ZERO COERCION

ERASMUS + EUROPEAN PROJECT

TRAINING MATERIALS_1

2019-1-ES01-KA204-065856

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HUMAN RIGHTS ARE MY RIGHTS

WHAT ARE HUMAN RIGHTS?

„All human being are born free and equal". This is how the **Universal Declaration of Human Rights** begins. Simply because you were born a human being you have the same rights as everyone else. This declaration was adopted in the year 1948, following the atrocities of the World War II. No other human rights were invented since then. Your country not only ratified this declaration but also incorporated the statements from it to the national law. So your rights are legally protected. The main principles are as follows:

- **Fairness** towards all human beings
- **Respect** for others
- **Equality** among all people
- **Dignity** is to be preserved at all times
- **Freedom** for all people

Some rights can be limited in special cases. For example, when the exercise of the rights by one person infringes the rights of another person. However, such rights as the right to life, freedom from torture or discrimination can never be limited.

You can watch a video about the Declaration here:

https://www.youtube.com/watch?v=ew993Wdc0zo (available only in English);

https://www.youtube.com/watch?v=nDgIVseTkuE&t=100s (also in English language but with various subtitles).

HOW ABOUT THE RIGHTS OF PERSONS WITH DISABILITIES?

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Sadly, not everywhere and not always human rights are protected in both theory and practice. It was noticed again and again that persons with **disabilities** experience violations of human rights way more often than other people. Thus, another important document – the UN **Convention on the Rights of Persons with Disabilities** – was adopted in 2006 and ratified by many countries, including ours. This Convention does not create new rights, it just simply shows how human rights apply to people with disabilities. For drafting it, persons with various disabilities themselves were actively involved, as they know best how their rights must be protected and implemented.

First and foremost, this Convention is important because it acknowledges that disability is an evolving concept, and that it results *from the interaction between persons with impairments and attitudinal, informational and environmental barriers that hinder their full and effective participation in society on an equal basis with others.* What does this mean?

Disability (be it related to the loss of vision or diagnosis of schizophrenia) does not come only from the real or perceived impairment (like being unable to see or having some symptoms of schizophrenia). Disability emerges only when this person due to other people's attitudes or any exiting barriers in society is prevented from enjoying his or her rights on an equal basis with others. And if such barriers are eliminated – then the person will not be faced with an experience of a disability, regardless of her or his impairment.

This is a revolution in how we understand disability! Because for a very long time it was thought that people with disabilities have to rely on goodwill of other people and the state with various big institutions created for them. Or they were thought of as having some sort of a problem within themselves, being 'abnormal', in need of being 'fixed' or in need of a cure before they can live a happy life. Such an approach is very disempowering. And while it is still alive in a lot of people's minds, it is bound to change with the implementation of the UN Convention on the Rights of Persons with Disabilities.

Thus, we also like to use the term 'psychosocial disability' rather than 'mental disability' in order to emphasise the importance of social aspects surrounding each person, not only psychological.

The thing is – all of us are different, diverse and individual. However, for some of us additional barriers exist in society. These barriers are discriminatory and have to be eliminated. Also, additional help needs to be available for people with disabilities – not only medical, but also psychological, social and other types of individual support. For example, someone experiencing a mental health problem should be able to access not only medical services and medication, but also therapy, community support, be offered suitable working conditions such as flexible working hours, or adequate support if she or he is unable to work.

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Among many important things worth pointing out are also these articles of the UN Convention on the Rights of Persons with Disabilities:

- **Article 14. Liberty and security of person**. It also means that no one can be deprived of their liberty just on the basis of their diagnosis or disability.
- **Article 15. Freedom from torture or cruel, inhuman or degrading treatment or punishment**. It also means that coercive practices in mental health care context are a form of torture. We will speak about coercion more later.
- **Article 25. The Right to Health** also means that no mental health or other service providers may treat you disrespectfully, deny needed help or act without the informed consent of the person.

WHEN IT COMES TO COERCION

You might still be wondering how come sometimes people (maybe even the people you know) are unable to exercise their human rights. Some take pills without being informed what sort of medicine that is, others hear demeaning words from doctors or are unable to have their privacy respected or to communicate with their friends while they are in hospital, etc. Various human rights violations are uncovered in mental health care settings and services. This is called **coercion**. This means involuntary, forced or non-consensual measures carried out in mental health care services for people with mental health problems.

Thus, coercion is understood not only as direct violence like **physical** violence (hitting, grabbing at clothing, throwing objects, etc.), **emotional** violence (controlling through intimidation, humiliation, etc.), **verbal** violence (demeaning, infantilizing, aggressive language, etc.), **sexual** violence (sexual assault, unwanted touching of body, etc.) **economic** violence (controlling person's resources). It also can be **neglect** – not providing for basic needs or not giving the needed support. Also placement in hospital or any other institution against someone's expressed wishes, using restraints there – both physical, mechanical or/and chemical, as well as isolating.

Mental health care personnel using coercive measures often think that those are necessary to help the person in distress or needed to manage the difficult situation. In mental health care services, the power hierarchy is often explicit and it adds to the false notion that ' the doctor always knows best' what the patient needs. However, like any other violence coercion can lead to psychological trauma, fear experienced can deter help-seeking behavior and forever break

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the therapeutic connection and, simply, the trust between a person in need of support and the person providing that support.

This whole training course is aimed at stopping coercive practices in various ways. We believe that there is something that can be done by specialists, relatives and person who experiences mental health problems to stop coercion. Therefore, during next lessons this term will be mentioned once in a while and various strategies to solve crises in a way it does not lead to coercion will be offered.

A video with English subtitles about coercion and how Check Republic has been trying to decrease coercive practices in mental health hospitals: https://www.youtube.com/watch?v=3kDrwkF9928&t=405s

RECOVERY APPROACH

Another important thing to emphasize here is that together with the changing understanding of such concepts as disability and mental health, more and more people have started to see disadvantages in the framing of 'illness' and 'health'.

We all have mental health and we all have some difficulties at times. According to the World Health Organization, one in four people experience what can be called a mental health 'disorder' at some point in their lives. It means it is a very common human experience. It is a normal reaction to specific experiences we may have. On the other hand, we all use various resources and get help from friends, community and sometimes professionals in dealing with these difficulties. Does it make any sense to say that some of us are 'sick' or have a 'disorder', and some are 'healthy'?

Thus, a concept of **recovery** has been developed. It goes beyond any diagnosis or symptoms. It has nothing to do with 'being cured'. It can be broadly defined as living a meaningful and satisfying life, with hope for the future (MHE), regardless of any difficulties, problems or diagnosis that we may have. It does not necessary mean you don't experience mental distress or any particular symptoms. Although with time you may become better at living with those or learning to manage them better.

This approach recognizes people who have mental health problems as wholesome individuals, who have their individual personalities, their strengths, abilities and hobbies, whose purpose in life and ability to enjoy life is separate from any particular mental health challenges.

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Recovery is seen as a journey. We are constantly seeking recovery when we have had a hard time. And only you know what 'recovery' means for you.

Recovery approach is very much in line with human rights based approach.

You can watch a video about recovery here: https://www.youtube.com/watch?v=0Y9dSgA-tiU (available only in English);

And here: https://www.youtube.com/watch?v=ZdONPEyGknI&feature=youtu.be (available only in English).

RESOURCES

Universal Declaration of Human Rights, United Nations: https://www.un.org/en/universal-declaration-human-rights/

UN Convention on the Rights of Persons with Disabilities, United Nations: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

QualityRights materials for training, guidance and transformation, World Health Organization: https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools

Mental Health Europe Glossary, Mental Health Europe: https://mhe-sme.org/wp-content/uploads/2018/07/MHE-Glossary-2018.pdf

Mapping and understanding exclusion in Europe, Mental Health Europe: https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf

Strout T. Perspectives on the experience of being physically restrained: an integrative review of the qualitative literature. International Journal of Mental Health Nursing. 2010; 19: 416-427.

Funk M, Drew N. Practical strategies to end coercive practices in mental health services. World Psychiatry. 2019; 18: 43-44.

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Instruction for the trainers

1. Before starting the session have a moment to plan – not only to review the content and other materials but also to see the space where the trainings will take place. Critical questions:
    a. Is it accessible? If not – how to make it accessible?
    b. Is it easy to find? Do you need to give more easy-to-read instructions or arrows leading to the training venue?
    c. Is projector, flipchart and other things you need available?
    d. Is there enough space to do group activities?
    e. Is there enough space to follow social distancing and other measures required due to Covid-19 or other public health concerns?

2. To have a successive training a trusting atmosphere have to be created. So that participants feel safe to share their experiences or express their thoughts. Identifying together the rules of the group is a start for that. But it is very important for the trainers themselves to not show any stigmatization towards the participants. In contrary, to express full respect for their opinions even if there are different than the material presented. You as a trainer are here to share a collective insights, to discuss them but not to preach the truth. Use emphatic listening techniques. Helping the participants feel respected adheres to the aims of the training - to empower people with lived experience of schizophrenia crisis.

3. Don't rush! Using any presentation or exercise give enough time for questions and reflections of participants. Once you remind the audience that they can give questions

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– give time for people to formulate those questions. Time spent in discussion is more important than covering all the slides of presentation in time. Always adapt your speed of giving information to the participants who need more time to understand the material. On the other hand, always respect time for breaks and finishing the session in time.

