

INFORMATION & GUIDELINES



Why such a program?

When this program was developed in 1997, the needs of children living in a family affected by mental health problems were largely ignored. As the awareness of children's issues increased, so too did the demand for suitable intervention material and programs. The SMILES program was developed to meet these needs.

As these children are themselves potential consumers **and** our future carers, if not already in this role, it is vitally important that their needs are addressed at the earliest possible opportunity. The impact on their lives now and in the future can be devastating, however with appropriate intervention we can assist them to achieve more positive outcomes.

Who is the SMILES Program suitable for?

Children who have a mother, father, brother or sister experiencing a mental health problem (particularly schizophrenia, bipolar disorder, depression or anxiety). It has been specifically designed for a group of 8-12 year olds, or a group of 13-16 year olds.

The program is not designed for children who have diagnosed problems themselves.

The program will work best with a **minimum** of **8** and **maximum** of **10** children.

Many of the activities are also suitable for use with a child in individual counselling sessions, if it is not possible to provide a group program. However, the benefit of the group experience is the shared peer interaction and the interaction with Mentors (if available), plus it is time effective.

The SMILES Program is designed to achieve:

- ♥ Increased ability to cope effectively
- ♥ Increased resiliency
- ♥ A new freedom for self expression
- ♥ Development of creativity
- ♥ Reduction in feelings of isolation
- ♥ Increase in self-esteem
- ♥ and much more!

This is achieved through:

- ♥ Education about mental illness
- ♥ Communication exercises
- ♥ Interactive exercises
- ♥ Artwork & music
- ♥ Relaxation exercises
- ♥ Problem solving
- ♥ Peer support



This all takes place in a fun-filled, supportive and caring atmosphere.

Who facilitates the program? (see 'Forms' section for *Facilitator Assessment Form* and *Mentor Application Form*)



The program is designed to be facilitated by a psychologist, social worker, counsellor, teacher, youth worker, or someone with a similar background, who has a thorough knowledge of and experience working in the area of mental illness. It is also preferable that the person has training and experience working with children. The facilitator will require previous experience with group facilitation.

The co-facilitator may have a similar background to the facilitator, or be a student in any of the above professions, or a suitable person who lives/has lived in a family with someone experiencing a mental health problem.

It is important that the facilitator and co-facilitator develop a good rapport. During the early stages of planning it is important to establish clear roles and responsibilities for promotion, recruitment and running of the program. Discuss your facilitation styles, personality, how you will communicate with each other during the program, and the giving and receiving of constructive feedback. Also clarify roles and responsibilities with regard to debriefing and supervision.

The *Facilitator Assessment Form* has been provided to help determine the suitability of facilitators.

If available, it is valuable to have one or two mentors (older young people who have experienced mental health problems in their family) participate in the program. It is important that they have done a reasonable amount of their own 'healing'. The *Mentor Application Form* has been provided to help determine the suitability of mentors.

A minimum team of two is required to run the program, however three to four people (facilitator, co-facilitator, two mentors or assistants) is ideal. If you do not have access to mentors then select appropriate assistants who may be interested in future facilitation of the program. Assistants are also required to complete the *Facilitator Assessment Form*.

Neat, tidy casual dress (eg. tidy jeans) is recommended so you are comfortably able to join the children on the floor for activities.

When is the SMILES Program run?

It is a 3 day program therefore would be best suited to the school holiday period. Each day is from 9am - 3pm.

Child Protection Policy/Legislation

Anyone (including employees and volunteers) involved with the program (eg. facilitating, assisting with transport or any other aspect) whom will have direct contact with the children will be required to comply with relevant child protection policy/legislation and requirements for the state/country where the program is being delivered.

Please check this information well in advance.

For example, in NSW Australia, completion of the 'Prohibited Employment Declaration' and a 'Working With Children Check' is required. Information about this is obtainable

from Commission for Children and Young People
(www.kids.nsw.gov.au/check or ph: 61 2 9286 7220 or fax: 61 2 9286
7201). Information about NSW child protection laws and responsibilities is
obtainable from NSW Department of Community Services
(www.community.nsw.gov.au or ph: 133 627 DoCS helpline).



Forms (see 'Forms' section)

Each form has been designed so you can make a few simple amendments to add the appropriate details for a program. The forms have been saved as 'protected documents'. To make the necessary changes, go to 'Tools', then 'unprotect document'. When you have made your changes, go back to 'Tools' and 'protect document'.

The information that requires changing (eg. replacing contact details with your own, adding dates, venue, times, etc.) is generally highlighted in red font. When you have made your changes, change the font to black. Remember to look at 'headers & footers' to make changes.

You may like to insert your own logo on the top left corner of the documents.

