



CAMILLE Training Manual

Empowerment of children & adolescents of
mentally ill parents



2015

Developed by:



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Camille Training

A training programme to empower children and adolescents of mentally ill parents.

Developed by: **The CAMILLE project**

Coordinator Marja Kaunonen: School of Health Sciences, University of Tampere, Finland

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The CAMILLE Project
c/o Nordland Hospital Trust
Postboks 1480
8092 Bodø
Norway

Telephone: 00 47 75 50 16 18

Fax: 00 47 75 50 12 24

Email: camilletraining@gmail.com

Web: www.camilletraining.net

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Editors: Ian Dawson (ida@nlsh.no) & Inger Simonsen (isi@nlsh.no)

Cover design: Ian Dawson (Nordland Hospital Trust)

Page layout: Ian Dawson



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- Nordland Hospital, Bodø Norway
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- Ian Dawson, Nordland Hospital, Bodø, Norway
- Inger Simonsen, Nordland Hospital, Bodø, Norway
- Wendy Simpson, Playfield Institute, NHS Fife, Scotland
- Martin Smith, Middlesex University, London, UK
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Contents

Section 1: Introduction 1

About the manual	1
About the trainers	1
About the participants	2

Section 2: Background information for the trainers 3

Children & adolescents of mentally ill parents: the European context	3
The structure of the training	4
Suggested preparations	5
Suggested timetable	6

iii

Section 3: The training 7

Introduction	8
Knowledge Base	9
Mental Illness & Substance Misuse	10
Child & Adolescent development	11
Attachment	14
Experiences & needs of families	15
Living with a parent	16
Being a parent	18
Stigma	19
Methods for supporting families	20
Talking with children	21
Resilience	22
Successful services	25
Post Training Questionnaire & Certificate of attendance	26

Section 4: Training resources 27

OHPs	27
Additional OHPs	27
Handouts	28
Supporting documents	28

Section 5: External resources	29
--------------------------------------	-----------

Section 6: References	30
------------------------------	-----------

Section 1: Introduction

About the manual

This manual comprises full instructions to deliver the training. It has a unique focus in the field of children and adolescents with mentally ill parents and is designed to raise awareness of the needs of these families. It also aims to build confidence and skills to enable professionals to empower the children in these families, by building their resilience, promoting their wellbeing and preventing them from developing behavioural and emotional problems.

The rationale for this is that Children living with a mentally ill person are at a significantly greater risk of developing short and long term mental health problems or psychosocial difficulties (Maybery et al. 2005, Mattejat & Remschmidt 2008, Mowbray et al 2006).

Social support and professional interventions are two examples of the protective factors of mental health of children (Reedtz & Lauritzen, 2012)

The lack of and the need for better knowledge and training of the child care professionals is emphasised by the scientific community (Cooklin 2006, Katz & Hetherington 2006, Ramchandani & Stein 2003).

This manual is divided into six sections:

- **Section 1: Introduction**
- **Section 2: Background information for the trainers**
- **Section 3: The training**
- **Section 4: Training resources**
- **Section 5: External resources**
- **Section 6: References**

About the trainers

We recommend that there are two to three trainers that collaborate on delivering this training. Each trainer should be allocated responsibility for specific modules but should also have knowledge of the training as a whole.

The experience and knowledge from a person who has themselves experienced being a child or a parent in a family with mental illness or the other partner, has great value. That is why we advise that one of the trainers has user experience, either the parent themselves that has experienced having a mental illness, their partner or adults who have lived with a mentally ill parent during their childhood.

**The success
of the
program is
dependent on
service user
involvement.**

The other trainers should have firsthand knowledge of the module's topics and ideally one of these should be a psychologist and the remaining one with a general knowledge of mental health. Both these trainers should have real clinical experience.

About the participants

The target group for this training is professionals and helpers who come in contact with families where one of the parents has a mental illness.

This can be kindergarten staff, teachers, GPs, Community Health Staff and hospital staff such as Psychologists, Psychiatrists, Social Workers and Nurses.

Ideally, the training should be delivered to a multi-disciplinary group of professionals drawn from across agencies within a common a catchment/geographical area.

This group approach, it is hoped will develop a sense of coherent ownership of the training itself. This approach will also hopefully be used to build support and collaboration between the different agencies for medium-term and long-term strategies which will empower the children, adolescents and families where a parent has a mental illness.