4. The training session covers some sensitive material that might provoke strong reactions if participants have experienced discrimination, coercion or other unpleasant experiences while receiving mental health services. During the training be aware of all the participants' reactions. In case a participant gets very upset or agitated one of the trainers can accompany him or her out of the room and offer emotional support by emphatic listening. That is why it is better to have two trainers so that one could give attention to a particular participant if such situation arise but the process of training would not be disrupted. The remaining trainer should normalize these reactions to the rest of the group – *if we experienced one of those situations, remembering them or speaking about them can get us upset*. *Despite that it is important to speak about it. The final aim of these training is to help deal with crisis without coercion so to avoid having such experiences.*

5. Three different target groups might be participating in the training: people with lived experience of schizophrenia crisis, their relatives and specialists. If it is a mixed group

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there are a lot of benefits to it – discussion can be more interesting and fruitful. But at the same time power imbalance can arise – relatives and specialists might be better spoken and more active during the training. Your role is to moderate the discussion in a way to give space for everybody's voice to be heard and express clearly that the experience of all these groups are equally valuable.

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„All human being are born free and equal“

Universal Declaration of Human Rights

Name some examples of human rights

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Exercise. Do we always have equal rights?

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Do people who have experienced schizophrenia crisis have the same human rights?

Name examples of situations where it can be more difficult?

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A psychiatrist was intimidating me, only the residents tried to understand me. Another doctor forbid me from seeing a friend in different hospital department because I was advising her against shock therapy. Nobody ever told me anything about medicine but I did not to use it much. I also didn't get into a therapy group because the doctor wrongfully judged on the basis of my diagnosis that there is no treatment for me.

Anonymous story

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COERCION - involuntary, forced or non-consensual measures carried out in mental health services against people with mental health problems.

Name examples

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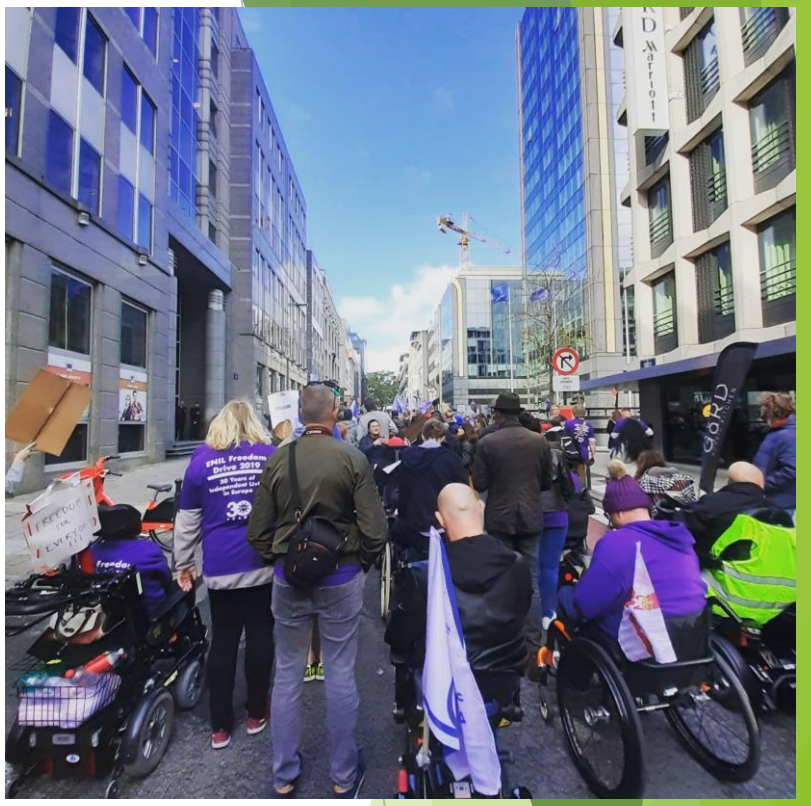
But the view to people who have mental health problems or disability is changing.

Convention on the Rights of Persons with Disabilities was adopted in 2006. It shows how human rights apply to people with disabilities.

It protects your liberty, freedom of choice and other rights, despite any diagnosis. And claims coercion is unacceptable.



Freedom drive – a march of people with various disabilities

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DISABILITY does not come only from the real or perceived impairment. Disability emerges only when this person due to other people's attitudes or any exiting barriers is prevented from enjoying his or her rights.

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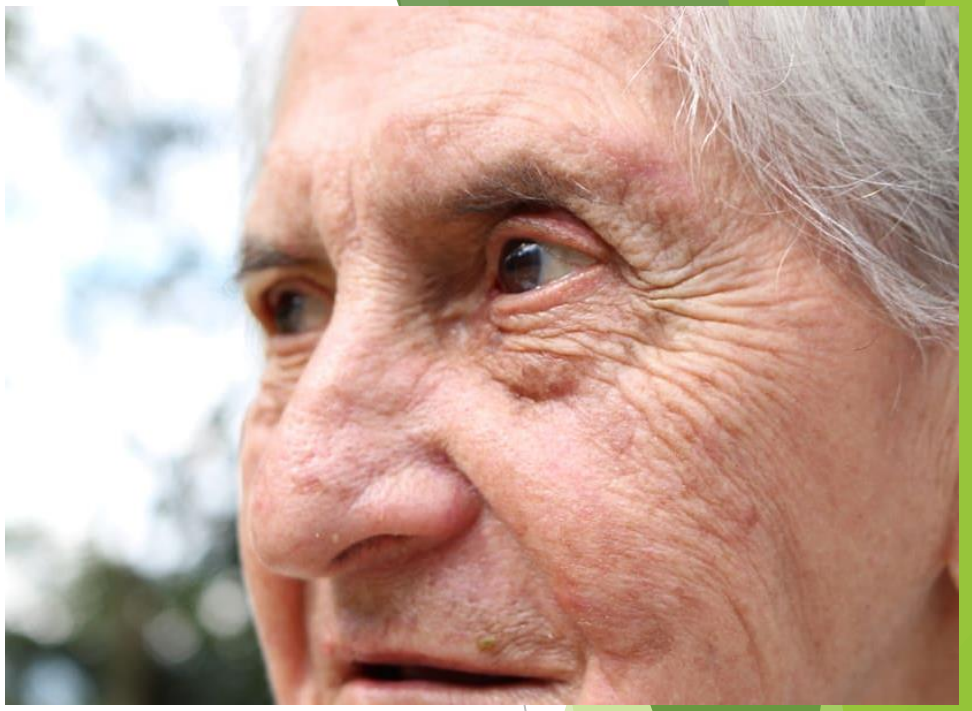

RECOVERY means living a meaningful and satisfying life, with hope for the future. Recovery is not the eradication of the experiences or symptoms accompanying mental distress. It is self-defined.

What is recovery FOR YOU?

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Print outs for exercise. Identities:

A person who uses a wheelchair
A person who has a mental health 'disorder'
A person who lives in an institution (for people with mental health problems)
A person with intellectual disability
A single mother with two small children
A cashier in a supermarket
A politician
A person who has a psychosocial disability and lives with her family
A man who has a diagnosis of schizophrenia
A family doctor (GP)
Businesswoman
A person who is homeless
An older man

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Print outs for exercise. Situations:

Can you become a president?
Are you able to get higher education?
Are you able to buy your own house?
Can you have a romantic relationship?
Are you able to vote in the election?
Are you able to choose what you eat?
Can you take a loan?
Can you have a driver's license?
Can you adopt a child?
Are you able to have a job you like?

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EXERCISE. I want to live happy and meaningful life.

Here is a table that can help you understand what do you need the most to live a happy and meaningful life?

	Is it important for you? (*YES/NO*)	How important it is? (*Evaluate the importance from 1 to 5, where 1 means a little bit important and 5 means essential*)	Comments on why is it important for you.
To have self-confidence			
To have a say in my community's decisions			
Clothing			
Financial security			

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Food			
Always able to speak my mind			
Engaged in my hobby			
Healthcare			
Doing therapy			
Having children			
My wishes are listened to and respected			

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Doing sports			
Having self-respect			
Good relationship with family			
Using creative expression			
Having good friends			
Optimism			
Having an intimate partner			

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Having a job			
Feeling accepted for who I am			
Getting education			
Having hope			
Understanding myself			
Having pets			
Knowing my rights			

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Having my own home			
Having knowledge about mental health			
Belief that I can get better			
Add other things that are important for you below			

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MENTAL HEALTH STIGMA

When we try to answer the question why human rights are so often violated in the context of mental health, we are bound to look into the history. The word 'stigma' comes from Ancient Greece and it means 'a sign'. A sign that back in the day was used to mark slaves or criminals. Despite some exceptions, people who experienced mental health problems were often treated not better than slaves or criminals. In 'mental asylums' people were kept in cages and tortured. It took time for scientists to start realizing that mental health problems were caused not by bad character or evil spirits but by psychological and social stressors in life and to a lesser extent – might be hereditary.

Despite the modern understanding of mental health, stigmatizing attitudes are still prevalent. For example, a large part of society believes that people with mental health problems are all dangerous, which is not true. Discrimination and coercion often stem from such misconceptions about mental health.

Here are some myths about mental health debunked by Mental Health Europe:

- *Mental health problems are rare, I'll never be affected.*

  Mental health problems are actually very common. At least 1 in 4 people will experience a mental health problem in any given year.

- *Mental Health: it's all in the head.*

  Mental health problems are often caused by external difficulties such as life events like divorce or bereavement, or by wider socio-economic factors like poverty or homelessness. They can also cause great distress, and can affect every part of your life, including your physical health, your relationships and your work. There's definitely more to it than just your head!

