

ZERO COERCION



ERASMUS + EUROPEAN PROJECT

INTELLECTUAL OUTPUT I.O.1 CO-CREATED
METHODOLOGY

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INTELLECTUAL OUTPUT PRESENTATION

This Methodological Guide belongs to the project ERASMUS + Zero Coercion project, and is framed within the Intellectual Output 1, being it the final result of all the previous actions taken and planned.

The contents we are going to show you in the next pages, are the result of a co-created and participative methodology where potential final users of the Training Program have participated from the very beginning, giving their points of view (from a previous pre-design) about the possible objectives, contents, methodologies, training materials, etc. that the final Program will have.

Therefore, these Methodological Guide would be helpful in different ways:

- Identification of key competencies related to the prevention of the use of coercion in crisis intervention for people diagnosed with schizophrenia in a home environment and hotspots where participants should improve after Training.
- Development of criteria for evaluation and determination of the approach of the Training Materials (IO.2) and the Experiential Activities (IO.3).
- Identification, evaluation and determination of ICT Tools (APP's) emotional management in crisis prevention to be included in the training program.
- Evaluation and determination of technical and conceptual approach of the e-Training Platform in terms of accessibility, usability and applications or tools, to be included.

CONTEXT AND MAIN RESULTS OF THE CO-CREATION SESSIONS WITH POTENTIAL FINAL USERS

As indicated in the document Report on the results of co-creation sessions:

- Co-creation sessions have been developed with the target groups between 19 June and 18 September 2020 by all the entities participating in the project.
- The total number of attendees of the co-creation sessions has been 46 people, with representatives of the following groups: PwSCZD, family members and mental health professionals
- The breakdown of people attending co-creation sessions based on their profiles has been: 26 PwSCZD, 9 family members and 11 mental health professionals.
- With regard to the training content (workshops) proposed to all attendees in the previous pre-design, they generally agreed that they covered the knowledge and skills necessary to intervene in a crisis at home. In addition, they established as correct the order in which the workshops were presented.





Some suggestions for improving the program and its contents, stressing some important issues already included, were done, some examples are:

1. Some participants considered that dynamic or exercises could be included as jokes or fun games, in order to create an environment of trust.
2. Some of the people with schizophrenia and specialists, provided that the groups should not exceed ten people, and that the sessions should not last an hour or an hour and a half (with rest).
3. Some family members proposed to develop a "questions-answers" guide
4. The importance of addressing the issue of sexuality was also discussed.
5. Another important topic that was discussed by some of the attendees was the approach of negative symptomatology in schizophrenia.

As for the duration or duration preferred by attendees of co-creation sessions, it is 20 to 40 hours, although the distribution is very varied. However, there were several participants who asked for the duration to be extended as long as possible.

- With regard to the distribution between face-to-face and online sessions, in the design of training sessions, the overall results show that most participants had a strong preference for face-to-face classes.
- With regard to the attention to practice and theory in the design of training sessions, a combination of methodologies should be developed that preferably have more practice than theory.
- Regarding the possible and foreseen training materials they should be very visual and practical and useful to enhance inclusive learning spaces. The main to be used should be videos; coach or mentor to support learning, having a training platform sharing ideas, collaboration, networking online and some webinars. All supports should be very visual so they can be used by people with low literacy levels. The methodology should be applied while you do it. Hands on approach, because is not the same explaining a concept that put it into practice, materials should facilitate a hand on approach. Should be taken in consideration that among attendees there are many technological barriers, in terms of knowledge, skills and accessibility, to use ICTs.

CO CREATED METHODOLOGICAL GUIDE INDEX

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METHODOLOGICAL GUIDE DEVELOPMENT

COURSE INTRODUCTION.

The objective of the training program is training for crisis management in people with schizophrenia in home environments through the use of alternative strategies to coercion.

- 1 The purpose is to improve the emotional self-management of people with schizophrenia and thus their family members and professionals. Equipping them with critical skills that will help them cope with the feeling of unrest and resolve the situation in a less traumatic way for all people living in the family sphere.

COURSE GENERAL DATA. Premises, organization and resources.