We suggest a group no larger than 18 people.

The importance of participants from different professions and agencies training together is stressed.

Section 2:

Background information for the trainers

It is important for trainers to read this section before they deliver the training. This is because it contains background material that expands on the information on the OHPs, plus how the training is structured, suggested preparations and a suggested timetable.

Children & adolescents of mentally ill parents: the European context

3

Living with a mentally ill person is a heavy strain on a family and especially on the children, who are at a significant greater risk to develop short and long term mental health problems or psychosocial difficulties. Social support and professional interventions are two examples of the protective factor of mental health of children. The lack of and the need for better knowledge and training of the child care professionals is emphasised by the scientific community

Of concern is the transfer of mental illness from generation to generation. The children and the families are in need of professional understanding, support and counselling. Even though intervention programs are emerging, the needs of these children and the needs of the adults concerning parenting are still not being met.

- Parental mental ill health is a significant factor for children entering the care system.
- Child care workers estimate that 50-90% of parents on their case loads have mental health, alcohol or substance misuse problems
- In a class of 26 primary school children 6-7 children are living with a mother with mental health difficulties
- Mothers are more likely to suffer mental health problems than fathers, and care for mothers is most often given by a female child.
- Children who have to manage “precarious parenting”/become a parentified child.
- The mental health of children is a strong predictor of their mental health in adulthood.
- Parental mental illness has an adverse effect on child mental health and development, while child psychological and psychiatric disorders and the stress of parenting can impinge on adult mental health.
- The unpredictable nature of some mental health problems can create difficulties for young carers, whose behaviours are not always correctly attributed.
- The high level of stigma attached to mental health problems may lead young carers to exclude themselves from social involvement.

- The two per cent of families who suffer the combined effect of parental illness, low income, educational attainment and poor housing are among the most vulnerable in society.

Children living with a mentally ill person are at a significantly greater risk to develop short and long term mental health problems or psychosocial difficulties. The lack of and need for better knowledge and training of the child care professionals is underlined by the scientific community (Ramchandani & Stein 2003; Hetherington et al 2002), as well as the lack of pan-European guidelines for promoting healthy behaviour in children of mentally ill parents. Finally, there is a clear organisational gap between services focusing on either adult mental illness or child mental illness and among these and generalist services (see Cooklin 2006; Mowray et al 2004; Bibou-Nikou 2004; Stallard et al 2004).

The structure of the training

This two day training starts with an “**Introduction**” module and then is built up around three main themes and within each of these there are 3 separate modules, 10 in all:

Knowledge Base

- Mental Illness & Substance Misuse
- Child & Adolescent Development
- Attachment

Experiences & Needs of Families

- Living with a Parent
- Being a Parent
- Stigma

Methods for supporting families

- Talking with Children
- Resilience
- Successful Services

Each module has supporting OHPs, handouts and documents. In addition you will also find necessary resources within these modules which will supplement the training and we strongly recommend that you look at these.

In Section 3 “**The Training**” you will find instructions and tips for delivering the training.

The training has a logical structure and it is recommended that you deliver the training in the order they are presented. However since the training is module based

it is possible to tailor the training and pick the modules that are most appropriate for your target group.

The training is rounded off with a “**Post Training Questionnaire**”.

Suggested preparations

The key to a successful training is being well prepared. Below are some tips and suggestions we have found useful for delivering the training. Some of these may seem obvious and common sense but rather view this as a checklist before you start the training.

5

- Read through the whole training programme
- Book a suitable room
- Check that you have the necessary technical equipment available in the room such as:
 - PC/laptop
 - Projector
 - Internet connection in order to access the video and audio presentations
 - Flip over chart/blackboard
- Send out invitations to the potential participants
- Copy enough copies of OHPs, handouts, supporting documents etc beforehand.
- Coffee/tea for the breaks.
- Run through the OHPs beforehand to ensure that they work and that the internet links also are working.

Suggested timetable

Below is a suggested timetable for delivering the training. It is based on a two day's training but it can be divided into smaller slots to suit local settings. For example 1 to 2 modules pr session spread over a longer time frame.