- *Only weak people have mental health problems.*

  Experiencing a mental health problem is NOT a sign of weakness and it is not something to be ashamed of. Mental health problems can often be human ways of coping with and making sense of complex life experiences such as grief or trauma.

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- *People with mental health problems are dangerous and violent*.

It's the other way around. People with mental health problems are unfortunately more likely to be victims of violence or harm.

- *People with mental health problems cannot work*.

Meaningful work in a supportive environment can be a very important part of recovery. It is also very likely that we all work with someone experiencing a mental health problem, but we may not know about it because of the fear of stigma and discrimination.

- *People do not recover from mental health problems.*

With the right kind of help and support, people can and do recover from mental health problems. Recovery is not the eradication of the experiences or symptoms. It means living with and managing these experiences, whilst having control over and input into your own life.

If you have any questions or want to discuss more about this – please write down your thoughts, there will be space during our live meeting for that.

ABOUT THE MEANING OF WORDS

One effort to destigmatize mental health is to make sure that stigma is not transferred through language. Some words we use can reinforce negative stereotypes about people who have mental health problems. Such words as 'insane', 'mental', 'psycho', 'maniac', 'a schizo', 'retarded' unfortunately are still often used in everyday language. Sometimes they are directed towards someone who has mental health problems and thus they can hurt.

So what is the best way to speak about yourself and/or others who have mental health problems?

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Person first approach. Any person is more than a diagnosis or mental health condition

Instead of saying "I am mentally ill" or "he/she is a schizophrenic" you can go with something like:

"I am a person who has experienced psychosis"

"I am a person living with an experience of mental health problems"

"He is a person who has schizophrenia"

"She has a diagnosis of schizophrenia"

"He is a user of mental health services"

As you can see in all these examples a person's mental health is not the only thing possibly defining him or her. A term 'expert by experience' is also sometimes used. It means that any person who has experienced mental health problems is an expert because only he or she best knows how it feels.

The 'Person first' approach also goes hand-in-hand with the human rights based understanding of disability. Instead of saying "I am mentally disabled", or "he/she is mentally retarded", you could say:

"I am a person with psychosocial disability" (if you have a disability based on or related to a psychiatric diagnosis)

"He is a person with intellectual disability" (if he has learning difficulties since birth)

Try to emphasize experience, not medical symptoms.

Instead of saying "I suffer from bipolar disorder" or "he/she has symptoms of schizophrenia" go with something like:

"I am encountering emotional difficulties"

"She is currently experiencing mental distress"

"He is hearing voices"

Don't use mental health words where they don't fit

Sometimes words related to mental health are used in contexts not actually related to mental health. For example one might say that a certain politician has mental health problems if they don't approve of his or her decisions. Lots of people presume that dictators, murderers and other

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people who make really negative moral choices or decisions have mental health problems. This is usually based on a myth and hurts people who actually have mental health problems to be associated with moral faults.

Moreover, people use words such as 'schizophrenic' in contexts not at all related to mental health, for example, where something doesn't makes sense like a 'schizophrenic taste', "this approach is schizophrenic", etc. In this way, myths are encouraged like the one that schizophrenia automatically means a split personality. But it does not. It's just a diagnosis defining some changes in how a person feels, thinks and acts which in the context of his or her life and surroundings causes suffering.

Thus, not using words related to mental health when you are not actually speaking of such experiences contributes to destigmatizing.

Speaking about yourself

Keep in mind that you have the right to define your difficulties, your experiences in any way you want, in a way that makes you feel comfortable or makes sense to you.

On the other hand, nobody have the right to demean you or respect you less because of mental health problems. It is sometimes important to remind other people that nobody is only their diagnosis and what mental health actually is.

RESOURCES

QualityRights materials for training, guidance and transformation, World Health Organization: **https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools**

Mental Health Europe Glossary, Mental Health Europe: https://mhe-sme.org/wp-content/uploads/2018/07/MHE-Glossary-2018.pdf

Wulf R. The stigma of mental disorders: A millennia-long history of social exclusion and prejudices, Science & Society, 2016: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5007563/

Mental Health Europe: Words matter. https://mhe-sme.org/wp-content/uploads/2018/11/MHE_MentalHealth_42x297cm_CMJN.jpg

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Mental health stigma

British campaign against mental health stigma "Time to change"

What is it? Have you experienced it?

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AGREE OR DISAGREE?

If you try really hard to be happy, you will never have mental health problems

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AGREE OR DISAGREE?

If you get a diagnosis of schizophrenia, you will never recover.

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AGREE OR DISAGREE?

There are people who can not live among others because of their mental health problems

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AGREE OR DISAGREE?

People who have diagnosis of schizophrenia are more violent than others.

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Exercise in groups.
How to speak about your or other people's mental health?

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Insane?
Mental?
Psycho?
Maniac?

How such words make you feel?

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PERSON FIRST APPROACH

I am a person who has experienced psychosis;

I am a person living with an experience of mental health problem.

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EMPHASIZE EXPERIENCE, NOT MEDICAL SYMPTOM

I am encountering emotional difficulties

She is currently experiencing mental distress

He is hearing voices

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HOMEWORK

What words would you choose to speak about your mental health?

How would you speak about others you know?

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AGREE

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DISAGREE

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GROUP 1

HOW WOULD YOU BEST DESCRIBE A PERSON, PROVIDE ARGUMENTS WHY.

He is insane	He is mentally ill
He has mental health problems	He is a person with lived experience of mental health problems
He is emotionally disturbed	Other…

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GROUP 2

HOW WOULD YOU BEST DESCRIBE A PERSON, PROVIDE ARGUMENTS WHY.

She has a diagnosis of schizophrenia	She is a psycho
She is schizophrenic	She has a lived experience of schizophrenia
She hears voices and has unusual beliefs	Other…

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GROUP 3

HOW WOULD YOU BEST DESCRIBE A PERSON, PROVIDE ARGUMENTS WHY.

She is mentally ill	She is suffering from mental health problems.
She is currently experiencing a mental health crisis.	She is a mental health patient.
She is receiving help for her mental health problems.	Other…

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GROUP 4

HOW WOULD YOU BEST DESCRIBE A PERSON, PROVIDE ARGUMENTS WHY.

He is a patient in a mental health hospital	He is getting help in a hospital
He has a lived experience of mental health problems	He is a psycho
He is a user of mental health care services	Other…

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REMEMBER: You can share your homework with your trainer on the online platform or/and ask questions.

Write down 3 different ways in which you would like your mental health / your experiences with mental health problems to be described

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Write down 3 different ways in which you would like to describe experiences with mental health problems of other people you know

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Strategies alternative to coercion- How to handle schizophrenia crisis in domiciliary environments

PPT 1 What are my skills and what should I improve?

Introduction

Skills are the raw material of social competence and comprise the full range of human social performance: verbal, nonverbal, and paralinguistic behaviors; accurate social perception; effective processing of social information to make decisions and responses that conform to the normative, reasonable expectations of situations, and rules of society; assertiveness; conversational skills; skills related to management and stabilization of one's mental disorder and expressions of empathy, affection, sadness, and other emotions that are appropriate to the context and expectations of others.

"Skills"—in contrast with"abilities"—implies that they are predominantly based on learning experiences. Thus, social skills training utilizes behavior therapy principles and techniques for teaching individuals to communicate their emotions and requests so that they are more likely to achieve their goals and meet their needs for affiliative relationships and roles required for independent living.

Social skills represent the topography of social interaction, whereas social competence reflects the accumulation of self-efficacy and real-world success through experiencing the favorable consequences of interactions.

"Problem identification"

(is made in collaboration with the PwSCZD in terms of obstacles that are barriers to a PwSCZD personal goals in his/her current life)

"Goal setting"

(generates short-term approximations to the PwSCZD personal goals with specification of the social behavior that is required for successful attainment of the short-term, incremental goals. The goal-setting endeavor requires the therapist or trainer to elicit from the PwSCZD detailed descriptions of what communication skills are to be learned, with whom are they to be used, where, and when.)

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Through “role plays” or “behavioral rehearsal”

(the PwSCZD demonstrates the verbal, nonverbal, and paralinguistic skills required for successful social interaction in the interpersonal situation set as the goal)

“Positive” and “corrective feedback”

(is given to the patient focused on the quality of the behaviors exhibited in the role play)

“Social modeling”

(is provided with a therapist or a peer demonstrating the desired interpersonal behaviors in a form that can be vicariously learned by the observing PwSCZD)

“Behavioral practice”

(by the PwSCZD is repeated until the communication reaches a level of quality tantamount to success in the real-life situation)

“Positive social reinforcement”

(is given contingent on those behavioral skills that showed improvement)

“Homework assignments”

(are given to motivate the PwSCZD to implement the communication in real-life situations)

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"Positive reinforcement" and "problem solving"

(is provided at the next session based on the PwSCZD experience using the skills)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2632540/

PPT 2 What are my supports? What skills do I need to empower myself?

Personal Problems or Needs Utility of Skills Training for Learning

Persistent positive symptoms Coping skills to manage symptoms and interpersonal communication to challenge psychotic symptoms in cognitive behavior therapy

Negative symptoms Verbal and nonverbal communication and emotional expressiveness
Side effects of antipsychotic drugs Nonverbal and motor skills to counter akinesia and parkinsonism

Erosion of skills from understimulating environments Countering effects of institutionalism

Social anxiety and avoidance Incremental steps for communicating with others in varied situations; modeling and role plays in training situation desensitize anxiety

Stressful emotional climate in family or group home or at work Verbal and nonverbal de-escalation skills, assertiveness rather than passivity or aggressiveness; social problem-solving skills

Cognitive deficits Work or social problem- solving skills through procedural and active teaching

Acceptance and stabilization of illness; partner in treatment; achieving insight

Disease management skills; reliable use of medication; negotiation skills with psychiatrist and other service providers; empowerment and hope through self- management skills in "getting a life"

Stigma Assertiveness in dealing with discrimination; judicious self-disclosure, advocacy through peer support and self-help organizations

Social isolation Pleasantness of conversation increases likeability.

