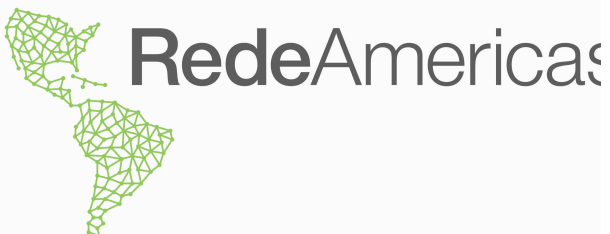




CTI-TS Training the Trainers Manual
54-Hour Training (PSWs, CMHWs, Supervisors)



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CTI-TS Training the Trainers Manual

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CTI-TS Training the Trainers Manual

54-Hour Training (Peer Support Workers, Community Mental Health Workers, Clinical Supervisors, Fieldwork Coordinators)

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Note: This training ends with an 8-week field-based training for the clinical teams who will carry out the CTI-TS project at each site.

A “Strengths-Based” Perspective



ICEBREAKER EXERCISE

Introducing ourselves

Trainers

1. Tell trainees about yourselves, including something personal.
2. Explain that this training is for peer support workers (PSWs) and community mental health workers (CMHWs), who will form “worker pairs” to help users in the CTI-TS project. It is also for the clinical supervisor and fieldwork coordinator.
3. Ask the trainees to take turns introducing themselves to a person sitting next to them:
 - Introduce yourself to your neighbor.
 - State your role on the team (PSW, CMHW, clinical supervisor, fieldwork coordinator, etc)
 - Tell your neighbor one thing you like to do that makes you happy. What do you do for fun?
 - Tell your neighbor why you wanted to participate in this training. What do you think you can personally contribute to this training?
3. Go around the room asking trainees to introduce their neighbor to the group – including what their neighbor does for fun and what neighbor would like to get out of this training.

TRAINING SCHEDULE

Trainers

1. Distribute [Handout 1: Training Schedule](#)
2. Summarize the 54 hours (9 days) of classroom training and the 8 weeks of field practice with supervision. Let them know that, beginning on the 5th day, they will start learning about the CTI-TS program and their role.

GROUND RULES FOR TRAINING



Training ground rules allow everyone to feel safe and comfortable.

Some commonly-used ground rules are listed here. You may add to these four rules or make a completely new set of rules.

On a flip chart, first list the following 5 rules, if they were accepted by group, then list the other rules added by group.

1. Treat everyone in the group with respect, even when his/her opinions are different from yours.
2. One person speaks at a time. It’s very important to listen to what the others want to communicate.
3. Stay on topic. We will have time to talk about everything, step by step.
4. What is said during the training is private. Confidentiality is part of respecting one another.
5. Be punctual. Respect the time and be on time for all training activities.



Are there other ground rules that would be important?

LEARNING OBJECTIVES



On a flip chart, summarize these objectives.

By the end of the session, you will:

- Understand the meaning of peer support
- Become familiar with the strengths-based perspective
- Understand the meaning of hope
- Recognize your own strengths
- Be able to talk to other people about their strengths

Trainers

Distribute **Handout #2: The Five Regional Networks**.

Who are we?

Let's start with the larger context in which our intervention will take place. Five networks have been created to make improvements to mental health care. Each network includes many countries in a large region of the world.

Our Network in Latin America

Our network, *RedeAmericas* (Network for Mental Health Research in the Americas), includes four countries - Argentina, Brazil, Chile, and Colombia. It focuses on the needs of people living in large cities, where there are many marginalized communities and growing numbers of mental health centers. The objective of *RedeAmericas* is on improving the lives of people who have experienced psychotic symptoms and been diagnosed with a psychotic disorder.

Our Research Project

The main study in *RedeAmericas* is a test of Critical Time Intervention-Task Shifting (CTI-TS) in three cities – Rio de Janeiro, Santiago and Buenos Aires. CTI-TS was designed for people who have a diagnosis of a psychotic disorder when they start using specific mental health centers in each city. We will conduct a randomized trial comparing the effectiveness of CTI-TS with the usual care that users receive at these mental health centers. During Days 5-9, you will learn more about the intervention and research project.

Peer support



What do you think “peer support” means?

DEFINITION

“Peer” refers to someone who has faced similar circumstances to another person, such as experiencing widowhood or surviving cancer. In the mental health field, peers share the service users’ experience of having been given a psychiatric diagnosis and receiving mental health services.

“Peer support” is a type of emotional and practical support provided by a peer volunteer or peer employee to other people diagnosed with mental illnesses. Peer support incorporates the peer support worker’s own personal experiences as a means of inspiring hope in those they serve.

Their life experiences with mental illness have given them an expertise that professional training cannot replicate. These experiences have enabled them to understand and encourage other people with mental illness because they have also struggled with similar issues and developed skills for coping with similar situations. In this training, you will learn to talk and write about your own personal story - either about living with mental illness or struggling with a different kind of difficult situation - in a positive way and use it to inspire hope in others.

KEY POINTS



Trainers



Write each point on a flip chart as you summarize it.

- In the US and in some European countries, peer support workers (PSWs) have been employed for more than a decade, but in Latin America this is a new concept.
- PSWs working on the CTI-TS project need to be willing to:
 - o help other people who have been given a psychiatric diagnosis and/or received mental health services;
 - o share their personal story with users to develop a rapport with, and empower, users to work with them, as the users become connected to long-term community services and supports that meet their self-perceived needs;
 - o share with the people they meet on the job about being a peer;
 - o collaborate with the other people on their team and be responsible about carrying out their role and activities.



ASK

Strengths-Based Perspective

DEFINITION

What do you think a “strengths-based” way of working with people means?

A “strengths-based” perspective means being able to discover the special talents, interests, and skills that you and other people have and respecting these strengths.

Why is the strength-based perspective important for CTI-TS workers?

The first important tasks you will have are: 1) to get to know the users of the CTI-TS project and 2) to develop a positive, trusting relationship with them. It will take time before they trust you. The strengths-based perspective will help you to overcome their initial distrust by showing them that you see the good in them and that you respect their humanity.

After you and users get to know each other, you will work together for nine months. You will help them to build on their strengths. One of the main obstacles you will face is that many of the users will think that a person with a mental illness cannot hope for a better life. The strengths-based perspective will show them that you believe in their ability to make a better future for themselves. This will help them to believe in themselves.

KEY POINTS



Trainers



Write each point on a flip chart as you summarize it.

-You have to believe that users have strengths to deal with challenges. Only when you believe in them, can you help them to believe in themselves and in their ability to learn to handle day-to-day problems so they can live fuller lives.

-When you begin your work and are interacting with users, keep these principles in mind:

- Respect what they tell you.
- Do not judge them.
- Do not give advice.
- Express empathy for them.
- Respect their rights, including their right to privacy.
- Be honest with them about yourself and what you are thinking.
- Be responsible about doing what you have promised them you would do, and expect them to be responsible towards you – “mutual responsibility.”
- Treat them as equals – “share power.”

DISCUSSION



Trainers

Ask trainees what they think each principle means. Ask for concrete examples.



Inspiring Hope

(Afternoon)

Trainers Tell trainees that the afternoon will be interactive. After viewing some videos, they will do some exercises in pairs.

Hope



What does “hope” mean to you?

Why do you think it is important for people with mental illness to have hope?

DEFINITION

Finding and nurturing hope has been described as a key to recovery. Hope means not only being optimistic but also having a sustainable belief in oneself and a willingness to persevere through uncertainty and setbacks. One may start to have hope at a certain turning point or gradually experience it as a small and fragile feeling, which may fluctuate with despair. Hope involves trusting, as well as risking disappointment, failure and further hurt.

We will show short video clips from the perspective of people with a mental illness—about the pain and loss they have experienced as well as the possibility of recovery.

We want to share a video that shows a case of mental illness and an example of a positive way to deal with it.



ADAPTATION

“Cortometraje 6s-PCEM”. http://www.youtube.com/watch?v=jql_4zXqGXY

This video is a dramatization from the perspective of a young man with schizophrenia. The video begins by showing the viewer the hallucinations that appear to this man as he walks through the streets. Through a dialogue between the man and a whispering voice, the viewer learns how those visual hallucinations, as well as auditory ones, are related to a delusion he holds. He tells the whispering voice how anxious and miserable these experiences make him feel, and he expresses his fear that taking medication will cause his ‘reality’ to disappear. Hope appears in the form of his own healthy self, with whom he has a conversation that helps him understand that there is hope. The video ends on a positive note after he follows the advice of his healthy self to take medication, and he is able to smile at the world outside his window and hear the chirping of birds.



ADAPTATION

“Entre o corpo e a alma – conversando sobre esquizofrenia”:
http://www.youtube.com/watch?v=25_a9mOMWz0

Four different kinds of resources are used to present the argument:

1. Narratives by users about their lives
2. Peers' explanation of their illness
3. Dramatization by an actor
4. Talks by professionals and the presenter

About Recovery: 18:30 to 21:00 minutes
 23:57 to 25:28 minutes
 27:35 to 28:01 minutes

In these three video clips, users talk about their plans for the future, including returning to school and work. One of them describes how, after receiving treatment, he was able to attend university where he studied philosophy. Another user talks about how he developed ways to tell the difference between his delusions and reality.

EXERCISE



Examining your own strengths

Each of us has certain strengths that can help us cope with life's most difficult challenges. CTI-TS workers must first recognize their own strengths before they can help other people to recognize their own. You can only help others to regain their self-esteem when you are convinced that you yourself are worthy of praise. This exercise will help you to pay attention to the many good things you do and help you to appreciate your own talents and skills. Let's do an exercise in which you will practice talking about your own strengths.

Trainers



1. Begin the exercise by distributing [Handout #3: My Strengths](#). While it goes around the room, share some of your own strengths with the trainees.
2. Ask trainees to put a check mark next to their strengths on the list and write down any other strengths they have in the space provided.
3. After about 15 minutes, ask them to pair up with another person and give their partner the completed 'my strengths' sheet. The partners take turns finding out more about each other's strengths. Give them about 15 minutes to have these conversations.
4. Ask each of them to write down at least two more strengths their partners have on the partner's sheet.
5. Ask them to share their strengths with the group. Write these down on the flipchart.
6. Ask the trainees to split up into pairs with a different partner.
7. Ask them to take turns responding to these questions about themselves with their new partner:
 - What did you do in the past two weeks that was helpful (eg, offered kindness to someone)?
 - What was something that you did well?
 - What abilities do you have that will make you a good CTI-TS worker?

DISCUSSION



Trainers *Ask trainees about their experiences doing the exercises.*

DAY 1 SUMMARY

Distribute and discuss **Card #1**

Trainers **HOMEWORK**

Explain the homework in detail and provide an example. The idea is to prepare people for the next day: “Please write in your journal about how you have maintained hope during a difficult experience in your life. Then, write about how you will share that experience in a positive way to inspire other people.”

Understanding Empowerment and Self-determination

(Morning) 



REVIEW

- Review what was covered on Day 1.
- Lead discussion about what they did for homework.
- Review the group rules and ask if anyone wants to modify them.

LEARNING OBJECTIVES

Trainers



On a flip chart, write these objectives.

By the end of the session, you will:

- Learn about empowerment and self-determination
- Learn how to share your personal story
- Understand the meaning of self-disclosure
- Practice telling your own story to others
- Understand how sharing personal stories can inspire hope



ASK

Empowerment

What do you think the term “empowerment” means?

DEFINITION

“Empowerment” is a core concept of WHO’s vision of health promotion. Empowerment is a multidimensional social process through which individuals and groups gain better understanding and control over their lives. Empowerment needs to take place simultaneously at the population and the individual levels.

People who are empowered are better able to express what is wrong, to be taken seriously and to make decisions regarding important issues that affect their lives, for example, when people who are hospitalized or in treatment are consulted about their experiences, needs or treatment preferences to restructure the care they receive.

Judy Chamberlin (1997) defines “empowerment” as having a number of qualities:

1. Having decision-making power.
2. Having access to information and resources.
3. Having a range of options from which to make choices (not just yes/no, either/or).
4. Assertiveness.
5. A feeling that the individual can make a difference (being hopeful).
6. Learning to think critically; unlearning our conditioning; seeing things differently; and redefining who we are, what we do, our relationships to institutionalized power

7. Learning about and expressing anger.
8. Not feeling alone; feeling part of a group.
9. Understanding that people have rights.
10. Effecting change in one's life and one's community.
11. Learning skills (e.g., communication) that the individual defines as important.
12. Changing others' perceptions of one's competency and capacity to act.
13. Disclosing that one has a mental illness.
14. Growth and change that is never ending and self-initiated.
15. Increasing one's positive self-image and overcoming stigma.

Paulo Freire, a Brazilian educator in the 1970s who has been very influential in Latin America, developed a philosophy of education for improving a person's ability to participate in society and to change it. According to Freire, education should take place outside the classroom through a process in which both students and educators learn from each other in a mutually respectful way. Group discussions help them learn from their own experiences how to be critically aware of the world around themselves and how to transform their lives and those of others. Freire's philosophy challenges traditional education, which is limited to the transfer of technical information and is unrelated to people's living conditions. According to Freire, self-awareness can transform human reality through making decisions that are consistent with your own process of liberation. In this light, empowerment is a path to being free.

Eduardo Vasconcelos, a professor at the Federal University of Rio de Janeiro and one of the leaders of the Brazilian Peer Movement, defines empowerment as "*strategies that enhance power, autonomy and self-organization, which are employed by users and their families.*" In the field of mental health, Vasconcelos sees this concept as representing "*an active perspective for strengthening the power, participation and organization of users and their families; for delivering formal mental health care services and informal care and support; for defending users' rights and cultural change related to mental illness; for exercising control in the health care system and broader social and political militancy in society and the state.*" (Vasconcelos, 2008:59). Vasconcelos has identified the following as the main strategies and key concepts for understanding individual and collective empowerment:

Recovery: An individual and collective process of change that can lead to improved quality of life and greater participation in society, despite limitations due to mental illness.

Self-care: Strategies and perspectives that enable individuals to process their painful experiences with the aim of regaining their self-esteem and integrating into society. This process depends on support from a social network and mental health services, as well as on the users' movement.

Mutual help: Groups in which participants exchange their perspectives and experiences of emotional support and discuss different strategies for dealing with common problems.

Mutual support: Concrete support in day-to-day life, including cultural and leisure activities and the various types of informal support (e.g., friends, virtual social networks that provide mutual support).

Advocacy: This can occur formally or informally whenever users defend each other's civil, political and social rights.

Self-determination



ASK

How do you go about making meaningful choices in your life?