Day 1:	
09:00 am	Start and introduction module
09:20 am	Pre Training Questionnaire
09:40 am	Mental Illness & Substance Misuse
10:40 am	Coffee/tea break
10:50 am	Child & Adolescent Development
11:50 am	Coffee/tea break
12:00 am	Attachment
13:00 pm	Lunch
14:00 pm	Living with a Parent
15:00 pm	Being a Parent
16:00 pm	Coffee/tea break
16:15 pm	Stigma
17:15 pm	Rating the day's training
17:30pm	End

6

Day 2:	
09:00 am	Start and introduction to the day's training
09:20 am	Talking to Children
10:20 am	Break
10:30 am	Resilience
11:30 am	Coffee/tea break
11:40 am	Successful Services
12:40 pm	Rating the day's training
13:00 pm	Post Training Questionnaire
13:30 pm	End

It is important to set aside time at the end of the day to get feedback on how the participants have experienced the day's training.

Section 3: The training

The Camille training is based on research and practice, user experience and feedback from children and partners of service users as well as feedback from professionals.

The aim is to provide knowledge, raise awareness and feed curiosity.

This two day training will start you off with some basic knowledge and skills, followed by experiences and needs of the families involved and rounded off with some methods for supporting them. Hopefully you will visit the www.camilletraining.net and use some more of the resources there. They are there to help you find out more.

The collaborating partners who were behind this training produced 11 "**CAMILLE Principles**" for workers to empower families where there is a mentally ill parent. See box to the right. These are available as handout 1.



For Workers to Empower Families where there is a Mentally Ill Parent

1. Become aware of the needs of these families, especially the issues faced by the children.
2. Be aware of and connect with all the different agencies and professionals which can help the family - communicate with and support each other.
3. Consider the whole family and the relationships between the family members.
4. Focus on what creates resilience and wellbeing in the child.
5. Look for the strengths of all family members and help the family to develop these to support each other.
6. Be consistently tolerant, respectful and compassionate to each person involved.
7. Encourage open communication about mental illness and substance abuse between family members and professionals.
8. Nurture the parent's capacity to be warm and responsive to their child.
9. Listen to the family's agenda – they need to decide what's important for them.
10. Think about simple, practical solutions for the family's everyday life.
11. Challenge stigma and discrimination whenever it is encountered.

Introduction

Aim: To give an overview of the background, aims, process and content of the training.



Approximate timing: 40 minutes

Resources: OHP 1: Introduction
Handout 1: Camille Principles
Handout 9: Pre Training Questionnaire

Materials: None

Instructions for trainer

- Adapt slide 19 in advance to your local program with venue, dates and times.
- Show OHP 1.
- Distribute handout 1.

Knowledge Base



The “**Knowledge Base**” aims to give the participants some basic knowledge which can affect the lives of children and adolescents living with a parent who has a mental illness.

“**Mental Illness and/or a Substance Abuse**” can affect a person’s parenting skills. This module gives a basic overview of the major mental illnesses and substances that are misused and how this can affect the behaviour of a person.

“**Child and Adolescent Development**” can be affected by his or hers environment. This module gives an overview of normal child and adolescent development and how parental mental health problems can impact on this.

Finally the “**Attachment**” module introduces the participants to some of the basic concepts of attachment and raise the awareness of the link between children's behaviour and relationship to the caregiver.

Each module lasts approximately 60 minutes including time for discussion, questions and answers.



Mental Illness & Substance Misuse

Aim:

To give the participants a basic understanding of mental illnesses and substance misuse.



Further to look at mental health diagnoses and some of the associated symptomatology, to look at common substances that are used and their effects and to explore the effects mental illness and/or substance misuse may have on the lives of the children in families

Approximate timing:

60 minutes

Resources:

OHP 2: Mental Illness & Substance Misuse

Handout 1: Ladder of harm – diagnosis

Handout 2: Ladder of harm – substance misuse

Materials:

PC connected to an overhead projector to show OHPs.

Flip chart/white board with pen markers

Instructions for trainer

- Show OHP 2
- For the exercise on slide 3 give each participant a copy of each of the ladders – Mental health & substance misuse. This tool should be done as a solo exercise. Ask each of the participants to complete the ladders individually. Purpose – to allow them to put on paper what their own ideas are around these two topics. In terms of harm, it should be instructed that there is no right or wrong answer, more a personal reflection of their own opinions. Can also be used at end of the OHP presentation for discussion if people want to revisit.