Friendship, intimacy and dating skills displaces social withdrawal

Employment Job-finding skills, communicating with employers and coworkers

Independent living Skills in obtaining housing; social problem solving with roommates

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PPT 3. Empowerment and skills

- Empowerment & Skills
- Empowerment
  a basic definition
- **Power**
  - Power can change
  - Power can expand
- It is a multi-dimensional social process that helps people gain control over their own lives.
- It is a process that fosters power in people, for use in their own lives, their communities, and in their society, by acting on issues that they define as important.
- Empowerment is multi-dimensional, social, and a process.
  - Multi-dimensional.
    - It occurs within sociological, psychological, economic, and other dimensions (fields).
    - It also occurs at various levels, such as individual, group, and community.
  - It is a social process, since it occurs in relationship to others.
  - It is a process that is similar to a path or journey, one that develops as we work through it. The individual and community are fundamentally connected.
- **Empowerment**
  main elements

1. Having decision-making power.

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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).

Learning to think critically; unlearning the conditioning; seeing things differently; e.g.,

Learning to redefine who we are (speaking in our own voice).

Learning to redefine what we can do.

Learning to redefine 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.

Learning skills (e.g., communication) that the individual defines as important.

12. Changing others' perceptions of one's competency and capacity to act.

13. Coming out of the closet.

14. Growth and change that is never ending and self-initiated.

15. Increasing one's positive self-image and overcoming stigma.

▶ **Empowerment as a process**

Empowerment levels:

- ☐ Individual Empowerment
- ☐ Group and Community Empowerment

▶ **Levels of individual empowerment**

- ☐ Paternalistic
- ☐ Patients demands
- ☐ Informed consent
- ☐ Informed choice

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Empowerment

Empowerment as a process *"through which the people, organisations and communities start to have control on its lives. It implies that new abilities are acquired as a natural process instead of it to be through consulted information or supplied by specialised professionals. The process of empowerment also means the capacity to find solutions at the local level, fortifying the structures and the linking between the individuals and the social system, including the neighbours, the familiar ones, the churches, the clubs and the associations of volunteers."* (Deegan, 1999)

Process of social inclusion based on the empowerment process

- 2 underlying dimensions to the concept:
- The **increase of the individual skills**
- The **increase of the skills of social participation.**

Empowerment- Process of social inclusion

<u>The increase of the skills of social participation.</u>

- Empowerment as the "**process through which the individuals assume a role of taking decisions in the institutions, the programs and the environments that in some way can affect them**", being for itself, related with following aspects:
- 1. The existence of a positive auto-concept;
- 2. A bigger critical and analytical capacity of the involving social environment;
- 3. The creation of personal and group resources for the social intervention;

Empowerment- Process of social inclusion based on the empowerment process

- Empowerment cannot be seen as an event or an objective as itself, but instead, as a process.

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Exercise: will be used during the first face to face session

From weaknesses to strenghts& skills

Please, following the table bellow, list your weaknesses on the left sight of the paper. On the right side, list your strenghts& skills.

List at least ten personal strenghts and skills.

weaknesses	**strengths and skills**
Ex: social stigma	Ex:

Time allocated:

10 minutes for individual work

20 minutes for common discussion

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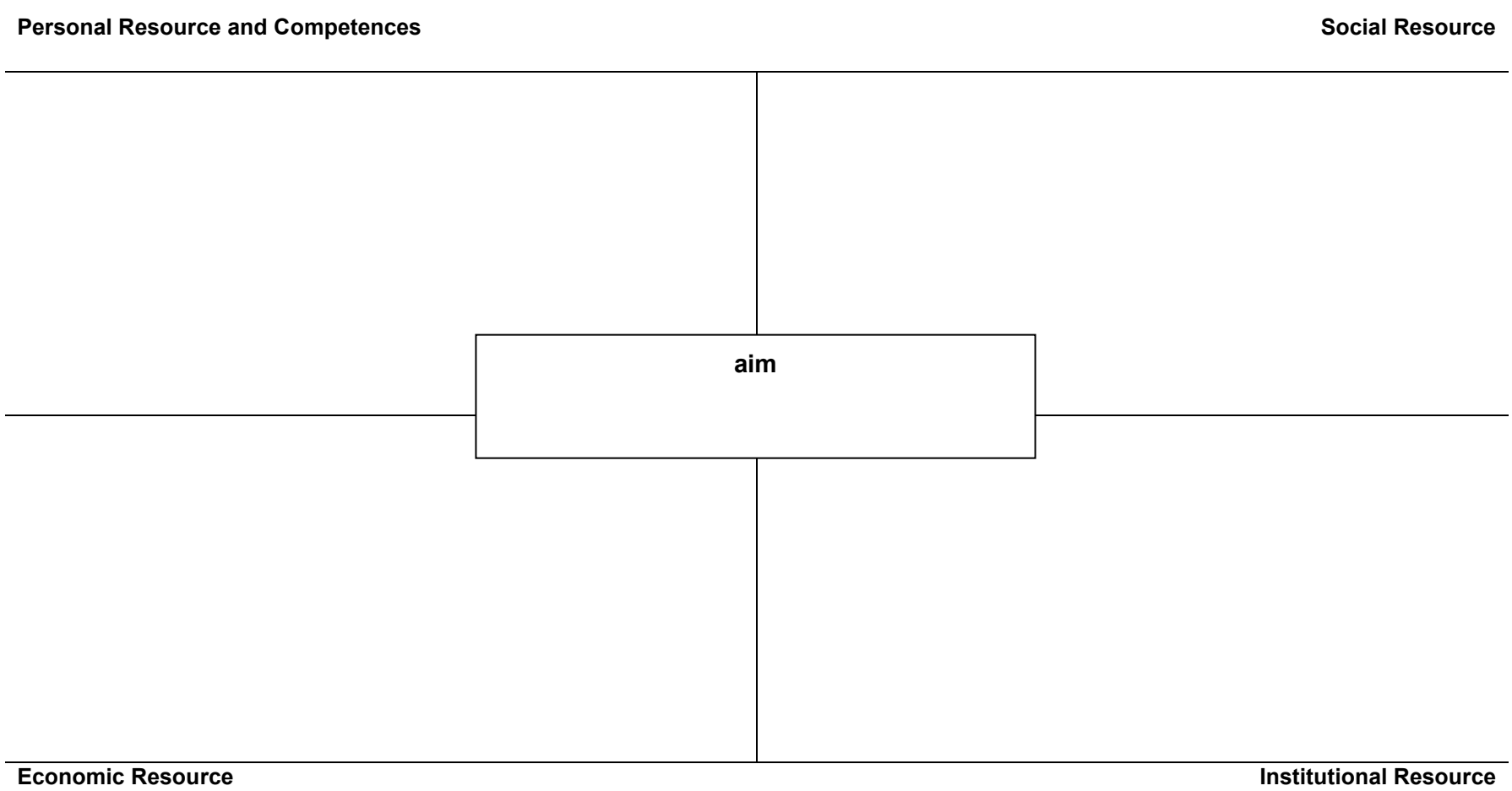
Resource-Map- will be used during the second face to face session



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Will be presented in 2nd face to face sesión.

GOOGLE MEET

https://www.youtube.com/watch?v=kMw435EgMfM&fbclid=IwAR3MuHT7KCzHBIyBW0ChRgk9XDWTNQikrycxp64TLzGc7wD9a9oLCS6Xc0k

ZOOM- tutorial

https://www.youtube.com/watch?v=5jsOboOj5FE

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On line session

Power Walk

Sequence to start into the course healthy& sick

I´m a 30 years old woman, psychiatric diagnosis: depression, take medicine, work in a fulltime job, have a boyfriend, feel happy and healthy	I´m a 50 years old manager and have a top position in a business, psychiatric diagnosis: depression, take medicine, have family and children, feel comfortable and healthy	I´m a 40 years old woman, psychiatric diagnosis: panic disorder and generalised anxiety disorder, take medicines and feels at the moment in a good quality of life, working as a teacher, single
I´m a 17 years old girl, psychiatric diagnosis: post-traumatic stress disorder, and deal at the moment with a eating disorder, live at home with my parents and with my brother	I´m a 29 years old woman with two children (3 and 6), psychiatric diagnosis: Burn-out and depressive episode, working in a 20% job and have a husband	I´m a 32 years old man, psychiatric diagnosis: schizophrenia, psychosis. Take a lot of medicine and live alone.
I´m a 45 years old man, single, have a feeling of guilt and negative thoughts, high suicidal, lonely, work in a huge business as a worker	I´m a 25 years old man, disturbed sleep and loss of appetite, live alone, deny going to a doctor	I´m a 50 years old woman, live since 20 years with a obsessive compulsive disorder, compulsive washing, work, single

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I´m a 38 years old man with a paranoid personality disorder living in a clinic	I´m a 10 years old boy, psychiatric diagnosis: impulsive disturbance and ADHS, goes to school and has some friends	I´m a 15 years old girl, with low mood, low self-esteem, go to school, some friends
I´m a nine month old baby, healthy, but I have a single-mother with alcohol problems and no social environment	I´m a 36 years old woman, psychiatric diagnosis: emotionally unstable personality disorder, borderline type, have at the moment a boyfriend, living alone	I´m a 97 years old man, living alone with some assistance for a few hours per day, no friends and relatives (abroad in America), in low spirits and feeling down and lonely

1. In my family I feel sheltered and well placed.

2. I´m able to go to a doctor if I´d like to.

3. I can choose with whom and where I spend my time.

4. I can go to work or to school.

5. In public I don´t feel discriminated or stigmatized.

6. I feel comfortable in the place I live.

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7. I have enough money.