The course has been designed with the next characteristics:

1. The duration of the course will be in between 45 to 50 hours of which:
 - a. Face to face sessions: until 35 hours
 - b. Online Sessions: until 13 hours
2. The methodology will be active and participative. Trainer should take care of making every session an inclusive learning space, safeguarding the use of:
 - a) Hands on approach methodologies;
 - b) Materials very visual and practical;
 - c) Practical activities should weight more than the 50% till 80% of the course;
 - d) Persons presenting their life story, acting as model of examples (best practices);
 - e) Use PwSCZD mentors to support and your family members as they are very important for modeling and can help overcome barriers in the application of different strategies.
3. it will take place in different workshops and will include the next tools and training materials:
 - a) Face to face sessions.
 - b) seminars of persons that have developed a success case.
 - c) Online sessions and webinars.
 - d) Mentors or coaches will support trainees during the course.
4. An e-Training Platform will be developed with the next purposes:





	<p>a. Allocation the different training materials and resources with access to trainees.</p> <p>b. Virtual working space.</p>
3	<p>PARTICIPANTS. PROFILES AND NUMBER OF ATTENDANTS PER GROUP.</p> <p>The apprentices will have the following profiles and their roles and participation in the workshops has been defined in point 7 of this co-created methodological training guide, which are:</p> <ul style="list-style-type: none">- People diagnosed with schizophrenia (PwSCZD)- Relatives of people with PwSCZD- Supportive professionals <p>Each training course should have in total 15 trainees enrolled that develop activities in smaller groups (training group) lead by a trainer and a facilitator. It is recommended don't having more than 5 trainees per training group, so resources can be assigned and organized efficiently and therefore the training can reach the objectives.</p> <p>Whenever possible, identify mentors or coaches for supporting trainees during the course and while using ICT tools.</p>
4	<p>TRAINING OBJECTIVES.</p> <p>Zero Coercion is a project that is launched with the main objective of increasing the skills (attitudes, knowledge and skills) of people diagnosed with schizophrenia, family members and mental health professionals, incl. peer support workers for crisis management schizophrenia in home environments through the use of alternative strategies to coercion</p> <p>Specific Objectives are:</p> <ul style="list-style-type: none">- Raise awareness of rights and confidence in reducing coercion.- Transfer existing strategies available to manage the PwSCZD crisis without coercive practices and their home application environments.- Promote self-management and also cooperation between PwSCZD, family and professionals and peer support workers.- Train PwSCZD and his family members to serve as peer support.





COMPETENCES, TO ACQUIRE AND IMPROVE

Adaptability

Responds to change with a willingness to learn new ways to accomplish the objectives and with a positive attitude.

Teamwork/Collaboration.

The person participates and delivers its contribution to a group. The person has the ability to work amicably with fellows in several situations and with empathy.

Communication

The person receives, understands and conveys simple and straightforward information in an accurate manner

Decision Making.

Ability to accurately assess a situation and arrive at a positive solution

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Initiative.

Recognizes and acts upon opportunities

Planning and Organizing.

Prioritising. Identify critical tasks. Arrange tasks in a logical order. Use a "to do" list, task plan, or similar planning devices to note action plans, deadlines, etc.

Self-observing

The person who analyses what happened with a metacognitive ability. Being able to see what happened from an emotional estrangement and a more rational understanding.

Digital Competence (e-skills):

Those needed to make use of Information and Communication Technologies (ICT) as well as those required to apply and develop them.





TRAINING CONTENTS OR TOPICS.

TOPIC 1. The exercise of rights of PwSCZD.

1. The rights of PwSCZD vs. coercive practices.
2. Actors involved in the effective application of PwSCZD' rights: the role of relatives and other kindof supports.
3. PwSCZD empowerment:
 - a. Increased roles of PwSCZD in decision making, treatment planning and incident reviews.
 - b. Strength-based treatment.
 - c. Peer support. How to support other PwSCZD and Relatives based on my experience.
 - d. The role of relatives to empower PwSCZD.
 - e. Personal recovery approach

TOPIC 2. The skills and the attitudes needed to be empowered.

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1. Emotional intelligence for PwSCZD: how it can be applied to empower them?
 - Improve communication among actors.
 - Develop a clearly PwSCZD rights and expectations.
 - Collaborative problem solving and Collaborative care models.
2. Emotional intelligence for relatives: how they can boost PwSCZD' empowerment while maintaining their well-being.
 - Supports needed.
 - Using mediation.

TOPIC 3. Strategies preventing the use of coercive measures in domicilliary environments.

1. Personal planning assessment.
 - Identification of individual triggers.
 - Personally, chosen and effective emotional self-management interventions
2. Control behaviour assessment: identifying agitated, disruptive, destructive and to decrease the premature use of restraints.