Additional material

- **ICD-10**
International classification of diseases Chapter V "Mental and Behavioural Diseases [2010] Can be found at www.apps.who.int/classifications/icd10/browse/2010/en#/V
- **MENTAL HEALTH INFORMATION FOR ALL**
The Royal College of Psychiatrists readable, user-friendly and evidence-based information on various mental health problems, treatments and other topics, regularly updated by psychiatric experts on their web site at www.rcpsych.ac.uk/expertadvice.aspx

Child & Adolescent Development

Aim:

To give an overview of normal child and adolescent development.

Explore how parental mental health problems can impact on development.



Gain understanding as to how these can be relevant to other topics, especially communication and attachment and overall psychological well being / mental health.

Approximate timing:

60 minutes

Resources:

OHP 3: Child & adolescent development

Handout 4: Grids

Materials:

PC connected to an overhead projector to show OHPs

Internet connection

Loudspeakers

Flip chart/white board with pen markers

11

Instructions for trainer

- Show OHP 3
- Instructions for the following slides:
 - **Slides 3 to 5:** Tell the participants they may have heard of many of these and they can explore these in detail if they choose to - but emphasise there is only a short space of time and we will be only covering the basics. Ask can anybody think about other models they know?
 - **Slide 7:** Give examples here of how health and emotional development can impact positively or negatively on each other – E.g. disability, other health issues, hospitalisation, trauma, culture and environment.
 - **Slides 9 & 10:** This is a lead up to undertaking the group work.
 - **Slides 11 & 12:** Announce – “Let’s explore this in detail in groups” – “Will help you by moving around the groups” Go to next slide – to evidence the task. Make sure you have a print of this slide as well to be given to each group to help them with the task. You need a copy of slides 9 -10 -11
 - **Slide 13:** If participants are struggling - - A helpful indicator here is to ask them to think of their own children or a nephew or a niece. Then give them the grids one of each. It is important to print the grids on

large A4 sheets of paper prior to the session – When showing the grids – encourage participants to think about their own experiences especially adolescents. (This can be the fun and usually provokes a lot positive memories and connection with the material and learning) Get feedback from each group – (10 minutes approximately for this) Helpfully ask – 1. "What was this exercise like?" 2. "Why do these changes take place?" – commend anybody who states the brain is growing/ changing. Move on to the next slides and read through the different stages.

- **Slide 14:** Move around the groups to support participant understanding of the task and their learning
- **Slides 16 & 17:** Ask them to read through these.
- **Slide 21:** Read through – encourage participants to think cultural aspects and how these might apply.
- **Slide 22:** One of the most crucial aspects of working with children experiencing mental health problems, concerns the need for there to be an appreciation on the part of the helper of the child's level of cognitive development. To what extent can the young person understand what's happening to them, and how can they participate in the process of planning to improve their situation? How able are they to experience empathy for others? What is and should be their sense of right and wrong given their immaturity? Such questions are linked to their level of cognitive development. The overarching consideration should be that young people may not have the same cognitive capacities as adults and this needs to be accommodated within the communication and helping process. Various researchers have explored the development of cognitive capacity in children. Perhaps most famously, Jean Piaget (1954) proposed that cognition develops in 4 stages as displayed on the following slides.
- **Slide 23:** 3 minutes - You can do this in groups or put this to everybody simultaneously – trying to answer the questions. They may need to make the following connection in understanding how the brain is evolving and developing and how this can be directly related to positive and negative experiences in how the child and adolescent.
- **Slide 24:** Show the clip – to participants. Be prepared this clip can have a powerful effect on participants - but gives insight into children's experiences which may impact on their emotional development. This has to be carefully managed to get the group to discuss as a whole in relation to the question on the slide. Allow 10 minutes approx. The next slide is a lead up to think more broadly in relation to mental health and substance misuse - though the main point of the next slide is to encourage them to think in relation to the other topics and to be done over the full days. - - - the ambition here is to encourage participants to integrate / blend their learning in relation to the other subjects


- **Slide 25:** How might alcohol or drug use make the situation more unstable – how might this further effect developmental stages? “Think about these issues in relation to the other topics which have been discussed and are about to be discussed”. “Take this forward to your later discussions”. What you are look for within this discussion is that alcohol can be an exacerbating factor in what is already a chaotic situation – can lead to violence. Violence has greater impact on the child than mental health or substance misuse alone.