The following documents are in the 'Forms' section:

- ♥ Flyer
 - ❑ Insert your logo, top left hand corner
 - ❑ Insert days & dates of program
 - ❑ Insert venue address
 - ❑ Insert brief details of facilitator/s
 - ❑ Insert your contact details (name, organisation, address, ph, fax, email)

- ♥ Interview Form
 - ❑ Insert your logo, top left hand corner
 - ❑ Insert program dates & location in the header
 - ❑ Insert days, dates & location of program
 - ❑ Insert your contact details (name, organisation, address, ph, fax, email) in the footer
 - ❑ Amend the privacy & consent information to reflect appropriate information for your organisation
 - ❑ Insert a date & name for the return of the form

- ♥ Facilitator Assessment Form
 - ❑ Insert your logo, top left hand corner
 - ❑ Insert your contact details (name, organisation, address, ph, fax, email) in the footer
 - ❑ Amend the privacy & consent information to reflect appropriate information for your organisation

- ♥ Mentor Application Form
 - ❑ Insert your logo, top left hand corner
 - ❑ Insert your contact details (name, organisation, address, ph, fax, email) in the footer
 - ❑ Amend the privacy & consent information to reflect appropriate information for your organisation



- ♥ Evaluation Form
 - Insert your logo, top left hand corner
 - Insert program dates & location in the header
 - Insert dates & location of program
 - Insert your contact details (name, organisation, address, ph, fax, email) in the footer

- ♥ Parent/Guardian Evaluation Form
 - Insert your logo, top left hand corner
 - Insert program dates & location in the header
 - Insert dates & location of program
 - Insert date for return of form (approx. 2 weeks from date of posting). Remember to include a post paid or stamped/addressed envelope.
 - Insert your contact details (name, organisation, address, ph, fax, email) in the footer

- ♥ Facilitator Attendance & Notes Record
 - Insert your logo, top left hand corner
 - Insert program dates & location in the header
 - Insert days, dates & location of program
 - Insert your contact details (name, organisation, address, ph, fax, email) in the footer
 - Prior to program commencement (2-3 days in advance) complete the participant details

- ♥ Evaluator's Program Record
 - Insert your logo, top left hand corner
 - Insert program dates & location in the header
 - Insert days, dates & location of program
 - Insert your contact details (name, organisation, address, ph, fax, email) in the footer
 - Determine if you are going to have a 'formal' evaluation reporting process. If so, insert details of the person this form needs to be sent to.
 - Copy and paste the participant details from the 'Facilitator Attendance & Notes Record'

Recruitment & interview prior to program (see 'Forms' section for *Flyer* and *Interview Form*)

Do not underestimate the amount of time required to recruit participants. Considerable time and effort will need to be put into promoting the program to local services, staff (eg. mental health, child & adolescent, schools, non-government organisations) and parents/guardians. Using the '*Introduction to SMILES*' PowerPoint presentation (included as part of the electronic package) is a great way to promote the program.

A flyer (see 'Forms' section) has been included for you to amend and an *Information Sheet* (see 'Appendix' section) to assist with the promotion of the program.

Before accepting a child into the program, it is important for the facilitator and/or co-facilitator to have an interview (using the *Interview Form*) with the child and their parent/guardian.

Allow approximately 45 minutes overall. Talk initially with both parent and child, then if

possible spend the last ten minutes alone with the child. This provides an opportunity to:



- ♥ Develop rapport with the parent and child.
- ♥ Explain the purpose of the program.
- ♥ Obtain background information about the child and their family situation.
- ♥ Obtain information about any health problems, medications, or dietary restrictions in relation to the child.
- ♥ Identify any particular problems the child is currently experiencing.
- ♥ Clarify the child's and parent's expectations.
- ♥ Alleviate any concerns they may have.
- ♥ Discuss transport arrangements to/from the venue.

Venue & transport

When selecting a venue, it is important to consider the following:

- ♥ Transport for the children to and from the venue. Do they have a parent/guardian who will be responsible for getting them to and from the venue each day? If not, are you able to provide this and at what cost or could another service assist with this? Are there appropriate volunteers who could assist? Organising the transport may take considerable time.
- ♥ Are there adequate and easily accessible toilet facilities?
- ♥ Is there a pleasant outdoor area close to the venue for the "Outdoors" activity (eg. park, beach, riverbank or similar)? This should be within easy walking distance.
- ♥ Is the area safe for children?
- ♥ Does the room provide a pleasant and comfortable learning environment (ie. good lighting, peaceful colours, comfortable chairs, suitable work space for activities, easy temperature control).
- ♥ A whiteboard, CD player and flip chart easel will be required.

