

PSYCHO RESCUE

“PSYCHO RESCUE - Psychiatric RESidential care Communities: Upgrading and Enhancing skills and competences for member of staff professional qualification”

Project ID.: I/05/B/F/PP – 154083

WP 3 – Modelling

WORKING PAPER 4

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Introduction

Considering the criticism emerged in Athens workshop, the few time we have had for discussion and some problem of communication, at this point it's time to define better:

- 1) the phase of the project in which we are**
- 2) what we have done till now**
- 3) the working proposal**
- 4) the goal of the next workshop**

1) The phase in which we are

- We have only just finished the "Need Analysis". At this point, on the basis of the results of "Context" and "Need" analysis, we should work out the guide-lines, that is to select the topics and the areas which we consider as important for the training of a psychiatric worker.

2a) What has been done in "Context Analysis"

- 6 national reports and 1 trans-national report have been produced and a focus group about the topic has been done.
- This analysis has pointed out the importance of social and relational competences in working in Psychiatry, in according with the development of Mental Health Systems of the different countries toward a Community-based care system.
- *(Speaking of this, just to clarify our basic theoretical position, we say that we strongly believe in the social approach to psychiatric problems and in consideration the whole suffering person within his socio-relational environment).*

2b) What has been done in “Need Analysis”

- We have built a questionnaire to get information about activities and vocational and training need of psychiatric workers (*The Need Analysis*).
- We have decided to utilize a structured questionnaire for Need Analysis because is the faster and more reliable way to get information.
- The content of the questionnaire was based on a classification of functions and tasks worked out by prof. Morosini on the basis of Guilbert’s vocational format. The gross mistake which has been done (attribution to Guibert of a Morosini’s work), in practice don’t change the sense of our work.
- Building the questionnaire, we have not merely copied the document which Morosini has given us: we have analysed one by one the tasks which constituted each single function and we have modify something.
- On the basis of our experience as psychiatric workers and data about activities of psychiatric workers, we have considered that really the identified task are important (or in general considered like that by the insiders) in this kind of work.
- So, the result of our preliminary work has been a long list of tasks subdivided in different functions, in accordance with Guilbert’s format. Then, each task has been proposed as a single item of the questionnaire.
- At this point the idea was: *“We have got a long list of tasks that in Morosini’s idea (and partially in our idea) defines an ideal profile of psychiatric workers. Now we can propose this list to the workers and ask them what they think about every single tasks (specifically, we would ask them about “received training”, “perceived importance” of the tasks and “need of training”).*
- So the aim of the questionnaire was to reduce (or to enrich through the item “other...”) the original list of tasks and to stress some basic point, **on the basis of the worker’s answer to the single item** (for example, if a significance number of workers consider not important the

task "assessment", we could eliminate this task, on the basis of a real data).

- But, how sometimes it happens in the life, the result of the questionnaire make us surprised, because the first analysis of data we have done show that in worker's opinion all the groups of tasks we has proposed have been considered as important for their work (see data and results, no one group of tasks has been considered less important than the others).
- This result means that:
 - In one hand, this preliminary data don't help us to select a group of items from the whole list (because it don't give us any indication about the tasks we can eliminate to reduce the list and to focus on some specific function perceived as particularly important and useful)
 - But in other hand this result show that in general the functions and the tasks we have considered, are a good starting point for working out the guide-lines , because psychiatric workers told us that they considered all the proposed functions as important and useful for his present work (Why don't believe them?)

So, now the problem is: *"How can we proceed , that is How can we select from the whole list of items a group of topics which would constitute the guide-lines for working out a vocational profile? (the list also could be enriched (enlarged))"*

3) Working proposal

In our idea, to select a group of topics or an area for the guidelines, in a reliable and shared way, we have got yet the following sources:

- A more deep statistical analysis of data which would allow to discriminate better about the influence of every single item on the final result. This analysis will be done by ISS.
- Opinion of the users. We can get this further information from the focus-group with users done by the partners.

- The opinion of the whole working group. This is the crucial factor because the final elaboration of the guidelines should be as much as possible shareable by the partners. That is the reason because we have decided to give you a questionnaire where you can give your personal opinion about the topics which have been already submitted to the workers. We think it is a practical way to know the opinion of everyone, and in general a good way to work, considering the few times we have got to discuss together (1 day and a half every 3-4 months...) and because of the problem of communication.

So, the main goal of the Next workshop is the final working out of the theoretical guidelines. Most part of the workshop should be dedicated to that.

	AREA and/or SUB-AREA	VOTE	REASON for the vote	POSSIBLE NEW TITLE	
AREA 1	COLLABORATING TO THE ASSESSMENT OF THE PATIENT				
		VOTE	REASON for the vote	POSSIBLE NEW TITLE	
SUB-AREA 1.1	Assess and monitor basic psychopathological symptoms (as delirium, hallucinations, paranoia, depressive symptoms, suicidal ideas, phobias, obsessions, compulsions...)				
SUB-AREA 1.2	Identify the early signs of a crisis/relapse				
SUB-AREA 1.3	Detect side effects of psychotropic drugs				
SUB-AREA 1.4	Use structured tools (as test or interviews) to assess psychiatric symptoms				

