Let’s get real
Real skills for people working in mental health & addiction

Working with families/whānau
Practitioner level learning module
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>1 Policy and practice - working with families and whānau</td>
<td>9</td>
</tr>
<tr>
<td>2 The impact of mental illness on families and whānau and interventions</td>
<td>11</td>
</tr>
<tr>
<td>3 Resources and information</td>
<td>14</td>
</tr>
<tr>
<td>4 Balancing the needs and expectations of service users and their families or whānau</td>
<td>16</td>
</tr>
<tr>
<td>5 Practical approaches in working collaboratively with families</td>
<td>18</td>
</tr>
<tr>
<td>6 Reflecting on your own practice</td>
<td>31</td>
</tr>
<tr>
<td>References and recommended reading</td>
<td>33</td>
</tr>
<tr>
<td>Learning Review Tool</td>
<td>37</td>
</tr>
<tr>
<td>Individual Professional Development Plan</td>
<td>39</td>
</tr>
</tbody>
</table>
Introduction

The Real Skill for working with families/whānau is:

Every person working in a mental health and addiction treatment service encourages and supports families/whānau to participate in the recovery of service users and ensures that families/whānau, including the children of service users, have access to information, education and support.

Performance indicators - practitioner

By the end of this module you will be able to:

- explain to family/whānau the options for family/whānau interventions
- facilitate family/whānau:
  - access to relevant information and resources about all aspects of mental health and addiction
  - input into and inclusion in service users’ recovery plans
  - participation in effective family meetings.

Preparation

To help you complete this module please familiarise yourself with key national strategy and policy documents and the service provider guidelines relevant to your specific area of practice. For your reference a list of recommended reading is included in this module. In particular your attention is drawn to the following documents.

  See in particular the leading challenges of responsiveness (p.8), workforce and culture for recovery (p.12) and Māori mental health (p.13).
  See in particular the leading challenges of responsiveness (pp.27-35), workforce and culture for recovery (pp.36-40) and Māori mental health (pp.41-47).
  See in particular competency number 10 (pp.26-27); “A competent mental health worker has knowledge of family/whānau perspectives and is able to support their participation in services”.
  See in particular standard 2.6; family/whanau participation. p.15.


The work in this module builds on the essential level of the working with families/whānau Real Skill. It is designed to capture your knowledge, and the application of that knowledge, as a practitioner in mental health. You will be expected to reflect on what you do and how you do it, and the key values and attitudes that underpin your work.

There are several main themes included in this module:

- understanding policies and procedures
- managing family and whānau tensions
- establishing, maintaining and enhancing relationships with families and whānau
- access to resources.

You will draw on your experiences working with service users and their families (however they are so defined), and the strategies and skills you have used to support them in their recovery. Before beginning this module, you should consider the service users you have worked with in the past or are currently working with, the different issues they have faced working with their families and whānau, and the strategies you and they have implemented to establish and maintain meaningful relationships with families and whānau.

To gain the maximum benefit from this module you are encouraged to think about how the learning module applies to you and your work context. When you have finished working through this module use the Learning Review Tool to help you reflect on how you work with families and whānau. This will enable you to identify where your strengths are, along with any areas you may need to further explore in your Individual Professional Development Plan.
Overview
In the essential module, we looked at what family meant to you as an individual, and to some of the service users you are involved with. This module expands upon this knowledge and understanding in relation to your day-to-day practice.

The policy context: working with families and whānau
People with experience of trauma, anxiety, stress, mental illness or addiction do not go through the experience by themselves. Their experiences are shaped by, and impact on those around them, most importantly their family or whānau (Mental Health Commission, 2005; Kina Families and Addictions Trust, 2005). Experience of mental illness and addiction issues are shaped by the social and cultural values of communities, including families and whānau and can therefore never be viewed in isolation around an individual.

National policy for the mental health and addiction sector recognises the impact that mental illness and addiction have on family, whānau and friends. This includes specific policies concerning treatment of Māori, Pacific and Asian peoples in New Zealand, in which consideration and understanding of the family response to the service user’s situation underpins good practice (Ministry of Health, 2002a and 2002b).