Catering (see *Resources & Estimated Budget* in this section)

It is important to provide healthy food that is low in saturated fat and refined sugar. Fresh fruit and vegetables are preferable to cakes and biscuits. Healthier foods will assist the children to stay alert. Suggested food items and budget are detailed at the back of this section.

Consideration will need to be made about who will prepare the food. Are you using a venue where kitchen staff will be able to do this or an outside caterer? Will you have to arrange for someone to do the preparation each day? Would it be suitable for volunteers to do this task? Do you have suitable insurance cover?

Suggested daily plan (see *Suggested Daily Plan* in this section)

The *Suggested Daily Plan* has been specifically designed to incorporate a variety of activities in a sequence that flows logically and appropriately. You'll note that the educational components only take place in the morning on day two and three.

While you may need to have some flexibility with the daily plans, please be aware that the program evaluation has been based on this suggested plan with very positive results.

Implementing evaluation process (see 'Forms' section for *Evaluation Form* and *Parent/Guardian Evaluation Form*)



The evaluation forms have been designed to specifically evaluate the effectiveness of the program components. Please follow the directions on the evaluation forms.

It is particularly important that the children do not view this as a 'test', rather as an exercise to assist understanding them better and therefore how best to help them. At the beginning of day one, the facilitator will need to explain the process to the children and again at the end of day three. Some children may need individual assistance with completing their forms and we encourage the facilitating team to help them with this.

The parent/guardian evaluation is best posted to the families two weeks after completion of the program.

Longitudinal evaluation process

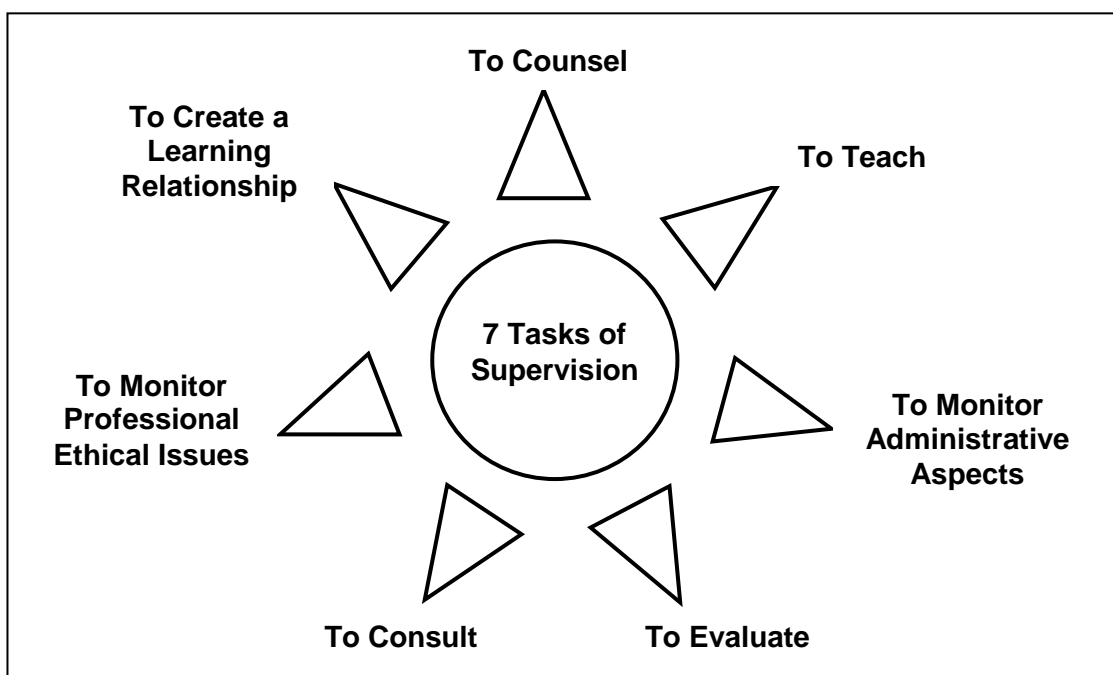
If you have the resources and plan to do a longitudinal follow-up of the children and their parent/guardian please contact Erica Pitman (ph: 61 2 6332 9498 or email: ericap@ix.net.au) to access information and documents to assist with this process.

Facilitator debriefing & supervision (see 'Forms' section for *Facilitator Attendance & Notes Record* and *Evaluator's Program Record*)

The *Facilitator Attendance & Notes Record* has been provided to assist the facilitating team to work through a debriefing process at the end of each day.

The *Evaluator's Program Record* provides a template for a formal evaluation process, should this be possible as part of your program delivery.

