INCREASE TRAINING CURRICULUM

MODULE 2

Intellectual Output 2

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INCREASE project partnership

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INCREASE Training Curriculum
Module 2

Interdisciplinary Anamnesis and Diagnosis

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Project
**INCREASE - Interdisciplinary competence development
for youth workers in residential youth care and crisis intervention centres**

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Content

MODULE 2:
Interdisciplinary Anamnesis and Diagnosis

Objective

Participants can organise, understand, complete and use an initially and long-term Anamnesis Report. They can also understand and use a Diagnosis Report for YP 13/18. Participants learn how to use these reports to make a prognosis for future crisis situation in the RYCH of a single YP 13/18 and will develop an intervention plan for crisis situations with YP in the RYCH.

Content

In this section, the participant is informed about the purpose of anamnesis and diagnosis reports and how their data, can be used to anticipate and overcome potential crisis situation.

Units

Unit 2.1	Understand, complete and use initial and long-term anamnesis reports	210’
Unit 2.2	Receive, understand and analyse diagnosis reports	240’
Unit 2.3	Evaluate and prepare for future crisis situations based on data collected in anamnesis and diagnosis reports	225’
	Total Time	**675’**
	ECVET Credits	**0,75**

Learning methods

Face-to-face learning (49 %) and distance learning (51 %).

Assessment

Answer the following five open questions for your post-module assessment, based on two single case studies discussed in the training:

1. Assess if all information you need for your reports is provided. Do you believe there is any information missing?
2. What steps do you need to follow to complete an anamnesis report? How you can do it? What do you have to be careful about?
3. What are the differences between the social profile, psychological profile and medical profile of a minor in the anamnesis report? Do you think additional information should be included?
4. Why does the date in these reports need to be collected? How does it help you to distinguish the normal from the abnormal behaviour of a minor?
5. What information does a youth worker need to have a complete minor's profile? What kind of information will help their anticipation of potential crisis situations?

Practical basis for work with module/units - Case studies

Case study A: Maria; 16.5 years old (individual crisis situation)

Maria is 16.5 years old and moved into the RYCW two weeks ago. She did not participate in any of the social activities, did not seek contact with any of the other young people and behaved aggressively towards the staff. Her personal file, made during her stay in another hostel, Kavala, is incomplete (It has been destroyed). The only information her former carers shared with her new accommodation relates to the judiciary decision on her placements in Residential youth care and only deals with the decision to take away the caring responsibility of her parents.

Maria constantly tried to make telephone calls. She sneaked into the office of the care givers, tried to borrow mobile phones and attempted to convince the cleaning lady she would need to make an urgent call. She refused to answer staff inquiries why she would need to make an urgent call. Maria disappeared from the RYCH one morning. The police and prosecutor were alerted, and a search process was initiated.

The situation in the hostel has been tense since her arrival. The young lady, who shared the room with Maria, considered her presence to be an inconvenience. The roommate asked to see the psychologist and confided to her that on the evening of her disappearance, Maria spoke with her nine-year-old sister, utilising the cell phone she borrowed to her to get rid of her constant requests to use it. Her sister still resided in the Kavala hostel and during the conversation; Maria promised her they would be there the next night.

Following the lead provided by the roommate, the two sisters were found in the Kavala hostel and were placed together in another shelter.

Explanations:

- Maria is the eldest child in a family with three children, 16.5 years, and 9 years and 8 months old. They were recently orphaned when their father passed away.
- The mother has been hospitalised with a severe and life-threatening disease. Without any close next of kin, the children were placed in RYCH.
- Maria and her sister were first placed together in the same RYCH and the baby in a neighbouring nursery.
- Maria was removed from the first RYCH after she had made repeated attempts to escape with her sister and take their baby sibling from the nursery.

Case study B: Mohamed, Ahmad, Daoud (group crisis situation)

Mohamed 17.5 years old, Ahmad, 16 years old and Daoud 15 years old were unaccompanied minors, who are related to one another (Mohamed and Ahmad are brothers and Daoud is their cousin). In anticipation of their reunion with relatives under the Dublin II Regulation, the public prosecutor for minors placed them in a shelter for children and adolescents at risk. Typically, minors need to stay in the shelter for a period between 6 to 12 months. Within this timeframe all necessary family reunification procedures are being completed. Due to his age, however, Mohammed would turn into an adult before the procedure could be completed. None of boys spoke English and they felt disorganised since their arrival in Greece. They had to overcome

several really difficult situations during their travel. During their journey to Europe they became separated from their families. As a consequence of the traumatic experiences of their journey, the boys and their parents have lost their trust in the good intentions of other adults. During their stay in the shelter, the boys isolated themselves, with Mohamed serving as their spokesperson. In the shelter each minor is provided with tailored individual support and newcomers are integrated in the general framework of activities within the shelter. Partnerships with external services needed for the completion of the procedures had to be created fast and in parallel with the of specialised external minors support, so efficiency was key. The diagnostic/therapeutic plan created for the group, included the following professionals and methodologies:

Internal cooperation: social worker, psychologist, interpreter, educator, social carer.