8. I have enough freetime.

10. I can decide what I want to do.

11. I can travel.

13. I can live and say my opinion in public.

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ON LINE

Exercise used during the 3rd session

Empowerment elements

Every participant will be asked to choose a number from 1 to 15. Once the number is chosen, the participant will receive the specific element from the bellow list.

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 the conditioning; seeing things differently; e.g.,
   - Learning to redefine who we are (speaking in our own voice).
   - Learning to redefine what we can do.
   - Learning to redefine 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.

Learning skills (e.g., communication) that the individual defines as important.

12. Changing others' perceptions of one's competency and capacity to act.
13. Coming out of the closet.
14. Growth and change that is never ending and self-initiated.
15. Increasing one's positive self-image and overcoming stigma.

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TRAINING PROGRAM FOR THE MANAGEMENT OF SCHIZOPHRENIA CRISIS IN HOME ENVIRONMENTS

2019-1-ES01-KA204-065856

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IN MENTAL HEALTH

Strategies alternative to coercion-
How to handle schizophrenia crisis in domiciliary environments

What are my skills and what should I improve?
FACE to FACE session

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Introduction

- Skills are the raw material of social competence and comprise the full range of human social performance: verbal, nonverbal, and paralinguistic behaviors; accurate social perception; effective processing of social information to make decisions and responses that conform to the normative, reasonable expectations of situations, and rules of society; assertiveness; conversational skills; skills related to management and stabilization of one's mental disorder and expressions of empathy, affection, sadness, and other emotions that are appropriate to the context and expectations of others.

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- "Skills"—in contrast with"abilities"—implies that they are predominantly based on learning experiences. Thus, social skills training utilizes behavior therapy principles and techniques for teaching individuals to communicate their emotions and requests so that they are more likely to achieve their goals and meet their needs for affiliative relationships and roles required for independent living.

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- Social skills represent the topography of social interaction, whereas social competence reflects the accumulation of self-efficacy and real-world success through experiencing the favorable consequences of interactions.

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"Problem identification"

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"Goal setting"

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Through “role plays” or “behavioral rehearsal”

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"Positive" and "corrective feedback"

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"Social modeling"

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"Homework assignments"

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THANK YOU!

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TRAINING PROGRAM FOR THE MANAGEMENT OF SCHIZOPHRENIA CRISIS IN HOME ENVIRONMENTS

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IN MENTAL HEALTH

Strategies alternative to coercion- How to handle schizophrenia crisis in domiciliary environments

What are my supports? What skills do I need to empower myself?

FACE to FACE session

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Personal Problems or Needs - Utility of Skills Training for Learning

Persistent positive symptoms - Coping skills to manage symptoms and interpersonal communication to challenge psychotic symptoms in cognitive behavior therapy

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Negative symptoms -Verbal and nonverbal communication and emotional expressiveness

Employment - Job-finding skills, communicating with employers and coworkers

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Erosion of skills from understimulating environments - Countering effects of institutionalism

Social anxiety and avoidance - Incremental steps for communicating with others in varied situations; modeling and role plays in training situation desensitize anxiety

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Stressful emotional climate in family or group home or at work -Verbal and nonverbal de-escalation skills, assertiveness rather than passivity or aggressiveness; social problem-solving skills

Cognitive deficits - Work or social problem- solving skills through procedural and active teaching

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Acceptance and stabilization of illness - partner in treatment; achieving insight

Disease management skills -reliable use of medication; negotiation skills with psychiatrist and other service providers; empowerment and hope through self- management skills in “getting a life”

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Stigma - Assertiveness in dealing with discrimination; judicious self-disclosure, advocacy through peer support and self-help organizations

Social isolation - Pleasantness of conversation increases likeability.

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Friendship - intimacy and dating skills displaces social withdrawal

Independent living - Skills in obtaining housing; social problem solving with roommates

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Thank you!

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TRAINING PROGRAM FOR THE MANAGEMENT OF SCHIZOPHRENIA CRISIS IN HOME ENVIRONMENTS

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Empowerment & Skills (ON LINE session)

Empowerment

- Basic definition
- Levels
- Empowerment process
- Main elements
- As a process of social inclusion

Empowerment
a basic definition

- **Power**
  - Power can change
  - Power can expand

Empowerment: What Is It? (Page, Czuba, 1999)

Empowerment
a basic definition

- It is a multi-dimensional social process that helps people gain control over their own lives.

- It is a process that fosters power in people, for use in their own lives, their communities, and in their society, by acting on issues that they define as important.

Empowerment: What Is It? (Page, Czuba, 1999)

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a basic definition

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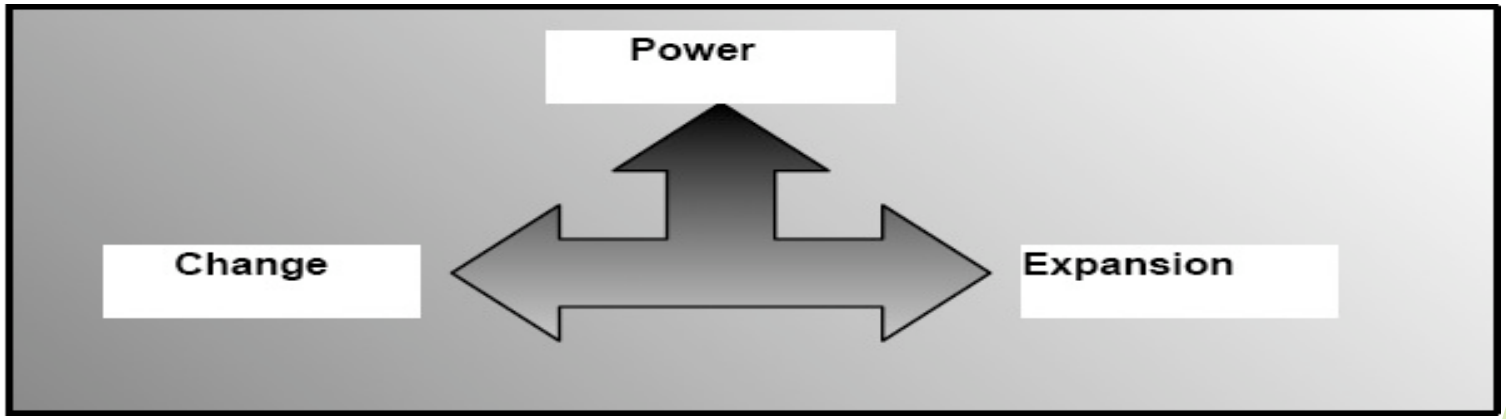
  - It is a social process, since it occurs in relationship to others.
  - It is a process that is similar to a path or journey, one that develops as we work through it. The individual and community are fundamentally connected.

Empowerment: What Is It? (Page, Czuba, 1999)

Empowerment

Empowerment Process



Empowerment
main elements

1. Having decision-making power.

A working definition of empowerment (Chamberlin, 1997)

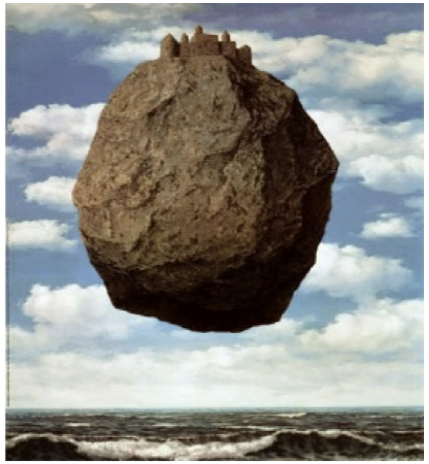
Empowerment
main elements

2. Having access to information and resources.

A working definition of empowerment (Chamberlin, 1997)

Empowerment
main elements

3. Having a range of options from which to make choices (not just yes/no, either/or).



A working definition of empowerment (Chamberlin, 1997)

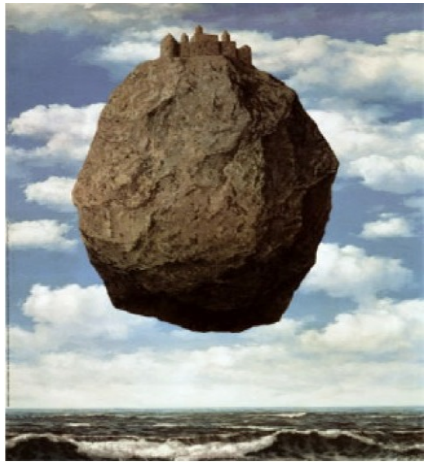
Empowerment
main elements

4. Assertiveness.

A working definition of empowerment (Chamberlin, 1997)

Empowerment
main elements

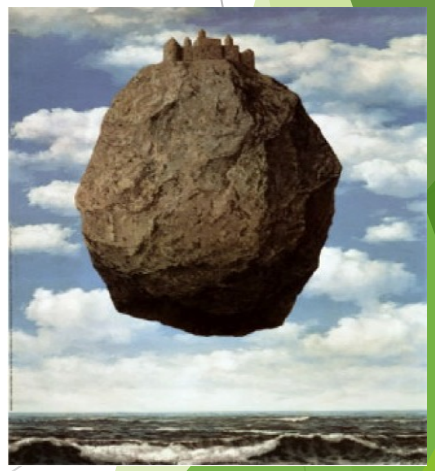
5. A feeling that the individual can make a difference (being hopeful).