The following diagram summarises the seven tasks of supervision (ref: Carroll, M. Counselling Supervision, *The seven tasks of supervision*. Cassell.)



Clinical supervision for the facilitator and co-facilitator is essential. How often and when this is required will be dependent upon the skill level of the facilitators. For example at the end of each day, or after day two and within a few days of program completion, or just one session within a few days of program completion.



Erica Pitman is able to provide clinical and program supervision (via phone or email). Please contact Erica (ph: 61 2 6332 9498 or email: ericap@ix.net.au) for details and cost.

Follow-up

It is important to have some form of follow-up and this will need to be decided based on what is appropriate for each group. Options to consider include:

- ♥ Individual counselling for children identified as requiring this.
- ♥ Meeting again as a group for a follow-up session within one -to three weeks, with the possibility of having an on-going support network between the children.
- ♥ On-going contact with a Mentor for telephone support, once a month outing, etc.
- ♥ Children and their families all meet together for a shared meal and discussion.
- ♥ Referral to Young Carer or COPMI (Children of Parents with Mental Illness) Camps.
- ♥ Using technology such as telephone groups or email/internet discussion boards for those who have access.

About the author: Erica Pitman ADV DIP APP SOC SC, CMCAPA, RMPACFA

Erica has had over 30 years of experience in the mental health field, both professionally and as the sibling of her deceased brother. Glen struggled with epilepsy and childhood schizophrenia until his death in 1989, at the age of 24. Throughout those years there was no support or education for Erica or her parents. This experience had a major impact on Erica's life, hence her desire to help make a difference in the lives of others affected by mental health problems.



After her brother's death, Erica became involved with the Schizophrenia Fellowship in Wellington, New Zealand as a co-tutor and support worker for their sibling support and education courses ('Siblink'). She introduced and co-facilitated the 'Siblink' education course with the NSW Schizophrenia Fellowship.

Erica has an Advanced Diploma of Applied Social Science, Certificate IV Workplace Training, Certificates of Management, is a clinically registered Counsellor with the NSW Counsellors & Psychotherapists Association Inc (CMCAPA), a registered member of the Psychotherapy & Counselling Federation of Australia Inc (RMCAPA) and a registered supervisor of the Australian Counselling Association.

Erica's professional and life experience includes:

- Presentations at over 60 conferences or other speaking engagements in New Zealand and Australia.
- Development and facilitation of over 120 workshops and training sessions.
- Provision of clinical supervision for the delivery of over 50 carer training programs.
- Extensive experience coordinating and managing projects (within private and non-government sectors).

- Involvement in the delivery of innovative programs and methods of delivery (face-to-face, telephone, internet and video-conferencing).
- Creator of SMILES Program (*Simplifying Mental Illness + Life Enhancement Skills*) for children with a parent or sibling experiencing a mental health problem. Internationally recognised as best practice by the American Journal of Orthopsychiatry, 2004, Vol. 74, No. 3, 383-388 (Accepted Apr 2003).
- Travelling to over 26 countries, living in New Zealand, Malaysia, London, Sydney & Bathurst.



Erica was employed for two years as the Group Development Officer for NSW ARAFMI (Association of Relatives & Friends of the Mentally Ill) and was responsible for 46 Support Groups throughout the state. This role involved the development and facilitation of training workshops. On a voluntary basis she facilitated the Young ARAFMI Support Group in Sydney for three years, and held the position of Branch Liaison Officer on the ARAFMI NSW Management Committee.

Her contract work has included:

- AusEinet Mental Health Worker for Children of Prisoners' Support Group. Australian Early Intervention Network was a federally funded project to assist the organisation develop early intervention approaches for children at risk of developing mental health problems.
- Consulting for Mental Illness Education - Australia (NSW) Inc (MIE-A). This role involved consultation with mental health professionals, school counsellors and other relevant people about child and adolescent issues relating to mental health problems within families.
- Trainer for the NSW Institute of Psychiatry.
- Mental health consultancy and training for Carers NSW in relation to tele-group counselling for carers or people with a mental illness.
- Young Carer Project Coordinator for Carers NSW, supporting young carers throughout NSW whom have a parent or sibling with any form of disability. This role involved the development of best practice support models and partnership development regionally.
- Rural Coordinator in Greater Western NSW, for Carers NSW Carers Mental Health Project. Also, Program Coordinator for the Carer Training and Service Provider training, clinical supervisor for other project & area health service staff, member of project Evaluation, Management and Coordinator's Teams.

Erica is a member of the NSW COPMI (Children of Parents with Mental Illness) Network and previously a member of the National Consultation Group, Children of Parents with a Mental Illness Initiative, for the Australian Infant, Child, Adolescent & Family Mental Health Association. She is a Conjoint Lecturer, School of Medicine & Public Health, University of Newcastle, NSW (via Centre for Rural & Remote Mental Health, Orange).