External cooperation: child psychiatrist, asylum service and Dublin departments in countries involved, school, social services in the countries where the parents stay.

The **social worker, with the assistance of an interpreter**, collected information on: *personal history*, *family history*, *social history*, *medical history*, *school-educational history/anamnesis* of every minor. Furthermore, the social worker searched for the external partners needed to build and coordinate a network of services covering the needs of the children and the families. The work carried out on the local level needed to be coordinated in the two countries involved. The background profile of the children contained information about the country of origin (present situation, cultural characteristics, religion, educational characteristics, information about everyday life, eating habits, etc.).

The **psychologist, in collaboration with the interpreter**, took over the individual evaluation of the minors in the following areas: *development history*, *social adjustment*, *school and extracurricular life*, *semiotic evaluation*. His individual assessments fed into a more detailed report on the group behaviour of the boys.

The **educator played a double role**. She assisted the boys with their integration in Greek society by providing linguistic training and organising activities. Simultaneously, she worked with the rest of the minors and the personnel in the shelter to coax the boys out of their voluntary isolation.

The **child psychiatrist** evaluated the psycho-mental state (attention/focusing, concentration, memory, crisis and perception, thought concerning flow and content, emotion and will, hospitalisation in psychiatric clinic, suicidal ideation, suicide attempts, self-harm, depression, manic episodes, anxiety disorder, aggressiveness, use of violence, fiction, self-destructive behaviour, other mental health problems, etc.) with the support of the interpreter.

The **social carer** was in charge of the daily care of the children and the application of their interdisciplinary support program. She was responsible for the minors' social skills training and in resolving any of the small day-to-day issues that might occur in getting used to the new rules and programme, relationship with other minors, staff and the new environment.

Lastly, it was **the coordinator's** responsibility to gather information from all members of the multidisciplinary team and to chair the coordination and evaluation meetings. The coordinator also created the (therapeutic) plan for the group, which sets out in detail the short- and long-

term goals related to the group at all levels, the process of assessment, evaluation and feedback, members' roles of the multidisciplinary team, etc.

Case study C: Bethlehem (individual crisis situation)

Bethlehem is 14 years old. She lived in the shelter for the past six months and proved to be a good student, diligent in her duties within the RYCH. She was smiling and cheerful and she was found regularly hanging out with the other children in the hostel. She interacted especially with her peers who are in the same class at school. She did not present any problem, and her medical file indicated she was healthy.

Bethlehem one night refused to go to sleep and asked the night crew to be permitted to stay with them in their office. Bethlehem started to cry and required permission to call her parents. The staff tried to dissuade her claiming it was already late and ensured they would phone them the next morning. Bethlehem, infuriated, started to shout and cry, smashed objects and threw them in the direction of the caregivers. Bethlehem did not calm down, instead, with the time passing, she became more infuriated and threatened to commit suicide. Suddenly, she relaxed and went to sleep. The night staff considered this to be an isolated incident. However, the incidents began to multiply, and Bethlehem became more and more aggressive and threatened to commit suicide frequently.

The scientific team decided that she should visit a psychiatrist who diagnosed a disorder and subscribed her medication. In a visit to her mother, the psychiatrist discussed the situation with her. The mother revealed that Bethlehem was taking medication but when she was removed from her family home due to family problems they decided to conceal the fact, out of fear they would stigmatise their child. The incidents stopped at the moment that Bethlehem started to take her medication once again.

Explanations:

- Bethlehem was under the guardianship of her uncles, her parents are in a non-European country and therefore are unable to take Bethlehem into custody.
- Her guardians asked to place Bethlehem in a RYCH stating their inability to continue to care for her.
- With the help of a child psychiatrist and psychologist, Bethlehem condition stabilised.

UNIT 2.1:
Understand, complete and use initial and long-term anamnesis reports for a single YP 13/18 – elements indicating crisis situation

Objective

The participant learns to make an initial anamnesis report, how a continuous elevation process works and the legal framework protecting personal information.