What types of skills do people need to be able to take responsibility for themselves?

What does self-determination mean?

DEFINITION

“Self-determination” is when we are able to choose how we live our lives and when we have some real options to choose from. For example, people will feel empowered if they:

- Can choose what direction to go in their lives
- Learn the skills to effectively make this change
- Have the ability to make decisions about their future so they can be in charge of their lives

KEY POINTS



Trainers



Write each of the following points on a flip chart as you summarize it.

- One of the essential roles of the PSW is to encourage people to have greater self-determination, to help them *believe they* can have a better life. This is also important for the CMHWs.
- Share your personal stories with them to inspire hope.
- Communicate a belief that they can and will get better.
- Just listen to them without passing judgment or jumping in with words of advice.
- Engage in informal conversations about their dreams and wishes.
- Believe in their potential to improve in their own way and at their own pace.



Empowering Yourself, Empowering Others (Afternoon)

During the morning, you learned about empowerment and self-determination. Now you are going to learn about how to share your personal story.



ASK

Sharing your personal story

With whom have you shared your mental health experiences, or other difficult experiences you have had that are usually not discussed?

What have been the benefits of sharing your experiences with your family or friends? With your doctor? *Question for the PSWs:* With other peers?

DEFINITION

Self-disclosure is the willingness to tell your personal story about your experiences with a mental illness, or about other experiences that people do not usually feel comfortable sharing with others. It can be especially difficult to admit to strangers that you have had these experiences. But the ability to share your experiences with users is fundamental for inspiring hope and building a trusting relationship with them. During your conversations with users, remember to use clear, simple and direct language.

KEY POINTS



Trainers

Write each point on a flip chart as you summarize it.

The purpose of sharing your story is to be an example to users and to invite them to share their experiences. It is very important to share in a way that promotes hope. Your role is to be the “listener”. Let’s talk about some common mistakes that people sometimes make when they are learning to be PSWs and CMHWs, and that you should try to avoid:

- One mistake is focusing on themselves. Remember that, although you will share your own experiences, it is vital to remember that conversations with users are about the user—not the PSW. It is important to listen to what the user wants and needs.
- A second mistake is forgetting to mention what has helped you. When you focus only on the hardships, you aren’t inspiring anyone. Instead, you should begin your story with a challenge that you faced, and then explain how you were able to find hope for a better life and eventually overcame the challenge. This approach can—and does—change lives.

READ EXAMPLE

This is an example of a conversation between a PSW and user during their initial meeting.

PSW: Hi. My name is _____. I am a peer support worker here and I am happy to meet you.

User: A what? What is a peer support worker?

PSW: I'm someone who has experience with a mental illness and I help others who have faced similar challenges.

User: What illness do you have?

PSW: I have been diagnosed with major depression.

User: And now you work here?

PSW: Yes.”

User: What do you do?

PSW: I work on a project called “Critical Time Intervention – Task Shifting. I meet with people who are participating in this project and help them by building on the skills and strengths they have so they can plan for the future.

User: Do you like doing what you do?

PSW: I love it. I get to meet many nice people who are struggling with the same problems I've had to deal with. I'd like to get an idea of where you've been and where you want to go. And you can keep asking me questions as we talk.

Here is a story about empowerment we would like to share with you. It is about a 24-year-old man from a very poor family in Santiago. He lives with his 2 sisters and parents, who both work. He was diagnosed with spina bifida, a birth defect in which the bones of the spine do not completely form, resulting in paralysis of the legs. From early childhood, he was in a wheelchair and needed rehabilitation.

Whenever his wheelchair broke down, he would have no wheels (legs) for at least two weeks – the time it takes for large companies to repair wheelchairs. During these periods without a wheelchair, he was completely dependent on the people around him, and he suffered from loss of autonomy.

So he learned decided to learn how to repair this own about wheelchair and began to help others repair their wheelchairs and they were no longer at the mercy of the large companies. After 5 or 6 years, he decided to open his own business and now he is running a small business.

SHOW

Trainers

Show the trainees some online videos of peers telling their stories in a way that inspires others.



Adaptation

1) NAMI presents a short Spanish-language video (link below) with testimony from NAMI Latino leaders on hope of recovery for families and individuals living with mental illness and how NAMI can support them.

http://www.nami.org/Template.cfm?Section=Multicultural_Support1&-Template=/ContentManagement/ContentDisplay.cfm&ContentID=128066

2) The next video, “Mirando a Cristina,” is about a man with a mental illness, who received support from a very close member of his family throughout his recovery and integration into social and occupational activities.

“Mirando a Cristina”:

http://www.youtube.com/watch?v=PH2G_OymmK4

“When Luis was admitted a few years ago, the whole family felt pain, confusion; we noticed that things were not going well. Luis was saddened, spending hours in his room, not doing anything, sitting in his chair with a lost expression...”

“And later came the admission, the diagnosis, which sounded so terrible: schizophrenia. My parents were terribly distressed (...) I believe that sometimes they thought that they had lost their son; as if Luis, instead of being sick, had set off on a long journey with no return.”

“Finally my parents went to a special meeting for learning how to handle the problem; I also went. It was called “Family Intervention,” which is a tool to help families understand mental illness. And the truth is that these sessions, more than anything, helped me to be help my brother.”

“Then a few months passed after Luis started at a rehabilitation center where he was getting better little by little (...) And later the doctor thought that Luis was well enough, that he could think about goals, that he could get educated, look for a job (...) It seemed like a great idea to me: Luis had to do things, he could do them. The medication and the other therapies had, somehow, given him his life back, but he would have to live it.”

“The fact is that the doctor suggested that he go to an occupational rehabilitation center where they prepare people to work and, there, Luis discovered information technology. He liked it. He liked information technology and this discovery was very important for my brother, because he stopped thinking that he was useless. He started to become interested because of people, because of his peers. And later, a job appeared at Redes project. A job! My parents couldn’t believe it! Even though he did not say it, my father began to feel very proud of Luis. I don’t know, he may never be an eminent lawyer, but he will be a great person, capable of facing difficulties. Although I don’t know, it doesn’t matter to me that Luis continues to look at me with a foolish expression on his face. I know why he does it: he enjoys every drop of his recovered life.”



Adaptation

“Entre o corpo e a alma – conversando sobre esquizofrenia”:

http://www.youtube.com/watch?v=25_qgmOMWzQ

About Empowerment: 28:57 to 31:50 minutes of the video.

The main message of this video clip is to reaffirm the right of individuals to be different and to choose their own way of living. One person says that he is dating someone he loves and asserts that a person with mentally illness can be happy.



ASK

What can you learn from these stories? How can those lessons be applied to your life?

Can you see similarities between this person's story and your own? How are they different?

ROLE PLAY

Trainers

1. Ask for two volunteers – one to play a CTI-TS worker and the other to play a user.
2. Ask them to pretend they are meeting for the first time. Explain that the user wants to know about similar experiences that the worker has coped with.
3. Instruct the person playing the user to ask the CTI-TS worker where he/she lives, if he/she is married, and other questions to learn more about who he/she is.

EXERCISE



Trainers

1. Split trainees up into groups of three or four.
2. Tell them to take turns telling their personal stories in a way that talks about difficult experiences but focuses on success. Limit each person to ten minutes. You can keep time yourself and alert them when they have two more minutes and then when it's time to switch storytellers.

DISCUSS

When everyone has finished sharing their stories in the small groups, reconvene the group. Ask them to discuss their experience doing the exercises:

- What it was like telling your story?
- What was easy?
- What was difficult?

Trainers

DAY 2 SUMMARY

Distribute and discuss **Card #2**

Trainers

HOMEWORK

Write about an experience from your personal story in a way that can:

- inspire hope in others that they are able to improve the quality of their relationships
- encourage others to become involved in some activity in their community
- encourage others to find a place where they are comfortable doing a leisure/recreational activity that they enjoy, such as playing drums in a

Personal Boundaries and Confidentiality

(Morning)



REVIEW

- Review what was covered on Day 2.
- Lead discussion about what they did for homework.
- Review the group rules and ask if anyone wants to modify them.

LEARNING OBJECTIVES



On a flip chart, summarize these objectives.

By the end of the session, you will:

- Learn about confidentiality
- Learn why it is important to set personal boundaries with users
- Become familiar with CTI-TS guidelines and your country's laws for protecting users' rights
- Understand the importance of taking care of yourself

Boundaries in working relationships



ASK

What does it mean when doctors say they must maintain "professional boundaries" between their patients and themselves?

What has been your experience in maintaining some boundaries in your relationships?

DEFINITION

Health providers are usually required to maintain professional boundaries. In your role as CTI-TS worker, you will work hard to engage users and get them to trust you. Sharing a bit of yourself can be useful in establishing an effective relationship with users. However, when you do face an issue with boundaries, design a concrete plan of action that protects all parties involved.

Some reasons why you will need to set personal boundaries in the relationships you have with users in the project are:

- to create an environment that focuses on their needs, not on your needs
- to protect their rights
- to take care of yourself

Your team will have written professional boundary rules for how to deal with specific situations, e.g. giving out personal phone numbers. Also, during weekly team supervision meetings, be sure to raise any new problems that arise so the whole team can figure out how to handle them.

KEY POINTS



Trainers



Write each point on a flip chart as you summarize it.

Traditionally in mental health services, providers are not supposed to tell users about their own lives and feelings.

Your 'professional boundaries' are different because you will be:

- doing community-based work, which means always meeting with users outside your office, sometimes over lunch
- helping users by sharing your personal stories with them

To set your boundaries, you first need to:

- recognize when you are acting in your role on the CTI-TS team
- recognize your own personal needs and make sure you set some limits to protect these needs
- recognize signs that indicate that users are expecting things from you that you are not allowed to do in your role on the CTI-TS team

Protecting confidentiality



ASK

What do you think we mean by the term "confidentiality"?

DEFINITION

Confidentiality means keeping users' private information to yourself. You will be building trusting relationships with users. That involves assuring them that you will maintain confidentiality. Making decisions about confidentiality can be difficult. You'll have questions, such as "What can I say to a family member?" or "What should I reveal to the user's doctor?" Your clinical supervisor will help you answer questions about when and to whom you may reveal information, and how much to reveal.

Respecting people's confidentiality is especially relevant to the work of PSWs because a strong bond will often be created between them and users as a result of the shared experience with a mental illness. Users will tell the PSW some very personal information about themselves and their relationships with others.

Users are often willing to reveal this personal information because they understand that the PSW and the CMHW need this information to properly connect them to the supports they need. They trust that you will only use this information for this purpose and will not share it with anyone other than those people you both agree to.

DISCUSS

Professional regulations in the healthcare field always have a rule about protecting confidentiality. Your country also has laws about when you are required to tell other people information that users told you in private.

Ethical responsibilities

As CTI-TS workers, you have ethical responsibilities to protect the rights of users.

1. **Protecting confidentiality:** Get to know the regulations for service providers that prohibit you from revealing information the users have revealed to you and your country's laws that define the occasions when you are required to notify other people about this information.
2. **Voluntary participation:** Never force users to continue with the project if they want to quit. At the time that they agree to participate, we promise them that it is voluntary and that they have the right to leave any time they want to.
3. **Do not harm users:** Do not say things that make them feel bad about themselves, for example, that lower their self-esteem; that cause them pain, stress, anxiety; or that invade their privacy.

Be familiar with your country's laws protecting the rights of every person receiving mental health services:



ADAPTATION FOR CHILE:

Article 10 of Act 20.584 on the "Rights and Duties of Patients" states that protection of user confidentiality and provision of accurate information to the user and his/her family are guaranteed. Article 13 of this law states that the health care team must store the clinical records in a safe place, and only professionals caring for the user have access to them.

Act 20.422 on "Equal Opportunities and Social Inclusion for People with Disabilities" states that people with a mental illness must receive the support needed to develop their full potential and skills. In no case should they be compelled against their will to participate in practices or therapies or research studies that violate their dignity or rights.



ADAPTATION FOR ARGENTINA:

We will discuss Law 26.657, which addresses this topic.



ADAPTATION FOR BRAZIL:

Articles 1 and 2 of Law 10.216/2001 discuss the rights of people with mental illness:

Article 1: The rights and protection of people who suffer from mental health disorders are assured without any form of discrimination based on race, color, sexual orientation, religion, political orientation, nationality, age, family, financial condition, or the degree of severity or duration of the disorder, or any other form of discrimination.

Article 2: In the treatment of any type of mental health disorder, the user and his/her family or responsible party will be formally brief on the rights described below:

- I. Access to the best treatment available in the health system, according to his/her needs.
- II. Treatment with humanity and respect with the sole purpose of enhancing the health of the user, in order to support his/her recovery through integration into family, work and community.
- III. Protection from any sort of abuse or exploitation.
- IV. Guarantee of confidentiality of the information provided by the user.
- V. Medical attention whenever involuntary hospitalization is being deliberated
- VI. Free access to available media and other sources of information.
- VII. Right to basic information about his/her illness and treatment.
- VIII. The least invasive treatment possible, in a therapeutic setting.
- IX. Whenever possible, care provided by community mental health care service.

KEY POINTS



Trainers

- Be familiar with your country's laws protecting the rights of every person receiving mental health services
- Know the regulations of the mental health center where you will be working.
- Be aware of the rules of the CTI-TS randomized trial as provided in the CTI-TS Procedures Manual



ASK

Since users won't let you help them if they don't trust you, how far should you go in getting closer to them and letting them know that you can be trusted?

What is the difference between a trusting relationship between a CTI-TS worker and user and a friendship between them?

TELL

Friendships are traditionally seen as unprofessional. But many of the activities and conversations in community-based interventions like CTI-TS are much less formal than in traditional services. Also, those of you who are PSWs will often have much in common with the users you work with. The empathy that can result is what makes PSWs so valuable to our CTI-TS intervention. However, empathy can also lead to friendships. A randomized study requires that the intervention be implemented according to the model. In the CTI-TS model the activities and responsibilities both the PSW and CMHW roles are carefully defined.

- On Days 6–8 of the training, you will learn about the activities of the PSWs and CMHWs for this study. If you go beyond your specified roles, we will not be correctly following the intervention protocol.
- On Day 8 of the training, you will learn more about the importance of following the CTI-TS Guidelines and “maintaining fidelity to the CTI-TS model.”

Trainers

The rule about friendships for the CTI-TS randomized trial

Distribute **Handout #4: Rules about Friendships Between Workers and Users.**

Taking Care of Yourself

(Afternoon)



Stress is frequently part of work of the PSWs and CMHWs. We all have to learn to deal with that stress if we are to remain mentally healthy and continue working without lengthy interruptions. For example, one way to limit the stress you feel is to know how much rest your body requires.

