

Practicum for case managers and front-line providers

Practice: ENGAGEMENT STRATEGIES

Role play: client who has paranoia and/or negative symptoms for each scenario

Skills to practice: Engagement Skills / **first meeting / beginning stage of goal setting**

1. Begin session in friendly, safe way to identify interests and strengths: “Adaptive mode”
- **Part 1:** Practice conversation starters, find interests and identify when person is at their best, and explore what areas of their life they would like to improve. **Begin the Recovery Goal sheet**

What methods seemed to work best to get to client’s interests?

Reflect on process of going from strengths/values to establishing goals

Experience of the Provider using engagement skills

Experience of the Client in this session. Give the provider feedback.

Take 5 minutes after each 15 min session to give and get feedback from peers in your group. Discuss what it was like to be the client and the provider

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Practice: Empathy for psychosis

Skills to practice: exploratory questions and Reflections; Summarize what you heard

- Show Empathy for psychosis (DO NOT PROBLEM SOLVE YET)
- Exploratory questions- learn about their experience
- Ask client what was most helpful in your meeting today
- Desired practice outcome... client feels heard
- **Part 2:** Explore psychotic symptom (neutral curious approach).

| What helped to build engagement? List examples | What hindered engagement? List examples |
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| Befriending or other positive engagement actions Helpful questions; Helpful Reflections | Lecturing Leading; Confronting |

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| DIALOG | Totally Dissatisfied | Very Dissatisfied | Fairly Dissatisfied | In the middle | Fairly Satisfied | Very Satisfied | Totally Satisfied | Additional help Wanted? Yes/no |
|--|----------------------|-------------------|---------------------|---------------|------------------|----------------|-------------------|--------------------------------|
| 1. How satisfied are you with your Mental health? | | | | | | | | |
| 2. How satisfied are you with your Physical health? | | | | | | | | |
| 3. How satisfied are you with your Job situation? | | | | | | | | |
| 4. How satisfied are you with your Accommodations/housing | | | | | | | | |
| 5. How satisfied are you with your Leisure activities? | | | | | | | | |
| 6. How satisfied are you with your Partner/family? | | | | | | | | |
| 7. How satisfied are you with your Friendships? | | | | | | | | |
| 8. How satisfied are you with your Personal safety? | | | | | | | | |
| 9. How satisfied are you with your Medication? | | | | | | | | |
| 10. How satisfied are you with your Practical help you receive? | | | | | | | | |
| 11. How satisfied are you with your Meetings with mental health professionals? | | | | | | | | |

Top three items

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |

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| Goal # Recovery Enhancement Plan | |
|--|------------------------|
| Brainstorming.....What area of your life would you like to improve? | |
| Values: | |
| Strengths: | |
| What obstacles might you face in trying to reach your goal? | |
| Decide on Long Term Goal: | Target Date: |
| Stepping Stones and Target Dates: | Target Date: |
| 1. _____ _____ | _____ |
| 2. _____ _____ | _____ |
| 3. _____ _____ | _____ |
| If the plan isn't working as you wanted it to, there are three options (circle one): | |
| Keep working at same goal using a different strategy | Modify the goal |
| Pitch the goal and start with a fresh goal | |
| Re-write the Recovery Plan for this goal if needed! | |
| <small>*Inspired by version developed by D. Perivoliotis, SAMHSA CBT-p meeting, 2019</small> | |

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Practice session: START structure and Psychoeducation/Normalizing

Role play a client who hears critical voices

Skills to practice: Practice using the START structure to Normalize voice hearing

Desired practice outcome... session has identifiable order; practice a way to normalize voices

Socialize: Begin relaxed and friendly

Target: Identify some aspect of voice hearing for discussion

Action: **Education and normalization**

- Practice a normalizing strategy:
 - Commonness of experience- especially under stress
 - Famous voice hearers
 - Stress-vulnerability / stress bucket / idea that stress might influence voices
 - Relate a personal experience about stress

R: what did they understand about the topic of discussion. Anything we could do differently next time?

T: Anything further they might want to investigate, ask about before next session.

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| Experience of the Provider using START model and normalizing strategies |
| How did you experience the structure? Which normalization strategy did you try? How did it go? |
| Experience of the Client in this session. Give the provider feedback. |
| |

Take 5 minutes after each 15 min session to give and get feedback from peers in your group. Discuss what it was like to be the client and the provider

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4-step approach to addressing a concern: DIALOG+ (Priebe, et al)

Name/Understand the concern: Summarize the client's concern or problem. Use the client's words.

- People are breaking in and taking things
- Voices are harassing me
- I have no money
- I can't do anything

Name the desired state:

What does the client want to achieve? (less stress; want the problem to stop; want a new job; new relationship). How would we know?

- I want voices to stop- if that happened how would you be? More calm and safe. Can we work toward helping you feel calm and safe?

Explore/Develop plan together: Work together on it to achieve the desired state

- What have you tried? What is working? Why is it not worse?
 - Reflect back what client has tried and how it worked
- Let's put our heads together, to identify some options for a plan to help you (get to desired state).
 - What do you think might help here?
 - Can I offer some suggestions?
 - Have you considered... x, y, z

A note on providing solutions: rule of thumb



- *Ask for ideas/suggestions from the client in at least two different ways before offering your idea. This is also the time to help them remember their values, aspirations, goals- link any action to their desired state.*

Chose and commit to a plan

- Client selects an idea
- Plan homework action idea
 - What will client do?
 - What will provider do?
 - What will others do?
- Follow-up at next meeting

