

Module 3: Understanding Mental Disorders, Treatment and Recovery

Training Plan

Goal—The goal of Module 3 is to educate child welfare professionals about mental disorders and treatment. It provides in-depth information and learning opportunities designed to support child welfare professionals in working with diverse families affected by mental disorders. The module will inform child welfare professionals about the range of mental illnesses; address some of the differences between mental illness in adults and in children; explain signs and symptoms that can indicate the need for a comprehensive assessment of parents; inform child welfare professionals of potential screening tools that can be used by child welfare workers to determine if a comprehensive assessment is needed; provide an understanding of the different models of treatment, cultural competency in treatment, and management of mental illness; and discuss specifics of how mental illness can affect the interpersonal relationships and family dynamics of the families with whom they work.

Methods: PowerPoint presentations (or overhead/transparencies); large group and small group discussions.

Training Aids: Projector and computer, disk with PowerPoint file (or overhead and transparencies); flip chart with markers; participant notebook.

Time: 3 hours

Learning Objectives—After completing Module 3, child welfare professionals will have an understanding of the following topics:

- Spectrum/types of mental disorders
- Signs and symptoms of potential mental disorders
- Culturally appropriate screening tools for determining if a further comprehensive assessment by mental health professional is needed
- Impact of trauma (early childhood and other) on mental health of parents
- Impact of stressful life events on mental health of parents
- Link between mental disorders and suicide and other violent behavior
- Models of treatment, cultural competency in treatment and management of mental disorders
- Effects of mental disorders on interpersonal relationships and family dynamics, care of children, etc.
 - Isolation
 - Negative social network
 - Poor parenting skills
 - Endangering behaviors
- Recovery from mental disorders

Prior to start *Meet and greet, registration*

Purpose is to give participants access to the space. Each will prepare differently, arrive at different times. Conduct registration and distribute materials. Trainers get ready.

0 – 15 minutes *Introductions; Purpose; Groundrules* 15 min.

Trainer introduces him- or herself and invites participants to briefly introduce themselves (name, unit, office location, years in the system, etc.). If this same group has been together for other modules in this series, you can substitute by asking them how they used information learned in previous sessions in place of introductions. If group is smaller than 12-15 people, trainer could invite them also to briefly describe their interest in this training. If group is larger than 40-50 people, individual introductions are likely to take too much time.

Describe the purpose of Module 3. Language for describing the purpose and overview follows this paragraph. Emphasize that child welfare professionals often work with families where one or more adults are experiencing mental disorders and this training is intended to prepare them to better help such adults recover from the effects of their disorder and function appropriately as parent or caregiver. The bottom line goal is safe care of children. The language provided also describes four simple ground rules for the training session. After presenting them, the trainer may ask the group if there are any other ground rules important to them.

15 – 35 minutes *Facilitated Group Discussion* 20 min.

Overview: It is desirable to have participants share their attitudes about persons with disorders because some may discover and begin to question negative attitudes about persons with mental disorders, making them better able to work with and support parents in recovery for a mental disorder. The discussion may or may not center around stigma associated with mental disorders and their diagnoses. Try not to let one participant dominate the discussion; draw in others to the discussion.

Explain that the GOAL of this discussion is to help participants personalize the realities of mental disorders and their impact on each of us. Explain that in this discussion, the person must be discussed separately from the disorder (i.e. “a person diagnosed with bipolar disorder” rather than “a bipolar”).

Begin this discussion with the whole group, asking them to share their experiences specifically with persons with mental disorders. Begin by asking:

What personal or professional experiences have you had with persons experiencing symptoms of mental disorders? What is (or was) that person’s relationship to you, and how did their symptoms affect you? What symptoms did you notice when they are (or were) experiencing difficulties with mental disorders?

To stimulate discussion, you might ask any of the following:

- Beyond any child safety issues, how did the symptoms impact you?

- What are your feelings about the label—or stigma—associated with the mental disorder?
- Do those feelings have any impact on your professional work?
- If so, what is the impact?
- How do you think these feelings impact your professional work with clients who also may experience symptoms of a mental disorder?

To bring closure to this discussion, emphasize that our individual attitudes strongly impact how we choose to work with persons experiencing mental disorders. It is important to understand our own individual attitudes about these issues if we are to be helpful to persons experiencing them.

35 – 45 minutes *Presentation 8: Mental Disorders; screening for disorders* 10 min.

Deliver scripted Presentation 8 describing parental mental disorders. **Slides III-1 through III-5.** At the conclusion of the presentation, ask if there are any brief questions that can be answered before moving on to the following discussion. Keep your answers brief. Only answer questions to which you know the answer.

45 – 65 minutes *Facilitated Group Discussion* 20 min.

Once any immediate questions have been addressed, move the whole group into a discussion about their beliefs about persons with mental disorders. Begin by asking,

What beliefs have you been exposed to about persons with mental disorders—and how do you distinguish between myths and facts?

To stimulate discussion, you might also ask any of the following questions:

- What kind of myths have you heard about mental disorders?
- What are the truths each of you has learned about mental disorders?
- What resources can you use to distinguish between myth and reality?

The GOAL of this discussion is to help participants recognize that we have all been taught some things about persons with mental illness that are not true, at least not for every person with a mental disorder. Hearing other participants acknowledge myths will help each participant better understand the truth of disorders. Try not to let one participant dominate the discussion; draw in others to the discussion.

To bring final closure to this discussion, emphasize that each individual with a mental disorder is unique, has strengths and abilities, and can recover from the impact of the disorder with appropriate help.

65 – 90 minutes *Presentation 9: Signs and symptoms of mental disorders in adults* 25 min.

Deliver scripted Presentation 9 on signs and symptoms of mental disorders in adults and screening for referral. **Slides III-6 through III-11.** This presentation briefly describes many different mental disorders and then describes a tool that can be used to help screen adults to identify a need for further assessment. At the conclusion of the presentation, ask first if there are any brief questions that can be answered before moving on. Keep answers brief. Answer only questions to which you know the answer.

90 – 105 minutes *Break* 15 min.

105 – 120 minutes *Presentation 10: Treatment and support for mental disorders; trauma and stress; violence* 15 min.

Deliver scripted Presentation 10 describing treatment models, trauma and stress, and links between mental disorders and violence. **Slides III-12 through III-19.** At the conclusion of the presentation, ask first if there are any brief questions that can be answered before moving on to the following discussion. Keep answers brief. Only answer questions to which you know the answer.

120 – 135 minutes *Facilitated Group Discussion* 15 min.

Once questions have been answered, begin a whole group discussion by asking,

What is your familiarity with mental health treatment, especially with ‘evidence-based practices’?

To stimulate group discussion, you might ask any of the following questions:

- What evidence-based practices are accessible in the community(ies) you serve?
- What kinds of services are you familiar with that are not evidence-based?
- What has been your experience with the evidence-based practices, such as Assertive Community Treatment (ACT) teams?
- What training have you received in evidence-based practices?

The GOAL of this discussion is to help them share information with each other about the kinds of services available for persons with mental disorders in their community. Different participants will have knowledge about different kinds of resources. Try not to let one person dominate the discussion.

To bring closure to this discussion, mention that the mental health field is moving more strongly to the use of evidence-based practices, emphasizing those forms of treatment that have research evidence showing their effectiveness. Challenge participants to learn more about the treatment programs available in their community that may help their families.

135 – 150 minutes *Presentation 11: Effects of mental disorders; recovery from mental disorders* 15 min.