Being responsive to the needs of families, whānau and friends who support people with experience of mental illness or addiction is one of the key objectives expressed under the leading challenge of responsiveness in Te Tāhuhu (Ministry of Health, 2006, p24): “responsive services respectfully listen to service users...recognise the impact that mental illness and addiction can have on families and whānau and the important role they have in treatment and recovery”.

The actions associated with this objective call on services to ensure that families, whānau and friends who are affected by people with experience of mental illness and addiction will: “experience agencies that operate in such a way which enables them to support family member’s recovery and maintain their well being” (Ministry of Health, 2006, p.4)

Recovery
Recovery, in both mental health and addiction, emphasises the need to draw on the resources of all people with and affected by mental illness and addiction (Mental Health Commission, 2001; Mental Health Advocacy Coalition, 2008). This is illustrated in the following vision statements.

“Recovery happens when people with mental illness take an active role in improving their lives, when communities include people with mental illness, and when mental health services can enable people with mental illness and their communities and families to interact with each other (Mental Health Commission, 2001).”

The process of recovery from problematic substance use is characterised by voluntarily-sustained control over substance use which maximises health and well being and participation in the rights roles and responsibilities of society (UK Drug Policy Commission Recovery Consensus Group, 2008).
The above statement, which is specific to people with addictions, reflects current thinking in the addiction sector, that an individual’s relationship with the wider world (family, peers and the community) is an intrinsic part of their recovery.

Assisting service users in recovery then, ultimately involves attention to the needs of those who are part of the person’s social network. This is true of mental illness and addiction, and for those experiencing coexisting disorders. “When a person has an alcohol, drug or other addiction problem it is also a family and community issue - involving family in the process of recovery means more chance of successful recovery” (Kina Families and Addictions Trust, 2005).

The impact of mental illness and addiction on families and whānau

Family structures in New Zealand are varied and complex, from the traditional nuclear family to single-parent families, step-families, foster families, and multigenerational families. The concept of family or whānau goes beyond the line of kinship to include the chosen support networks of a person with a mental illness (Mental Health Commission, 2005).

When considering developmental and behavioural influences on a person, the family and whānau have the most important sphere of influence. Family members are often identified as being responsible for each other’s development, stability, and protection. Members of families and whānau are also linked through shared experiences, and economic, emotional and political bonds.

Having a family member with a mental health or addiction problem can and does impact in numerous ways, not only on those closest to the service user, but also upon those in the wider social system of each and every one of the family members. Immediate and extended family members may experience a range of confusing and conflicting emotions, including feelings of abandonment, anxiety, fear, anger, concern, embarrassment or guilt.

“…critical to improving mental health and well being and reducing the prevalence of mental illness is looking at how families can be strengthened to make them more resilient to periods of stress, anxiety and trauma and included in the care and decision-making of their loved one’s entering the mental health and addiction sector” (Mental Health Commission, 2005).

The service user with support from services ultimately makes the decision to involve family. Identifying who a person considers to be their family/whanau and establishing the needs of that family or whānau should inform the journey of recovery. Given that all families and whānau are unique, and their needs may not necessarily be typical. Becoming involved at any level in the processes associated with a family member’s recovery can be inhibited by personal views, experiences, fear, and the stigma that surrounds having a relative with a mental illness or addiction issue. An awareness and understanding of this is vital.

In practice, many of you will have experienced the reality of the tension that exists between balancing the rights of the service user and those of families and whānau to become involved in decision making about the support, treatment, information sharing and ongoing arrangements for their family member.
Family involvement can have unparalleled positive effects on people suffering from mental illness and addiction. In some cases, the family unit is the foundation of support, strength, security and identity to building and maintaining well-being. In other cases the reactions and responses of family may be unhelpful.

In order to achieve well-being the needs of individuals, their families and whānau, and communities must all be supported to flourish. Extending your knowledge of the needs of families and developing further skills in this area may help you to present and discuss information about mental illness and addiction in a more positive light when working with families and other support people. Developing recovery plans that include the needs of both the service user and their family or whānau is fundamental to enhancing the recovery of both (Royal Australian and New Zealand College of Psychiatrists, 2000; Mental Health Commission, 2001; Mental Health Foundation, 2002; Mental Health Commission, 2005).
1 Policy and practice - working with families and whānau

Responsiveness to families and whānau should be demonstrated through the delivery of family-inclusive services and support the provision of direct services to meet the needs of families and whānau, including the components of whānau ora.