A working definition of empowerment (Chamberlin, 1997)

Empowerment
main elements

6. Learning to think critically; unlearning the conditioning; seeing things differently; e.g.,
    a) Learning to redefine who we are (speaking in our own voice).
    b) Learning to redefine what we can do.
    c) Learning to redefine our relationships to institutionalized power.



A working definition of empowerment (Chamberlin, 1997)

Empowerment
main elements

7. Learning about and expressing anger.

A working definition of empowerment (Chamberlin, 1997)

Empowerment
main elements

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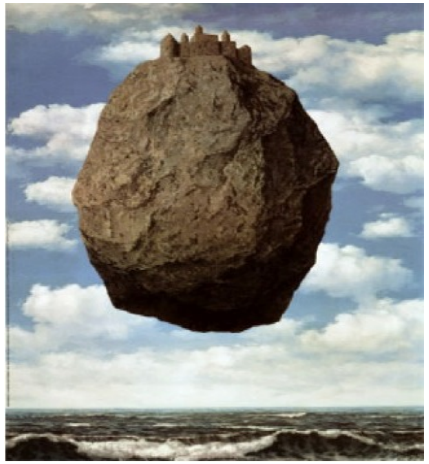
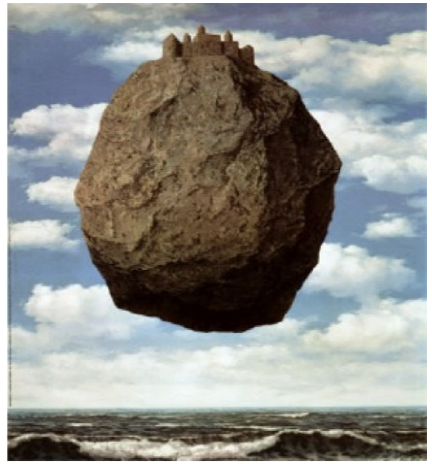


A working definition of empowerment (Chamberlin, 1997)

Empowerment
main elements

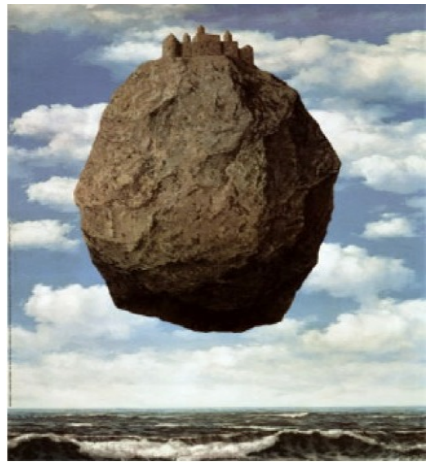
9. Understanding that people have rights.



A working definition of empowerment (Chamberlin, 1997)

Empowerment
main elements

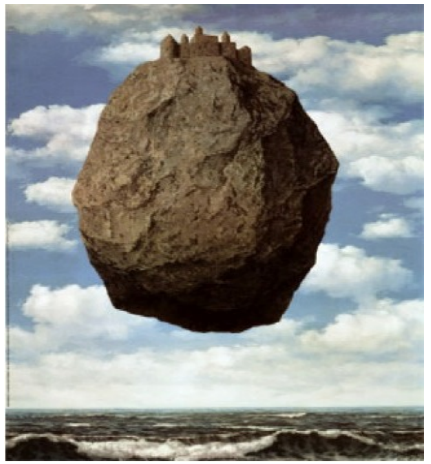
10. Effecting change in one's life and one's community.



A working definition of empowerment (Chamberlin, 1997)

Empowerment
main elements

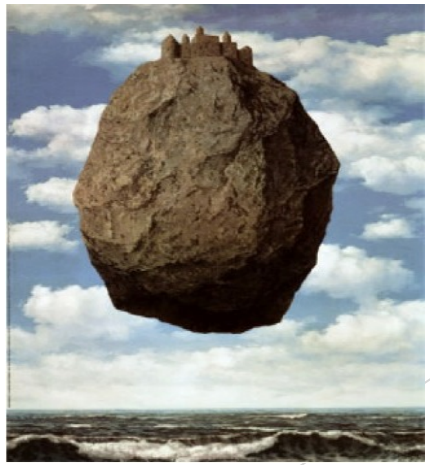
11. Learning skills (e.g., communication) that the individual defines as important.



A working definition of empowerment (Chamberlin, 1997)

Empowerment
main elements

12. Changing others' perceptions of one's competency and capacity to act.



A working definition of empowerment (Chamberlin, 1997)

Empowerment
main elements

13. Coming out of the closet.

A working definition of empowerment (Chamberlin, 1997)

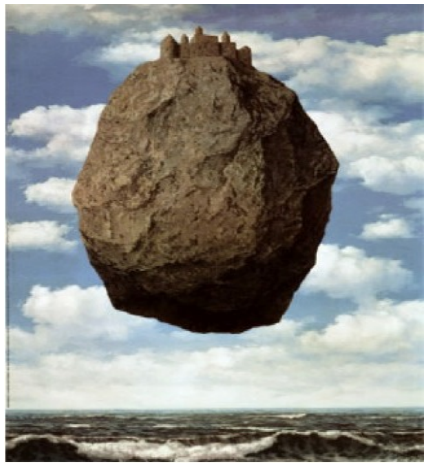
Empowerment
main elements

14. Growth and change that is never ending and self-initiated.

A working definition of empowerment (Chamberlin, 1997)

Empowerment
main elements

15. Increasing one's positive self-image and overcoming stigma.



A working definition of empowerment (Chamberlin, 1997)

Empowerment
as a process

"The desire to protect (and to be protected) is a strong one; nonetheless, there are genuine benefits when clients begin to control their own lives, and when practitioners become guides and coaches in this process, rather than assuming the long-term, paternalistic role of supervisors."

A working definition of empowerment (Chamberlin, 1997)

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Empowerment levels:

- Individual Empowerment
- Group and Community Empowerment

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Empowerment as a process *"through which the people, organisations and communities start to have control on its lives. It implies that new abilities are acquired as a natural process instead of it to be through consulted information or supplied by specialised professionals. The process of empowerment also means the capacity to find solutions at the local level, fortifying the structures and the linking between the individuals and the social system, including the neighbours, the familiar ones, the churches, the clubs and the associations of volunteers."* (Deegan, 1999)

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Empowerment
Process of social inclusion based on the empowerment process

- 2 underlying dimensions to the concept:
- The **increase of the individual skills**
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TRAINING PROGRAM FOR THE MANAGEMENT OF SCHIZOPHRENIA CRISIS IN HOME ENVIRONMENTS

2019-1-ES01-KA204-065856

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Exercise- build your own social supports network (used during 2nd face to face session)

1) On the a piece of paper (see Slide 2 model), please draw your supports (family and community on the first half of the paper, educational and social services on the second half of the paper-left side and medical and health services on the second part of the paper-right side).

2) What supports do you consider are missing from your life?

3) How can you gather more supports? (open discussion)