ECVET Learning Outcomes

Knowledge	Skills	Competences
Participants can: 1. demonstrate what is the purpose of an anamnesis report 2. explain what kind of information and content should be included in an anamnesis report for a single YP 13/18 3. demonstrate the usefulness of the of the anamnesis report for the RYCH and partner institutions 4. explain the legal framework that protects the minor's personal information	Participants can: 1. complete an initial and long-term anamnesis report while respecting the specific conditions of a potential crisis situation in youth care 2. explain their responsibilities and their field of action	Participants can: 1. realise and register an initial anamnesis report for one single YP 13/18 2. complete an anamnesis report during the stay of one YP

Implementation Plan

2.1.1	**Introduction of a multidisciplinary anamnesis and diagnosis report** The trainer provides information on the anamneses report, focusing on the issues below: • Demographic details, • Social information, • Educational level, • Psychological situation • Medical situation • Etc.	**Face-to-face** M2-A01 M2-A02 Flipchart, pens; PC, projector [45'] Additional for the trainer: M2-A25

2.1.2	**Case studies** Team work on the anamneses examples: The trainer distributes photocopies of case A, case, B, Case C. One participant per team reads one case. • The trainer asks the participants what information is important in a crisis situation. • The proposals of the participants gathered in a flip chart. Proposals are collected either at the same time, or at a second level, according to the different responsibilities of each participant (with the responsibilities and professional boundaries of each). After that, it turns into an analysis, based on the following questions: • There are different ways of recording anamneses; • What kind of information is important for you, it would be useful to have them during the execution of your duties.	**Face-to-face** Plenum Brainstorming Analysing/structuring Flip chart, pens Photocopies of Case Studies A, B, C [50’]
2.1.3	**Distance-learning intro** Trainer gives information about the distant learning.	**Face-to-face** [10’]
2.1.4	**Legal Frame** The trainer asks participants to read and compare the national legal framework with the European one. The participants are already informed that they have legal instruments at national and European level at their disposal on the online learning platform, which illustrate the operating frame for the institutions/shelters (RYCH). Participants must be able to recognise and to respect the legal framework.	**Distance learning** Reading: Legal docs in English M2-A03 M2-A04 M2-A05 M2-A06 M2-A07 M2-A08 M2-A09 [60’]

2.1.5	**Creating an Anamnesis Report** This section is divided into three sub-sections: 1. The trainer asks the group to split into two sub-groups. One group will play the role of the YP (the trainer gives instructions on how everyone will play the role) and the other group will play the role of the YW. In detail, the trainer asks the participants in the role of the YP to adopt common juvenile behaviours, be aggressive, depressive, angry, hostile, talkative, mute, and flirting. The youth worker must cope with this behaviour and try to collect information. 2. From pairs consisting of a "minor" and a "youth worker". Each team completes an Anamnesis report utilising keywords. 3. Finally, analyse and discuss the results in a plenary, identify best practices and mistakes made.	**Face-to-face** Role-playing assignment M2-A10 [45’]

UNIT 2.2:
Understand and use a diagnosis report for one single YP 13/18

Objective

Participants can use a diagnosis report and understand how a diagnosis report can be a tool to anticipate a crisis situation involving a YP 13/18.

ECVET Learning Outcomes

Knowledge	Skills	Competences
Participants can: 1. demonstrate what purpose a diagnosis report serves 2. explain what information can be found in diagnosis reports, especially indicating potential crises 3. define the deontological and legal limits prohibiting the sharing of confidential information	Participants can: 1. analyse diagnosis reports (medical, psychological, psychiatric, social) assessing a single YP in the RYCH	Participants can: 1. use a diagnosis report's information to work with YP in RYCH and can indicate if crucial information is missing

Implementation Plan

2.2.1	**Diagnosis and anamnesis materials** The trainer presents to the participants the basic idea and the contents of a diagnosis report. Additionally, short information about distant learning in this unit is provided.	**Face-to-face** Presentation M2-A11 PC projector Additional for the trainer: M2-A25 [30'] **Distant learning** Presentation M2-A11 PC projector Additional for the trainer: M2-A25 [30']