The Mental Health Commission (2005) recognises that:

- the family unit has always been, and will continue to be, the foundation of support, strength, security and identity to build and maintain well-being across society
- to achieve well-being the needs of individuals, their families and whānau, and communities must all be supported to flourish
- family well-being for all will be supported through practices that incorporate many components of whānau ora
- responsiveness will also be evident in family-inclusive services and in the provision of direct services to meet the needs of families and whānau.

1.1 Thinking for a moment about your individual professional background and the role you are employed in, formulate a statement that describes your personal view and commitment to working with families and whānau?

1.2 Describe how your organisation or professional body articulate their commitment to working collaboratively with families and whānau?
1.3 Describe the alignment between your personal statement around working with families and that expressed by your organisation or your professional body?


1.4 Please list the resources and structures in your service that assist you in working with families?


1.5 Identify below the additional support you need to make your personal vision of working with families a reality in your service setting?
The impact of mental illness on families and whānau and interventions

The literature highlights a range of positive and negative impacts that mental illness or addiction can have upon families, however they may be defined (Royal Australian and New Zealand College of Psychiatrists, 2000; Ohaeri, 2003; Mental Health Commission, 2005; Ministry of Social Development, 2008). The impacts upon family and friends fall into one of the following broad areas:

- daily routine (disruption)
- social, recreational and leisure activities (isolation)
- family relationships (strained)
- mental health of the caregivers (stress)
- physical health of the caregivers (physical exhaustion)
- spiritual well-being (emotional exhaustion)
- finances (or lack of)
- apprehension about the future (uncertainty)
- fear of judgement from others (social exclusion).

A summary of the effects from the perspective of families of service users with addictions is detailed below.

- Social: as a consequence of shame or embarrassment families decline invitations, cease inviting friends around and may neglect their own hobbies and interest. The family can become increasingly isolated as result.
- Psychological: often when family members feel they have been let down or their trust has been abused they may find themselves furiously searching for evidence to support their suspicions.
- Emotional: Family members may feel angry, frustrated, helpless, confused, hopeless, desperate, guilty and ashamed.
- Physical: The stress of living in a chronic state of chaos, feeling on edge, with worries about finance and relationships etc, eventually has an effect on physical well-being (National Committee for Addiction Treatment, 2008).

2.1 Think about a service user who you are currently working with, then complete the following activity.

- Write a brief narrative describing this person.
- Consider the social networks and supports this person has. Who does this include? (You may choose to represent this visually, by the use of a genogram or similar diagrammatic representation or in words.)
- What is working well for this service user and their family?
- Can you identify some of the challenges facing the service user’s family?
- What can you do, or are you doing, to support and assist this family in overcoming these challenges?
Brief narrative.

Consider the social networks and supports this person has. Who does this include?

What is working well for this person and their family?

Can you identify some of the challenges facing this person's family?

What can you do, or are you doing, to support and assist this family in overcoming these challenges?

2.2 Now give some thought to other service users you have worked with throughout your career. Identify the impacts you have witnessed upon families when one of their loved one is experiencing mental illness or addiction issues? In the table below sort the impacts into the two columns (three impacts in each column).

<table>
<thead>
<tr>
<th>Negative impacts</th>
<th>Positive impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.3 Choose two of the negative impacts you have identified and provide at least one intervention for each impact that you could put in place to help change the negative impact to a more positive impact.

<table>
<thead>
<tr>
<th>Impact</th>
<th>Intervention</th>
<th>Anticipated positive impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3 Resources and information

In developing a plan for working collaboratively with any service user and their family or whānau, access to relevant and user-friendly information and resources is paramount.

The types of information and support resources you have access to, in order to support your work with families and whānau, will vary according to the type of organisation you work for and your role within it.

3.1 In the table below, brainstorm a list of your top 10 most useful information and service resources, which you access regularly to support families and whānau. Provide a brief description of how you use them.

<table>
<thead>
<tr>
<th>Information and service resource</th>
<th>Explanation of use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.2. Write a narrative account of the interventions you have implemented with one service user in order to:

- identify the opportunities for effective family involvement
- assist the service user and their family to overcome any challenges or barriers to enhancing their relationship and securing support.