Erica also operates a private practice in Bathurst providing professional supervision, counselling for carers, young carers, grief & loss, gay relationships, personal development, life review and relationship challenges.

Previously Erica worked in the travel industry for 11 years, through to management level and was awarded the prestigious title of 'New Zealand Travel Consultant of the Year' in 1994.

Erica has had considerable involvement with Dale Carnegie training programs, and invaluable experience with American Field Service (AFS) Intercultural Programs.



Facilitation Training

Between 2003 and 2007, 41 participants have attended a two-day facilitator's training workshop. For further information about this, please contact Erica Pitman.

Program Evaluation

Between 1998 and 2007, a total of 96 children have participated in the SMILES Program in NSW Australia - Bankstown, Bathurst (two programs), Canley Vale (two programs), Central Coast, Cowra, Fairfield, Orange, Parkes, Parramatta, and Pointe-Claire (Montreal) Canada.

Comprehensive qualitative and quantitative evaluation data has been collected from the children and their parents.

The following journal article fully describes the program and its outcomes:

Pitman, E. & Matthey, S. (2004). *The SMILES Program: A Group Program for Children with Mentally Ill Parents or Siblings*. *American Journal of Orthopsychiatry*, Vol. 74, No. 3, 383-388, July 2004. Accepted for publication April 2003.

Available on request are the following program reports:

Pitman, E. & Matthey, S. (2002). *Evaluation of the SMILES Program for children with mentally ill parents: Bankstown, Sydney (17-19 January 2001)*. South West Sydney Area Health Service: Sydney, Australia.

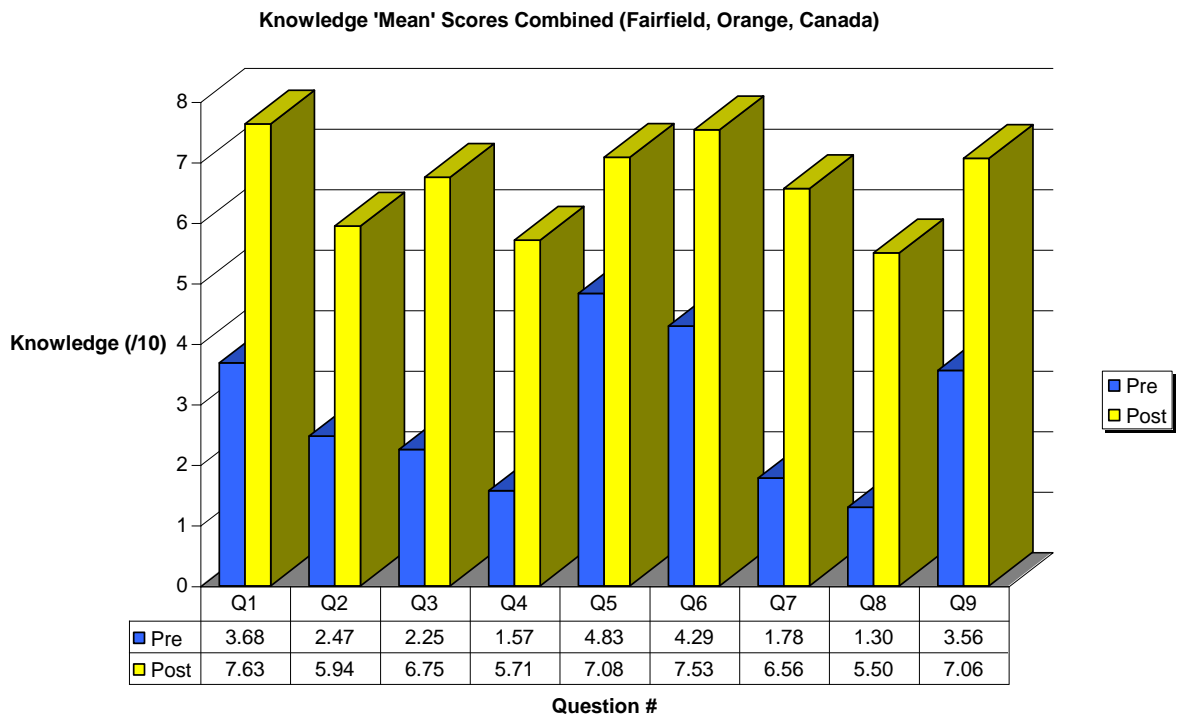
Pitman, E. (1999). *SMILES (Explorations) Program Report*. Mental Illness Education – Australia (NSW) Inc: Sydney, Australia.