**ASK**

What does it mean when people say “I feel so stressed out!”

SHOW

This is a worker talking about work-related stress he was experiencing:

“There was some stress on the job. If I couldn’t talk with the other people on the staff, I would take it home with me.”

You may run into problems getting to know users because, for our study, they will be new to the mental health center. They may not want to talk to you or feel comfortable telling you the things they need help with. This can be frustrating and stressful. You might begin to feel disappointed over your own performance, feel some guilt about it and feel that you are inadequate.

The worker continues to describe his experience:

“I wish I would have done a better job, but I didn’t understand everything about it. Why didn’t I see what was happening with him? Maybe then I would have helped him before the situation got worse.”

KEY POINTS

Trainers

Write each point on a flip chart as you summarize it.

You need to look after your health for many reasons, but also in order to be effective. People find it helpful to use some stress-prevention strategies, like the ones described below.

Make time for relaxation.

It’s important to take time to relax each day to refresh your mind and body from the tensions of the day. Exercise is relaxing for some people, while others relax listening to music.

Take care of your health.

Eating well and getting enough sleep and exercise can help to prevent stress, and it is important to reduce how much alcohol you drink. It is not always easy to maintain healthy habits, but doing this can really help you feel better.

Avoid being hard on yourself.

Some people increase their stress by putting themselves down or by blaming themselves. Give yourself credit for your efforts and remind yourself of your strengths.

Be aware of situations that have caused you stress (“your triggers”).

Knowing what kinds of situations are stressful for you helps you make plans to avoid those kinds of situations.

KEY POINTS (cont'd)

Develop relationships with people you can trust.

People are able to deal better with life's challenges when they have people who are encouraging and supportive. Spend time with your friends, family members, peers, professionals and members of your spiritual group. It is important to seek out these people when you need support.

Schedule meaningful, enjoyable activities.

Having activities that you enjoy reduces stress. Some people get pleasure out of playing sports; others enjoy doing artwork. They find that they experience less stress when they do these activities regularly.

Write down your feelings in a journal.

Holding in your feelings can be very stressful. It helps to have an outlet for your feelings so that you don't keep them bottled up. You might find it helpful to keep a journal of your thoughts and feelings.

EXERCISE



Strategies for preventing stress

This exercise will help you with strategies for taking care of yourself to prevent feeling stressed out.

Trainers

1. Begin the exercise by distributing **Handout #5: Strategies for Preventing Stress**.

While the sheet is going around the room, share some of the strategies you have used.

2. Then, ask trainees to check their strategies on the handout.
3. After about 15 minutes, ask them to pair up with a new partner they haven't had for previous exercises.
4. Ask the pairs to talk to each other and learn about each other's strategies and how these have been helpful. Give them about 15 minutes to have these conversations.

DISCUSSION



Trainers

1. Ask trainees to discuss what they learned about their partner from the exercise. As they talk, write their strategies on a flipchart.
2. Ask the group whether they got any new ideas about how to prevent stress from the list.

DAY 3 SUMMARY

Distribute and discuss **Card #3**.

HOMEWORK

Please write in your journal about the experiences that helped you learn how to cope with stress. Explain how these coping strategies have helped you.

Principles and Values of Recovery

(Morning)

**REVIEW**

- Review what was covered on Day 3.
- Review the group rules and ask if anyone wants to modify them.

LEARNING OBJECTIVES

Trainers

On a flip chart, summarize these objectives.

By the end of the session, you will:

- Be able to discuss the importance of recovery principles in the pair work.
- Understand the difference between stigma, ignorance, prejudice, and discrimination
- Learn about the importance of using respectful language.

ICEBREAKER EXERCISE**My Favorite Things**

This exercise will help us build trust and feel safe in the group.

Trainers

1. Distribute Handout #6: My Favorite Things.
2. Ask trainees to fill in their favorite things on the handout.
3. Ask them to share their favorite things with group.

Recovery-Oriented Perspective

In North America, Europe, Australia and elsewhere, there has been a change in mental health services away from treating only symptoms and disease towards improving the health of the whole person or “recovery-oriented care.” It is based on the assumption that recovery from mental illness is possible.

**ASK**

What does the word “recovery” mean to you?

DEFINITION

“Recovery” has been defined as: “a personal journey of actively self-managing a psychiatric disorder while reclaiming, gaining and maintaining a positive sense of self, roles and life beyond the mental health system in spite of the challenge of psychiatric disability.” The recovery path is different for each person. Two people may share the same diagnosis but their experiences with that illness are likely to be much different. This is true whether it be a medical or psychiatric condition.

Doctors used to think that people with serious mental illness, such as schizophrenia never got better until researchers began to study what happened to patients after 25 or 30 years. And here are results from some of these studies:

- Trainers
1. Distribute **Handout #7: Longitudinal Recovery Studies**
 2. Describe the study results shown on the handout

Let’s compare the recovery-oriented care to the traditional medical approach:

- The traditional **medical model** is what you are used to: the doctors and nurses base their treatment on a user’s diagnosis. The goal is to limit the seriousness of the user’s symptoms. They help users by providing medications and professional therapeutic treatments.
- The **recovery model**, on the other hand, is more holistic. It considers the needs of the whole person. Providers taking this approach listen to what users think they need to have a better quality of life. They not only help users by reducing symptoms that bother them, they also recognize users’ strengths and help them improve their self-esteem, problem-solving skills, coping mechanisms, etc. Above all, the recovery approach is about hope.



ASK

How have you been treated by mental health professionals?

Recovery is a process

- Trainers
1. Distribute **Handout #8: Recovery is a Process**.
 2. Describe the points made on the handout.

KEY POINTS



Trainers

Write each point on a flip chart as you summarize it.

When we say that people are in the process of recovering from mental illness, this means that they:

- Believe that recovery is possible.
- Continue to rediscover their dreams
- Understand themselves in terms of their personal strengths, values and skills
- Aim to lead meaningful lives and have meaningful roles in their families

EXERCISE



Introducing another person

One task you will be learning in your new job will be how to introduce a user to new people in the community in a manner that communicates that the user is more than a person with symptoms and a diagnosis. You will need to be able to present the user in a multi-dimensional and positive way so that the other people will want to get to know him/her better.

Trainers

1. Ask trainees to pair up – PSW + CMHW.
2. Explain that the CMHW will talk to the PSW to learn about his/her strengths.
3. The CMHWs will “introduce” their partners to the group, focusing on their strengths.
4. After they have all done this, ask them to share some of the difficulties they had eliciting information from their partners about strengths.

Dealing with the Stigma of Mental Illness

(Afternoon)



ASK

What is your understanding of the word stigma?

Have you experienced any negative attitudes because of your mental illness?

DEFINITION

It is easy to label someone else and overlook what's really inside. When mental illnesses are used as labels – depressed, schizophrenic, manic or hyperactive – these labels can hurt. Using negative labels leads to branding and shame – what is called stigma. Stigma leads to discrimination. Everyone knows why it is wrong to discriminate against people because of their race, religion, culture or appearance. They are less aware of how people with mental illnesses are discriminated against. Although discrimination may not always be obvious, it exists – and it hurts. Stigma is not just the use of the wrong word or action. Stigma is about disrespect.

KEY POINTS



Trainers



Write each point on a flip chart as you summarize it.

- “Stigma” means being disrespectful to someone who has mental illness.
- Stigma reflects fear and mistrust against people with mental illness.
- Historically, mental illnesses have been misunderstood. People with mental illness were treated harshly, and families with a mentally ill member lived in fear that it would bring shame to the rest of the family if their neighbors found out.
- Often people are afraid to talk about mental health because there are many misconceptions about mental illnesses. It's important to learn the facts to stop discrimination and to begin treating people with mental illnesses with respect and dignity.

READ ALOUD

Examples of myths of mental illness

Myth: There's no hope for people who have a mental illness.

Fact: There are more treatments, strategies, and community supports than ever before, and even more are on the horizon. People with mental illnesses lead active, productive lives.

Myth: People with a mental illness are violent and unpredictable.

Fact: In reality, the vast majority of people with a mental illness are no more violent than anyone else. You probably know someone with a mental illness and don't even realize it.

Myth: Mental illnesses are caused by a weakness of character.

Fact: Mental illnesses are caused by a combination of biological, psychological, and social factors (such as death of a loved one or loss of a job).

Myth: Mental illnesses cannot affect me.

Fact: Mental illnesses are surprisingly common; they affect almost every family in [THIS COUNTRY]. Mental illnesses do not discriminate. They can affect anyone.

Myth: I can't do anything for someone with mental health needs.

Fact: You can do a lot, starting with the way you act and how you speak. You can nurture an environment that builds on people's strengths and promotes good mental health.

For example:

- Avoid labeling people with words like "crazy," "wacko," "loony," or by their diagnosis. Instead of saying someone is a "schizophrenic" say "a person with schizophrenia."
- Learn the facts about mental health and share them with others, especially if you hear something that is untrue.
- Treat people with mental illnesses with respect and dignity, as you would anybody else.
- Respect the rights of people with mental illnesses and don't discriminate against them when it comes to housing, employment, or education.

Myth: Mental illness is the same as mental retardation.

Fact: These are two distinct disorders. People with mental retardation have limitations in their intellectual functioning and difficulties with certain daily living skills. In contrast, people with a mental illness experience changes in their thinking, mood, and/or behavior. They vary in their intellectual functioning, just like other people in the general population.

Myth: People with mental illnesses cannot tolerate the stress of holding down a job.

Fact: All people who work are affected by stress to some extent, especially when there is a poor match between their needs and the working conditions.

Myth: People with mental health needs, even those who have received effective treatment and have recovered, tend to be second-rate workers on the job.

Fact: Research studies have shown that people with mental illness can be as productive as other employees.

Myth: Once people develop a mental illness, they will never recover.

Fact: Studies show that many people with mental illness recover completely, or have many fewer symptoms over time. Most people with mental illness recover the ability to live a fulfilling and productive life, including having a job, continuing their education and participating in activities in their community. Research has shown that having hope plays an important role in an individual's recovery.

Myth: People with mental illness have to live in specialized institutions, and it is better for society if they live apart from the rest of the population.

Fact: People with a mental disorder recover only if they live in the community, are able to be part of society and are treated as citizens with rights and obligations. When they remain hospitalized for long periods, social participation becomes harder. Greater tolerance not only benefits people with mental illness; it benefits society as a whole.

Myth: Before one can participate in society and lead a full life, it is necessary for all mental illness symptoms to have disappeared.

Fact: Many people have been integrated into society despite having symptoms, including some who have never received treatment.



ASK

What are other negative things you have heard people say about people with mental illness?

Are these things true?

DEFINITION

Self-Stigma

The internalization of public stigma by persons with serious mental illness can lower one’s self-stigma, self-efficacy, and sense of empowerment. Self-stigma can also lead to isolation, and a distorted self-image. (“People with mental illness are bad and therefore I am bad, too”).

KEY POINTS

Trainers



Write each point on a flip chart as you summarize it.

- People with mental illness who live in a society that devalues them begin to believe the negative ideas about themselves.
- Negative ideas about oneself can create problems with self-esteem and rob people of hope that their lives will ever get better.

SHOW



Trainers

Let’s look at some videos of people talking about their experiences of stigma.

Show short video clips of people with mental illness and their families describing what happened to them because of stigma, including strategies they have used to prevent or overcome stigma.



Adaptation

In the next videos, you can see some descriptions of what stigma is about.

“El camino hacia la ciudadanía”:

<http://www.youtube.com/watch?v=HuASLtDyv9A>

(4:12-4:52) “When you have your first episode and your whole life is falling apart, you don’t understand what is happening to you. No one understands you. You feel afraid and you are very discouraged about the whole situation. Even if you have the support of your family and of the people who love you, they still can’t understand what you are going through. But with their help and your wish to keep going, you can lead a normal life. One type of support that is necessary is from my psychiatrist, who I can count on to put me on medication, to identify the appropriate therapy for my needs, and who treats me in a personalized way.”

(6:55-7:12) “We need the same things that everyone does: to be accepted and to be respected. We want others to accept us the way we are and to help us to integrate the different aspects of our lives into society: at the gym, in class, at work.”

(10:57-11:27) “When they say that we are strange, different, dangerous, that we don’t want to work, that we are lazy, what they are doing is labeling us and, with that, they are marking us. All of this is stigmatizing and indicates society’s lack of awareness about mental illness. That is why we believe that it is very important that we provide information and that society realizes that we are citizens and that our lives are very similar to the lives of others.”

“Estigma y salud mental”:

http://www.youtube.com/watch?v=o8zKb_tC_uo

(0:25-1:05) “What do we think of when we find out that someone has a mental illness - bipolar disorder, schizophrenia, depression? . . . It is associated with something strange, with something unusual, and with disgrace. . . All the rejection caused by these stereotypes actually produces more suffering than the mental illness itself.”

(1:12-1:20) “No one is to blame for having a mental illness, which can equally affect all people and every social class.”

(1:48-2:26)

“The media reproduce the social image of people with mental illness. I believe that they could help, in one way, by not spreading these erroneous beliefs, and, above all the unjust association of dangerousness, unpredictability, and violence with mental illness.”

“Those of us who suffer from whatever type of mental illness can lead a totally normal life, like any human being.”

“One can have a plan for life, one can get married, one can have a love life, one can have a job.”

(2:47-2:52) “I believe that this is a subject that needs to be talked about, that needs to be talked about a lot. People need to find out what mental illness is.”

(3:16-3:26) “Recovery is once again having relationships with people, it



Adaptation

The next videos illustrate the problem of stigma in relation to different groups. They aren't about mental health problems, but they cover the same themes as when we talk about people with mental illness. Let's watch these three short videos showing the stigma associated with drug users, people living with HIV and people of color in order to highlight the feelings that such groups experience in their day-to-day lives.

http://www.youtube.com/watch?v=xwRqrLmM_Us (drug users)

The main message is that drug users don't have to induce feelings of fear, violence and anger, but rather should be seen as people in need of accessible health care, support from family and friends and respect.

<http://www.youtube.com/watch?v=qgFiAAhLG-o> (HIV)

The main message of this video is that someone who lives with HIV is a person like you. Just like you, they have friends, family, work, beliefs, love, dreams and plans for the future. As citizens, they have responsibilities and rights, and they are entitled to respect.

<http://www.youtube.com/watch?v=jpFuzgUJIjo> (black people)

The main message of this video is that black people are like you and deserve to have the same right to have friends, family, beliefs, love and dreams. Moreover, they need opportunities, work, health and education.