How have these interventions affected the service user’s recovery?

<table>
<thead>
<tr>
<th>Opportunities for involvement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Overcoming challenges and barriers</td>
<td></td>
</tr>
<tr>
<td>The impact of the interventions described (negative or positive)</td>
<td></td>
</tr>
</tbody>
</table>
4 Balancing the needs and expectations of service users and their families or whānau

In everyday practice, most of us have experienced the reality of the tension that exists between balancing the rights of the service user and those of their families and whānau. This is pertinent when involving families and whanau in decision making about the support, treatment, information sharing and ongoing arrangements of their family member.

4.1 In the table below, give three examples, from your practice, of the kind of challenges that can arise when working with families. What strategies and skills do you use to help manage these challenges?

<table>
<thead>
<tr>
<th>Examples from practice</th>
<th>Strategies and skills I use</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
</tr>
</tbody>
</table>

4.2 To further explore your understanding of the challenges and tensions that may arise in working with service users and their families, consider the rather complex story of Anna, and respond to the questions that follow.

Anna’s story

Anna is a 37 year old Māori woman, who has four children aged between 9 and 14 years. Anna was married to Mike, but eight years ago Mike unexpectedly returned to Spain, his country of birth. Anna and her children have no direct contact with him, but are in regular contact with his parents who continue to live in New Zealand.

Anna has had intermittent periods of depression throughout the past eight years, following the unexpected departure of her husband. These periods of have been so severe as to warrant inpatient admission on a number of occasions, during which her parents and her parents in law have shared the care of her children.

Anna is currently being treated as a compulsory patient under the Mental Health (Compulsory Assessment and Treatment) Act 1992 in the local inpatient unit, following a third attempted overdose where she swallowed paracetamol and temazepam. Her children are in the care of her parents in law, as her own parents are on an extended holiday in America for three months.

Anna’s parents in law, who to date have been quite supportive, are seeking full day-to-day care of the children, claiming they do not believe she is “stable for a decent period of time to be a fit mother”. They are demanding information about Anna’s condition and want to be involved in all decisions about her care and treatment, including any plans for discharge and follow up.
4.2 What are the unique factors you need to consider in working with Anna and her family?

4.3 Outline how you would approach this situation and who would you involve.
5 Practical approaches in working collaboratively with families

In developing a plan for working collaboratively with any service user and their family or whānau, there are many considerations, including access to relevant and user-friendly information and resources.

However, access to information and resources forms only part of the picture of what families may need. Becoming involved at any level in the processes associated with a family member’s recovery can be inhibited by personal views, experiences, fear and the stigma that surrounds having a relative with a mental illness.

Using The New Zealand Model for Working with Families Guidance Notes: Working with families (Royal Australian and New Zealand College of Psychiatrists, 2000), please complete the questions that follow.

(You will also need to bear in mind that family and whānau is defined by the service user, not by the practitioner.)

The New Zealand model incorporates four essential and interdependent stages of work.

![Diagram of the New Zealand model incorporating four essential and interdependent stages of work: Defining the Partnership, Planning and preparing for the future, Reviewing at critical points, Providing information, education and support.](image-url)
5.1 Identify two strategies you use to define a partnership?

5.2 Describe two critical points in a service user’s recovery where you need to involve family/whānau.

5.3 Choose one of the following stories and answer the questions that follow.

**Paul’s story**

Paul is a 36 year old, married Pakeha man, who has experienced intermittent episodes of depression since his teenage years. He has had contact on and off with the local community mental health team following two separate episodes of attempted suicide, but has been under the care of his GP for the past three years.

He is currently being treated for depression by his GP, but says nothing has helped. He still can’t sleep, can’t think “straight” and is “at the end of his rope”. The GP has referred him to your service for specialist intervention.

When you meet with him, Paul states that he has been using alcohol and the occasional joint to help him relax, but is scared that he has lost control over his drinking and that he is turning into a “wino”. Over the past five months, he has been drinking on average a litre of wine a day, with a six pack of beer at the weekends. He is concerned that his wife may leave him. He says he agreed to a referral back to the “psych”, as his wife has threatened to leave if he does not get himself together. He describes several incidents in which he has been drunk and has lost his “cool” with his wife and their four year old twins, yelling at them and punching walls in the property. Paul deeply regrets these incidents and is determined to change, as he loves his family.