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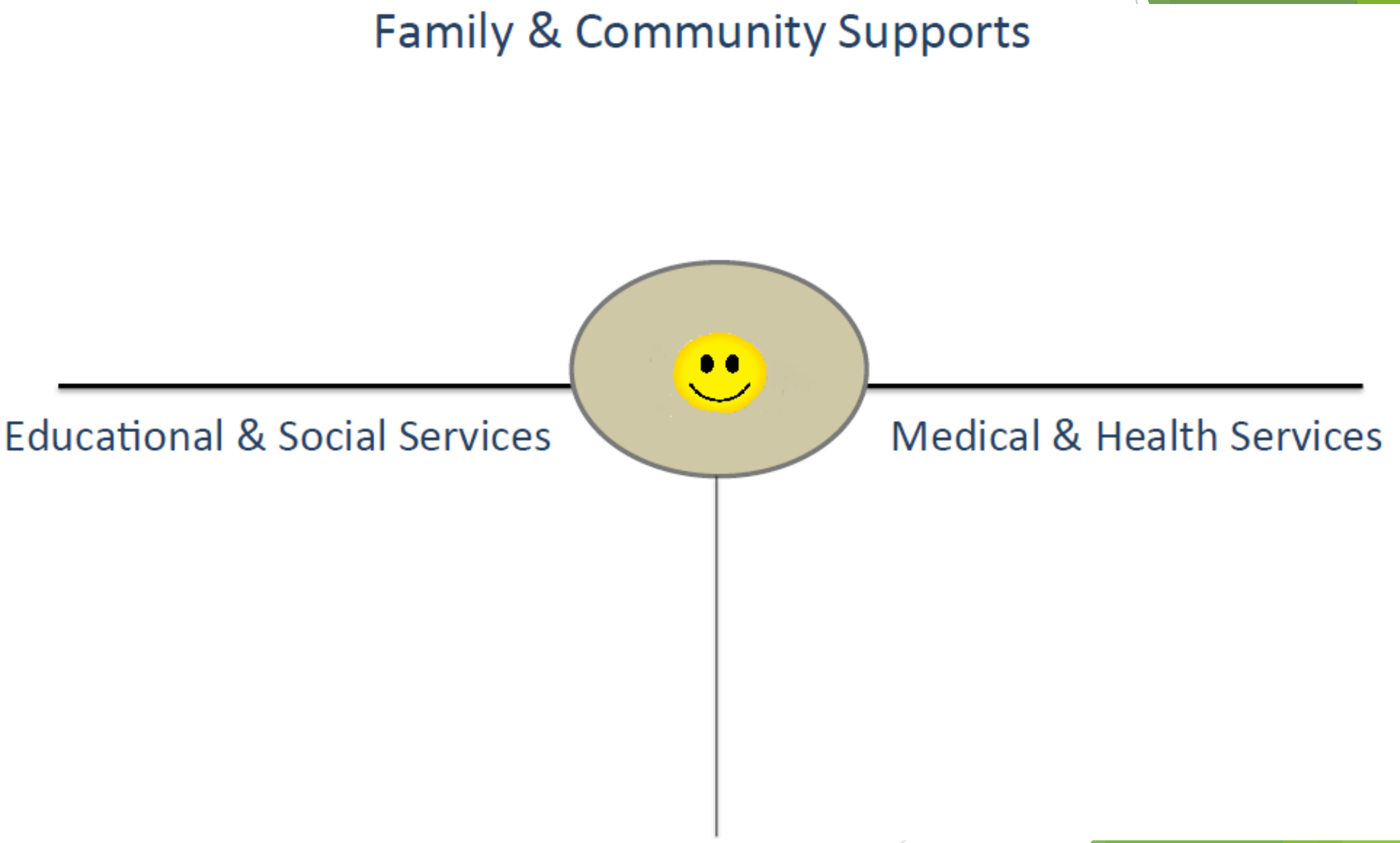
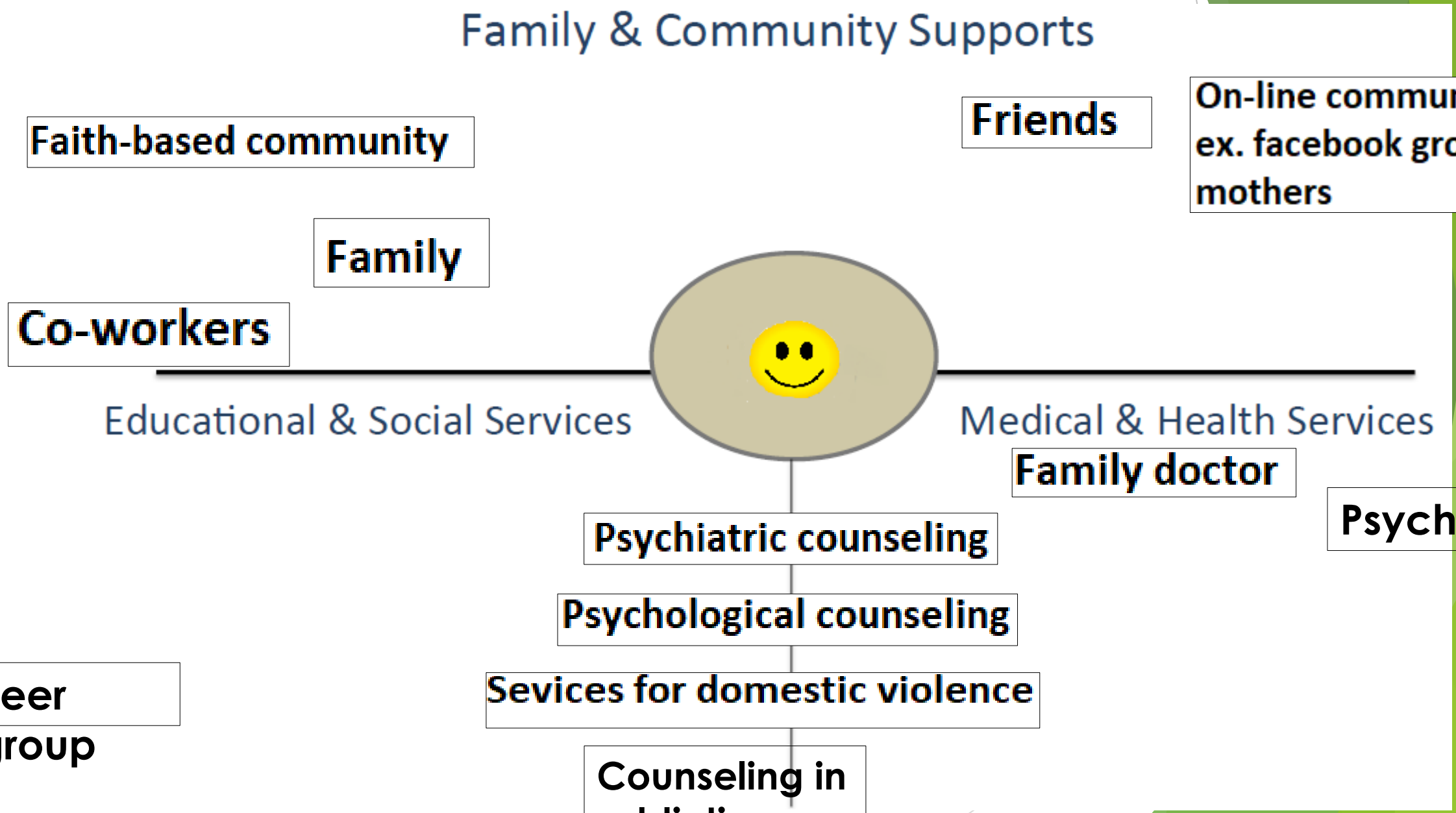
Support providers



Support providers (example)



WHAT ARE TRIGGERS?

Every single day is different from the others. We are exposed to various changes in our environment – from different weather to various behaviours of our family members and strangers in the street. We feel differently every day, even in term of our physical wellbeing. Naturally, everything that happens around us and inside of us affects us. Sometimes it makes us smile, sometimes it makes us uncomfortable or distressed. But once we have a history of trauma or mental health problems any of the things can become a trigger.

So triggers are events, circumstances, even thoughts or sensations that can cause a strong emotional reaction. They are always individual. You can think about them as sensitivities that you developed because of your experiences in the past. For example hearing fireworks might be a trigger for someone who have been in a war and thus the person reacts to them with a strong distress. Someone who have social anxiety and must speak in front of the audience can be triggered even by the thought that nobody is listening.

Reacting to triggers is completely normal. But if we don't recognise our triggers and if we don't know how to calm ourselves when we are triggered, this all might cause a mental health crisis.

As mentioned before, triggers are very individual. A thing that triggers me can pass totally unnoticed by you. But here is some examples of triggers:

- Being yelled at;
- Feeling that you are pressured to behave the way you don't want;
- Spending time alone for a certain length of time;
- Being criticized;
- Having too many tasks to do;
- New events or unplanned circumstances;
- Not having a choice;
- Loud noises;
- Other people around being agitated or stressed;
- Being late;
- Experiencing disrespect;
- Not being listened to;
- Other people touching or using your things without permission;
- Other people staring;
- Participating in a conflict or just seeing it;
- Anything that reminds you of negative past events;
- Feeling pain or getting sick;
- Certain feelings;

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- Certain sensations in the body;
- Certain smells, tastes, noises;
- Being in the dark.

Most often in some stressful situations there are more than one possible trigger. A combination of several triggers have always a bigger effect.

EXERCISE. In the "DOC13_exercise about the triggers" you will find a table where you will be able to evaluate what are your biggest triggers. Do the exercise and always ask questions in the online working space if necessary.

If you are a relative of someone who have mental health problems or a specialist and want to better understand some person you are helping fill the table thinking about that person.

WHAT HAPPENS WHEN YOU ARE TRIGGERED?

When reading the list above… did you have a feeling some of the typical triggers might be important for you as well? How do you know that?

Probably you know from the experience that in these contexts you were feelings distressed. There are various signs of this distress that you can notice in yourself or others. See some of them in the list below:

- Anxiety;
- Fear, confusion;
- Agitated or rhythmic movements;
- Hyperventilating, being short of air;
- Heavy feeling in the chest;
- Sweating;
- Feeling pains;
- Crying;
- Feeling of being disconnected from yourself;
- Clenching your teeth;
- Speaking in a very fast pace;
- Very loud or very quiet voice;
- Swearing;
- Avoiding eye contact or having an intense eye contact;

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- Threats, aggression.

For the people around someone who have such reactions it might seem sudden or strange as if the reactions came out of the blue. Let's say someone had really distressing memory and became very agitated. What happens next often depends also on the people around who do not know about the memory. So they can escalate the situation essentially adding more triggers (for example, criticizing, speaking loudly) and this can lead to a conflict or a mental health crisis. On the other hand, they can provide comfort. In the same manner, you yourself also can take some relaxing activity to calm down if you notice the triggers or signs of distress. We will speak about those calming techniques later in the course.

For now it is important to remember is that if there are signs of distress, there always is a trigger for it. Because…

ALL HUMAN BEHAVIOR HAVE A REASON

The next step is to try to identify the triggers and signs of distress so as to be able to better manage the situations where they appear.

If you have any questions or want to discuss more about this – please write down your thoughts, there will be a space during live meeting for that.

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FIND OUT YOUR TRIGGERS by filling the table. With each example of a trigger mark how does it make you feel, than if it makes you feel uncomfortable or distressed, specify your trigger in the space on the right. Add more triggers after your are done with the examples provided. The first line (in blue) is an example how to fill the table.