Now let's compare these to the examples in the video ("Entre o corpo e a alma – conversando sobre esquizofrenia"):

http://www.youtube.com/watch?v=25_qgmOMWzQ:

11:30 to 12:30 minutes

14:30 to 15:38 minutes

Throughout history, many people have held false beliefs about mental illness. Prejudice against people with mental disorders has been partly due to lack of information.

Stigmatizing attitudes among non-peer staff

Stigma persists among many service providers who continue to believe that recovery is not possible for users. The first step towards a better attitude is to assess whether the community mental health clinic leadership believe in recovery-oriented care and have policies that support the idea of PSWs. The second step is to create an understanding among all staff and users about the role of PSWs and to monitor how well staff are supporting the peer contribution to services.

EXERCISE



Trainers

1. Distribute [Handout #9: Respectful Language: CTI-TS Worker-Pairs](#).
2. Split trainees in pairs.
3. Tell them to take turns telling their personal experiences of stigma in a way that talks about difficult experiences but focuses on success. Limit each person to ten minutes. You can keep time yourself and alert them when they have two more minutes and then when it's time to switch storytellers.

Trainers

DAY 4 SUMMARY

Distribute and discuss [Card #4](#).

Overview of CTI Model and CTI-TS Project (Morning)



REVIEW

- Review what was covered on Day 4.
 - Review the group rules and ask if anyone wants to modify them.
- Use a combination of PowerPoint slides and a question-answer approach to

LEARNING OBJECTIVES

Trainers



On a flip chart, write these objectives.

By the end of the session, you will:

- Become familiar with the history of the Critical Time Intervention model.
- Learn about the different types of psychotic symptoms.
- Understand more about your activities during the 3 phases of CTI-TS.

Trainers

present the following Day 5 information.

The CTI-TS intervention is based on Critical Time Intervention (CTI), which has been tested and widely used in high-income countries. CTI has a few core elements: it involves community-based outreach; it is used during a period of transition in people's lives; it lasts for only 9 months but has an enduring effect; and it is divided into three phases that allow for a gradual transfer of care to community caregivers. This model is based on some general principles that can be adapted for interventions in Latin America.

The original CTI model was created in the mid-1980s by several people who were working at a mental health program in a homeless shelter in New York City. They noticed that the former shelter residents who had been placed in community housing were returning to the shelter over time. They developed CTI for use during a critical time of transition in the lives of people with mental illness, for example, during the move from shelter to community housing.

They thought that a time-limited intervention might have a durable impact if it helped to strengthen a person's network of community support. One reason is that transitions are especially challenging for individuals with a mental illness, especially those who have a combination of risk factors – who are poor, lack social support and struggle with other disabilities such as substance abuse and physical health problems. Moreover, the community services that existed for this population were fragmented, poorly integrated, difficult to access and not always welcoming of these individuals. These factors combined to result in loss of care and support.

CTI emphasizes maintaining continuity of care while gradually passing primary responsibility to supports in the community. The CTI worker's primary role is to strengthen ties to services, family, friends and other community supports in order to create a community network that will continue to provide support to the user long after the CTI intervention is over.

Who is served by the CTI model and the adapted CTI-TS intervention?

This model was designed for people who have psychotic disorders. CTI has subsequently been used for other kinds of transitions in the lives of these individuals as well as in other populations. The CTI-TS intervention focuses on new or reconnecting users of mental health services, which has also been done elsewhere.

People with psychotic disorders are an especially vulnerable population. They are the victims of violence and abuse, and they have higher mortality and morbidity rates.

They often live in extreme poverty and are often excluded from participating in society. It can be difficult for them to get the health services they need. International conventions require that the civil and human rights of this population be protected.

In Latin America, we need to test interventions that meet the needs of the people here. In developing the CTI-TS intervention, we decided to focus on the needs of Latin American cities, where there are many large marginalized communities (such as favelas) and growing numbers of mental health centers. We hope that the CTI-TS randomized trial will provide us with an “evidence-based practice” that is relevant to the lives of people with psychotic illness living in poor communities of large Latin American cities. We have targeted CTI-TS to the transition period when people are first connecting, or reconnecting with mental health services.

Psychosis

Trainers

Distribute [Handout #10: Psychotic Symptoms](#).

There are different types of “psychotic” symptoms. Three are hallucinations, delusions and thought disorders.



ASK

- *What do we mean by “hallucination”?*
- *What do we mean by a “delusion”?*
- *And what do we mean by “thought disorder”?*

DEFINITION

“Psychosis” is when people’s thoughts and emotions are so impaired that they lose touch with external reality. It is characterized by positive symptoms, such as hallucinations and delusions, and negative symptoms, such as thought disorder.

- A “hallucination” is something that a person perceives with his/her senses that is not really there. An example of a visual hallucination is seeing threatening shadows. An example of an auditory hallucination is hearing voices commenting on what the person is doing.

Trainers

Continue to go down the list of definitions and examples of psychotic symptoms on [Handout #10](#). Elicit and answer questions from trainees to ensure that they all share a common basic understanding of psychotic disorders. How much time you spend discussing this topic will depend on the background of the particular trainees. Reassure them that they will have much more time during the field training to learn more about psychosis



The CTI-TS Intervention, with an Example (Afternoon)

CTI-TS is carried out by a “worker-pair” made up of a peer support worker and a community mental health worker. It is offered at the time of entry to mental health services. It emphasizes community mental health care and primary care, as well as informal sources of support from family members, friends and other non-practitioners. In another part of this training, we discuss the specific roles of the community health worker and peer support worker in the worker-pair. Here we only discuss the worker-pair as a team.

To illustrate the activities for each phase of the CTI-TS intervention, we will use this example: Carlos is the user; Pedro is the peer support worker; and Maria is the community mental health worker. Carlos is a 47-year-old man of mixed white and black race. He was born in Rio de Janeiro and is single. He has had schizophrenia since the age of 19 and has abused alcohol for ten years.

Phase 1: Initiation

Phase 1 covers months 1-3 of the intervention. This phase starts soon after users are enrolled in the community mental health center and are referred to the worker-pair.

Task #1 - Engaging users and their families: The first task of Phase 1 is to get to know users and families and to develop rapport with them.

The Phase 1 work started when the worker-pair met Carlos for the first time. After a couple of meetings with Carlos at the mental health center, they visited him a few times at home. Sometimes Pedro and Maria visited separately so they each could develop rapport. Carlos began to trust them. On the home visits, they explained CTI-TS and their roles to the family and got to know family members. They emphasized to Carlos and his family that they would be working with them for nine months. Early rapport with users and their families is essential because during this transition, especially right after enrollment in the mental health center, the risk of people dropping out of the mental health center can be high.

Task #2 – Conducting assessments: The second task is to gather information about them through informal conversations with them and by asking other people who know them.

From Carlos, they learn about his interests. He makes little purses using soda can tops; he used to sell his crafts on the street to tourists until he began having fears that the local militia were lying in wait to arrest him. When he stopped earning money from his crafts, his family began to send him to the garbage dump with his nephew to earn money sorting garbage. He wants to keep doing his artwork, but his time is now spent sorting garbage.

From home visits, they learn about the family: Carlos and his family live in a one-bedroom place in the backyard of another house. They have no running

From home visits, they also learn about the neighborhood: Their neighborhood is very violent due to drug trafficking that takes place there. From the staff of the mental health center, they learn more about his support network: The staff tell them about Carlos' brother, who accompanied Carlos to his last appointment. Carlos has not yet been referred to a primary care provider.

A risky pattern of behavior emerged: on several occasions after witnessing violence in the community, Carlos has reacted by having paranoid thoughts that kept him away from home. He stopped taking his medication and was eventually picked up by the police and taken to the hospital. Pedro and Maria would need this information when strengthening links between Carlos and his family and with the mental health center in Phase 1.

Task #3 – Planning for Phase 1: The third task is to collaborate with the user on creating a plan for Phase 1. Each phase has a plan that focuses on only a few areas selected from the six CTI-TS areas (psychotic treatment & medication management; substance abuse treatment & harm reduction; daily living skills training; housing crisis prevention & management; money management; family intervention). On the Phase Plan form, the reason is provided for choosing each focus area, as well as the needs and goals in this area. The area of focus for Carlos in Phase 1 is family intervention, and the CTI-TS workers recorded the following reason: “Carlos has a history of reacting to incidents of neighborhood violence that he has witnessed by becoming more symptomatic, staying away from home, stopping his medication. This has resulted in hospitalization.” For the needs and goals in this area, they wrote on the plan: “To prevent Carlos from fleeing home, we will work with the family to help keep him safe and to monitor his medication use.”

Task #4 – Linking user to supports: The fourth task of Phase 1 is to reach out to appropriate formal and informal community resources, and to link users to the people who will gradually assume a primary supporting role that will endure long after the intervention is over.

The CTI-TS workers discuss with the mental health center staff the idea of linking Carlos to a primary care center. They offer to accompany him to the first appointment. They discuss a plan with his 13-year-old nephew that he might escort Carlos to the mental health center and remind Carlos of each appointment beforehand. They encourage the brother to set up an appointment to meet with a member of the mental health center staff as the first step for improving communication between the family and the mental health center staff.

Task #5 – Providing support: The fifth task is to provide emotional and practical support that users need until they are linked to community support.

Task #6 – Documenting community contacts

Maria filled out a Case Notes form to document a visit she made to Carlos' home. She put a checkmark in the box next to “Phase 1” and the box next to “field-based meeting.” She recorded the date and location of

“I visited Carlos at home. I met his parents and sister-in-law for first time, explained CTI-TS and my role. I assessed income sources and the relationship (supports & burdens) between the family members and Carlos.” For Next Step, she wrote: “I will visit again next Friday. Carlos and parents will invite brother and nephew to join us.”

Phase 2: Try-Out

Phase 2 covers months 4-6 of the intervention. The “Try-Out” phase is devoted to testing and adjusting the community support systems that were established in Phase 1.

Task #1– Planning for Phase 2:

The CTI-TS worker-pair discussed with Carlos his Phase 1 objectives and determined that they had all been met: the family supports were in place and getting stronger; Carlos was going regularly to the mental health center; he has an appointment at the primary care center. They also identified an emerging need for Phase 2: Carlos was facing a crisis. They defined the focus areas for Phase 2, based on the progress made during Phase 1 and in view of the new crisis.

Task #2: – Monitoring supports & skills: The second task is to gradually step back and observe where gaps exist in the system and where the individual needs more or fewer supports and services.

The new crisis that they identified was when the police started a campaign to move a group of drug dealers out his neighborhood. Carlos came upon a violent incident when his nephew and he were returning one day from the garbage dump. His nephew convinced Carlos to go home with him, but Carlos became paranoid and left soon after that. The worker-pair recognized this as the early signs of the risky pattern they had identified for Carlos, which in the past had led to hospitalizations.

Task #3 – Mediating to fix system of supports: Fixing the system through mediation includes, among other things, resolving any difficulties in the new relationships with supports; encouraging supports to communicate with each other, rather than relying on the worker-pair as go-between.

Maria and Pedro talked to the mental health center team about offering skills training to the family. They then proposed to the brother that he learn some skills for calming Carlos down and making him feel safer after similar incidents. The plan was a success. With the new skills he learned at the mental health center, the brother was able to prevent Carlos’ risky pattern from occurring after the next confrontation on their street between the police and drug dealers.

Task #4 – Helping user improve skills for living in the community: This task aims to encourage the user to take more responsibility in his/her life.

Carlos wanted to sell his artwork. Maria and Pedro told him about a project that helps artists by providing workspace where they can produce artwork

from recycled materials found in the garbage dump. The project also helps artists to sell their art in a gallery that has offered to show their work. Carlos was interested, and his parents agreed because in this way his time spent on art would also help bring in money to cover the family's expenses. Maria and Pedro took Carlos to meet the head of the project.

Phase 3: Transfer of Care

Phase 3 covers months 7-9 of the intervention. The "Transfer of Care" phase is devoted to making any necessary fine-tunings in the network of supports of the individual and to terminating the intervention. Long-term, community-based linkages that were previously established should at this point be functioning smoothly.

Task #1– Monitoring supports: This task requires the worker-pair to step back and meet less frequently with the user and supports.

The roles of Maria and Pedro shifted during these contacts from mediating to observing how well the support network was able to function without them in preventing and managing crises. They encouraged Carlos, the family and the art project staff to communicate regularly with each other.

Task #2 – Final Transfer of Care Meetings: For the second task, the worker-pair hold a meeting (or several meetings) with the user, family members, key service providers, the main people providing informal support (outside the family) to specifically review transfer-of-care issues and their long-term roles in supporting the individual.

Maria and Pedro organized a transfer-of-care meeting with Carlos and everyone in his primary support network. They explained that CTI-TS was coming to an end and gave each person a list of contact information for the other people in the network. The members of the support network discuss how they would collaborate in the future to provide Carlos with the support he needed.

Task #3 – Terminating Active CTI-TS: The third task is to have a last conversation with the user to review transfer-of-care issues.

The worker-pair met with Carlos one last time to wrap up. They discussed how far he had come since CTI-TS started. Carlos told them, "It's been good having you here to help work things out." He said he was enjoying the time working in the art space. He felt closer to his family because his nephew and he did a lot together at the garbage dump and on the way to the mental health center. He said his brother was listening to him more and seemed to care more about what happened to him. Most important of all – Carlos was proud of the contribution he was making to his family's finances. He no longer felt like a burden to his family.

Task #4 – Celebration: The fourth task is to hold one event (or several smaller events) to mark the user's completion of CTI-TS. The user can invite anyone to the celebration.

Trainers

DAY 5 SUMMARY

Distribute and discuss [Card #5](#)

Phase One Skills: Engagement

(Morning)



REVIEW

- Review what was covered on Day 5.
- Review the group rules and ask if anyone wants to modify them.

LEARNING OBJECTIVES

Trainers



On a flip chart, summarize these objectives.

By the end of the session, you will:

- Understand the characteristics of a collaborative partnership
- Learn about the basics of effective communication to engage users and their families
- Understand how community-based engagement, assessment and outreach work differs from office-based work
- Understand the roles and responsibilities of both workers (PSWs & CMHWs) during Phase One

Phase One Overview

In the first phase, Initiation, the CTI-TS worker-pair's primary activities will be engagement, assessment, Phase One planning, and early linking to community supports.

