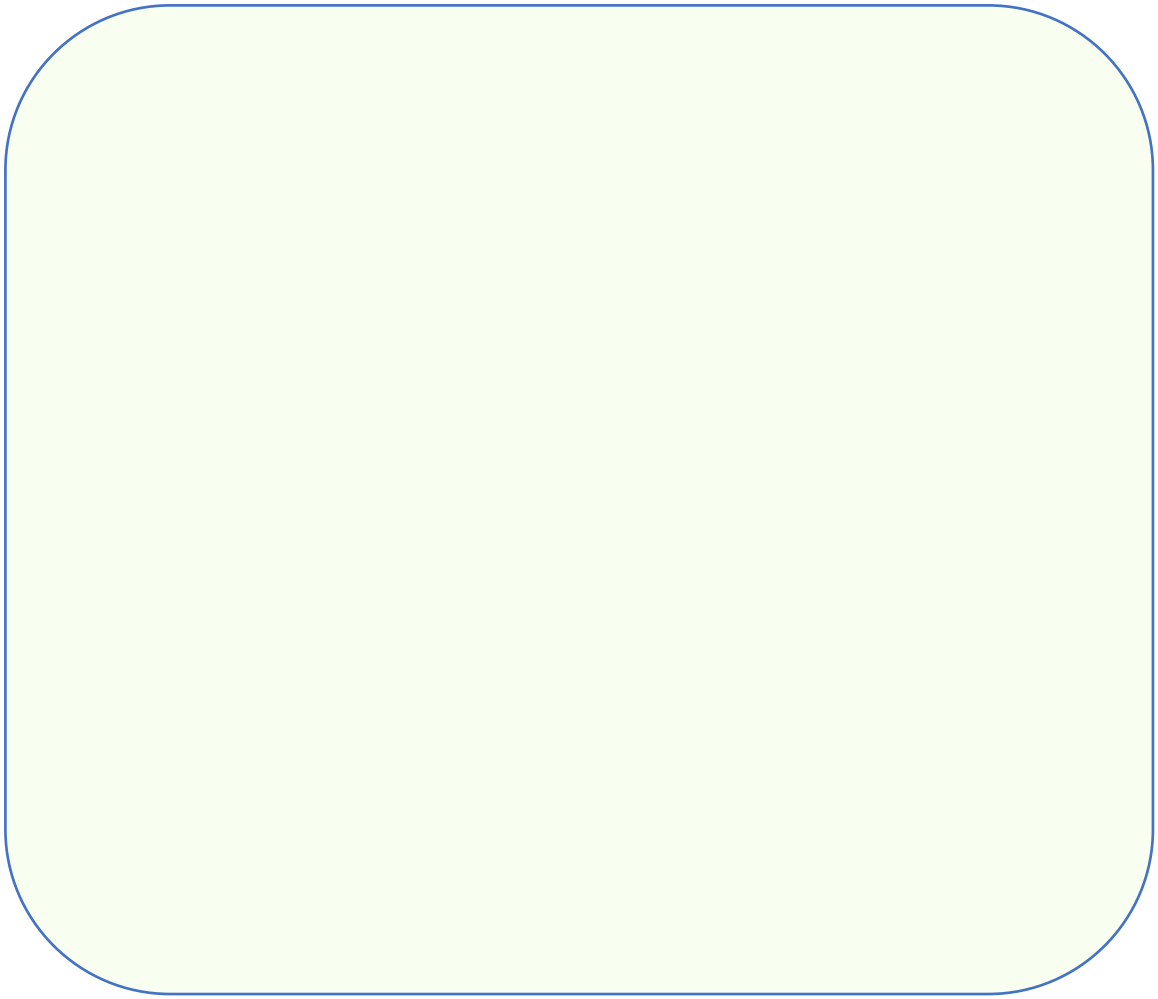
What changes do I notice when I get sick in the family?		
Behaviour	*Thoughts*	*Feelings*

At the end of the task, family members discuss their answers with each other.

Additional questions from the leader:

- Are the changes you notice similar in other family members?
- When did you first notice the changes?
- Did you talk to each other about what has changed?

At the end of the task the social worker gives the client a card to take notes. After the client completes the Work Card, the employee answers questions. If the employee does not know the answer to the questions asked, he informs the client about it, indicating the time and manner of the answer.



LEVEL UP
COMPETENCES OF THE FUTURE

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

2. 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

3. 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

At the end of the meeting, the employee gives the client a card to take notes. After the client completes the Work Card, the employee answers the questions. If the employee does not know the answer to the questions asked, he informs the client about it, indicating the time and manner of the answer.

Here, the employee also takes notes on the continuation or termination of the sessions and meetings. He also writes recommendations and recommendations

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