TRIGGERS	***How does it makes me feel?***				***Can you specify the situation?***
	I'm ok with it	A little bit uncomfortable	Quite uncomfortable or distressed	Very distressed	
Certain noises			x		*I get frightened if I hear noises of someone shouting for help, also loud explosions.*
Being yelled at					
Being pressured to behave the way you don't want					
Spending time alone for a certain length of time					
Being criticized					

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Having too many tasks to do					
New events or unplanned circumstances					
Not having a choice					
Loud noises					
Other people around being agitated or stressed					
Being late					

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Experiencing disrespect					
Not being listened to					
Other people touching or using your things without permission					
Other people staring					
Participating in a conflict or just seeing it					
Reminder of a negative past event					

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Feeling pain or getting sick					
Certain feelings					
Certain sensations in the body					
Certain smells, tastes, noises					
Being in the dark					

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From the table pick the triggers that are most distressing to you.

MY LIST OF TRIGGERS:

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DETA 1; Objective 8.4_ IDENTIFYING MY TRIGGERS

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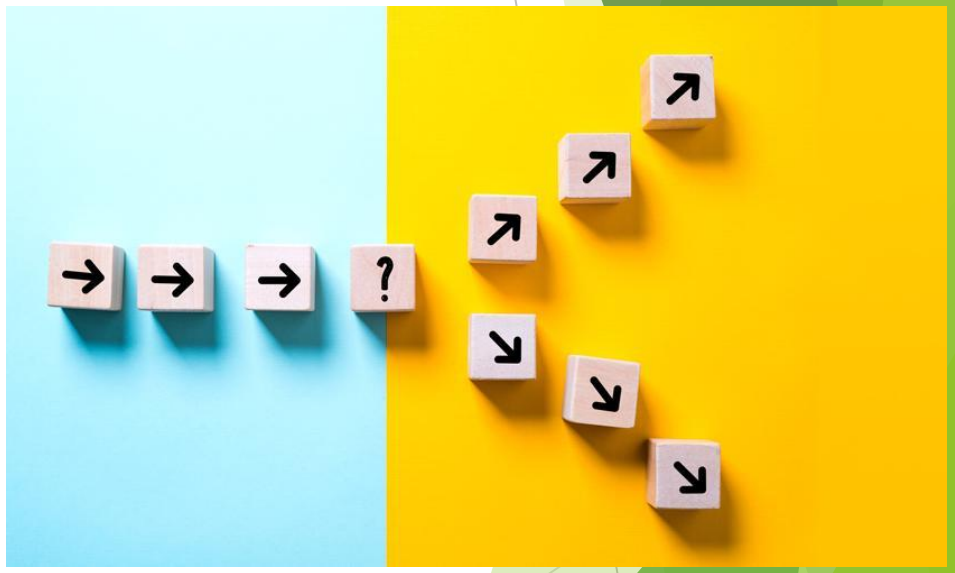
WHY DO WE BEHAVE THE WAY WE DO?



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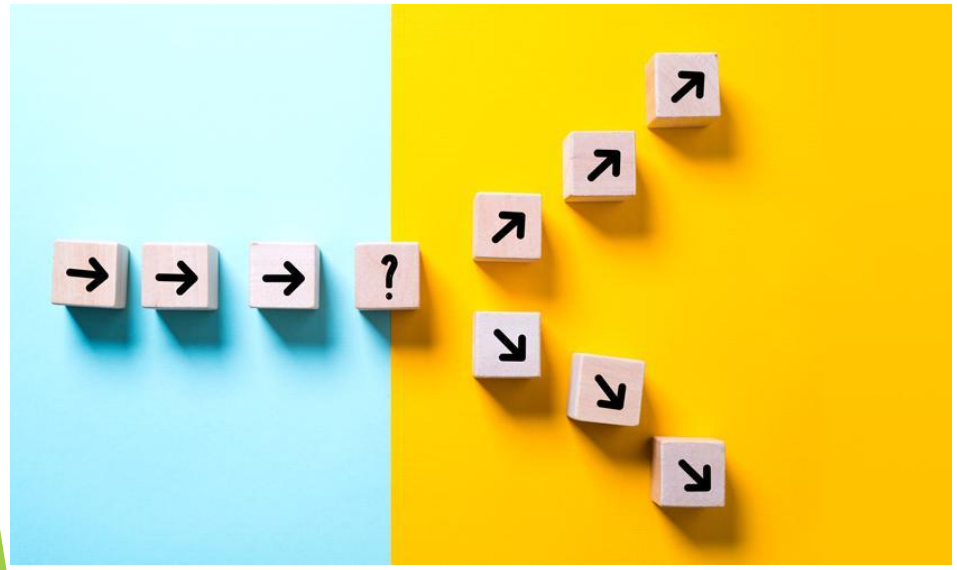

- GETTING SOMETHING YOU WANT OR NEED
- AVOIDING SOMETHING UNPLSEASANT

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REASON

↓

BEHAVIOR

↓

REACTION

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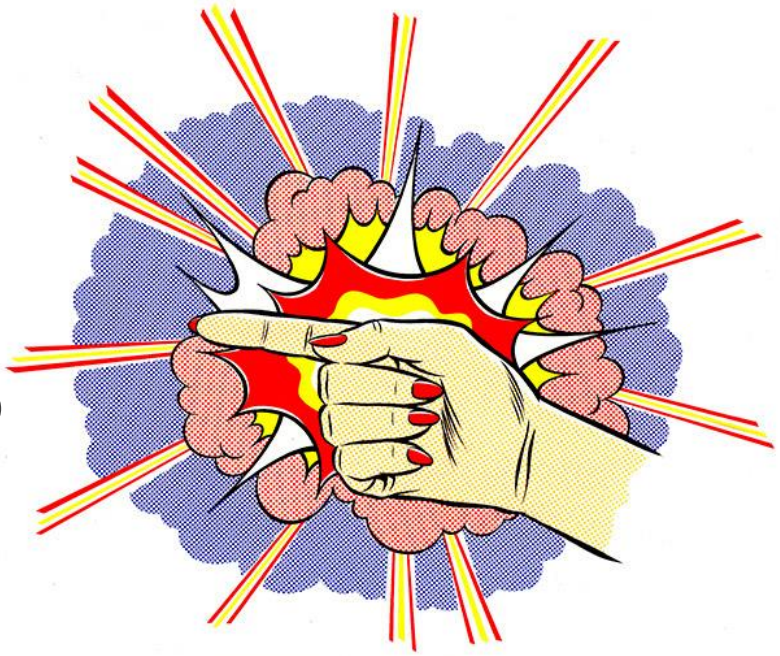
WHAT do we call TRIGGERS?



Illustrations: Mark Thomas

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EXAMPLES

- Spending time alone for a certain length of time;
- Being criticized;
- New events or unplanned circumstances;
- Loud noises;
- Other people around being agitated or stressed;
- Being late;
- Participating in a conflict or just seeing it;
- Anything that reminds you of negative past events;
- Feeling pain or getting sick;
- Certain sensations in the body;
- Being in the dark.

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SIGNS of DISTRESS: they differ

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EXAMPLES

- Anxiety or orther stong feelings;
- Agitated or rhythmic movements;
- Hyperventilating, being short of air;
- Heavy feeling in the chest;
- Sweating;
- Feeling pain;
- Crying;
- Speaking in a very fast pace;
- Swearing;
- Threats, aggression.

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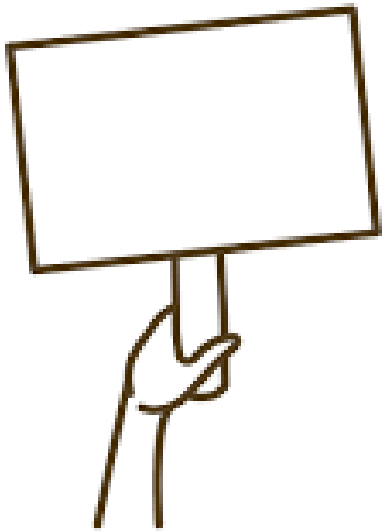
WHAT are MY SIGNS of DISTRESS???



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Print outs for exercise.

Alice slammed the door of his room very strongly
Tom was looking into the eyes of the person sitting in front of him in the train
John started crying in the middle of the street
Suzie was jumping and shouting “hooray”
Danny kept looking into his phone while his friend was sharing his problems

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ZERO COERCION IN MENTAL HEALTH

ANALYZING STRESSFUL SITUATIONS. Try to remember 5 situations where you got very annoyed, agitated, distressed or experience other unpleasant feelings. Try to find what were the triggers and signs of growing distress in each situation. The first line is an example (in blue) how to fill the table. Your situations can be more complex, have more triggers and signs.

Describe a situation when you got triggered: very agitated, distressed, annoyed, angry, very sad, etc. What happened?	**What do you think were the triggers?**	**What do you thing were the signs of distress?**
Couple of weeks ago I had all my Saturday planned – where I will go, what I will do. It had to be a very nice day for me to relax after a tough week. But while I was walking to the city to meet a friend, I got a call from work saying I have to do an urgent task. I was very annoyed and I sat down on a bench to calm down. Then I met my friend but we got into a strong disagreement about a book we read. I was very annoyed and could not do anything else that day. It was also hard to fall asleep in the evening.	*Things going not as they planned; having to work during the weekend; being late; having a disagreement.*	*Trembling; having racing angry thoughts; getting into a fight very easily; having stomach pain; not able to fall asleep easily.*

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MY LIST OF SIGNS OF DISTRESS:

1.
2.
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In a case were these signs appear I will actively try doing things that calm me down so to avoid a mental health crisis or escalation of the stressful situation.

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Training program for the management of schizophrenia crisis in home environments

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