Pagnini, D. (2006). *Carers NSW Carers Mental Health Project Stage One Final Evaluation Report August 2001-June 2004*. Carers NSW, Sydney, Australia. Also available on www.carersnsw.asn.au. (This report incorporates the Bathurst, Parkes & Canley Vale programs, completed in October 2003 and January 2004).

Pagnini, D. (2007). *Carers NSW Carers Mental Health Project (2001-2004) Longitudinal Follow-up Report*. Carers NSW, Sydney, Australia. Also available on www.carersnsw.asn.au. (This report incorporates the longitudinal follow-up of children who participated in five programs - Bathurst, Parkes & Canley Vale, completed between October 2003 and January 2005).

Charts 1 & 2 display the combined results for the 25 participants who participated in the programs delivered in Fairfield, Orange and Canada during 1998/9. Ten of the participants came from a culturally diverse background. Charts 3 & 4 display the combined results for 23 participants who participated in three programs delivered in Bathurst, Parkes and Canley Vale during 2003/4. Statistically and clinically significant improvements were recorded by the knowledge and life skills measures.

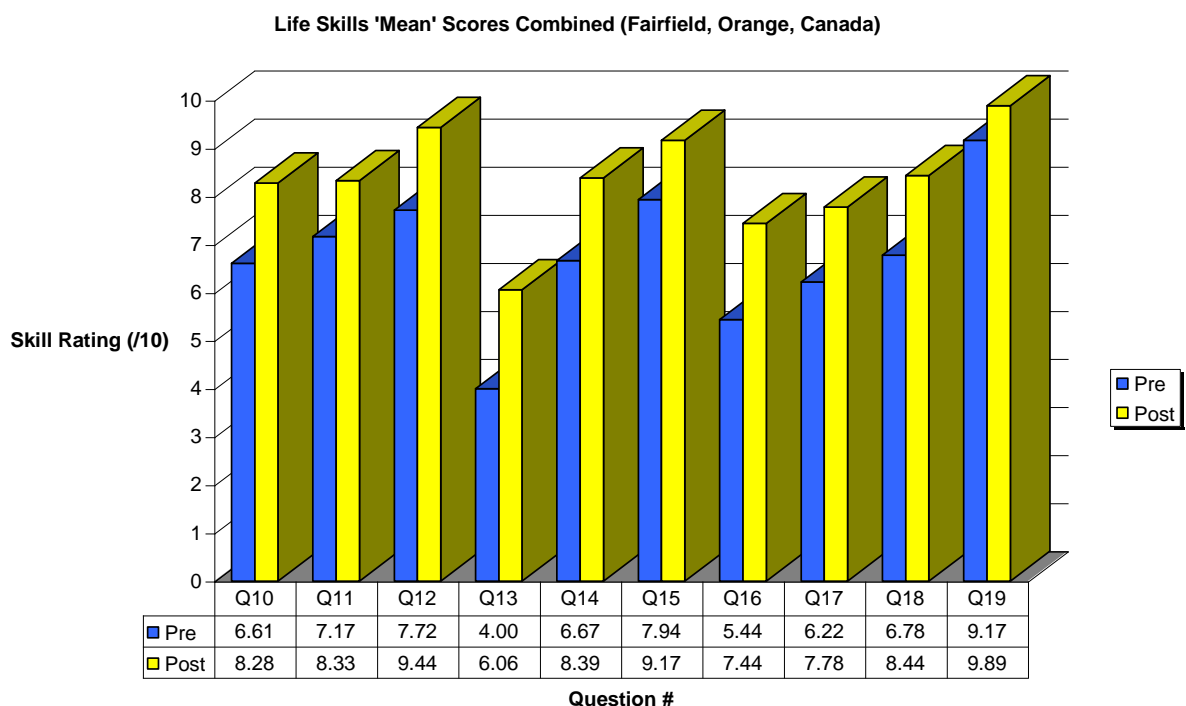
CHART 1: Combined pre and post knowledge mean scores for 25 participants from Australia and Canada. Average age of children = 10.8 years.



Legend for Knowledge Questions:

- | | |
|----------------------------------|---------------------------------|
| Q1 = What is mental illness? | Q6 = Signs of depression? |
| Q2 = What causes mental illness? | Q7 = What is bipolar disorder? |
| Q3 = What is schizophrenia? | Q8 = Signs of bipolar disorder? |
| Q4 = Signs of schizophrenia? | Q9 = What treatments help? |
| Q5 = What is depression? | |

CHART 2: Combined pre and post life skills mean scores for 25 participants from Australia and Canada. Average age of children = 10.8 years.