Additional material

- **LET'S TALK ABOUT CHILDREN**

A multi-family social intervention for the effects of parental mental illness. A training manual produced by Kidstime. Download the manual at www.media.wix.com/ugd/c20378_308d2c06237d9e23d76b9f25ae323658.pdf

Attachment

Aim:	To introduce some of the basic concepts of attachment.	
	To raise awareness of the link between children's behaviour and their relationship to a caregiver.	
Approximate timing:	60 minutes	
Resources:	OHP 4: Attachment Supporting document: "Attachment"	
Materials:	PC connected to an overhead projector to show OHPs Internet connection Loudspeakers Flip chart/white board with pen markers	

14

Instructions for trainer

- It is recommended that this module should be presented by a psychologist preferable with experience within child and adolescent services.
- First read through the supporting document.
- Show OHP 4.

Additional material

- Early Social Development
View Mary Ainsworth & Attachment Theory video at www.youtube.com/watch?v=9HG05AIIH6Y.
- Let's talk about children
A multi-family social intervention for the effects of parental mental illness. A training manual produced by Kidstime. Download the manual at www.media.wix.com/ugd/c20378_308d2c06237d9e23d76b9f25ae323658.pdf

Experience & Needs of Families



The “**Experiences and needs of families**” aims to give voice to the families. It is extremely important that we as professionals and helpers listen to the different members of the families on how they experience the help they receive and more importantly what they feel are their needs.

The “**Living with a Parent**” module gives voice firstly to the children of families with a mentally ill parent.

“**Being a Parent**” challenges us to hear what a parent with a mental illness thinks and how his or her illness can affect their children and also how they tackle it.

Finally the “**Stigma**” module raises the problems of discrimination, not only for the person with the mental illness but also their surrounding family.

Each module lasts approximately 60 minutes.



Living with a parent

- Aim:**
- To learn about the effect this has on children and adolescents
 - To understand the importance of helping the whole family
 - To understand the need to collaborate with other agencies
 - To give you some ideas about what you can do



16

Approximate timing: 60 minutes

Resources: OHP 5: Living with a parent.
Handout 5: Transcript of Stefania's story.

Materials: PC connected to an overhead projector to show OHPs
Internet connection
Loudspeakers
Flip chart/white board with pen markers

Instructions for trainer

- It is strongly recommended that this module should be presented by either a service user who has/had children, a partner or an adult who has grown up in a family where one of the parents has suffered from mental illness.
- Show OHP 5.

Additional material

- "What happens to children when a parent starts to suffer from a mental illness?"
This is a OHP presentation by Stefania Buoni. See OHP 12.
- COPMI Research Symposium 2013
Building an evidence base on effective policy, practice and education is vital to addressing the needs and improving outcomes of children and families with parental mental illness. View this at www.copmi.net.au/professionals-organisations/how-can-i-help/professional-development/webinars-conference-videos/copmi-research-symposium
- Let's talk about children
A multi-family social intervention for the effects of parental mental illness. A training manual produced by Kidstime. Download the manual at www.media.wix.com/ugd/c20378_308d2c06237d9e23d76b9f25ae323658.pdf
- Useful website material:
 - COMIC (Children of Mentally ill consumers) [Australian]. Visit www.howstat.com/comic/Home.asp

- Comic brochure. Download at www.howstat.com/comic/Downloads/COMIC_Brochure.pdf
- Anna and the sea is a narrative is a touching story for children that deals with the complexities surrounding mental illness. View at www.annaetlamer.org/Thebook.html
- The Blue Polar Bear is a small childrens book

Being a parent

- Aim:**
- To listen to the experiences of parents with mental illnesses and gain insight of what it's like to be a parent with mental illness.
 - To reflect on what you hear and discuss with the group what you have learned and how this can affect your practice.
- Approximate timing:** 60 minutes
- Resources:**
- OHP 6: Being a parent
 - Handout 6: Mary's Story
 - Handout 7: Trudy's Story
- Materials:**
- PC connected to an overhead projector to show OHPs
 - Internet connection
 - Loudspeakers
 - Flip chart/white board with pen markers