2.2.2	**Diagnostic reports** Participants will research and analyse the contents of the diagnostic reports of YP in the RYCH. If they don't understand some aspects of the reports or believe the report is unsuitable for collecting crucial information, they will address this issue with colleagues/team leader and discuss how they should further proceed. The participants will answer the following questions: • What are the main characteristics of a diagnosis report? • What was the added value of a medical/ psychological/psychiatric/social diagnosis in your professional experience?	**Distance learning** M2-A12 M2-A13 M2-A14 M2-A15 [90'] [60']
2.2.3	**Using diagnostic reports** Participants will conduct desk research and will summarise their main findings of the advantages and disadvantages of using diagnostic reports.	**Distance learning** Desk research
2.2.4	**Testing on different scenarios** *Analysis and discussion on the forum of the online learning platform:* The trainer asks the participants to share some practical examples of their day-to-day work: • Do participants have access to the content of diagnostic reports in their professional activities? If not, why not? • How does the information enclosed in these reports affect their professional experiences? Discuss the diagnosis made by the experts in case study B, and additional cases provided. Questions: • Does the initial anamnesis provide enough support for the care workers to anticipate and deal with crisis situations? • Why is it important for workers to have access to all the information available in the anamnesis and diagnostic reports during the stay of a minor in the shelter?	**Distance learning** Scenarios: M2-A16 M2-A17 M2-A18 M2-A19 [60']

	• Would they use the models presented in their professional environment? (Examples: PTSD, depression, cognitive tests.)	

UNIT 2.3:
Evaluate the anamnesis and diagnosis information and make a prognosis and intervention plan to prevent future crisis situations in the RYCH

Objective

Participants synthesise information gained from anamnesis (initial and long term) and diagnosis reports for individual use and to the benefit of a team. They will learn to identify usual adolescent problems with their individual exceptional characteristics and will learn to prepare an intervention plan to properly deal with a crisis situation.

ECVET Learning Outcomes

Knowledge	Skills	Competences
Participants can: 1. describe the differences between normal puberty characteristics and exceptional behaviour 2. explain the responsibilities of relevant persons/ organisations in caring for YP 3. display the regulations protecting and helping a YP, the other minors, the residential staff and the institution	Participants can: 1. synthesise and analyse the information of anamnesis and diagnosis reports 2. recognise the relevant information and the elements symptoms of a crisis situation	Participants can: 1. use the information of anamnesis and diagnosis reports while developing an intervention plan 2. distinguish the role of each member of the responsibility field of action

	Implementation Plan	
2.3.1	**Differences between normal puberty and derogations** 1. Theories of normal development 2. Exceptional behaviour and their explanation 3. Exceptional cases (PTSD, trauma) The trainer discusses with the participants the differences between normal development and exceptional behaviour and symptoms created by exceptional situations (trauma and PTSD for adolescents).	**Face-to-face** Discussion M2-A20 PC, projector; flipchart, pens Additional for the trainer: M2-A25 [60']
2.3.2	**Individual and team work (case studies)** Copies of the scenarios in the annexes are distributed to the participants, who will get thoroughly acquainted with their content. Afterwards, the group is split up in four, each group examining a case study in more detail. Each team: 1. reads the case study and identifies any exceptional behaviour and provides a theoretical explanation. 2. discusses the needs of the care workers based on this information. *Note:* At this level, the RYCW should be able to recognise a future crisis, a symptom, an exceptional attitude, etc. *NB:* The trainer asks participants in a plenary discussion to relate the lessons learned to their own professional experiences: How did they deal with normal, abnormal and exceptional crisis situations? The trainer gives input about relevant elements that could cause a future crisis situation and provides recommendations for protecting a YP, the other minors, the residential personnel and the institution.	**Face-to-face** Scenarios: M2-A21 M2-A22 M2-A23 M2-A24 Info sheet: M2-A20 Flipchart, pens; copies of the scenarios [90']
2.3.3	**Assessment for the entire module** Questions and work assignments.	**Distance learning** M2-A26 [75']

ANNEXES AND REFERENCES

M2-A01 - Presentation Unit 1
M2-A02 - Anamnesis example (EN only)
M2-A03 - Child right's convention articles (EN only)
M2-A04 - Directive (EN only)
M2-A05 - European directive (EN only)
M2-A06 - European council (EN only)
M2-A07 - European regulation_2016_679 (EN only)
M2-A08 - European regulation_2016_680 (EN only)
M2-A09 - Medical ethics (EN only)
M2-A10 - Anamnesis form
M2-A11 - Presentation Unit 2
M2-A12 - Beck Depression Inventory (EN only)
M2-A13 - PSY report (EN only)
M2-A14 - PTSD self-test (EN only)
M2-A15 - Medical diagnosis form (EN only)
M2-A16 - Case
M2-A17 - Case
M2-A18 - Case
M2-A19 - Case
M2-A20 - Presentation Unit 3
M2-A21 - Case
M2-A22 - Case
M2-A23 - Case
M2-A24 - Case
M2-A25 - Text units 1_2_3 (EN only)
M2-A26 – Assessment

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