Legend for Life Skills Questions:

- Q10 = My ability to talk with people
- Q11 = My ability to listen to other people
- Q12 = My ability to express my good feelings
- Q13 = My ability to express my bad feelings
- Q14 = My ability to recognise my strengths

- Q15 = My ability to be creative
- Q16 = My ability to solve problems
- Q17 = My ability to relax
- Q18 = My ability to feel good about myself
- Q19 = My ability to have fun

CHART 3: Combined pre and post knowledge mean scores for 23 participants from Bathurst, Parkes & Canley Vale (part of Carers NSW Mental Health Project). Average age of children = 10.2 years.

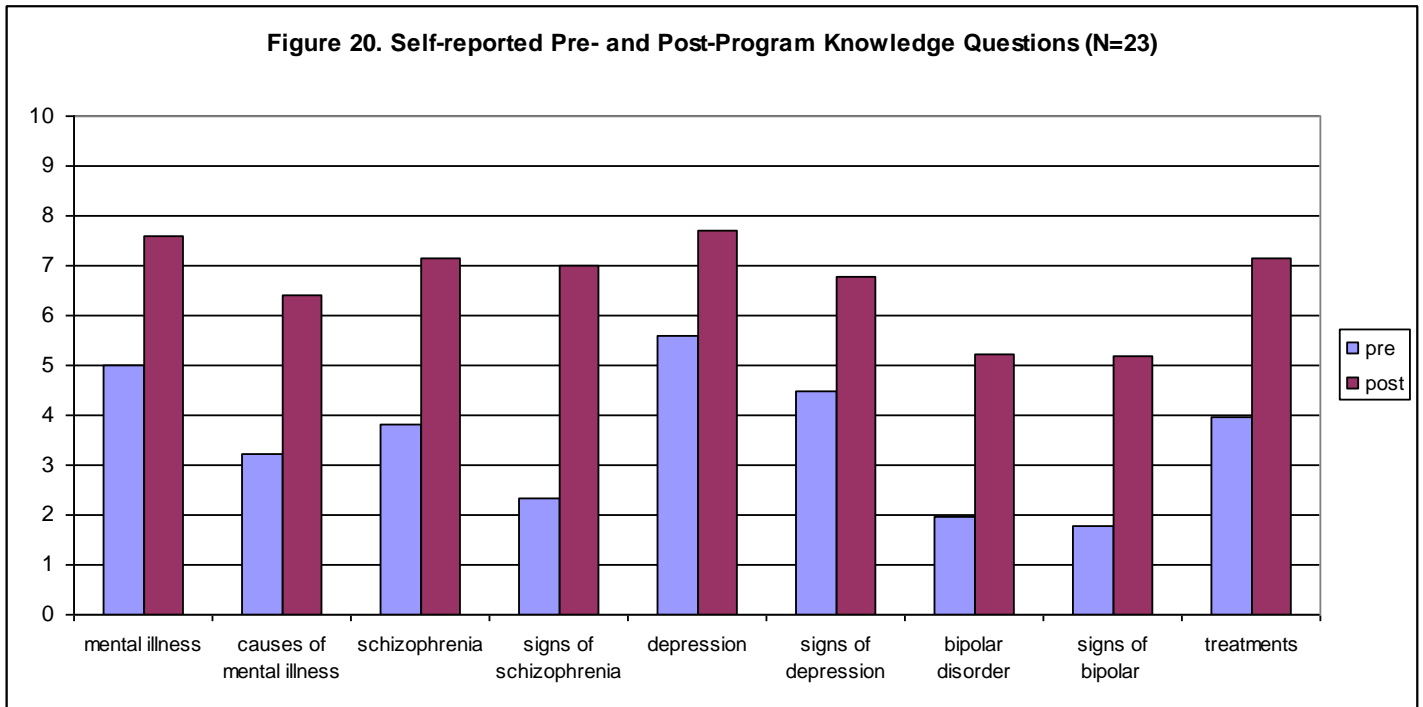
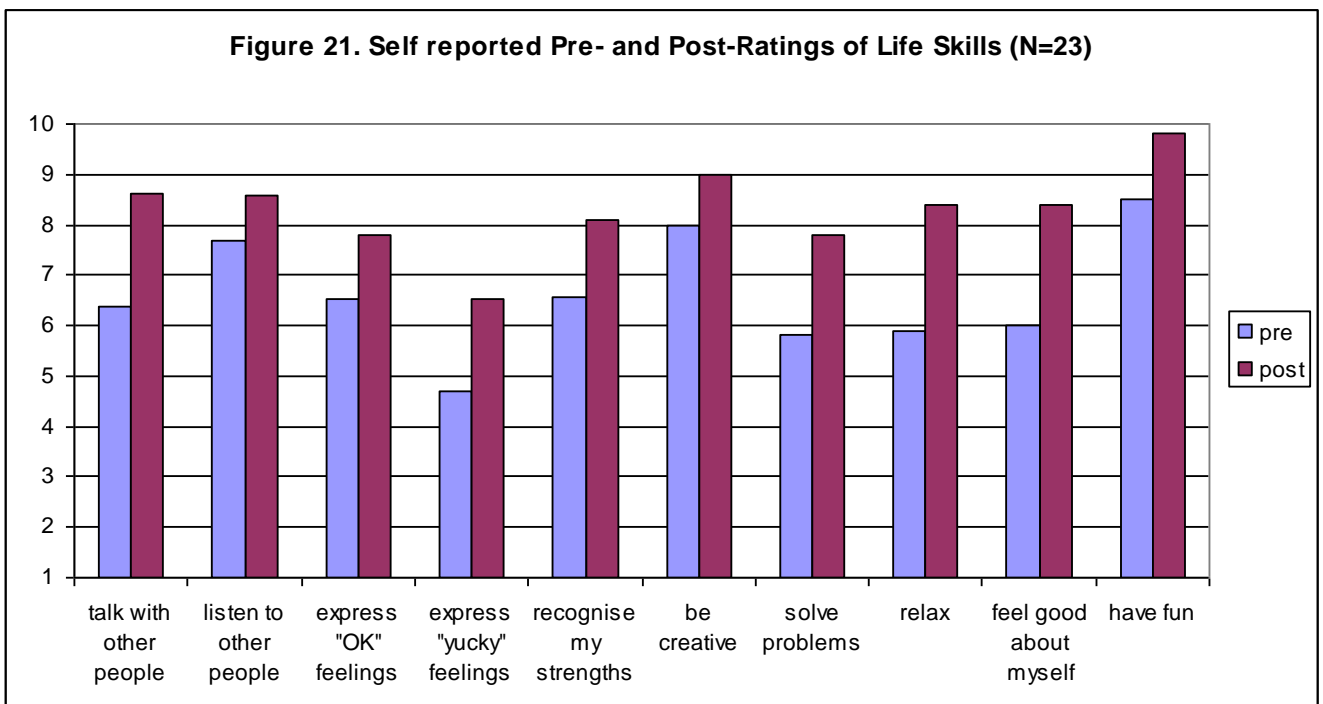