18

Instructions for trainer

- Make sure that you have copied enough examples of Mary and Trudy's stories for the participants.
- Show OHP 6

Additional material

- WHAT HAPPENS TO THE CHILDREN WHEN A PARENT STARTS TO SUFFER FROM A MENTAL ILLNESS
This is another PPT presentation where we hear the voice of children who have had parents with a mental illness. OHP 12
- Parental Mental Health
Here are 3 papers from the Lancet on prenatal mental health
 - "Non-psychotic mental disorders in the perinatal period". Louise M Howard, Emma Molyneux, Cindy-Lee Dennis, Tamsen Rochat, Alan Stein, Jeannette Milgrom. Lancet 2014; 384: 1775–88
 - "Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and the post-partum period". Ian Jones, Prabha S Chandra, Paola Dazzan, Louise M Howard. Lancet 2014; 384: 1789–99
 - "Effects of perinatal mental disorders on the fetus and child". Alan Stein*, Rebecca M Pearson*, Sherryl H Goodman, Elizabeth Rapa, Atif Rahman, Meaghan McCallum, Louise M Howard, Carmine M Pariante. Lancet 2014; 384: 1800–19.
- Useful websites:
 - Maternal mental health at www.everyonesbusiness.org.uk/
 - Perinatal mental health at www.thelancet.com/series/perinatal-mental-health

Stigma

- Aim:**
- To learn more about stigma
 - To think about how families with mental illness are affected by stigma
 - To recognize how you are affected by stigma in your own life
 - To reflect on how stigma can influence professional conduct
 - To give you some ideas about what you can do to reduce stigma



19

Approximate timing: 60 minutes

Resources: OHP 7: Stigma

Materials:

- PC connected to an overhead projector to show OHPs
- Internet connection
- Loudspeakers
- Flip chart/white board with pen markers

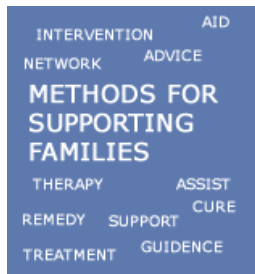
Instructions for trainer

- Show OHP 7

Additional material

- Rapping about parental mental illness
'Koolta' (hip hop artist Kultar Ahluwalia) raps to aid awareness about parental mental illness for COPMI (Children of Parents with a Mental Illness). View the video at www.youtube.com/watch?v=X-3Sq4PSm0E
- Stigma
A video presentation on Stigma by Bjørg Eva Skogøy Phd candidate from Nordland Hospital, Norway. View the presentation at www.vimeo.com/75944624

Methods of Supporting Families



Many of the professionals who participated in the piloting of this training programme also asked for suggestions of concrete practical tools to meet the needs of these families.

The module “**Talking with Children**” gives practical suggestions on how professionals can empower the parents to talk their children.

The “**Resilience**” module clarifies what is meant by this term and what supports it.

And finally the “**Successful Services**” focus on the importance of the different agencies and professionals to collaborate and join forces for a united effort to meet the needs and support these families.

20



Talking with children

Aim:

To describe a European model for working effectively with families

To help you empower parents to talk with their children about their mental health problems

To provide principles and practical tips to guide your discussions with parents

To think about how to talk directly with children when you don't have access to the parent



21

Approximate timing:

60 minutes

Resources:

OHP 8: Talking with children

Supporting document: Talking with children

Materials:

PC connected to an overhead projector to show OHPs

Flip chart/white board with pen markers

Instructions for trainer

- First read the supporting document.
- Show OHP 8
 - For slide 20: Work in small groups to discuss these questions and write on a big piece of flip chart paper. Write the words as if the child is writing it, i.e. from the child's perspective.

Additional material

- Kitbag for families
Kitbag for Families is a set of tools designed to help children be calm and relaxed, resilient and confident, helping to build positive relationship in families. Visit www.internationalfuturesforum.com/kitbag-for-families
- VIRTUAL DIALOGUE Set for Families
Helping your patients or clients to talk creatively about their relationships. Visit www.virtualdialogueset.com/

Resilience

Aim: To clarify what is meant by resilience and what supports it.

To provide evidence of what makes children resilient when their parent is mentally ill

To provide ideas and tools for empowering children and their parents .



