

Appendix A: Initial Family Call

**[Pending Final Approval of Instrument]**

## Appendix B: Family Cover Letter

***Fill in date***

Dear ***(fill in name of relative/caregiver)***,

***(fill in name of patient)*** is currently receiving services at the ***(Long Beach or Sepulveda)*** Veteran's Administration Healthcare Center and ***(fill in name of patient)*** has given us permission to talk with you. We are interested in improving communication between you and the clinical team, as part of high quality care for patients.

We, at the VA Mental Health Clinic, want you to know that the VA Healthcare System and the local community have resources to help support caregivers. We have included these resources with contact numbers. We hope that you might find these resources of assistance.

Additionally, we have included the name and phone number of the clinical team providing services to ***(fill in name of patient)*** . Please feel free to call us.

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***(Name of Care Coordinator or Patient Care Manager)***  
***(Long Beach or Sepulveda)*** Mental Health Clinic  
Phone:

Appendix C: NAMI Information Letter Insert

Enclosed is the NAMI affiliate list that includes locations, days and times of NAMI caregiver support meetings around Los Angeles County. These meetings are open to any caregiver or family member and the majority of individuals find these meetings very helpful.

The National Alliance for the Mentally Ill (NAMI) is a nonprofit, grassroots, self-help, support and advocacy organization of consumers, families, and friends of people with severe mental illnesses, such as schizophrenia, major depression, bipolar disorder, obsessive-compulsive disorder, and anxiety disorders. NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all whose lives are affected by these diseases.

Founded in 1979, NAMI has more than 210,000 members who seek equitable services for people with severe mental illnesses, which are known to be physical brain disorders. Working on the national, state, and local levels, NAMI provides education about severe brain disorders, supports increased funding for research, and advocates for adequate health insurance, housing, rehabilitation, and jobs for people with serious psychiatric illnesses.

In addition to 1,200 state and local affiliates in the United States, NAMI has affiliates in the District of Columbia, Puerto Rico, Canada, and American Samoa, and has helped start sister organizations in Australia, Japan, and the Ukraine.

The NAMI website is also very helpful and provides quite a bit of information about mental illness, advocacy, and self-help. It is [www.nami.org](http://www.nami.org)

Appendix D: Los Angeles County NAMI Affiliate List for 2003

**[See .pdf file of NAMI LA County Affiliates[**

**[Substitute a link to a NAMI web-site if one exists that has the same information]**

## Appendix E: Family Session Checklists

**EQUIP FAMILY INTERVENTION**  
Education about Schizophrenia Session

Patient Name: \_\_\_\_\_

**Patient ID#** \_\_\_\_\_

Clinician's Name: \_\_\_\_\_

Date of Session: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Length of session: \_\_\_\_\_ minutes

Family Members Attending

Relationship to Patient

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did patient attend? Yes No

REMOVE THIS PAGE AND STORE SEPARATELY FROM THE INTERVIEW

Patient ID# \_\_\_\_\_



Session \_\_\_\_\_ **EDUCATION ABOUT SCHIZOPHRENIA  
& IDENTIFICATION OF PROBLEM**

\_\_\_\_\_ Outline Session Agenda

\_\_\_\_\_ Inquire about crises: Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Inquire about medication compliance: Describe current compliance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Handout and minimum 20 minute review of education materials covering points in summary

\_\_\_\_\_ Schizophrenia is a biological disorder which result from an imbalance in brain chemicals

\_\_\_\_\_ Schizophrenia develops in about 1 in 100 people

\_\_\_\_\_ Common symptoms of schizophrenia include: positive symptoms (hearing voices, holding irrational beliefs), negative symptoms (apathy, little emotion, poor attention and concentration), and cognitive difficulties

\_\_\_\_\_ Medications can dramatically reduce symptoms of schizophrenia

\_\_\_\_\_ Clarification of presenting problem: Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Ask family re: questions/Issues pressing til next session

\_\_\_\_\_ Distribute stress vulnerability handout to be read prior to next meeting

\_\_\_\_\_ Confirm appointment for next session: Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Comments/Other Issues