SUB-AREA 1.5	Use structured tools (as test or interviews) to assess neurocognitive problems			
SUB-AREA 1.6	Use structured tools (as test or interviews) to assess social functioning			
SUB-AREA 1.7	Use structured tools (as test or interviews) to assess global functioning			
SUB-AREA 1.8	Use structured tools (as test or interviews) to assess quality of life			
others subarea 1.9				
others subarea 1.10				
others subarea 1.11				
others subarea 1.12				
	AREA and/or SUB-AREA	VOTE	REASON for the vote	POSSIBLE NEW TITLE

AREA 2	COLLABORATING TO THE CLINICAL MANAGEMENT OF THE PATIENT			
		VOTE	REASON for the vote	POSSIBLE NEW TITLE
SUB-AREA 2.1	To respond adequately to expressed emotions of the users			
SUB-AREA 2.2	To respond adequately to violent behavior or risk of it			
SUB-AREA 2.3	To respond adequately to user's expressions of complaints or conflict with the service			
SUB-AREA 2.4	To communicate with user's relatives and to manage the relationship with them			
SUB-AREA 2.5	To mediate in conflict resolution between users			
SUB-AREA 2.6	To facilitate negotiation of basic rules about life in common			
others subarea 2.7	.....		

others subarea 2.8	.....		
others subarea 2.9	.....		
others subarea 2.10	.....		
	AREA and/or SUB-AREA	VOTE	REASON for the vote	POSSIBLE NEW TITLE
AREA 3	HELPING THE PATIENT TOWARD SELF-MANAGEMENT			
		VOTE	REASON for the vote	POSSIBLE NEW TITLE
SUB-AREA 3.1	Take an active role in the identification of crisis early signs and in the definition of the relevant contract			
SUB-AREA 3.2	Counsel about rage and impulse control			

SUB-AREA 3.3	Counsel about money management			
SUB-AREA 3.4	Motivate users to be active and responsible towards own therapeutic project			
SUB-AREA 3.5	Motivate users to express their opinion and proposal about organization of the service and activities.			
SUB-AREA 3.6	Promote and manage user's self-help groups			
others subarea 3.7	.....		
others subarea 3.8	.....		
others subarea 3.9	.....		
others subarea 3.10	.....		
	AREA and/or SUB-AREA	VOTE	REASON for the vote	POSSIBLE NEW TITLE

AREA 4	IMPROVING PATIENTS SOCIAL FUNCTIONING			
		VOTE	REASON for the vote	POSSIBLE NEW TITLE
SUB-AREA 4.1	Collaborating with the reference team to define rehabilitation plans			
SUB-AREA 4.2	Helping the patient to define and negotiate personal goals			
SUB-AREA 4.3	Apply the following techniques of social rehabilitation: - Role Playing			
SUB-AREA 4.4	Apply the following techniques of social rehabilitation: - Modeling			
SUB-AREA 4.5	Apply the following techniques of social rehabilitation: - Shaping			
SUB-AREA 4.6	Apply the following techniques of social rehabilitation: - Reinforcement			
SUB-AREA 4.7	Modeling and teaching basic communication skills			

SUB-AREA 4.8	Teaching problem solving method			
SUB-AREA 4.9	Conduct psycho-education session			
SUB-AREA 4.10	Mediate and negotiate in conflict resolution			
SUB-AREA 4.11	Recognizing and supporting users' own coping strategies			
SUB-AREA 4.12	Collaborate with work programmes (admission to job programmes, etc.)			
SUB-AREA 4.13	Collaborate with vocational programmes (admission to training courses, etc.)			
SUB-AREA 4.14	Involve the patient's relatives, neighbors and friends in rehabilitation plans			
SUB-AREA 4.15	Use community resources not open only to psychiatric patients (networking activity)			
others subarea 4.16	.....		
others subarea 4.17	.....		

others subarea 4.18	.....		
others subarea 4.19	.....		
	AREA and/or SUB-AREA	VOTE	REASON for the vote	POSSIBLE NEW TITLE
AREA 5	COLLABORATING TO MANAGERIAL ORGANIZATION OF THE SERVICE			
		VOTE	REASON for the vote	POSSIBLE NEW TITLE
SUB-AREA 5.1	Working in team			
SUB-AREA 5.2	Take an active part in team meetings			
SUB-AREA 5.3	Have an active role in quality improvement project			

others subarea 5.16	.....		
others subarea 5.17	.....		
others subarea 5.18	.....		
others subarea 5.19	.....		
	TITLE OF THE AREA		REASON for the insertion of this new area	
AREA 6	.....		
	TITLE OF THE SUB-AREAS		REASON for the insertion of this new sub-area	
SUB-AREA 6.1	.....		
SUB-AREA 6.2	.....		
SUB-AREA 6.3	.....		
SUB-AREA 6.4	.....		
SUB-AREA 6.5	.....		
SUB-AREA	.....		

6.6				
SUB-AREA 6.7	.....		
	TITLE OF THE AREA		REASON for the insertion of this new area	
AREA 6	.....		
	TITLE OF THE SUB-AREAS		REASON for the insertion of this new sub-area	
SUB-AREA 7.1	.....		
SUB-AREA 7.2	.....		
SUB-AREA 7.3	.....		
SUB-AREA 7.4	.....		
SUB-AREA 7.5	.....		
SUB-AREA 7.6	.....		
SUB-AREA 7.7	.....		

