

Member Care Referral Guide

For leaders within mission organisations. Created by staff from AIM Tumaini Counselling Centre, <http://tumainicounselling.net> (April 2019)

SIGNS THAT MIGHT INDICATE AN ISSUE

Changes in the person's thoughts or behavior, such as:

- Changes in mood, sleep patterns, appetite, energy levels or concentration, that are significant and ongoing
- Noticeable change in functioning
- Change in social engagement and interactions
- Excessive worry
- Neglect of self or others under their care
- Burnout or compassion fatigue
- Misuse of alcohol or drugs

Past or current/recent trauma such as:

- Personally-experienced injury or assault, accident, illness, maltreatment, natural disaster, evacuations, significant grief / loss
- Witnessing or hearing about another person's trauma ("secondary trauma"), e.g. through evacuations or ongoing work with refugees
- History of abuse (physical, sexual, emotional, spiritual)

Thoughts of self-harm, such as

- Preoccupation or thoughts of death or suicide
- Intentional self-injury

Persistent physical symptoms which are not improving or unexplained such as

- Aches and pains
- Gastrointestinal distress
- Difficulty following recommended treatment

A person frequently finds themselves involved in conflict

RAISING THE MATTER WITH THE PERSON

Safe setting:

- If you already have periodic time to talk with your team member, take advantage of that.
- Consider allowing the person to choose the place
 - Create time, avoid rushing/hurrying
 - Aim for a comfortable and not overly-formal environment
 - Often sitting down but could also be a walk
- Clarify communication and bounds of confidentiality; who else might helpfully be involved
- One-on-one and prioritize privacy - without being overheard or interrupted

Express care and concern, for example:

- "This may be an uncomfortable conversation"
- "I worry I might offend you in saying this, but I've been concerned about you..."

Explicitly state that the aim of conversation is to help, not to criticize or discipline.

Explain concerns

- Use specific examples.
- Avoid vagueness or over-generalizing.
- Prioritize the important issues; avoid minutiae or including too many concerns at once.

Quickly transition to asking their perspective and perceptions.

- Assess understanding, ask questions, listen, and avoid talking yourself when possible

PLAN AHEAD: What kind of conversation needs to happen?

Minor concern

"It seems like there might be an issue. What do you think?"
"I have this concern. Do you?" If they aren't concerned, you may decide to leave it.
Follow up by keeping an eye on the problem – is it worsening or diminishing?

Moderate concern

"There seems to be a problem here, and I'd like you to get help. Can we talk about how are you going to address it?"
"Here are some places you could get support; you decide which to use. Then let's meet up again next month."
"Something needs to happen, but I'm leaving it with you to take forward. Please keep me in the loop."

Urgent concern

"We've got to address this now. This is what needs to happen."
"This problem needs urgent action."

SUPPORTING THEM YOURSELF

Ask them:

- What do they feel might help?
- What has helped in the past in similar situations? Are any of those things realistic to try again at this time?
- Who else are they comfortable seeking help and support from?
- Employ active listening techniques (reflection, clarification, summarising, etc.)

Refer them to resources for self-education, such as:

- <http://tumainicounselling.net/> has many resources
- www.missionarycare.org has fact-sheets, handouts, e-books, etc.

Take time to also personally access resources, such as:

- "Where There is No Psychiatrist: A Mental Health Manual" e-book and paperback available on amazon.
- Global Member Care Network (consider signing up for their FB group)
- Regional networks: see <http://tumainicounselling.net/resources/links/>

Set another specific time to meet to check-in

- Keep notes of discussions and agreements, and share these with the person, so everyone is on the same page



REFERRING IF BEYOND YOUR SCOPE

Levels of Referral - refer to Triangle-graphic

- For example: Tumaini Counselling Centre provides Clinical Member Care, both secondary and tertiary levels

Routine Referral to a Clinical Provider

Work on a plan together and follow-up; you can get advice from Tumaini:

- Symptoms that appear to go beyond the normal/common reactions to their stress or trauma
- Symptoms that have not sufficiently improved within three months of non-clinical interventions
- Symptoms that significantly interfere with their ability to live, work, care for themselves and family, and/or sustain relationships with others.
- Insomnia that does not improve with behavioural means or over-the-counter medications
- Physical aggression or harm toward another (family members or others) when it is not a normal response to a dangerous situation
- Addictions or harmful compulsions of any kind (substances, sexually explicit materials, overindulgence in technological media, etc.) or other clearly self-destructive behaviours
- Diagnosed or possible diagnoses of Depression, Bipolar Disorder, Pregnancy-related depression, Psychosis, PTSD, and other high-risk diagnoses
- Trauma with high risk for PTSD, such as rape, sexual assault, murder or suicide of a loved one, assault or attack in which someone's life was seriously threatened, trauma with significant impact on a child, natural disasters, or tragedies of a larger dimension

Urgent Referral (Acute safety issues)

Please contact Tumaini asap and follow up with the person

- Severe self-injury
- Suicidal thoughts or actions
- Thoughts of harming others
- Unable to control anger toward others
- Damaging property intentionally
- Indication of abuse or neglect of children or other dependents
- Inability to function or take care of oneself or dependents