3. Wellbeing Plan for PwSCZD: activities and supports needed to prevent and reduce crisis.

TOPIC 4. Tools to reduce coercive measures in domiciliary environments while empowering pwsczd and their relatives.

1. Environmental actions: how to create a Comfort Room and/or Quiet Room-Space in a domiciliary environment?
 2. Proactive care: How to use de-escalation in a domiciliary environment?
 3. Reviewing Practice: How to use de-briefing in a domiciliary environment?
 4. Physical and emotional wellbeing: How to use mindfulness and sports in a domiciliary environment?
- Other tools.

TRAINING METHODOLOGY.

To achieve the aforementioned objectives, it is proposed to develop a **training methodology** based on the following premises:

- Adapted and modulated to the learning capabilities of persons belonging to target groups.
- The training will be based in the concepts of experiential training and learning by doing, therefore the training methodology will be mainly active and practical.
- Training sessions will take place in the contexts and online, therefore training materials and training tools will be developed to be used in both training environments.
- Participation of trainees will be a must during the training courses; therefore, trainers will boost activities where trainees could interact and exchange of experiences and knowledge between them and with different actors.
- The training course will have a mentoring/coaching approach. Technicians will support the trainees along the training course.
- An e-Training Platform will be developed to facilitate online training sessions, to share knowledge and experiences of trainees and to support training courses through different online training tools.

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	WORKSHOPS PLANNING.
8.1	WS1 What are my rights? How and who can help me exercise them?
	Objectives: <ul style="list-style-type: none">• Know what my rights are.• Know who and where to address a doubt.• Knowing what to do in the event that my rights are violated
	Participants: <ul style="list-style-type: none">• PwSCZD• Relatives• Mental health professionals
	Competences: <ul style="list-style-type: none">• Empowerment.• Digital skills
	Learning contents: TOPIC 1 <ol style="list-style-type: none">1. Rights of people with mental health problems.2. Actors involved in the effective application of PwSCZD' rights: the role of relatives and other kind of supports
	Workshop duration: <ul style="list-style-type: none">• Possible length of the workshops and the balance of Face to Face and Online Training:• Length: short duration• Face to face session: 4 hours• Online training: 1 hour and 10 minutes
8.1	Transversal training: <ul style="list-style-type: none">• Mentor/Coach. Gives support to trainees about ideas identified and about the potential development of the ideas, and gives also support during the first experiences when trainees engage in Digital Platforms.
	Methodology: <ul style="list-style-type: none">• Active and participative.
	Training materials:





	<ul style="list-style-type: none">• Face to face sessions: Trainer should take care of making every session an inclusive learning space, safeguarding the use of hands on approach methodologies; materials very visual and practical; practical activities should weight more than the 60% till 80% of the course; persons presenting their life story, acting as model of examples (best practices); use easy to read documents and information; use mentors to support PwSCZD and their relatives because they are very important for modelling and can help overcoming ITC barriers• Online Training: Trainer should share contents supported in videos, online sessions and webinars. Mentors or coaches should support trainees during online training sessions if needed.
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8.2	WS2. What are my competencies and what should I enhance?
	Objectives: <ul style="list-style-type: none">• Self-assessment of the main strengths and weaknesses related to the skills needed to have self-control.• Detect what my weaknesses are.
	Participantes: <ul style="list-style-type: none">• PwSCZD• Relatives• Mental health professionals
8.2	Competences: <ul style="list-style-type: none">• Self-absorption.• Motivation.• Self-criticism.• Empowerment.• Digital skills
	Learning content. TOPIC 1. <ol style="list-style-type: none">1. Actors involved in the effective application of PwSCZD' rights: the role of relatives and other kindof supports.2. PwSCZD empowerment:





- Increased roles of PwSCZD in decision making, treatment planning and incident reviews.
- Strength-based treatment

Workshop duration:

- Possible length of the workshops and the balance of Face to Face and Online Training:
- **Length:** short duration
- **Face to face session:** 2 hours
- **Online training:** 1 hour

Transversal training:

- **Mentor/Coach.** Gives support to trainees about ideas identified and about the potential development of the ideas, and gives also support during the first experiences when trainees engage in Digital Platforms.

Methodology:

- Active and participative.