**EQUIP FAMILY INTERVENTION**  
Stress Vulnerability Model Session

Patient Name: \_\_\_\_\_

Patient ID# \_\_\_\_\_

Clinician's Name: \_\_\_\_\_

Date of Session: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Length of session: \_\_\_\_\_ minutes

Family Members Attending

Relationship to Patient

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did patient attend? Yes No

REMOVE THIS PAGE AND STORE SEPARATELY FROM THE INTERVIEW

Patient ID# \_\_\_\_\_

Session \_\_\_\_\_ **STRESS VULNERABILITY MODEL**

\_\_\_\_\_ Outline Session Agenda

\_\_\_\_\_ Inquire about crises: Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Inquire about medication compliance: Describe current compliance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Brief summary (5-10 minutes) of educational information from last session

\_\_\_\_\_ Minimum 20-minute review of education materials covering points in summary

\_\_\_\_\_ Schizophrenia develops in a person with a biological vulnerability for the disorder which is triggered by life stress

\_\_\_\_\_ Protective factors such as antipsychotic medications and avoiding alcohol and substance use reduce biological vulnerability

\_\_\_\_\_ Good communication and problem-solving skills, and a supportive home environment, can reduce life stress

\_\_\_\_\_ Families can support the patient to take meds, avoid substances, develop communication and problem-solving, praise patient for small recovery steps, and get help quickly if needed

\_\_\_\_\_ Continue problem-solving on presenting problem: Describe issues discussed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Ask family re: questions/Issues pressing til next session

\_\_\_\_\_ Distribute medication handout to read prior to next session

\_\_\_\_\_ Confirm appointment for next session: Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Comments/Other Issues

**EQUIP FAMILY INTERVENTION**  
Education about Medication/ Early Warning Signs Session

Patient Name: \_\_\_\_\_

Patient ID# \_\_\_\_\_

Clinician's Name: \_\_\_\_\_

Date of Session: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Length of session: \_\_\_\_\_ minutes

Family Members Attending

Relationship to Patient

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did patient attend? Yes No

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Patient ID# \_\_\_\_\_

Session \_\_\_\_\_ **EDUCATION ABOUT MEDICATION/DEVELOP AN EARLY WARNING SIGNS PLAN**

\_\_\_\_\_ Outline Session Agenda

\_\_\_\_\_ Inquire about crises: Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Inquire about medication compliance: Describe current compliance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Brief summary (5-10 minutes) of stress-vulnerability information obtained

\_\_\_\_\_ Minimum 20 minute review of education materials covering points in summary

\_\_\_\_\_ Antipsychotic medications reduce schizophrenic symptoms and prevent relapses

\_\_\_\_\_ Medications must be taken regularly to control symptoms

\_\_\_\_\_ Antipsychotic medications have some side effects, but they are usually manageable

\_\_\_\_\_ Alcohol, drugs and stress lessen the effectiveness of antipsychotic medications

\_\_\_\_\_ Antipsychotic medications are not addictive

\_\_\_\_\_ Complete early warning sign plan

\_\_\_\_\_ Continue problem-solving on presenting problem: Describe issues discussed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Ask family re: questions/Issues pressing in near future

\_\_\_\_\_ Present plan for ongoing telephone contact (monthly, then tapered): Note plan:

\_\_\_\_\_  
\_\_\_\_\_

Comments/Other Issues

## Appendix F: Treatment Dropout Letter Template

***Insert Date***

Dear ***[insert patient's name]***,

I am writing to you on behalf of your psychiatrist, ***[insert psychiatrist's name]***, and the outpatient psychiatry team at the Sepulveda VA. We have noticed that it has been a long time since we last met with you, and we have been unable to reach you by phone.

I am interested in getting in touch with you to see how you have been doing since we last spoke. I would like to set up a time for you to come in to my office to see me. This should take no longer than 15 minutes. It is important that I hear from you.

Please call me at ***[insert contact number]*** or stop by the Mental Health Clinic to see me.

I look forward to hearing from you.

Thank you,

***[insert Care Coordinator's name]***

Mental Health Clinic  
***[insert site]***VA Healthcare Center

Phone: ***[insert contact number]***