22

Approximate timing: 60 minutes

Resources: OHP 9: Resilience

Materials: PC connected to an overhead projector to show OHPs
Flip chart/white board with pen markers

Instructions for trainer

- Show OHP 9.
 - For slide 6: A white board and flip chart will be needed for this exercise - also get someone to write on the flip chart for you for the different resilience factors. Draw a line from corner to corner as above (the line will represent the ladder)– get participants to say what has been positive in their lives to support them getting through and meeting all challenges and changes -- Acknowledge nobodies life has been perfect but there have been positive resilience factors which have supported them “got them through”. Ask the participants “What are these”? Help by writing the first resilience factor from your own perspective e.g. nurture, this will help participants to understand and contemplate what was positive in their experiences as a child and an adolescent. They should come up with positive things like, role models, education, good parenting, financial stability, inclusion, consistency, community, spirituality and friends. The list - will be written on to the flip chart Use the 3rd slide - commend participants for identifying many more resilience factors than are on the slide. But what you then explain “for many young people, from difficult and challenging back grounds do not Get on the first rung of this ladder” .----- Draw a large X (cross) at the bottom of the ladder (on the flip chart) emphasising children's experiences if parents have already enduring mental health and substance misuse problems etc poor housing. Especially, when the child is born. There is an opportunity to connect this to attachment

theory as well e.g. Bowlby – and impact on relationships. Not having any or all of the positive experiences described by the participants are Risk Factors. It is an opportunity to also discuss neglect - and impact of parental mental health problems on their children.


- For slide 7: A white board and flip chart will be needed for this exercise - also get someone to write on the flip chart for you the different resilience factors draw a line from corner to corner as above (the line will represent the ladder)– get participants to say what has been positive in their lives to support them getting through and meeting all challenges -- Help by writing the first resilience factor from your own perspective eg nurture , this will help participants to understand and contemplate what was positive in their experiences as a child and adolescent. They should come up with positive things like, role models , education, good parenting, financial stability, inclusion , consistency, community, spirituality, friends , The list - will be written on to the flip chart Use the 3rd slide - commend participants for coming with many more resilience factors than are on the slide. But what you then explain, “for many young people”, from difficult and challenging backgrounds do not get on the first rung of this ladder” .----- Draw a large X (cross) at the bottom of the ladder (on the flip chart) emphasising children's experiences if parents have already enduring/ pervasive mental health and substance misuse problems etc poor housing. Especially, when the child is born. There is an opportunity to connect this to attachment theory as well e.g. Bowlby. Not having any of the positive experiences described by the participants are Risk Factors. It is an opportunity to also discuss neglect - and impact of parental mental health problems on their children.

Additional material

- **PROMOTING CHILDREN'S RESILIENCE TO PARENTAL ILLNESS:**
engaging the child's thinking
A Royal College of Psychiatrists document on resilience. Download document at www.media.wix.com/ugd/c20378_17d3a4ae5f3c4d55a82e0328a3633738.pdf
- **LET'S TALK ABOUT CHILDREN**
A muliti-family social intervention for the effects of parental mental illness. A training manual produced by Kidstime. Download at www.media.wix.com/ugd/c20378_308d2c06237d9e23d76b9f25ae323658.pdf
- **THE RESILIENT CHILD**
The Australian Psychology Society has an interesting article on it's website. Visit www.psychology.org.au/publications/inpsych/resilient/
- **Is resilience still a useful concept when working with children and young people?**
This paper reviews some of the complexities and issues surrounding the concept of resilience in order to ascertain its usefulness for practitioners working with children. Download at www.media.wix.com/ugd/c20378_c21055b4f30b4fb5aa7d5d9cae4b80a8.pdf
- **Risk, protection and resilience in children and families**

A Research to Practice Note aims to improve understanding of risk, protection and resilience in working with children and families. Download document at www.media.wix.com/ugd/c20378_8650b36d741d46d689e71252f6716db3.pdf

Successful Services

Aim:	<p>To highlight key findings from research on what makes a successful service for families where a parent is mentally ill. T</p> <p>To provide strategic recommendations on how to develop successful services and to discuss what's happening already in your services and what you can do to improve them.</p>	
Approximate timing:	60 minutes	
Resources:	<p>OHP 10: Successful Services</p> <p>OHP 13: Interagency Collaboration</p> <p>Handout 8: Interagency checklist</p>	
Materials:	<p>PC connected to an overhead projector to show OHPs</p> <p>Flip chart/white board with pen markers</p>	

25

Instructions for trainer

- Show OHP 10 and initiate a discussion around these issues and how services should be developed.
- This session can be supplemented with the OHP presentation "Interagency Collaboration" which aims at why and what can be done for effective collaboration.