Training materials:

- **Face to face sessions:** Trainer should take care of making every session an inclusive learning space, safeguarding the use of hands on approach methodologies; materials very visual and practical; practical activities should weight more than the 80% till 90% of the course; persons presenting their life story, acting as model of examples (best practices); use easy to read documents and information; use mentors to support PwSCZD and their relatives because they are very important for modelling and can help overcoming ITC barriers
- **Online Training:** Trainer should share contents supported in **videos**, online sessions and webinars. Mentors or coaches should support trainees during online training sessions if needed.





8.4	WS4. Evaluate me to create personal planning my triggers?
8.4	<p>Objectives:</p> <ul style="list-style-type: none">• Know what my personal limits are.• Learn to analyze situations <p>Participants:</p> <ul style="list-style-type: none">• PwSCZD• Relatives• Mental health professionals <p>Competences:</p> <ul style="list-style-type: none">• Communication• Decision-making• Self-observing• Critical thinking <p>Learning content. TOPIC 1.</p> <p>PwSCZD empowerment:</p> <ul style="list-style-type: none">• Increased roles of PwSCZD in decision making, treatment planning and incident reviews.
8.4	<p>Workshop duration:</p> <ul style="list-style-type: none">• Possible length of the workshops and the balance of Face to Face and Online Training:• Length: short duration• Face to face session: 1 hour and a half• Online training: 1 hour. <p>Transversal training:</p> <ul style="list-style-type: none">• Mentor/Coach. Gives support to trainees about ideas identified and about the potential development of the ideas, and gives also support during the first experiences when trainees engage in Digital Platforms. <p>Methodology:</p> <ul style="list-style-type: none">• Active and participative. <p>Training materials:</p> <ul style="list-style-type: none">• Face to face sessions: Trainer should take care of making every session an inclusive learning space, safeguarding the use of hands on approach methodologies; materials very visual and practical; practical activities should weight more than the 80% till 90% of the course; persons presenting their life story, acting as model of examples (best





practices); use easy to read documents and information; use mentors to support PwSCZD and their relatives because they are very important for modelling and can help overcoming ITC barriers

- **Online Training:** Trainer should share contents supported in **videos**, online sessions and webinars. Mentors or coaches should support trainees during online training sessions if needed.





8.5	WS5. Define my continuous wellness plan to prevent crisis episodes with the collaboration of my supports
8.5	<p>Objectives:</p> <ul style="list-style-type: none">- Develop an action plan.- Learn to ask for help from my supports. <p>Participants:</p> <ul style="list-style-type: none">- PwSCZD- Relatives- Mental health professionals <p>Competences:</p> <ul style="list-style-type: none">- Teamwork / Collaboration.- Communication- Decision-making- Building trust <p>Learning content. TOPIC 2.</p> <ol style="list-style-type: none">1. Emotional intelligence for PwSCZD: how it can be applied to empower them?<ul style="list-style-type: none">• Improve communication among actors.• Develop a clearly PwSCZD rights and expectations.• Collaborative problem solving and Collaborative care models.2. Emotional intelligence for relatives: how they can boost PwSCZD empowerment while maintaining their well-being.<ul style="list-style-type: none">• Supports needed.• Using mediation. <p>Workshop duration:</p> <ul style="list-style-type: none">- Possible length of the workshops and the balance of Face to Face and Online Training:- Length: short duration- Face to face session: 6 hours- Online training: if you prefer the 6 hours can all be online
	Transversal training:





	<ul style="list-style-type: none">• Mentor/Coach. Gives support to trainees about ideas identified and about the potential development of the ideas, and gives also support during the first experiences when trainees engage in Digital Platforms. <p>Methodology:</p> <ul style="list-style-type: none">• Active and participative. <p>Training materials:</p> <ul style="list-style-type: none">• Face to face sessions: Trainer should take care of making every session an inclusive learning space, safeguarding the use of hands on approach methodologies; materials very visual and practical; practical activities should weight more than the 75% till 85% of the course; persons presenting their life story, acting as model of examples (best practices); use easy to read documents and information; use mentors to support PwSCZD and their relatives because they are very important for modelling and can help overcoming ITC barriers• Online Training: Trainer should share contents supported in videos, online sessions and webinars. Mentors or coaches should support trainees during online training sessions if needed.
8.6	WS6. Increase my role in decision-making, crisis treatment planning
8.6	<p>Objectives:</p> <ul style="list-style-type: none">- Learn to be responsible for my actions.- Acquire prevention strategies.- Improve self-control skills. <p>Participants:</p> <ul style="list-style-type: none">- PwSCZD- Relatives- Mental health professionals <p>Competences:</p> <ul style="list-style-type: none">- Teamwork / Collaboration.- Communication- Decision-making- Building trust <p>Learning content. TOPIC 2.</p> <ol style="list-style-type: none">1. Emotional intelligence for PwSCZD: how it can be applied to empower them?