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START structure with DIALOG+ PROBLEM SOLVING METHOD

| Structure | Prompt | Notes and Observations |
|------------------------|--|---|
| S ocialize | How was your week? What was one thing you were most satisfied with / proud of this week? Casual conversation around this topic | Socialize and connect with a client interest or strength |
| T arget | What would you like for us to work together on today? OR if already have a target, can we check on X from last time? *What is most distressing? Reflect back response; can you tell me more? *So, based on what you've said, is it ok if we work on _____ today? (distress item or goal/task to work on) What is working? OR how have you gotten this far? | Identify one area to focus time on per meeting. First steps are to explore and understand the concern or area of work. |
| A ction | Looking to the future, what is the best-case scenario here? What would you like to be different? What is the smallest improvement you could see? -What are you willing to try? -What could I do? -Anyone else could help? | Look forward- what is desired state? Collaboration is important here Explore Small action steps |
| R eview | What was helpful/not helpful today? What sticks with you the most today? | |
| T ake-home work | What is our plan of action before our next meeting? Your task; My task; other person's task | |

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Practice- START structure AND Working with Symptoms

Role play a client who: has voices / paranoia / negative symptoms

1. Explore a coping strategy (start with client idea/strengths and then **build from strengths**) OR plan of action- collaboration is key. Can use the “**Coping with distressing experiences form**” or the **START/DIALOG Method**
 - Explore how person experiences the symptom
 - Identify helpful and unhelpful methods of coping
2. Encourage client to look at situation from different perspectives (can also practice using the **Alternative explanations form**)
 - What did I tell myself when that happened?
 - Is there another way to look at this situation? If I look at it differently, what is the effect?
 - What would I tell a friend if they had this experience; or what might they tell me in this situation?
 - How helpful or unhelpful is this way of looking at things?
 - What would you like to change in the situation? What is one small step in that direction
 - What if what the voice is saying is not accurate or just wrong?

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| Experience of the Provider using START model and coping strategy |
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| Experience of the Client in this session. Give the provider feedback. |
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Take 5 minutes after each 15 min session to give and get feedback from peers in your group. Discuss what it was like to be the client and the provider

Practicum for case managers and front-line providers

Case scenarios for Role plays

For practicum, it is best to role play a client in a way that feels genuine. You can role play a client that you know well who experiences certain symptoms to make it more authentic. Please do not make the role plays too difficult as we are all here for a learning experience. **If the provider is having a hard time, the client should be a little easier to work with. If the provider is doing very well and session is going very easily, consider making the client a little more difficult.** If you do not have any examples that would work for the role play, you can use the cases below as a starting point and then modify as needed. Feel free to elaborate symptoms or to add areas of interest and hobbies to make the role play realistic.

Paranoia:

Client is a young adult with religious based paranoia. Believes that bad things happen because of past behaviors. Believes the devil is punishing him/her, especially when social interactions do not go well. Tends to misperceive social cues. Whenever anything out of the ordinary happens, believes it is due to the devil or demons. He / She stays at home most of the day playing video games and sleeping. Avoids other people because negative feedback confirms belief that he/she will not be able to have a relationship. Difficulty with concentration and short-term memory, makes it hard to process conversations at times. Enjoys music, watching sports, strong faith beliefs, work is very important.

For acute paranoia: person believes they are being followed by a gang. Has made several calls to the police and to family members. Wears a hat and jacket with effort to cover his face when out in public. Appears tense and hypervigilant, looking around the room and “on alert”.

Negative symptoms:

Person is middle-aged, lives by self and has very few social connections. Stays home most of the time and does not feel like doing anything. Children have moved away and has some regrets about their childhood and blames self. Will spend time on the phone with her child and these phone calls can last for hours at a time. Sometimes, he/she loses sleep and becomes more paranoid and holds the idea that her child was abducted in the past. Does not feel like he/she can do anything, despite the fact that he/she makes it to appointments regularly. Moves slowly, mostly due to age, but does get around. Doesn't think people will like him/her. The person has an interest in preparing food, especially desserts and enjoys watching birds.

Voice hearing:

Person is middle-aged with a long history of hearing more than one voice. He/she will respond to internal stimulation in public and then minimize that he/she is responding to voices. The voices are insulting at times, calling him/her names and telling him/her not to shower or not to sleep in the bedroom. Voice sometimes interfere with sleeping at night and with taking showers. Appearance is somewhat dirty and disheveled. Person is sociable, likes music, movies, pets, and still helps elderly parents at times.

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Fidelity tool for using START

| Structure | Task | Review points |
|------------------------|--|--|
| S ocialize | Make it safe and comfortable to talk. Be kind and friendly and refrain from giving advice unless asked | <i>Conversation starter</i> <i>Area of interest identified or brought up</i> |
| T arget/Topic | Keep in mind the client's recovery goals- pick 1-2 targets Explore client's concern- LISTEN Expand client's understanding: | <i>Get agreement on Target/Topic</i> _____ <i>If in engagement, then learning about their experience is a topic</i> <i>Explored topic with gentleness, curiosity</i> <i>Reflected content so client felt heard</i> |
| A ction | Work on the task of the day or steps to address current concern; OR Steps to help client reach goal Encourage client input Remember to collaborate and to share decision making | <i>Action related to something of <u>distress, interest, or importance</u></i> <ul style="list-style-type: none"> • <i>Did client have choices? Were decisions shared?</i> • <i>Were actions important to client?</i> • <i>Was relevant education or normalization shared?</i> • <i>Help client to see connection between action and personal goal?</i> |
| R eview | Ask client for feedback: What was helpful/not helpful today? What sticks with you the most today? Anything we missed? | <i>What did client take away from meeting?</i> |
| T ake-home work | What would you like to work on between now and the next time we meet? Keep it simple | <i>What is one valued action to do before the next meeting?</i> |