

*Basic Methods for*

# MENTAL HEALTH PRACTITIONERS



Marvin W. Kahn

# ***Basic Methods for Mental Health Practitioners***

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***Winthrop Publishers, Inc.***  
***Cambridge, Massachusetts***

ISBN 0-87626-052-0

Cover Design by Janis Capone  
Interior Design by Sharon Glassman  
Copyediting and Production by Raeia Maes  
Text Composition in VIP Palatino by DEKR Corporation

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17 Dunster Street, Cambridge, Massachusetts 02138

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***Basic Methods for  
Mental Health  
Practitioners***

*To the Papago Indians, the Townsville  
Australia Aborigines and Islanders, and to the  
idea of mental health services conceived,  
controlled, and provided by the indigenous  
people concerned.*

# **PREFACE**

The intent of this book is to provide a basic orientation and foundation in the concepts needed, and in the skills required, by those who provide mental health services to others.

Many disciplines engage in providing such services. The range of training and education involved is extreme to say the least. It goes from doctorate level training for psychologists and psychiatrists to "learn as you do" in some paraprofessional programs. What is covered here is what we consider more or less fundamental and common to all levels in this diverse field. It is intended as a basic introduction to the fundamentals for those who may go on to more technical and professional education in this field and as a basic core of understanding and of methods for the paraprofessional workers who will have immediate need in applications for carrying out their work.

The book has grown out of the author's experience over almost ten years in developing community mental health programs by and for socioeconomically impoverished groups. The emphasis in these programs has been to develop the indigenous paraprofessionals' ability to provide mental health services for their own people in their own community settings. The kinds of information and the types of clinical skills that these paraprofessionals needed in order to be effective in their communities emerged from the experience with those programs. Since there was no satisfactory single source of training materials for this purpose, the need for a book such as this was obvious. The fact that many paraprofessionals receive little if any formal training is apparently partly a result of a dearth of appropriate training materials.

Some of what is covered here is treated at a much more elaborate, detailed, and higher level in many advanced texts. What is different in this book is the manner in which the areas and skills covered are put together so as to provide fundamental background and basic techniques that are practicable in areas where mental health workers are most likely to meet problems, without an approach that is overwhelmingly technical or too complex for comprehension by those without substantial prior technical education. Yet we have tried to avoid talking down to the reader. For these reasons, we consider it a reasonable basic introduction for both the journeyman level of those who have need for relatively immediate and direct applications and as an introductory step

for those who may be considering or planning to go on to a more technical and professional education in this field.

While this training approach was developed for groups from very unique cultures, the Papago Indian tribe in the United States and an urban community of Aborigines in Australia, it is not written from a standpoint of either of these unique cultures. Rather, the basics and the principles are presented more or less from the standpoint from which they were developed, generally for white, middleclass, industrialized society. What our experience has shown is that these methods are basic and effective when they are adapted to the particular cultural group for whom they are to be used. What is contained here is a rather generalized form of the material. To be most useful the material must be considered in terms of the target group. This requires consideration of how each topic fits with the expectations, values, and customs of the group to which it will be applied. The trainees themselves, to the extent that they are representatives of the people whom they are going to serve, are excellent criteria for helping to put these methods into the proper cultural perspective.

— **M. W. K.**  
*university of arizona*

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# ***Part***

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## ***Fundamental Concepts Briefly***

# **I**

While the emphasis of this book is on the methods, techniques, and skills used in mental health work, the effective and proper use of those methods, techniques, and skills depends on adequate knowledge of the basic concepts that underlie mental health intervention.

Part 1 is a very brief, condensed presentation of the major background areas. For those who have had previous courses in these foundation areas, it should provide a review and refresher experience. For those who have not had formal or detailed background in these fundamental areas, it is intended as an introduction and orientation. It is not intended as a substitute for the thorough and detailed consideration of these areas. Rather, for those new to this field, it is intended as a first consideration of what will need to be studied in much more breadth and depth in order to become fully and effectively proficient in mental health methods.

# ***The field of mental health: What mental health work is all about***

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## **1**

### ***Mental health is concerned with helping people***

Mental health is concerned with people. It is concerned with helping people who are having difficulty in adjusting and getting along with their families, with their friends, at their job, or in their communities. It is also concerned with people who are tormented within themselves, be it feeling tense, jumpy, or irritable; depressed, sad, or unhappy; feeling angry, mean, suspicious, or untrusting. Further, it is concerned with those who cannot control their drinking or intake of other drugs and with those who repeatedly get into trouble with the law.