- Improve communication among actors.
- Develop a clearly PwSCZD rights and expectations.
- Collaborative problem solving and Collaborative care models.

2. Emotional intelligence for relatives: how they can boost PwSCZD empowerment while maintaining their well-being.

- Supports needed.
- Using mediation.

Workshop duration:

- Possible length of the workshops and the balance of Face to Face and Online Training:
- Length: short duration
- Face to face session: 6 hours
- Online training: if you prefer the 6 hours can all be online

Transversal training:

- **Mentor/Coach.** Gives support to trainees about ideas identified and about the potential development of the ideas, and gives also support during the first experiences when trainees engage in Digital Platforms.

Methodology:

- Active and participative.

Training materials:

- **Face to face sessions:** Trainer should take care of making every session an inclusive learning space, safeguarding the use of hands on approach methodologies; materials very visual and practical; practical activities should weight more than the 80% till 100% of the course; persons presenting their life story, acting as model of examples (best practices); use easy to read documents and information; use mentors to support PwSCZD and their relatives because they are very important for modelling and can help overcoming ITC barriers
- **Online Training:** Trainer should share contents supported in videos, online sessions and webinars. Mentors or coaches should support trainees during online training sessions if needed.

8.7 **WS7. What should my comfort space have? When should I use it?**

8.7 **Objectives:**

- Create a space of tranquility and protection.





- Generate wellness conditioning in that space.
- Learn how to use that space properly. Make it a therapeutic tool.

Participants:

- PwSCZD
- Relatives
- Mental health professionals

Competences:

- Self-observing
- Creativity

Learning content. TOPIC 4.

1. Environmental actions: how to create a Comfort Room and/or Quiet Room-Space in a domiciliary environment?

Workshop duration:

- Possible length of the workshops and the balance of Face to Face and Online Training:
- Length: short duration
- Face to face session: 3 hours
- Online training: 2 hours

Transversal training:

- **Mentor/Coach.** Gives support to trainees about ideas identified and about the potential development of the ideas, and gives also support during the first experiences when trainees engage in Digital Platforms.

Methodology:

- Active and participative.

Training materials:

- **Face to face sessions:** Trainer should take care of making every session an inclusive learning space, safeguarding the use of hands on approach methodologies; materials very visual and practical; practical activities should weight more than the 75% till 85% of the course; persons presenting their life story, acting as model of examples (best practices); use easy to read documents and information; use mentors to support PwSCZD and their relatives because they are very important for modelling and can help overcoming ITC barriers
- **Online Training:** Trainer should share contents supported in **videos**, online sessions and webinars. Mentors or coaches should support trainees during online training sessions if needed.





8.8	WS8. Learning to de-escalate
8.8	<p>Objectives:</p> <ul style="list-style-type: none">• Train cognitive discursion.• Use positive self-speech.• Empowering communication strategies. <p>Participants:</p> <ul style="list-style-type: none">• PwSCZD• Relatives• Mental health professionals <p>Competences:</p> <ul style="list-style-type: none">• Teamwork / Collaboration.• Communication• self-observing <p>Learning content. TOPIC 4.</p> <ol style="list-style-type: none">1. Proactive care: How to use de-scalation in a domiciliary environment?2. Reviewing Practice: How to use de-briefing in a domiciliary environment? <p>Workshop duration:</p> <ul style="list-style-type: none">• Possible length of the workshops and the balance of Face to Face and Online Training:• Length: short duration• Face to face session: 1 hour• Online training: 2 hours and a half <p>Transversal training:</p> <ul style="list-style-type: none">• Mentor/Coach. Gives support to trainees about ideas identified and about the potential development of the ideas, and gives also support during the first experiences when trainees engage in Digital Platforms. <p>Methodology:</p> <ul style="list-style-type: none">• Active and participative. <p>Training materials:</p> <ul style="list-style-type: none">• Face to face sessions: Trainer should take care of making every session an inclusive learning space, safeguarding the use of hands on approach methodologies; materials