1. **Engagement:** You will begin by engaging users and their families in the CTI-TS intervention. It is important to develop a positive, trusting relationship with them. Trust is necessary for the intervention to be effective because CTI-TS depends on close collaboration between users and workers.
2. **Assessment:** As you engage users, you will become acquainted with their lives and learn about their history and current needs. In CTI-TS, these assessments are conducted in the community where users live. You meet with the user, their family, and with other people who currently provide support to him/her. Through conversations and chart review, your aim is to find out how strong the user's support system is and to identify which needs are not being met.
3. **Phase One Planning:** From your assessments, you will have identified users' areas of need for which they do not have enough support. You and the user will create a plan for beginning to link him/her to new supports and for making existing supports more effective during Phase One. (In CTI-TS, a plan is developed for each of the three phases.)
4. **Early linking to Community Supports:** You will start introducing users to people in the community who can help them in those areas that most threaten their chances for staying connected with the mental health and primary care they need and for becoming more integrated into their community.

Engagement



ASK

What is your understanding of the word “engagement”?

DEFINITION

Engaging with users and family members is the heart of this intervention. The first step of the engagement process is to overcome their initial distrust. Once you have built trust, you need to learn to work together in a collaborative way. The goal of engagement is to have a trusting and collaborative relationship with them.

A trusting, collaborative relationship



ASK

How would you describe a trusting relationship in which a worker and user are able to work together in a collaborative way? What characteristics would this kind of relationship have?

Trainers



Write characteristics on flip chart during this discussion.

DEFINITION

The two main characteristics of a trusting and collaborative relationship are mutual responsibility and mutual respect.

Mutual responsibility means that both people:

- Learn from each other
- Figure out the rules of the relationship together
- Agree about the responsibilities of each person in the relationship

Mutual respect means that both people:

- Collaborate as equal partners
- Respect each other's expertise:
 - The two types of workers in the CTI-TS worker-pair are knowledgeable in varying degrees about the symptoms and course of serious mental illnesses. They are familiar with the local mental health and primary care system and some of the individual providers and administrators. They understand how to navigate through the system and negotiate on behalf of users.
- Users (and PSWs) are knowledgeable about living with a mental illness and using mental health services. They understand the stigma, loss and other social consequences of having a mental illness. They have developed skills for coping with some of the stressful situations they have experienced.

Skills for Building Trust

- Make assessments during relaxed conversations, rather than asking questions on a checklist. Sometimes it's easier to talk when you are walking or doing some other activity together.
- Recognize that each person is at a different stage and goes at a different pace. The important thing is to respect how far they have come. There is no 'right way' or 'wrong way'. Support them and praise them for trying the best they can.
- Show an interest in their skills, interests and the creative activities that are important to them. For example, ask what makes them happy and how they like to express themselves.
- Recognize that culture can affect how people respond to you and what they expect from you. Ask them to clarify what they want and be clear about what you are able to offer them.
- Be aware of how your own background and values may affect your attitudes and expectations.

Listening Skills



ASK

How do you know if someone is listening to you during a conversation?

KEY POINTS



Trainers



Communication must be effective for you to be able to engage users and their families and to maintain a trusting relationship with them. Listening to other people shows that you value them.

EXERCISE



Trainers

Practicing listening and other communication skills

This exercise will help you learn strategies for letting the other person in know that you are really listening.

1. Split trainees into pairs.
2. Distribute [Handout #11: Three Communication Skills](#).
3. Ask them to take turns with their partner reading aloud each communication technique.
4. Ask the pairs to take turns talking and listening. Explain that the "listener" should try to practice all three communication skills on the handout.
5. After 15 minutes, ask them to switch so that the "talker" becomes the "listener."
6. Bring the trainees back together in one group and encourage them to discuss what they learned about these techniques and how they helped improve communication.

EXERCISE



Trainers

Engagement

This exercise helps trainees to make a personal connection to abstract concepts. It also will alert you to where each person is in terms of understanding the recovery process.

1. Split trainees into pairs.
2. Distribute [Handout #12: Engagement Exercise](#).
3. Ask them to take turns with their partner reading aloud each concept aloud with its examples.
4. Tell them to use the concepts to reflect on their own lives. Ask them:
 - Is there a concept that reminds you of a personal situation that you remember from your own experiences?
 - Is there a concept that is difficult for you to relate to or is hard to understand from your own experiences?
5. Then have the pairs present to the group. Write the concepts that reminded people of their own lives and the concepts that trainees couldn't relate to or understand.

Community-Based Assessments and Phase One Worker-Pair Activities

(Afternoon)



DEFINITION

“Community-based assessment” means that you do not stay in your office and simply ask users questions about their needs. Instead, you accompany them to their homes, explore their neighborhood with them and talk to their family members and other people they know in the community. This type of assessment helps you understand the real context in which users are making decisions about their lives, about resources that are available to them in their communities and about obstacles that may prevent them from having access to care and from doing the types of activities that interest them.

The purpose of CTI-TS is to improve users’ integration in their communities over the long-term. Therefore, the purpose of your assessments is to identify how you can assist them in finding service providers and other people in the community who will agree to provide them with support after the CTI-TS intervention is over. Over the course of the intervention, this support network gradually assumes more and more responsibility for providing support. By the end of the intervention, your support will no longer be needed.

SHOW

You will focus your assessment on identifying the areas in which you can help users to:

Trainers

- Increase the support from family members
- Develop their skills for becoming more self-sufficient and improving their role in the family
- Increase their participation in community activities
- Strengthen their ties to services.
- Promote hope for recovery and to build recovery skills

Examples of how community-based assessments help a worker and user to make plans together to get the right type of support.

Read each point aloud, stop and ask trainees to comment on each activity.

- **Worker #1:** I arranged to share a home-cooked meal with Darryl. We did the shopping together and cut up the chicken before cooking it in the microwave oven that came with his room. I discovered that he didn’t know how to cook with the microwave oven, that he thought that the raw chicken could be prepared in seconds. It’s easy enough to solve problems like this one, but first you have to know there’s a problem.
- **Worker #2:** David was very overweight. We walked around his new neighborhood and tried to locate a store that sold fresh fruits and vegetables. There weren’t any. Together he and I made a plan to overcome the logistical barriers to getting healthy food, we were able to help him locate a source near a stop on his subway line, at a market that would deliver to his apartment.
- **Worker #3:** I visited the home of someone who lived with her parents and younger sister. Meeting with them together in their living room, I was struck by how warm Evelyn’s family was. They wanted to help her, but their lack of understanding about schizophrenia was a serious barrier. I alerted the mental health team about this problem, and they arranged for the

- **Worker #4:** I was strolling with Denise around her neighborhood. When we walked into the corner store near her apartment, she and the owner greeted each other. I made a mental note to talk to the owner on my next visit, thinking that he might be interested in being a resource to help Denise, for example, if she locked herself out of her apartment. Or maybe he would be willing to offer her a part-time job.
- **Worker #5:** I saw that Robert had a guitar standing in the corner of his entrance hall and asked him if he played. He said that he likes to play a little every day. Knowing about his interest in music became important when we began looking into opportunities to connect him with other people in the community.
- **Worker #6:** I noticed that there was a community garden near Juan's apartment that he could get involved with. He had grown up on a farm. Juan and I stopped and talked with one of the volunteer gardeners. She invited him to help them do some weeding the next Saturday.

Trainers

Handout #13: Phase One Worker-Pair Activities

Read each point aloud, stop and ask trainees to comment on each activity.

DAY 6 SUMMARY

Distribute and discuss **Card #6, Phase One – Initiation**.

Phase Two Skills: Problem-Solving

(Morning)



REVIEW

- Review what was covered on Day 6.
- Review the group rules and ask if anyone wants to modify them.

LEARNING OBJECTIVES

Trainers



On a flip chart, summarize these objectives.

By the end of the session, you will:

- Learn how to problem solve to overcome the barriers that prevent the user from using formal and informal supports.
- Learn how to market user's strengths to prospective formal and informal supports.
- Learn how to mediate between user and new supports.
- Understand the roles and responsibilities of CTI-TS workers during Phase 2.

Phase Two Overview

The second phase, Try-Out, is devoted to testing and adjusting the support systems that have been established in the community. In this phase, the basic support systems should already be in place and hopefully functioning well. The CTI- TS workers observe where gaps do exist in the system and where the individual needs more or less support and services.

For this phase, CTI-TS workers will be empowering and encouraging users to take more responsibility for resolving problems in their lives. This relates to the concept of self-determination that we learned earlier. Workers will mediate between the users and new supports to resolve any difficulties in the new relationships.



ASK

Problem-solving



Trainers

How do you usually solve problems in your life? Think of a problem you solved in the past month. Can you describe the steps you took to solve it?

Write the problem on flip chart and note each step the trainee took.

KEY POINTS



Trainers

Problem-solving in the CTI-TS intervention often involves figuring out the best course of action for overcoming barriers to the effective linking of users to formal and informal supports in the community. CTI-TS workers should use their communication skills to guide users during the problem- solving process. CTI-TS workers are NOT responsible for giving advice or solving people's problems.

There are four steps for solving a problem: 1) Describing the problem; 2) Identify the barriers; 3) identifying the objectives; and 4) creating a problem-solving plan with clear steps for taking action.

1) Describing the problem:

When people are able to properly describe a problem, they find it easier to plan the problem-solving steps, and their plan is more likely to be effective.

The users in our study will have psychotic disorders and they will be coming for the first time to this mental health center. People in similar circumstances may face the problem of discontinuity in their mental health care. They may have difficulties getting to the new facility; they may not know who their new primary provider is or even if they have one. You can help them to systematically describe the problem - who the different providers were that they were referred to and where they worked; what happened to cause the disruption in their care each time; and how often they experienced these disruptions. Explain to users that many problems are not resolved immediately. Reassure them that you will be there to support them for the nine months. Encourage them to discuss the problem with someone in their long-term support system.

SHOW

Here is a conversation between a PSW and a user that led to a more accurate definition of the problem:

User: "I need to move to another apartment but I don't have any money to do it."

PSW: "Why do you need to move?"

User: "Because there are so many drug dealers in my neighborhood."

PSW: "Can you tell me how that affects your life?"

User: "It affects me because I am raising my grandson and the drug dealers are a bad influence and make the neighborhood unsafe."

PSW: "Would it be accurate to say, then, that the problem is the drug dealing?"

User: "Yes."

PSW: "Is there any way to address that problem?"

After clarifying what the true problem was and developing a plan, the user created a Neighborhood Watch program. She and her neighbors called the police every time they saw suspicious or illegal behavior. It was not long before the drug dealers were gone.

If she had used her first definition of the problem, she might have ended up in a different neighborhood with the same problem. By changing how she defined the problem, she was able to successfully resolve the problem. Her self-esteem grew due to this success and to the recognition she now received from her community and from city officials as a well-known, crime-fighting advocate in the city.

2) Identifying the barriers:

The second step involves specifying the barriers to establishing a connection between the user and particular community resources. The process of "Brainstorming Barriers" is an empowering process.

There are four common types of barriers:

1. Emotional Barriers: Difficulties due to strong feelings.
2. Knowledge Barriers: Difficulties due to lack of information.
3. Skill Barriers: Difficulties due to lack of skills.
4. Resource Barrier: Difficulties due to lack of materials.

3) Identifying objectives to overcome the barriers:

The third step involves specifying how to reduce barriers that have been identified.

Here are some examples:

	Type of Barrier	Solution
Resource	Angela does not have an appointment book.	She will buy one.
Skill	Carlos can't write his doctor's name.	He will practice writing it with help from his friend.

4) Writing an action step

The last step involves selecting a course of action for overcoming the barrier. CTI-TS workers help the user identify all the steps that must be taken to link the user with formal and informal community resources.

EXERCISE



Problem-solving in pairs. (This is a completely new exercise.)

Trainers

1. Distribute **Handout #14: CTI-TS Problem-Solving**.
2. Split trainees into pairs. One person takes the role of a user and the other takes the role of a service provider.
3. Each person will talk for 10 minutes, and the other person will practice responding skills.
4. Ask each person to identify a community provider (formal or informal) with whom they are linked but have a problem or difficulty.
5. Have them complete the CTI-TS problem-solving handout.



Mediation and Phase Two Worker-Pair Activities

(Afternoon)

Meditation

KEY POINTS



Trainers

Making transitions to new community supports can be unsettling. Many things can go wrong, and you will encounter many situations in which you will have to mediate conflicts. As previously discussed, your role is primarily about care coordination and linking the user with a support network in the community. You provide “bridging” or linking between users & supports and between one person in the support network and another. These other people (providers, friends and family), not you, do the work of providing support to ensure the user’s stability and independence.

Mediation is one process through which the CTI-TS worker-pair will encourage users to assume greater responsibility for resolving their own problems. You need to verify that all people in a user’s support network know what the role of the others is (and what it is not). Write this information down and be explicit. During Phase Two, continue to monitor and assess whether all the long-term needs in the user’s key focus areas are being addressed.

Marketing



ASK

Trainers

Do you know what the word “marketing” means?

Write the responses on the flip chart.

DEFINITION

Marketing refers to one of the processes like mediation through which CTI-TS worker-pairs are able to secure a partnership between the user and new supports in the community. When the first meeting takes place, you will need to “market” the user, that is, convey what you have learned about him.

The marketing process involves three steps:

- 1) presenting the user’s strengths;
- 2) addressing objections;
- 3) developing an agreement with the community provider.

KEY POINTS



- Effective marketing sensitizes community supports to the point of view of the user, so that they understand what strengths and vulnerabilities that the user brings to the situation.
- It increases the user’s confidence that they will be able to adjust to the new relationship and new environments and to develop the necessary skills for doing things that other people in the new environment regularly do.

EXERCISE



SHOW Marketing example

HANDOUT #15: CTI-TS marketing worksheet

User's name: <u>Oscar</u>	CTI-TS Worker: <u>María</u>
Community integration goal: Oscar wants to join the local soccer league	
1. Desirable characteristics The soccer team requires regular attendance, energy for the practice, respecting team players and knowledge of the rules.	
2. Individual assets Oscar wakes up early every day and is in excellent physical condition. He runs two miles every morning. He has been playing soccer since age 20.	
3. Addressing liabilities He has a history of psychiatric problems. He might become distressed by other team members. The coach has no experience with players with mental illness.	
4. Planning ahead The CTI-TS peer support worker will accompany Oscar to the first practice. Oscar will call the PSW whenever he is feeling upset. The PSW will discuss this goal during the CTI-TS team supervision meeting.	

Trainers

Marketing exercise

For the following exercise, pairs need to review Oscar's example.

1. Distribute [Handout #15: CTI-TS Marketing Worksheet](#).
2. Split trainees into pairs. They will take turns in the role of a user and the role of a CTI-TS worker. The "user" will talk for 10 minutes while the "worker" responds and completes the CTI-TS marketing worksheet.
3. Each "user" will talk about a community integration goal and discuss what's getting in the way.

