Appendix A: Initial Family Call

[Pending Final Approval of Instrument]
Appendix B: Family Cover Letter
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.

(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
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

<table>
<thead>
<tr>
<th>Family Members Attending</th>
<th>Relationship to Patient</th>
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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

<table>
<thead>
<tr>
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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
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]