	<p>very visual and practical; practical activities should weight more than the 80% till 90% of the course; persons presenting their life story, acting as model of examples (best practices); use easy to read documents and information; use mentors to support PwSCZD and their relatives because they are very important for modelling and can help overcoming ITC barriers</p> <ul style="list-style-type: none">• Online Training: Trainer should share contents supported in videos, online sessions and webinars. Mentors or coaches should support trainees during online training sessions if needed.
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8.9	WS9. Analysis after the crisis. Learning from mistakes.
	Objectives: <ul style="list-style-type: none">• Encourage error pedagogy.• Know my limitations and know my strengths.• Encourage my strengths.• Accept my feelings and accept myself.
	Participants: <ul style="list-style-type: none">• PwSCZD• Relatives• Mental health professionals
8.9	Competences: <ul style="list-style-type: none">• Acceptance• Self-observation• Motivation
	Learning content. TOPIC 4 <ol style="list-style-type: none">1. Reviewing Practice: How to use de-briefing in a domiciliary environment?
	Learning content. TOPIC 3 <ol style="list-style-type: none">4. Personal planning assessment.<ul style="list-style-type: none">• Identification of individual triggers.• Personally, chosen and effective emotional self-management interventions5. Control behaviour assessment: identifying agitated, disruptive, destructive and to decrease the premature use of restraints.





Workshop duration:

- Possible length of the workshops and the balance of Face to Face and Online Training:
- **Length:** short duration
- **Face to face session:** 1 hour and a half
- **Online training:** 1 hour.

Transversal training:

- **Mentor/Coach.** Gives support to trainees about ideas identified and about the potential development of the ideas, and gives also support during the first experiences when trainees engage in Digital Platforms.

Methodology:

- Active and participative.

Training materials:

- **Face to face sessions:** Trainer should take care of making every session an inclusive learning space, safeguarding the use of hands on approach methodologies; materials very visual and practical; practical activities should weight more than the 80% till 90% of the course; persons presenting their life story, acting as model of examples (best practices); use easy to read documents and information; use mentors to support PwSCZD and their relatives because they are very important for modelling and can help overcoming ITC barriers
- **Online Training:** Trainer should share contents supported in **videos**, online sessions and webinars. Mentors or coaches should support trainees during online training sessions if needed.

8.10





8.10	WS10. Practice mindfulness/relaxation alone or with my supports.
	Objectives:
	<ul style="list-style-type: none">• Practice strategies to reduce discomfort.• Know strategies that help me feel better.• Create greater affective bonding with my supports.
	Participants:
	<ul style="list-style-type: none">• PwSCZD• Relatives• Mental health professionals
	Competences:
	<ul style="list-style-type: none">• Communication• Relaxation• Concentration
	Learning content. TOPIC 3
	1. Wellbeing Plan for PwSCZD: activities and supports needed to prevent and reduce crisis.
	Learning content. TOPIC 4
1. Physical and emotional wellbeing: How to use mindfulness and sports in a domiciliary environment?	
Workshop duration:	
<ul style="list-style-type: none">• Possible length of the workshops and the balance of Face to Face and Online Training:• Length: short duration• Face to face session: 1 hour• Online training: half hour.	
Transversal training:	
<ul style="list-style-type: none">• Mentor/Coach. Gives support to trainees about ideas identified and about the potential development of the ideas, and gives also support during the first experiences when trainees engage in Digital Platforms.	
Methodology:	
<ul style="list-style-type: none">• Active and participative.	
Training materials:	





- **Face to face sessions:** Trainer should take care of making every session an inclusive learning space, safeguarding the use of hands on approach methodologies; materials very visual and practical; practical activities should weight more than the 80% till 90% of the course; persons presenting their life story, acting as model of examples (best practices); use easy to read documents and information; use mentors to support PwSCZD and their relatives because they are very important for modelling and can help overcoming ITC barriers.
- **Online Training:** Trainer should share contents supported in videos, online sessions and webinars. Mentors or coaches should support trainees during online training sessions if needed.





8.11	WS11. Playing sport
	<p>Objectives:</p> <ul style="list-style-type: none">• Learn strategies where we take care of our mind and body.• Acquire strategies that help release tension. <p>Participants:</p> <ul style="list-style-type: none">• PwSCZD• Relatives• Mental health professionals <p>Competences:</p> <ul style="list-style-type: none">• Acquire routine• Motor skills• knowledge use of new technologies <p>Learning content. TOPIC 3</p> <ol style="list-style-type: none">1. Wellbeing Plan for PwSCZD: activities and supports needed to prevent and reduce crisis. <p>Learning content. TOPIC 4</p> <ol style="list-style-type: none">2. Physical and emotional wellbeing: How to use mindfulness and sports in a domiciliary environment? <p>Workshop duration:</p> <ul style="list-style-type: none">• Possible length of the workshops and the balance of Face to Face and Online Training:• Length: short duration• Face to face session: 1 hour and a half• Online training: 45 minutes <p>Transversal training:</p> <ul style="list-style-type: none">• Mentor/Coach. Gives support to trainees about ideas identified and about the potential development of the ideas, and gives also support during the first experiences when trainees engage in Digital Platforms. <p>Methodology:</p> <ul style="list-style-type: none">• Active and participative. <p>Training materials:</p>