Paul is currently “between jobs”, but usually works as a warehouseman in a local factory. His wife is now the breadwinner, working part time at a local chemist. He describes his finances as “dire”, explaining that he drinks at home because he can no longer afford to go out with his mates to the local pub. He has been using a credit card to cover his expenses, but is struggling to make the monthly payments (his wife is unaware of this).

Paul’s parents and sister-in-law all live in the same area, but he says they too “have had enough of him”. There are no other family locally.
5.4 Who are the key people in Paul’s life and describe the relationships he has with them?

5.5 What are the immediate needs and challenges that Paul and his family are faced with?

5.6 What specific considerations would you need to be aware of and address in working with Paul and his family?
5.7 What cultural factors would you need to be aware of and address in working with Paul and his family?

5.8 How would you establish the potential strengths of those involved (including yourself and the people you work with) in working collaboratively?

5.9 What are the potential ways in which Paul’s family can be involved in his recovery plan?
5.10 Outline the process you would follow, and any arrangements you would make, to identifying and assist Paul and his family with the issues they are likely to face (now and in the future).

Vijay's story

Vijay is a 26 year old New Zealand-born Indian man. He is the eldest of three children (the others are aged 21 and 13 years). He shares a flat locally with three friends, but over the past few weeks has decided to move back home without giving appropriate notice.

He works as a mechanic at his uncle’s garage.

Vijay has been admitted to the inpatient unit for assessment following a six week period of “disturbed and disruptive behaviour”, at work and at home.

Vijay’s uncle, Alim reports that, “Vijay has been very excitable of late. He has been working all the hours under the sun, but he never has any money and is not contributing at all to the family. He even threatened his mother; he has been so disrespectful, not like himself at all. He refuses to eat or sit with the family at mealtimes, he wanders off in the evening to god knows where and returns in the early hours, banging and clattering around the place.”

His brother and his best mate state that, “He keeps going on about this thing called The Code, but if we ask him what it is he won’t tell us. He reckons we are trying to “silence him”, what’s that about? He even said to Janaya that we are not his true family, pretty frightening for her you know? People have had enough of him, his girlfriend is probably gonna ditch him, he has been so weird, you know? I don’t think he knows that, or cares”

Vijay’s mother and father, who speak limited English, have asked the question, “This is big shame on us. Is it someone who has possessed him, or something, is that possible do you think?”

Five days after admission, Vijay’s uncle requests that the clinical team consider whether there are any alternatives to him being in hospital, as he feels that Vijay is being bullied by some of the other people there. The family are adamant, however, that they cannot have him home. Vijay’s brother explained that Vijay was an embarrassment and his wider family and friends are concerned he may be dangerous, especially around his younger sister Janaya. His best mate, Arun, is willing to have him stay with him if he is “safe”.

The Multi Disciplinary Team suggested that Vijay, Arun and the family meet with the team to see if a plan of action could be formulated.
5.11 Who are the key people in Vijay’s life and what quality of relationship do they have with him?

5.12 What information can you share with Vijay’s family and friends?

5.13 How would you establish which people have the most influence over Vijay, and why may this be important in working with Vijay and his family?
5.14 What are the immediate needs and issues that this family are faced with?

5.15 What specific considerations would you need to be aware of in working with Vijay and his family?

5.16 What cultural factors would you need to be aware of and address in working with Vijay and his family?
5.17 How would you establish the potential strengths of those involved (including yourself and the people you work with) in working collaboratively?

5.18 What are the potential ways in which Vijay’s family can be involved in his recovery plan?

5.19 Outline the process you would follow and any arrangements you would make to identify, and assist Vijay and his family with, the issues they are likely to face (now and in the future).

5.20 In organising a family meeting for either Paul or Vijay, outline the process you would follow, identifying:
   - how would you know who to invite
   - how would you invite them
   - who would start the meeting
   - how you would establish safety within the meeting
   - the roles and responsibilities of those involved
   - the resources you would need
• the skills and support that may be required from you and others to facilitate such a meeting
• the arrangements you would make to take records and organise follow up from the meeting.

How would you know who to invite

How would you invite them

Who would start the meeting

Establishing safety
5.21 Think of a family meeting you have been involved in. With reference to the above template, describe how well these aspects were managed?