[Handout #16: Phase Two Worker-Pair Activities](#).

Trainers

Read each point aloud, stop and ask trainees to comment on each activity

DAY 7 SUMMARY

Trainers

Distribute and discuss [Card #7](#).

Phase Three Skills: Monitoring and Termination and Phase Three Worker-Pair Activities

(Morning)



REVIEW

- Review what was covered on Day 7.
- Review the group rules and ask if anyone wants to modify them.

LEARNING OBJECTIVES



Trainers

On a flip chart, summarize these objectives.

By the end of the session, you will:

- Learn how to monitor whether the support network is safely in place.
- Be able to terminate the relationship with users and their families after 9 months.
- Understand the roles and responsibilities of CTI-TS workers during Phase Three.
- Learn about CTI-TS fidelity.
- Understand importance of the supervision meetings and of documenting your work.

Phase Three Overview

The third phase, Transfer of Care, is devoted to testing and adjusting the support systems that have been established in the community. In this phase, the basic support network should already be in place and functioning, and efforts should be devoted to fine-tuning the individual's network of supports and to terminating the intervention. Therefore, during this phase, CTI-TS worker will be monitoring transfer-of-care issues with the user and terminating the relationship.

Monitoring



Trainers



ASK

Do you know what the word monitoring means?

Write the responses on the flip chart.

DEFINITION

Monitoring means that the CTI-TS worker-pair will step back and observe how well the supports are working in the user's life. Long-term, community-based linkages that were previously established should at this point be functioning smoothly. The workers will:

- Decrease contact with user
- Finalize documentation
- Arrange a final meeting with the user and long-term supports in which all parties will agree who will do what.

Termination

Termination occurs at 9 months when the intervention is over and you must disengage from users and their families. As you learned in Day 6, you must make it very clear that after 9 months you can **NO** longer serve in the role as their worker. The process of termination involves discussing how far the user has come since CTI-TS started and organizing a final meeting between the user and his/her primary support network.



ASK

What kinds of thoughts and feelings do you think users might have as they get closer to the end of the intervention?

What kinds of feelings do you think you might have when you meet with a user for the last time?

Trainers

Write the responses on the flip chart.



Probe using some of the responses on the chart below.

Common User Responses	Common CTI-TS Worker Responses
Anxious	Anger
Acting out	Sad or upset
Stressed out	Anxious
Feeling abandoned	Stressed out
Sense of loss	Avoid the issue
Loneliness	Feelings of guilt

Termination with users can be challenging to both user and worker. If not addressed, termination can undermine the transition. It is important that CTI-TS workers explore feelings the user may have and normalize the process and their feelings. A graduation ceremony or party is recommended to recognize and celebrate the achievements of the user during CTI-TS.

Phase Three Worker-Pair Activities

Trainers

[Handout #17: Phase Three Worker-Pair Activities](#)

Read each point aloud, stop and ask trainees to comment on each activity.



Ensuring “Fidelity” to CTI-TS Model

(Afternoon)



ASK DEFINITION

Fidelity

What is your understanding of the word “fidelity”?

Fidelity refers to the extent to which a program like CTI-TS has been carried out as it is described in the protocol manual. In research, it is essential to measure fidelity. Without knowing exactly what practice was implemented, it is very difficult for researchers to determine whether poor outcomes are the result of the intervention itself. When an intervention has been implemented across multiple sites, evaluating for fidelity helps verify that all sites have implemented the intervention consistently.

Overview of CTI-TS fidelity assessment

Our intervention’s fidelity will be evaluated by the research team. On their assessment form (the *CTI-TS Fidelity Scale*), there are 20 fidelity items, which they rate from ‘1’ to ‘5’. These items measure whether the key principles and practices of the CTI-TS model are being carried out the way they should be.



SHOW

Summary of CTI-TS Fidelity Scale items

Description of the fidelity items, which start on the next page, will be helpful reminders about the CTI-TS principles when you go into the field.

Trainers

1. Distribute the three *CTI-TS Fidelity Scale* Handouts:
 - Handout #18: Main Components
 - Handout #19: Team Work & Environment
 - Handout #20: Quality of Documents & Roles
2. Read aloud the set of HANDOUT questions for the first fidelity item.
3. Then read about the first fidelity item under “ITEM DESCRIPTIONS.” (See next page)
4. Stop and ask trainees to comment on the first fidelity item.
5. Repeat steps 2-4 this for rest of the fidelity items.

Here is an example using item #1: **Early Assessment, Engagement, Linking**

Read HANDOUT questions for item #1:

- Did you develop a trusting relationship with users early in the intervention?
- Did your community-based assessments begin with an early visit to the users’ home?
- Were your case presentations done soon after initial assessments were completed?
- Did you meet as quickly as possible with users’ family members and service providers to explain the intervention to them and to assess the need for improving the support network?

Read DESCRIPTION for item #1:

An effective intervention depends on doing assessment, engagement and linking as soon as possible. One reason among many others is that CTI-TS is for new users therefore early contact with them is necessary

ITEM DESCRIPTIONS (Handout #18: Main Components)

1. Early Assessment, Engagement, Linking

An effective intervention depends on doing assessment, engagement and linking as soon as possible. One reason, among many others, is that CTI-TS is for new users, therefore, early contact with them is necessary to prevent them from discontinuing their use of the mental health center.

2. Early Intensive Contact

Intensive contact in Phase 1 helps you develop relationships and gather information that will later help you to ease users' adjustment to new community settings. It will also enable you to mediate between users and new supports. Phase 1 work often requires multiple meetings and phone calls. For example, it takes time to engage individuals who have a history of psychosis and have been disconnected from services. You also travel a lot in Phase 1 while you are 'introducing' users to new providers and informal supports, and accompanying them to first appointments, as needed.

3. Community-Based

CTI-TS activities usually take place in the community. The best way to familiarize yourself with users' strengths and needs, as well as with resources and barriers where users live, work and hang out is to engage and assess users in the context of their own environment. You will pass on this information, which is rarely available to new providers and other supports.

4. Phased Intervention

The CTI-TS intervention takes place in three phases, each lasting three months. Discussions between you and the user and relevant community supports need to begin a couple of weeks before the end of the previous phase. These discussions prepare everyone for the changes that are about to occur, both in terms of the intensity and focus of the CTI-TS intervention.

5. Focused

CTI-TS workers focus on the areas where community support is weak and which are most likely to affect users' quality of life, whether their needs are met, self-directed recovery, continuity of care, and benefits to the family.

6. Gradual Stepping Back

Throughout the intervention, you will gradually reduce your role as active facilitator. A gradual transition process allows time for new users of the mental health center and others to adjust to and prepare for this transition. In Phase 2, when your role shifts to observing how the system of supports is working, contacts with users and supports will decrease. In Phase 3, when your role is primarily monitoring, the contacts decrease even more.

7. Time-Limited

This is a time-limited intervention, designed gaps that can occur in services and supports when a new type of care is initiated. It is not meant to replace long-term services that exist in the community, but rather to complement them.

8. Continuity

Users should not be dropped before 9 months. Make every effort to prevent people from dropping out early and to locate people when you lose contact with them. Some strategies are to go out of your way to make users feel cared for and respected. Also, if the Contact Form is regularly updated, it can provide clues to users' locations later on.

ITEM DESCRIPTIONS (Handout #19: Team Work & Environment)

9. Appropriate Caseload Size

Maintaining the right caseload size will allow you sufficient time to carry out this intervention, which initially requires more time and effort than traditional case management. Compared with standard caseloads, CTI-TS workers spend about twice as much time on each user during Phase 1 and about half as much during Phase 3.

10. Organizational Support

The environment in which you work will affect the success of the intervention. Agency policies and funding regulations must be consistent with, and support, the model.

11. Team Supervision

CTI-TS has team, rather than, individual supervision. This gives inexperienced workers the opportunity to learn from workers with more clinical training or CTI-TS experience. Those with more expertise in a particular area will develop through giving feedback to the others. They all are able to talk about connections they make between the theoretical principles of CTI-TS and the types of situations they are encountering in the field. Supervision meetings are held frequently so that the clinical supervisor can keep abreast of your activities and the users' progress in order to help you stay true to the CTI-TS model.

12. Caseload Review

You give weekly reports to the team about the users on your active caseload to ensure that the rest of the team stays on top of the status of all the users. These are brief updates only. The more in-depth discussions focus on a few of the users each week.

13. Coordinator to Supervisor Communication

The fieldwork coordinator is responsible for maintaining continuity between the supervision meetings and field activities, including documentation. He/she identifies priority cases for the in-depth discussion, including users recently randomized to CTI-TS, those who have lost contact, and those with emerging difficult situations.

ITEM DESCRIPTIONS (Handout #20: Quality of Documents & Roles)

14. Progress Note Forms

In contrast to traditional progress notes, which document direct services provided by a case manager, your notes reflect your role of connecting users to community supports. Your notes, therefore, document CTI-TS specific activities, such as outreach to new services, mediation between user and support network, and monitoring quality of network collaboration to support the user.

15. Phase Plan Forms

Each plan identifies one or two areas in which you will concentrate your efforts.*

NOTE: The Phase Plan does not limit the scope of interventions by other people or agencies in the community. All users receive support for primary care & recovery orientation.

16. Closing Note Form

The CTI-TS worker-pair fill out a single *Closing Note Form* at the end of

1. Peer Support Worker Role

The PSW's activities are directed towards improving users' participation in the community, their role in the family and their self-directed recovery perspective. The activities change slightly in each phase.*

2. Community Mental Health Worker Role

The CMHW's activities are directed towards improving continuity of care with providers, improving family support to the user and collaborating on a crisis plan. The activities change slightly in each phase.*

*The emphasis of the roles for both types of workers (described in #17-18) changes slightly according to the emphasis of the phase:

Ph 1: engagement, assessment, planning and initial outreach & linking

Ph 2: facilitating use of community supports, monitoring for problems, and mediating as needed.

Ph 3: encouraging utilization of self-help skills, monitoring for problems, assisting in problem-solving, and organizing transfer-of-care meetings.

3. Clinical Supervision

It is important for supervisors and other team members to frame their feedback in the context of CTI-TS principles in order to ensure that everyone follows the intervention's protocol.

4. Fieldwork Coordination

Complete and accurate documentation is very important! The fieldwork coordinator reviews the workers' documentation. In addition, he/she updates the Phase-Date forms. The team members need to refer to the Phase-Date forms so that team discussions are appropriate for each user's current phase.

Note to trainers:

The fidelity scale is not a replacement for practice guidelines.

This is because the fidelity items are only designed as rough indicators:

- of only a selection of team activities, which the researchers can measure from data, which could feasibly be recorded and collected . . .
. . . rather than a true reflection of the full range of strategies and skills that the team actually needs to utilize to meet the aims of the intervention.
- of only the minimum level of team effort required to bring about good outcomes, which would apply to the majority of problems and situations . . .
. . . rather than a true reflection of the amount of effort required for users' actual problems and situations, which significantly range in difficulty.
- of the appropriateness of team activities for the needs and strengths of a typical user. . .
. . . rather than a true reflection of the "individualized" nature of CTI-TS, i.e., that the intervention must be tailored to the individual user.

KEY POINTS

Weekly team supervision meetings and chart work are the most important mechanisms for ensuring fidelity to an evidence-based practice like CTI-TS.

Supervision and documenting your work

You will receive a two-month field-based training that emphasizes the team supervision process; the fieldwork coordination and communication system; management of data from field to office to files/online database; clinical and trial record keeping; and CTI-TS skill-building.

Your team will need two months of additional training in order to:

- understand how to put the principles of the model into practice in a real setting
- develop the skills you need, such as, problem-solving, mediation, monitoring, termination
- create a system for smooth coordination of your work as a community-based team
- be able to document the intervention using the CTI-TS Worker Forms

In addition, the clinical supervisor and fieldwork coordinator will receive ongoing field-based training from expert consultants.

See sample of the type of tasks and skills for which consultants will provide feedback and monitoring:

[Handout #21: Sample supervision guide for field-based training](#)

DAY 8 SUMMARY

Distribute and discuss [Card #8](#).

It will be helpful for you to become familiar with these items.

Summary and Feedback

(Morning)



REVIEW

- Review what was covered on Day 8.
- Review the group rules and ask if anyone wants to modify them.

LEARNING OBJECTIVES

Trainers

On a flip chart, summarize these objectives.

By the end of the session, you will:

- Review the main ideas learned during the training.
- Review your role as CTI-TS worker during each phase.
- Resolve any questions you have.
- Understand the next step in the field.



ASK

Can you think of two concepts you learned that are critical for your job?

Can you list two job responsibilities you will have as a CTI-TS worker?

Trainers

Write the responses on the flip chart.



EXERCISE



Trainers

Review of Day Summaries in pairs

1. Split the trainees into pairs (one PSW & one CMHW).
2. Distribute 5 summary cards for Days 4-8 to each pair.
3. Ask them to read and discuss each card. Allow 5-10 minutes per card.

Half-Day Exercise: Practicing Roles in Worker-Pairs

(Afternoon)



Trainers Begin afternoon by showing some of slides from Day 5 about the intervention before the practice begins.

EXERCISE



CTI-TS Practice in Worker-Pairs

- Trainers**
1. Split the trainees into pairs (one PSW and one CMHW).
 2. Distribute copies of the worker-pair activities for each phase to each pair:
 - Handout #13: Phase One Worker-Pair Activities
 - Handout #16: Phase Two Worker-Pair Activities
 - Handout #17: Phase Three Worker-Pair Activities
 3. Ask them to read and discuss each card.