Additional material

- Examples of good practices
The CAMILLE project completed an analysis of good practises in Finland, Norway and the UK. At www.mailtodawson.wix.com/camilletraining#!intro-module-4/cxvr for you can download the report.
- UN Convention on the rights of the child
In 1989, governments worldwide promised all children the same rights by adopting the UN Convention on the Rights of the Child, also known as the CRC or UNCRC. Download the convention at www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_PRESS200910web.pdf

Post Training Questionnaire & Certificate of Attendance

Aim: To enable the trainers to be able to improve the trainer for future groups through pre and post evaluation. In addition this will be valuable information for employers.



26

Approximate timing: 20 minutes

Resources: Handout 10: Post training questionnaire
Handout 11: Certificate of attendance

Materials: None

Instructions for trainer

- It is important that you have time at the end of the training to ask the participants to fill out the “**Post Training Questionnaire**”.
- There is also a “**Certificate of Attendance**” which you should print out for all participants.

Section 4: Training Resources



The CAMILLE training uses a number of OHPs, handouts and supporting documents to facilitate the training. These are in PDF format .

The majority of these can also be found in Finnish, German, Italian, Norwegian and Polish on www.camilletraining.net .

Please note we have used also a number of videos and internet links which are embedded into the OHPs and to give a fuller version of the training then a computer with an internet connection and loudspeakers is necessary.

27

OHPs

These are the main OHPs for the 10 modules which form the core training programme:

- Introduction [OHP 1]
- Mental illness & Substance Misuse [OHP 2]
- Child & Adolescent Development [OHP 3]
- Attachment [OHP 4]
- Living with a Parent [OHP 5]
- Being a Parent [OHP 6]
- Stigma [OHP 7]
- Talking with Children [OHP 8]
- Resilience [OHP 9]
- Successful Services [OHP 10]

These can be found as separate documents on www.camilletraining.net under “**Training Resources**”.

Additional OHPs

In addition to the basic OHPs for the modules we have produced 3 extra OHPs which can be used to supplement the training:

- Implementation [OHP 11]
- What happens to children when a parent starts to suffer from a mental illness? [OHP 12]
- Interagency Collaboration [OHP 13]

These can also be found as separate documents on www.camilletraining.net under “**Training Resources**”.

Handouts

These handouts facilitate the training and you should have enough copies for the participants.

- CAMILLE Principles [Handout 1]
- Ladder of Harm – Diagnosis [Handout 2]
- Ladder of Harm – Substance Misuse [Handout 3]
- Grids [Handout 4]
- Transcript of Stefania’s Story [Handout 5]
- Mary’s Story [Handout 6]
- Trudy’s Story [Handout 7]
- Interagency Checklist [Handout 8]
- Pre Training Questionnaire [Handout 9]
- Post Training Questionnaire [Handout 10]
- Certificate of Attendance [Handout 11]

These can also be found as separate documents on www.camilletraining.net under “**Training Resources**”.

28

Supporting Documents

Finally we have produced two supporting documents which we recommend that you read prior to delivering the “Attachment” and “Talking with Children” modules.

These can also be found as separate documents on www.camilletraining.net under “**Training Resources**”.

Section 5: External Resources



There are quite a lot of resources to be found in the field which can be useful for supplementing this training. These are both internet and hard copy resources.

On www.camilletraining.net under “**External Resources**” we aim to list these resources grouping them together under the same themes the training is built on:

- Knowledge Base
- Experiences & needs of families
- Methods for supporting families
- Miscellaneous

Do you have any resources you would like to recommend to us?

Then contact us at camilletraining@gmail.com

Please note that the CAMILLE Project cannot be held responsible for the content of these although we do try only to list those resources we think might be helpful.

Section 6: References

The references cited in this manual and in the training resources can be found in a separate document at www.camilletraining.net under “Training Resources”.