How would you know who to invite

How would you invite them

Who would start the meeting

Establishing safety
Roles and responsibilities

Resources needed

Skills and support required

Records and follow up from the meeting
5.22 Reflecting on the experience above, what, if anything, would you do differently when involved in meetings with families in the future?


5.23 If it became apparent as a result of a family meeting that specialist family help was required, what are the options available locally that you may be able to access?


5.24 What is your understanding of the role of family therapy in mental health and addiction recovery?


5.25 Under what circumstances would you consider making a referral to a family therapist for specialist intervention? How would you introduce this to a service user and their family?
6 Reflecting on your own practice

6.1 Consider the model for working with families and whānau on page 18. Reflect on your own practice as it relates to involving families and whānau and complete the table below.

- Rate yourself on a scale between one and five, where one = excellent, three = room for improvement and five = what’s family involvement?
- Record what areas you may need to improve upon.
- Draft up a plan to tackle these areas of improvement.
- Once you have done this, discuss your plan with a colleague you trust or your clinical supervisor, and obtain their feedback on your self-perceptions in this area.

Defining the partnership

<table>
<thead>
<tr>
<th>Staff role(s)</th>
<th>How I do this in practice</th>
<th>My self-assessment score</th>
<th>Opportunities for learning and improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I recognise the role of family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I routinely clarify who the service user’s family whānau are</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I develop and maintain a partnership of equality with families</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I always identify and introduce other staff to the family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I take time to clarify staff roles and responsibilities with the family and service user</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am responsive to the cultural, emotional, physical, social and spiritual experience and needs of families</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I demonstrate and respect the privacy and confidentiality needs of both families and service users</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I routinely inform the family about the range of services that are provided and of the support available to them</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I use ongoing training and development opportunities that I am offered to enhance my understanding and motivation to work in partnership with families.

### Planning and preparing for the future

<table>
<thead>
<tr>
<th>Staff role(s)</th>
<th>How I do this in practice</th>
<th>My self-assessment</th>
<th>Opportunities for learning and improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I work proactively with families to encourage them to be part of service users’ recovery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I promote family involvement in wider service-related issues</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Reviewing at regular intervals

<table>
<thead>
<tr>
<th>Staff role(s)</th>
<th>Actions required</th>
</tr>
</thead>
<tbody>
<tr>
<td>I develop, as part of a strengths assessment, appropriate ways to involve family at planned intervals</td>
<td></td>
</tr>
</tbody>
</table>
References and recommended reading


Mental Health Foundation. (2002). *Building on Strengths: A new approach to promoting mental health in New Zealand/Aotearoa.* Auckland: Mental Health Foundation.


Working with families/whānau - practitioner level
Learning Review Tool and Individual Professional Development Plan
Learning Review Tool

Using the Likert scales below, rate your work in relation to working with service users and their families and whānau.

I use a variety of effective strategies to work with families and whānau.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very few</td>
<td>More than 10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have a sound understanding of the impacts of mental illness on families and whānau.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very little understanding</td>
<td>Comprehensive understanding</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I can identify and discuss the policy documents about family and whānau inclusion.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not so confident</td>
<td>Totally confident</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I understand and can explain the values and attitudes and my role in working with families and whānau.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not so clearly</td>
<td>Exceptionally well</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Choose your response to one of the above statements, and explain why you made this response.
What new knowledge have I gained from studying this module?

What are three things I can put into practice or improve on as a result?
One thing I can take personal responsibility for.

<table>
<thead>
<tr>
<th>Action</th>
<th>Timeframe</th>
<th>Resources</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>What will I do?</td>
<td>When will I do this?</td>
<td>What or who will I need?</td>
<td>What barriers or resistance will I face?</td>
</tr>
</tbody>
</table>
One thing I can advocate for and work towards.

<table>
<thead>
<tr>
<th>Action</th>
<th>Timeframe</th>
<th>Resources</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>What will I do?</td>
<td>When will I do this?</td>
<td>What or who will I need?</td>
<td>What barriers or resistance will I face?</td>
</tr>
</tbody>
</table>

Please retain this Individual Professional Development Plan: working with service users (essential level) to contribute to your summary action plan once you have completed all of the learning modules.