- **Face to face sessions:** Trainer should take care of making every session an inclusive learning space, safeguarding the use of hands on approach methodologies; materials very visual and practical; practical activities should weight more than the 80 till 100% of the course; persons presenting their life story, acting as model of examples (best practices); use easy to read documents and information; use mentors to support PwSCZD and their relatives because they are very important for modelling and can help overcoming ITC barriers
- **Online Training:** Trainer should share contents supported in videos, online sessions and webinars. Mentors or coaches should support trainees during online training sessions if needed.





8.12	WS12. New technologies that help me self-care
	<p>Objectives:</p> <ul style="list-style-type: none">• Learn how to use new technologies.• Have resources for emotional management. <p>Participants:</p> <ul style="list-style-type: none">• PwSCZD• Relatives• Mental health professionals <p>Competences:</p> <ul style="list-style-type: none">• Teamwork / Collaboration.• Communication• Decision-making• Building trust <p>Learning content . TOPIC 3 .</p> <ol style="list-style-type: none">1. Wellbeing Plan for PwSCZD: activities and supports needed to prevent and reduce crisis. <p>Workshop duration:</p> <ul style="list-style-type: none">• Possible length of the workshops and the balance of Face to Face and Online Training:• Length: short duration• Face to face session: 2 hours• Online training: 0 <p>Transversal training:</p> <ul style="list-style-type: none">• Mentor/Coach. Gives support to trainees about ideas identified and about the potential development of the ideas, and gives also support during the first experiences when trainees engage in Digital Platforms. <p>Methodology:</p> <ul style="list-style-type: none">• Active and participative. <p>Training materials:</p> <ul style="list-style-type: none">• Face to face sessions: Trainer should take care of making every session an inclusive learning space, safeguarding the use of hands on approach methodologies; materials very visual and practical; practical activities should weight more than the 80% till 100% of the course; persons presenting their life story, acting as model of examples (best





practices); use easy to read documents and information; use mentors to support PwSCZD and their relatives because they are very important for modelling and can help overcoming ITC barriers

- **Online Training:** Trainer should share contents supported in **videos**, online sessions and webinars. Mentors or coaches should support trainees during online training sessions if needed.

WS13. Develop peer support dynamics.

Objectives:

- Empower yourself
- Increase self-esteem
- Giving and receiving support
- Be experts in crisis intervention

Participants:

- PwSCZD
- Relatives
- Mental health professionals

8.1
3





Competences:

- Teamwork / Collaboration.
- Communication
- Decision-making
- Building trust

Learning content. TOPIC 1.

- PwSCZD empowerment:
- Peer support. How to support other PwSCZD and Relatives based on my experience.
- The role of relatives to empower PwSCZD.

Workshop duration:

- Possible length of the workshops and the balance of Face to Face and Online Training:
- **Length:** short duration
- **Face to face session:** 3 hours
- **Online training:** 2 hours

Transversal training:

- **Mentor/Coach.** Gives support to trainees about ideas identified and about the potential development of the ideas, and gives also support during the first experiences when trainees engage in Digital Platforms.

Methodology:

- Active and participative.

Training materials:

- **Face to face sessions:** Trainer should take care of making every session an inclusive learning space, safeguarding the use of hands on approach methodologies; materials very visual and practical; practical activities should weight more than the 80% till 90% of the course; persons presenting their life story, acting as model of examples (best practices); use easy to read documents and information; use mentors to support PwSCZD and their relatives because they are very important for modelling and can help overcoming ITC barriers
- **Online Training:** Trainer should share contents supported in **videos**, online sessions and webinars. Mentors or coaches should support trainees during online training sessions if needed.