Mental health also refers to concern with the factors that cause people to be poorly adjusted in their life situations or to feel internally miserable, as well as with concern for preventing such disorders. This latter is a task of mental health which is of equal importance to that of helping those who are already having the difficulties. For instance, if we know that children who are wanted, loved, and well cared for are likely to grow up to be emotionally healthy, stable adults and that those who are unwanted, ill-treated, and neglected are likely to have major emotional difficulties, then preventive efforts within the family before the problems arise would be important. If people drink more and if families break up more when there are no jobs, then prevention of emotional disorders lies not just in the family but also in the economic and social conditions of the community. Preventive measures to ensure mental

health must be concerned with social and economic conditions as well as individual and family matters.

An example of one of the many kinds of mental health problems is the case of Angela. Angela was a sixteen-year-old high school student. She was the second oldest of six children. Her mother had health problems and a drinking problem. Angela had to do much of the housework and had to provide much of the care for her younger brothers and sisters. She had never known her real father. Various men lived with her mother for periods of time, but they seldom stayed very long. The family's income was from various government welfare programs.

In school Angela was a poor uninterested student. She dressed shabbily and had no real friends. She was frequently absent. When she was at school, Angela was very quiet, stayed by herself, and seemed shy and frightened.

One morning at school a student saw blood on the floor near a toilet. She told a teacher, who discovered Angela sitting on the toilet holding her wrists, which she had cut deeply in a suicide attempt. Angela was taken to a hospital and recovered. It was found out that she had been deeply depressed over her home situation for a long time. The decision to kill herself came after her mother's latest boyfriend had forced her to have sex relations.

Angela was entered into mental health treatment for her depression and for her suicidal inclinations. Her home situation was investigated and she was placed in a foster home, while continuing her mental health treatment. Angela's mother was also brought in to treatment for her drinking and for many other problems. The mother was allowed to keep the other children, but the situation at home was closely watched by child protection agencies. The man who raped Angela disappeared and could not be found by the police.

## ***Is mental illness really an illness?***

Although we generally talk about mental health and mental illness as if it were a sickness like physical disorders such as measles or a broken arm, it is clear that much of mental illness is not quite the same as most physical illnesses. There are some mental illnesses that are associated with disease or damage to the body, but most of what is called mental illness is not. Many people today argue that such conditions are better called problems in living rather than illness because in order to have an illness something must be found wrong with the body.

They also argue that calling such problems illness comes from times when such conditions were considered to be caused by the devil or bad



spirits or by deliberate bad intentions on the part of the person having the disorder. In earlier times, considering such behavior the result of illness protected such people from severe punishments given those thought to be possessed and it put an emphasis on treating them. Those who favor the problems in living concept argue that it is no longer necessary to protect disturbed individuals by calling their disorders an illness. Furthermore, they see the disadvantage to the illness model being that the person is considered not responsible for his or her own behavior because what the person does is caused by the sickness.

But most people still regard emotional disturbance as an illness. Even though there is no physical disease and damage, they nevertheless feel that if the person isn't functioning adequately, it is not deliberate behavior on the part of the disturbed person but that it is due to the person's response to threat and stress over which the person may have little or no control.

There are a few, however, who are even more extreme and feel that all such behavioral maladjustments really do have a physical cause even if it hasn't been discovered yet and look to physical treatments and medicines for the cure.

For many practical purposes right now it matters little whether we call what we are dealing with illness or problems in living. In most cases, the methods and techniques we use will be the same. These will largely be psychological means of helping individuals to relieve their uncomfortable feelings, to understand their behavior and actions better, to accept themselves more fully and to be able to make changes in the way they do things, look at things, and feel about things.

## ***Normal and abnormal behavior***

There is no one ideal type of behavior that is normal. Rather, there is a wide range of behaviors that can be quite different and yet be considered normal. Furthermore, there is no sharp dividing line between what is considered normal and what is considered abnormal. Often it depends on the situation and the cultural setting.

### ***Statistical cultural deviance definition***

There are several main ways in which normality and abnormality can be viewed. One is in terms of the extent to which behavior deviates or is different from the usual behavior of a particular culture or social