HANDOUT #1: Training Schedule

DAY

- | | |
|----|---|
| 1 | Understanding Peer Support |
| am | A “Strengths-Based” Perspective |
| pm | Inspiring Hope |
| 2 | Personal Stories: A Powerful Tool to Empower and Inspire Hope |
| am | Understanding Empowerment and Self-Determination |
| pm | Empowering Yourself, Empowering Users |
| 3 | CTI-TS Worker Ethics |
| am | Personal Boundaries and Confidentiality |
| pm | Taking Care of Yourself |
| 4 | Understanding the Recovery-Oriented Perspective |
| am | Principles and Values of Recovery |
| pm | Dealing with the Stigma of Mental Illness |
| 5 | Critical Time Intervention – Task Shifting (CTI-TS) |
| am | Overview of CTI Model and CTI-TS Project |
| pm | The CTI-TS Intervention, with an Example |
| 6 | Phase One - Initiation |
| am | Phase One Skills: Engagement |
| pm | Community-Based Assessments and Phase One Worker-Pair Activities |
| 7 | Phase Two – Try-Out |
| am | Phase Two Skills: Problem-Solving |
| pm | Mediation and Phase Two Worker-Pair Activities |
| 8 | Phase Three - Transfer of Care |
| am | Phase Three Skills: Monitoring & Termination and Phase Three Worker-Pair Activities |
| pm | Ensuring “Fidelity” to CTI-TS Model |
| 9 | Putting it all Together |
| am | Summary and Feedback |
| am | Preview of Field-Based Training |
| pm | Half-Day Exercise: Practicing Roles in Worker-Pairs |

HANDOUT #2: The Five Regional Networks

REDEAMERICAS = Network for Mental Health Research in the – Rio de Janeiro in Brazil; Santiago in Chile; Medellin in Colombia; Buenos Aires, Neuquen & Cordoba in Argentina. (for Latin America)

SHARE = South Asian Hub for Advocacy, Research and Education on mental health - Afghanistan, Bangladesh, India, Nepal, Pakistan, Sri Lanka (for South Asia)

AFFIRM = Africa Focus on Intervention Research for Mental Health - Ethiopia, Ghana, Malawi, South Africa, Uganda, Zimbabwe (for sub-Saharan Africa)

PaM-D = Partnership for Mental health Development in Sub-Saharan Africa - Nigeria, Ghana, Kenya, Liberia, South Africa (for sub-Saharan Africa)

LATIN-MH = Latin America Treatment and Innovation Network in Mental Health - Brazil, Guatemala, Peru (for Latin America)

HANDOUT #3: My Strengths

Below is a list of strengths that may or may not describe you.	
Please check the boxes next to your strengths, and add others that you have.	✓
I look after my health.	
I have a circle of friends.	
I like to play _____ (sport you play)	
I have a spiritual side to me.	
I enjoy doing artwork	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	

HANDOUT #4: Rules about Friendships between Workers and Users

During the nine months of the intervention: You have to make it clear to users from the beginning that your role is as a worker, not a friend. Continue to emphasize this throughout the intervention. It is important to do this because, even though your role requires a lot of flexibility to be effective, it is still a very carefully defined role with a specific set of activities and responsibilities that conform to the CTI-TS model. Also, keep reminding users that CTI-TS lasts nine months

When the intervention is over: You must make it very clear that you can no longer serve in the role as their worker. This is important because the intervention must stop at 9 months. If you go beyond nine months in your role as PSW, you won't be following the model.

HANDOUT #5: Strategies for Preventing Stress

Below are strategies to prevent stress from becoming a problem.	
Check the boxes next to strategies that you already use, and add others that you use.	<input checked="" type="checkbox"/>
I have figured out how to avoid some situations that are stressful for me.	<input type="checkbox"/>
I try to spend my time with the people in my life who are encouraging and supportive.	<input type="checkbox"/>
I make sure that I do some things every week that I really enjoy.	<input type="checkbox"/>
I find time each day to relax and refresh my mind and body.)	<input type="checkbox"/>
I pay attention to my health by eating well and getting regular exercise.	<input type="checkbox"/>
I am able to tell my friends and family regularly about how I'm feeling.	<input type="checkbox"/>
ADD YOUR OWN:	<input type="checkbox"/>
ADD YOUR OWN:	<input type="checkbox"/>
ADD YOUR OWN:	<input type="checkbox"/>
ADD YOUR OWN:	<input type="checkbox"/>
ADD YOUR OWN:	<input type="checkbox"/>
ADD YOUR OWN:	<input type="checkbox"/>
ADD YOUR OWN:	<input type="checkbox"/>
ADD YOUR OWN:	<input type="checkbox"/>
ADD YOUR OWN:	<input type="checkbox"/>
ADD YOUR OWN:	<input type="checkbox"/>

HANDOUT #6: My Favorite Things

My Favorite Things	
My favorite food:	
My favorite TV show:	
My favorite song:	
My favorite movie:	
Where I like to walk:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	
ADD YOUR OWN:	

HANDOUT #7: Longitudinal Recovery Studies

Study	No. of People	No. of Years	% Who improved significantly or completely recovered
M. Bleuler 1972/1978, Switzerland	208	23	53-68
Hinterhuber 1973, Austria	157	30	75
Huber et al, 1975, Germany	502	22	57
Ciampi and Muller 1976, Switzerland	289	37	53
Kreditor 1977, Lithuania	115	20+	84
Tsuang et al. 1979, United States	200	35	46
Marinow 1986, Bulgaria	280	20	75
Harding et al, 1987b, 1987c, United States	269	32	62-68
Ogawa et al, 1987, Japan	140	22.5	56
DeSisto et al. 1995a, 1995b, United States	269	35	49

HANDOUT #8: Recovery is a Process

RECOVERY IS A PROCESS
of finding and living a satisfying
and meaningful life as people
define it for themselves

- Changing** attitudes, values, feelings, goals, skills and/or roles
- Actively self-managing** one's life and wellness
- Overcoming internalized stigma about illness
- An ongoing personalized journey** of healing and transformation
- Reclaiming** a positive sense of self
- Overcoming internalized stigma about illness

Anthony, W.A., Cohen, M., Farkas, M., & Gagne, C. (2002). Psychiatric Rehabilitation, 2nd edition. Boston: Boston University Center for Psychiatric Rehabilitation

HANDOUT #9: Respectful Language: CTI-TS Worker-Pairs

Stigma is often expressed through “name calling.” We all need to be educated about how to talk in a non-stigmatizing way. When talking about a person with mental illness, we need to learn to use language that focuses on that person’s strengths. We need to speak about the person first, not about his/her diagnosis. We also need to practice speaking to people with mental illness in a way that is respectful.

Words that help:

- I admire your courage in dealing with this pain.
- I don’t understand. Please tell me what you mean.
- I accept you for who you are.
- We can work together through this.

HANDOUT #10: Psychotic Symptoms

Psychotic episodes may occur in people with a variety of diagnoses.

A. Overt signs and symptoms

1. Hallucination: Something that someone perceives with his/her senses that is not really there.
An example of a visual hallucination is seeing threatening shadows. An example of an auditory hallucination is hearing voices commenting what the person is doing
2. Delusion: The person may firmly believe things that are untrue. For example, that people on the street are laughing at him/her, or that some people are doing harm to him/her
3. Thought and speech disorder: The speech is incoherent, and/or is irrelevant to the conversation, and/or includes unknown words
4. Marked psychomotor disorder: Restlessness, periods refusing to talk to anyone, or unnatural postures maintained for long periods
5. Grossly inappropriate behavior: For example, disorganized behavior, talking to self or giggling to self, acts incomprehensible to others, loss of social constraints, etc.

B. Suggestive signs and symptoms

1. Extreme reduction or loss of interests, initiative and drive, leading to serious deterioration of the performance of usual activities and tasks
2. Extreme social withdrawal
3. Purposeless destructiveness or aggression (frequent episodes or continuous)
4. Episodes or persistent states of overwhelming fear or severe anxiety
5. Gross and persistent self-neglect



HANDOUT #11: Three Communication Skills

1. Reflective listening is one of the most useful communication skills. It ensures that communication works well and it lets the other person know that you are really listening. In reflective listening, you repeat back portions of what other person has said to you.

Here is an example of a peer support worker using reflective listening while talking to one of the clinic users on his caseload. They share the experience of having had auditory hallucinations in the past.

User: I had a really rough day. I heard a buzzing in my head so I thought I was going to start hearing voices again.

PSW: It sounds like you are having a very difficult time today and are concerned about hearing voices again.

User: Yeah. As you know, I've had problems with voices in the past, so I thought I was going backwards, and I really don't want to do that.

PSW: It sounds like you're afraid to get sick again.

User: Hearing voices used to scare me. I just don't want to go back there.

PSW: I know, I've had that feeling.

2. Paying attention to the non-verbal messages is essential for effective communication.

Consider using some of these positive forms of non-verbal communication:

- Lean forward to let them know that you care about what they have to say.
- Nod your head when they are speaking to indicate that you agree or to encourage them to continue.
- Maintain eye contact throughout conversations.

Be aware of non-verbal communication that may send negative messages:

- Your tone of voice and how loudly you speak can communicate frustration, anger.
- Yawning when someone is talking can communicate that you aren't interested in what they are saying.
- Looking away when someone is speaking to you can communicate that you are impatient or bored.

3. Asking open-ended questions that elicit more than a “yes” or “no” response is an effective way to explore the person's situation and discover which interventions are most useful and relevant.

Here is an example of some open-ended questions you might ask:

- “What else do you plan to ask your new doctor when you have your first appointment?”
- “What can I do to help you with your difficult relationship with your sister?”

HANDOUT #12: Engagement Exercise

Communicate your belief that their recovery is possible.	
User	The first caseworker told me I had a lifelong disease, and it made me feel that there wasn't any chance things would get better. I wanted to go back to work, but she discouraged me, told me it would probably trigger my symptoms again. I really needed somebody then who believed in me, somebody who saw my glass as half
Worker	All people have hopes, dreams, and goals. I always make a point of asking about these things in the first meeting because I believe that recovery is possible and that people can accomplish many things.
Go at your own pace	
User	I used to have eight cats. It must have been a shock when the caseworker first walked into my house and smelled them all. But she didn't try to make me get rid of them right away even though their mess was unhealthy for me.
Worker	It wasn't always easy to stick with Keith. Once he even got angry and threatened to throw me out of his apartment. I kept letting him know I wouldn't pressure him to do anything he didn't want to do. My patience paid off. He trusts me now.
Offer meaningful options	
User	What was really missing in my life was having friends to hang out with. The caseworker introduced me to someone who runs a social club near me. There's movie night on Fridays. It's changed my life! I've made friends. I have things to do on weekends.
Worker	Pete was unhappy with his community residence. I asked him what kind of living situation he wanted. Did he want his own apartment? Would he like to find a roommate? Were there friends or family members he wanted to live near? After a few discussions, we created a checklist of the most important characteristics of a place he could call home.

HANDOUT #13: Phase One Worker-Pair Activities

Peer support workers (PSWs)	Community mental health workers (CMHWs)
<p>“Assess” means to using community-based assessment skills, that is, having informal conversations in the community.</p>	
<p>1. Engagement</p> <ul style="list-style-type: none"> - Begin developing trusting relationship with users until you are able to work together as partners. - Establish rapport with family members and with staff of community mental health center (CAPS/COSAM-CESAM), and initiate relationship with staff of primary care services in the community. - Explain the CTI-TS intervention to everyone. Explain to the users and their families the difference between CTI-TS and the ongoing community mental health services. Tell everyone how the worker pair collaborate, describing each worker’s role to them. Explain and discuss ending of CTI-TS after 9 months. 	
<p>2. Early linking to informal community supports</p> <ul style="list-style-type: none"> - Assess strength of existing ties to informal supports (such as leisure opportunities or self-help groups), locate new informal supports, and identify barriers to strengthening existing ones and linking to new ones. - Begin to make a plan with users to strengthen existing supports, to introduce them to new 	<p>2. Link to service providers</p> <ul style="list-style-type: none"> - Assess strength of existing ties to community mental health center and primary care services, locate new providers, and identify barriers to care. - Begin to make a plan with users to strengthen existing services, to introduce them to new providers, and to reduce barriers.
<p>3. Positive role for user in family</p> <ul style="list-style-type: none"> - Assess current role in family and potential for increasing self-sufficiency and making positive contribution to family functioning. - Begin to make plan with users to improve role in family and to develop skills to become more self-sufficient. 	<p>3. Family support for user</p> <ul style="list-style-type: none"> - Assess strength of support from family members and identify barriers to receiving the family support they need. - Begin to make a plan with users and family members to improve family support.
<p>4. Recovery orientation:</p> <ul style="list-style-type: none"> - Assess users’ perception of their recovery-related needs and situation in general. Find out about their interests, strengths, vulnerabilities and dreams. Ask about their experiences with care and their current expectations. - Discuss with the users how to improve their outlook and quality of life. Begin to make a recovery plan. 	<p>4. Family caregiving burden:</p> <ul style="list-style-type: none"> - Assess burden experienced by family members in caring for users and locate new services to support family. - Begin to make a plan with users and family members to reduce family burden of caregiving and to introduce family

HANDOUT #14: CTI-TS Problem-Solving

Date: _____ User's name: _____ CTI-TS Worker: _____	
Problem Description: - Who was involved: - What was said/done: - When did it occur: - Where did it occur:	
Types of Barriers	Objective
Action steps:	

HANDOUT #15: CTI-TS Marketing Worksheet

<p>User's name: _____ CTI-TS Worker: _____</p> <p>Community integration goal:</p>
<p>1. Desirable characteristics</p>
<p>2. Individual assets</p>
<p>3. Addressing liabilities</p>
<p>4. Planning ahead</p>

HANDOUT #16: Phase Two Worker-Pair Activities

Peer support workers	Community mental health workers
<p>1. Community participation</p> <ul style="list-style-type: none"> - Link users to informal community supports and resources, and encourage meaningful use of them. - Monitor process to identify problems that emerge, and use mediation techniques to resolve them. 	<p>1. Ties to services</p> <ul style="list-style-type: none"> - Begin to collaborate with users, their family, and providers to implement plan for improving access to care. - Monitor process to identify problems that emerge, and use mediation techniques to resolve them. - Encourage direct communication between
<p>2. Role in family</p> <ul style="list-style-type: none"> - Begin to implement plan for shift towards positive roles in their family. - Monitor changes in family perception of users as being a burden towards being an asset. - Monitor process to identify problems that 	<p>2. Family support for users</p> <ul style="list-style-type: none"> - Begin to collaborate with users, their family, and providers to implement plan for strengthening family supports. - Monitor process to identify problems that emerge, and resolve them.
<p>3. Recovery orientation</p> <ul style="list-style-type: none"> - Assess users' perception of their recovery-related needs and situation in general. Find out about their interests, strengths, vulnerabilities and dreams. Ask about their experiences with care and their current expectations. - Discuss with the users how to improve their outlook and quality of life. Begin to make a recovery plan. 	<p>3. Crisis plan</p> <ul style="list-style-type: none"> - Assess burden experienced by family members in caring for users and locate new services to support family. - Begin to make a plan with users and family members to reduce family burden of caregiving and to introduce family

HANDOUT #17: Phase Three Worker-Pair Activities

Peer support workers	Community mental health workers
<p>1. Community participation</p> <ul style="list-style-type: none"> - Encourage community activities that will be sustainable after CTI-TS. 	<p>1. Ties to services</p> <ul style="list-style-type: none"> - Make plan with user, family and providers for sustained support after CTI-TS. - Refine “crisis plan” to be as sustainable as possible.
<p>2. Positive role in family</p> <ul style="list-style-type: none"> - Encourage feasible ongoing change in family role after CTI-TS. 	<p>2. Family support for users</p> <ul style="list-style-type: none"> - Encourage family supports that are sustainable after CTI-TS. - Organize event to acknowledge successful family support system and termination of CTI-TS.
<p>3. Recovery orientation</p> <ul style="list-style-type: none"> - Encourage ongoing movement toward active role in recovery after CTI-TS. - Develop sustainable personal recovery plan and collaborate with CMHW, user and user’s supports in making sustainable 	
<p>4. Transition from peer-support role</p> <ul style="list-style-type: none"> - Organize event to acknowledge successful use of community resources and termination of CTI-TS. 	<p>4. Transition from facilitating role:</p> <ul style="list-style-type: none"> - Organize event to acknowledge successful system of services and termination of CTI-TS.