9	<p>EXPECTED RESULTS. At the end of the training course, trainees:</p> <ol style="list-style-type: none">1. They will have acquired an in-depth knowledge of what are alternative emotional management strategies to coercion.2. You will have greater knowledge than to do when you are unwell.3. You will have a good knowledge of your skills and competencies in order to apply on a daily basis.4. There have been some experiences using alternative strategies
10	<p>ASSESSMENT METHODOLOGY.</p>
10.1	<p>SATISFACTION ASSESSMENT.</p> <p>A satisfaction questionnaire will be developed in order to measure trainees' satisfaction regarding the next variables, among others:</p> <ol style="list-style-type: none">1. Training materials.2. Training methodology.3. E-Training Platform.4. Resources and facilities.5. Trainers and mentors/coaches' performance.6. Global satisfaction with the course.
10.2	<p>LEARNING ASSESSMENT.</p> <p>Trainee's learning assessment will be done accordingly:</p> <ol style="list-style-type: none">1. Evaluation per workshop (Checklist fill in from direct and indirect observation)2. Self-evaluation.



11. Training course planning proposal.

This training course contents will be delivered in 7 Design Experiential Training Activities (DETA)	DETA 1 KNOWING MYSELF AND MY SUPPORTS	DETA 2 EMPOWERING MYSELF AND MY SUPPORTS	3 DETA CO-CREATING MY OWN "COMFORT SPACE".	4 DETA BEING PROACTIVE: DE-ESCALATING MYSELF AT HOME.	DETA 5 REVIEWING MYSELF: DE-BRIEFING AT HOME	DETA 6 MY PHYSICAL AND EMOTIONAL WELLBEING AT HOME	DETA 7 SUPPORTING OTHER PERSONS LIKE ME
OBJECTIVES	<p>WS1: What are my rights? How and who can help me exercise them? WS2: What are my competencies and what should I enhance?</p> <p>WS3: What are my supports? What skills do you need to empower me?</p> <p>WS4: Evaluate me to create personal planning: My internal, environmental, self-control triggers?</p>	<p>WS 5: Define my continuous wellness plan to prevent crisis episodes with the collaboration of my supports.</p> <p>WS6: Increase my role in decision-making, crisis treatment planning</p>	<p>WS7: What should my comfort space have? When should I use it?</p>	<p>WS8: Learning to de-escalate.</p>	<p>WS9: Analysis after crisis. Learning from mistakes.</p>	<p>WS 10: Practice mindfulness/relaxation alone or with my supports.</p> <p>WS11: Practice sports.</p> <p>WS12: New technologies that help me self-care.</p>	<p>WS13: Develop peer support dynamics.</p>



COMPETENCES	<ul style="list-style-type: none"> * How and where to look for human rights information. * That organizations can help me know my rights. * Know analysis and self-observing strategies. * Know my symptoms in the face of a possible crisis. * Identify signs, symptoms and prodromes that help me ask for help early. * Train in the family empowerment strategies. 	<ul style="list-style-type: none"> *Identify signs, symptoms and prodromes that help me ask for help in time. * Have an advance will plan. *Think about my relapse prevention behaviors. * Create a vehicle of good communication with my supports. 	<ul style="list-style-type: none"> *Design positive strategies to manage discomfort. *Reflect when the strategy to use can be useful to me. *Know an alternative to coercion. 	<ul style="list-style-type: none"> *Learn to lessen discomfort both with the help of support and individually. *Know a new alternative tool to coercion. *Stimulate self-control. 	<ul style="list-style-type: none"> *Learn to analyze situations. * Learn to improve. *Learn alternative strategies. *Recognize symptoms of the crisis. *Identify triggers associated with how I feel. *Understand schizophrenia. *Tolerating error. 	<ul style="list-style-type: none"> *Knowing new tools that will help me feel better. *Share pleasant activities with my supports. *Acquiring skills from using new technologies. 	<ul style="list-style-type: none"> *Empowering. *Increase self-esteem. *Feel like you're helpful.
CONTENTS	Topic 1	Topic 2	Topic 4	Topic 4	Topic 3 Y Topic 4	Topic 3	Topic 1
PARTICIPANTS	- PwSCZD -Relatives -Mental health professionals	- PwSCZD -Relatives -Mental health professionals	- PwSCZD -Relatives -Mental health professional	- PwSCZD -Relatives -Mental health professionals	- PwSCZD -Relatives -Mental health professionals	- PwSCZD -Relatives -Mental health professionals	- PwSCZD -Relatives -Mental health professionals

Erasmus + European project
Training program for the management of schizophrenia crisis in home environments



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social
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activities
for vulnerable
groups