

CLASS ONE

***LAST 4 DIGITS OF THE PHONE NUMBER YOU USE THE MOST: _____

NAMI Peer Education Program for Parents and Other Caregivers of Children and Adolescents with Mental Illness

Below are some multiple choice questions about mental illness in children and adolescents. Please circle the letter of the one, best answer you think is correct. If you do not know the answer, take your best guess. Most people do not get all the answers correct but please try your hardest.

1. Which is least descriptive of a catastrophic event?
 - a. Unanticipated
 - b. Adequate preparation
 - c. Subtle warning signs
 - d. Emotionally draining

2. Which of the following is not a factor involved in childhood mental illness:
 - a. biological factors
 - b. punishment for sin
 - c. environmental factors
 - d. heredity

3. The nervous system is made of this type of cell.
 - a. Serotonin
 - b. Dopamine
 - c. Neuron
 - d. The spinal column

4. What is bipolar disorder?
 - a. Mania & depression
 - b. Depression & panic disorder
 - c. OCD & depression
 - d. Split-personality

5. A family's reaction to learning that one of their children has a mental illness
 - a. follows predictable stages of response and coping.
 - b. is not predictable at all.
 - c. is no different than learning the child has any other type of illness.
 - d. should not be discussed with the child.

6. If you, or someone in your immediate family has a mental illness (parent, grandparent or sibling) then you can expect that your child
 - a. will develop a mental illness.
 - b. will never develop a mental illness.
 - c. is at increased risk of developing a mental illness.
 - d. none of the above

7. Which of the following statements about teenage suicide is false?
 - a. Most of the time people who attempt suicide have provided clues about their intentions.
 - b. Talking about suicide with teenagers may give them ideas.
 - c. There is no specific "type" of teenager who attempts suicide.
 - d. There are effective strategies for helping a teenager who is thinking about suicide.

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8. A 'black box warning' from the FDA means
- a medication is addictive.
 - children should never take the medication.
 - a medication has side effects.
 - close monitoring if the medication is prescribed.
9. The most effective treatment approach for a serious emotional disturbance in a child should include:
- Medication for the child, psychotherapy for the caregivers.
 - Medication and therapy for the child, education and support for the caregivers.
 - Behavior therapy for the child.
 - Family therapy with the child and caregivers.
10. The parent / caregiver's role in the treatment of a child with a mental illness
- is sometimes important for the professionals.
 - should be minimized to give the child more influence in treatment.
 - only involves providing information.
 - can be active and directive.
11. What skills do you expect to learn in this class that will help reduce stress in your home?
- | | |
|--------------------------|--------------------------|
| _____ Communication | _____ Coping |
| _____ Self-care advocacy | _____ Problem management |
| _____ Other: _____ | |
12. Check positive coping skills you want to gain by taking this class:
- | | |
|-------------------------------|-------------------------|
| _____ Anger management | _____ Control of stress |
| _____ Understanding disorders | _____ Coping with guilt |
| _____ Self-care | _____ Other: _____ |
13. List 4 words that describe your experience coping with a child who has a brain disorder:
- | | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
14. Name 3 goals you have for dealing with your child's brain disorder.
- _____
 - _____
 - _____
15. List 3 things you have done to take care of yourself in the last month:
- _____
 - _____
 - _____

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16. List 2 ways that caregivers can help siblings understand the brother/sister’s brain disorder:

1. _____
2. _____

17. List 4 words that describe your feelings when having to describe your child’s diagnosis:

- _____
- _____

18. How long did it take you to find NAMI after **your child with illness** was diagnosed?

- | | |
|---|------------------------------|
| _____ Already knew about NAMI | _____ 0-90 days |
| _____ 3 to 6 months | _____ 6 months to 1 year |
| _____ Other (Please provide time frame, | _____ Months or _____ Years) |

Please place a check mark under the number that best describes your response to each of the statements below, on a scale of 5 to 1, with “5” meaning the statement describes you completely and “1” meaning the statement does not describe you at all.

- 5 = Completely describes me**
- 4 = Adequately describes me**
- 3 = Somewhat describes me**
- 2 = Hardly describes me**
- 1 = Does not describe me at all**

	5	4	3	2	1
1. I understand the symptoms of childhood and adolescent mental illness					
2. I can recognize early warning signs of mental illness in children and adolescents					
3. I understand the trauma experienced by children and families dealing with mental illness					
4. I understand the importance of early intervention for children with mental illness					
5. I understand the impact of untreated mental illness in children and adolescents					
6. I know how and where to look for resources for families of children with mental illness					
7. I am confident about talking to my child’s doctor, teacher, counselor or case worker					
8. I know what accommodations my child has a right to at school					
9. I believe I am able to cope with the challenges of my child’s mental illness					

NAMI Basics Education Program (Demographic Questionnaire)

The following questions will help give us a better idea of the people who are participating in this program. All personal information will be kept confidential. We are only interested in the characteristics of ALL parents and other caregivers involved in this program.

Class # _____ Class Location _____

Teachers _____

Your age: _____ Your gender: Male Female

Marital Status: Single Married Divorced Separated Widow(er)

Race / Ethnicity: African American Caucasian Hispanic American Indian
 Bi-Racial Other (specify) _____

Please give us some information about your child(ren) with mental illness:

	Child A	Child B	Child C	Child D
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age				
Diagnosis (one or more)				
Currently in treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Length of illness (years)				
Your relationship to the child(ren)				

Number of children living with you, NOT counting the child(ren) with mental illness: _____

Age of males without mental illness: _____ Age of females without mental illness: _____

Do you also have a mental health diagnosis? Yes No

Check any of the following that you have ever attended:

Therapy types attended: Individual Couples Group Family

With Hope in Mind Education Program With Hope In Mind Beginnings

Visions for Tomorrow NAMI Family-to-Family Education Program

NAMI Meetings Education Program sponsored by your local Mental Health Center

Other (please specify): _____

Support groups attended (please specify): _____