CHART 4: Combined pre and post life skills mean scores for 23 participants from Bathurst, Parkes & Canley Vale (part of Carers NSW Mental Health Project). Average age of children = 10.2 years.



Comments from participants:



- *"I know a lot more because Erica has explained lots of things I was worried about."*
- *"It was really fun and everyone was involved."*
- *"I am not the only one who has a family member who is sick. It's not Dad's fault."*
- *"It was fun doing the card and drawing."*
- *"I liked the games and meeting new people."*
- *"I learnt that mental illness can't be caught like a cold. And people with schizophrenia can hear things and see things that aren't real."*
- *"I learnt that friends are very important to us."*
- *"I have told other children who don't know what they are talking about what depression really means."*
- *"I learnt a lot about problem solving at home."*
- *"I learnt that it's (mental illness) not our fault."*
- *"It was good because now I can express my feelings more - thanks!"*
- *"I learnt that illegal drugs don't help."*
- *"I learnt that you can call Kids Helpline instead of talking to your parents, if you are shy."*

Comments from parents of the participants:

- *"The program gave the children a real insight into the hows and whys of depression at a level they could understand."*
- *"(My son) has adopted a caring attitude that notices when I am feeling worse. He knows when to advise me what to do sometimes."*
- *"The program was excellent and met (my son) where his understanding was."*
- *"(My son) has a less frustrated attitude at what I can't do."*
- *"The student, through this education program, is able to become more tolerant and open-minded and less judgemental. Through guidelines learnt, (my daughter) has the ability to listen, observe and recognise symptoms associated with mental illness. By recognising symptoms she has helped others."*
- *"The program has also given to this family, a sense of belonging without pre-judgement."*
- *"This is the first time we've been able to discuss mental illness as a family."*
- *"(My daughter learnt) how to deal with her emotions/feelings more effectively."*
- *"Great benefits. He is aware now of what mental illness is, what side effects the medications have and knowing that mental illness is like any other illness and not terminal - I think he feels quite relieved."*
- *"We have started understanding each other in many different ways."*
- *"More understanding of her sister's difficulties and how normal it is to become frustrated at her and our life."*
- *"(My daughter) seems to be calmer."*
- *"He understood that he should express his feelings and thoughts more openly."*