HANDOUT #18: CTI-TS Fidelity Scale: Main Components

1. Early Assessment, Engagement, Linking

- *Did you develop a trusting relationship with users early in the intervention?*
- *Did your community-based assessments begin with an early visit to the users' home?*
- *Were your case presentations done soon after initial assessments were completed?*
- *Did you meet as quickly as possible with users' family members and service providers to explain the intervention to them and to assess the need for improving the support network?*

2. Early Intensive Contact

During Phase 1, did you frequently visit and/or call

- *the users?*
- *members of their family?*
- *people in their informal support network?*
- *their mental health and primary care providers?*

3. Community-Based

During Phase 1, did you make several visits to:

- *users and family members in their homes?*
- *mental health and primary care agencies?*
- *informal supports, such as clergy, consumer advocates and peers?*

4. Phased Intervention

- *Was a plan made, and form filled out, for each phase?*
- *Were the plans completed at the 3-month time points?*

5. Focused

When you collaborated with the user to formulate a plan for each phase:

- *Did the Phase Plans focus on only one or two areas?*
- *Were these areas selected from the 6 CTI-TS areas (which cover the most essential issues arising during the 'critical time' of transition)?*

6. Gradual Stepping Back

- *Was your contact with users and supports less frequent in Phase 2 than in Phase 1, and less in Phase 3 than in Phase 2?*
- *Did you document how you monitored the support network?*

7. Time-Limited (intervention lasts no longer than 9 months)

- *Did you end the intervention at 9 months?*

8. Continuity (intervention is no shorter than 9 months)

- *Were you still working with the user at the 9-month time point?*
- *Did the user receive at least 7 months in all of the intervention?*

HANDOUT #19: CTI-TS Fidelity Scale: Team Work & Environment

9. Appropriate Caseload Size

- *Did your caseload always have less than or equal to 18 users?*

10. Organizational Support

- *Were there always enough workers to handle the correct caseload size?*
- *Were the supervisor and coordinator qualified for their CTI-TS roles and as clinicians for this population?*
- *Did the team have effective advocates for mediating with other agencies if needed?*
- *Did you have what you needed to do community-based work, such as, cell phone and transportation costs paid for?*

11. Team Supervision

- *Was supervision held weekly?*
- *Did all or almost all of the team attend?*
- *Did each team member come to all or most team meetings?*
- *When a worker took a vacation or was sick for an extended period of time, did another worker handle his/her caseload and report on these at the meetings?*

12. Caseload Review

- *Is every user reviewed at least every two weeks?*
- *Does the brief weekly review of users cover most of the active users?*

13. Coordinator to Supervisor Communication

For the supervision meetings, did the coordinator:

- *inform the supervisor of the priority cases?*
- *report on which of the tasks identified the previous week had been completed?*
- *give general field updates on safety issues barriers to implementation, adverse events*

HANDOUT #20: CTI-TS Fidelity Scale: Quality of Documents & Roles

14. Progress Note Forms

- *Did each note refer to a single contact (phone call or meeting) with users or their supports?*
- *Were the meeting/call participants and location documented?*
- *Did all the progress notes give a good sense of what occurred?*
- *Did you record the next step?*

15. Phase Plan Forms

On each plan, did you record:

- *the plan & phase start dates, and sign the plan?*
- *the reason for selecting each area?*
- *the general objectives for each area?*
- *a summary of the achievements & status of each goal (towards the end of the phase)?*

16. Closing Note Form

Did your Closing Note include:

- *summary of all transfer-of-care meetings (joint & user alone)*
- *the user's feedback on the CTI-TS experience & progress made?*
- *prognosis for the user's long-term continuity of care and housing stability?*

17. Peer Support Worker Role

Were the PSW's activities directed towards:

- *increasing the user's participation in the community?*
- *improving the user's role in the family?*
- *fostering a recovery perspective.*

18. Community Mental Health Worker Role

Were the CMHW's activities directed towards:

- *improving continuity of care with service providers?*
- *improving family support to the user?*
- *collaborating on a crisis plan?*

19. Clinical Supervision

- *Was supervision consistent with CTI-TS principles & practices?*
- *Was there feedback to correct people when they reported on a plan or activity that was inconsistent with these principles?*
- *Did all the team do timely case presentations on all new uses to CTI-TS?*

20. Fieldwork Coordination

Did the coordinator:

- *give you timely feedback about the completeness, accuracy and quality of your documentation?*
- *distribute copies of an updated Phase-Date form at every supervision meeting?*

HANDOUT #21: Sample supervision guide for field-based training

Does the supervisor:

- explain his/her recommendations in terms of CTI-TS principles and practices?
- follow up on plans and suggestions made during the previous week's team supervision meeting?
- ask for an explanation of how a worker's activities for a user in the past week are connected to the areas identified for the phase that user is currently in?
- provide ongoing help to improve workers' case presentations?
- refer the team to user information on the Phase-Date Form during discussions?
- ask for evidence whenever a worker speaks of causes for users' problems or for systemic barriers?
- give positive feedback?
- encourage experienced team members to help a worker by modeling a particular skill in the field?
- ask for detailed descriptions of how workers are monitoring users' support systems?
- refer to specific CTI-TS principles during discussions?
- praise a worker who was able to improve communication between various supports (and not rely on the worker as a go-between)
- help the team improve their problem-solving skills, following the steps outlined during the classroom training?
- ever make suggestions that are too difficult for a worker?
- encourage the team to give feedback about whether a worker has demonstrated improvement in a particular CTI-TS related skill?

CARD #1: Peer Support (Day 1 summary)

“Peer support” is a type of emotional and practical support provided by a peer volunteer or peer employee to other people diagnosed with mental illnesses. Peer support incorporates the peer support worker’s own personal experiences as a means of inspiring hope in those they serve.

A “strengths-based” perspective means being able to discover the special talents, interests, and skills that other people have and respecting these strengths.

When you begin your work and are interacting with users, keep these principles in mind:

- Respect what they tell you.
- Do not judge them or give advice
- Express empathy.
- Respect their rights, including their right to privacy.
- Be honest with them about yourself and what you are thinking.
- Be responsible about doing what you have promised them you would do, and expect them to be responsible towards you – “mutual responsibility.”

Treat them as equals – “share power.”

CARD #2: Personal Stories (Day 2 summary)

Empowerment is a multidimensional social process through which individuals and groups gain better understanding and control over their lives.

“Self-determination” is when we are able to choose how we live their lives and when we have some real options to choose from. For example, people will feel empowered if they:

- can choose what direction to go in their lives
- learn the skills to effectively make this change
- have the ability to make decisions about their future so they can be in charge of their lives

The purpose of sharing your story is to inspire the user by being an example and inviting them to tell their own stories. It is very important the PSW tells his or her story in a way that promotes hope. Your role then is to be the “listener”.

CARD #3: CTI-TS Worker Ethics (Day 3 summary)

The primary role of the PSW is to instill hope through modeling and acting as a partner.

- Communicate a belief that a person can and will recover. “I believe you can have the life you want to have and I will support you.”
- Listen. Really listen. Do not judge, dismiss, or advise. Just listen.
- Engage in conversations about goals, dreams and wishes.
- Ask questions like: “What would be a satisfying life for you?” “How can you get there?”
- Use stories to inspire. Encourage people to tell their stories. Share success stories.

Believe in the person’s potential to recover in his or her own way

CARD #4: Understanding the Recovery-Oriented Perspective (Day 4 summary)

Role of worker-pairs in promoting recovery

Your work on CTI-TS will take a recovery-oriented approach, which will enable you:

- to develop a better rapport with the users in the project
- to encourage users to become more actively involved in their own care
- to improve access for different populations to the support they need in the community
- to identify what kind of support will be relevant to each person’s real life
- to identify and remove obstacles to good care
- to inspire hope
- to provide options and encourage self-determination
- to understand user’s hopes, dreams, goals and motivations

CARD #5: Critical Time Intervention – Task Shifting (Day 5 summary)

What are the main components of this intervention?

- For people with a history of psychosis living in marginalized urban neighborhoods
- During critical time – when they are entering community mental health service
- Strengthens the person’s network of social support in community over the long-term
- Carried out by a worker-pair (CMHW + PSW)
- 9-month intervention
- In 3 phases:
 - Phase 1 “Initiation” – engage person & family, assess, link to services & other supports
 - Phase 2 “Try-Out” – monitor & mediate to fix support system and person’s living skills
 - Phase 3 “Transfer of Care” – step back, hold final meetings, celebrate
- Focuses on only a couple of areas per phase, based on individual’s own patterns of risk
- Strengths-based, empowering

CARD #6: Phase One - Initiation (Day 6 summary)

In the first phase, Initiation, CTI-TS team and the user formulate a treatment plan to help the user integrate into their community.

Engaging with users and family members is the heart of this intervention. You must overcome users’ initial distrust. One way to engage the user is to talk to them about their interests and skills. Let them know that you are interested in all aspects of their lives, that you see what is good about them and respect them. Once you have built trust, you need to learn to work together in a collaborative way. The goal of engagement is to have a trusting and collaborative relationship with them.

- Communication must be effective to engage users and their families and to maintain a trusting relationship with them. Reflective listening is one of the most useful communication skills. It ensures clear communication and it lets the other person know that you are really listening. In reflective listening, you repeat back portions of what other person has said to you.

CARD #7: Phase Two – Try-Out (Day 7 summary)

The second phase, Try-Out, is devoted to testing and adjusting the support systems that have been established in the community. For this phase, CTI-TS workers will be empowering and encouraging users to take more responsibility for resolving problems in their lives.

- Problem-solving in the CTI-TS intervention often involves figuring out a course of action for overcoming barriers to effective linking of users to formal and informal supports in the community. CTI-TS workers should use their communication skills to guide people towards a problem-solving process. CTI-TS workers are NOT responsible for giving advice or solving people's problems.

Transition can be unsettling for many people when linking to new community supports. Many things can go wrong so there are plenty of opportunities for CTI-TS workers to negotiate and mediate conflicts.

- Mediation is one process through which the CTI-TS worker-pair will encourage users to assume greater responsibility for resolving their own problems.
- Marketing refers to one of the processes like mediation through which the CTI-TS worker-pairs are able to secure a partnership between the user and new supports.

CARD #8: Phase Three – Transfer of Care (Day 8 summary)

The third phase, Transfer of Care, is devoted to testing and adjusting the support systems that have been established in the community.

Monitoring means that the CTI-TS worker will step back and observe how well the supports are working in the user's life. Long-term, community-based linkages that were previously established should at this point be functioning smoothly. The CTI-TS worker will:

- decrease contact with user
- finalize documentation
- arrange a final meeting with the user and long-term supports in which all parties agree who will do what

Termination occurs at 9 months when the intervention is over and you must disengage from users and their families. Termination with user can be challenging to both user and worker. If not addressed, termination can undermine the transition.

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Some of their workers' skills need to be developed further. These skills include:

- Making contact with a user and making them feel at ease;
- Recognizing emotions and users' ability to discuss them. This requires both an awareness of their own emotions, and the physical sensations related to them.
- Showing a user that you understand their problem(s), as well as the feelings related to them.
- Dealing with their own emotions during meetings with users.
- Dealing with people in the community who are judged, by their neighbors, as either mad or bad, and still maintain a good relationship within the community and their own family.
- Reacting in a neutral, non-judgmental way. This requires awareness of ones' own norms and values as something that may be open for discussion;
- Handling the tension between, on the one hand, the high expectations of some of their users, the community and the organizations they cooperate with, and on the other hand, their job description and limited resources.
- Negotiation skills, e.g. saying no in a pleasant way and offering an alternative.

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3. Combating Prejudice and Discrimination through PhotoVoice Empowerment LEADER'S GUIDE. © 2010, Trustees of Boston University, Center for Psychiatric Rehabilitation. All rights reserved.
4. CTI materials

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DAY 2

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<http://www.youtube.com/watch?v=Q47ZtLI4Huc&feature=related> Normal – Living with schizophrenia

<http://www.youtube.com/watch?v=oBhteRTabes&feature=related> Living with Schizophrenia

Australia – “In this video, three people with schizophrenia and one with schizoaffective disorder discuss how they manage their mental illness. The video was produced in consultation with Dr Andy Campbell, consultant psychiatrist, who has a lifetime of experience caring for people with schizophrenia. Medication is a central part of the management of schizophrenia. However it is being increasingly recognized that psychological management, early intervention strategies, recognizing and managing cognitive impairment, sensible lifestyle choices, peer support, and the role of family and friends all play a crucial part in staying well. The people who appear in this video discuss all these aspects of the management of their condition. The video provides a realistic yet optimistic view of life with schizophrenia.”

3:35 min: “I was really extroverted and very loud at school and did all the public speaking competitions... And then I became very quiet. I felt really isolated and couldn't talk to anyone about it. .

6 Australians challenging stigma and discrimination surrounding mental illness. Produced by the NSW Consumer Advisory Group - Mental Health Inc. <http://www.youtube.com/watch?v=y1hp9jjC778> Fay

<http://www.youtube.com/watch?v=MlxD-R1BsWY&feature=relmfu>

Crystal <http://www.youtube.com/watch?v=9i910ux3Ac8&feature=relmfu>

Craig http://www.youtube.com/watch?v=_Y_99GY1wYk&feature=relmfu

Bronwyn

<http://www.youtube.com/watch?v=3Irk2dWgwdg&feature=relmfu> Amy (mother with bipolar)

<http://www.youtube.com/watch?v=DAPfwHtF9m4&feature=relmfu> Katrina (mood swings)

DAY 2

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