

MACMHB

State Training Guidelines Workgroup

Training/Curriculum Recommendations

The intent of this Training Guideline is for the development and presentation of training content. Curricula based on this guideline will contribute to statewide uniformity, reciprocity, and portability.

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Topic: *Philosophy and Current Trends in Providing Human Services*

Defining Paragraph (Vision, Boundaries, Overall Outcome Statement):

Meeting the challenges of providing mental health services can be a stimulating and rewarding experience for both the provider of services and the individual receiving services. We are striving to enhance the partnership between providers and people receiving services by focusing on empowerment and working “with” people rather than “for”, “on”, or “leading” them. The ultimate outcomes are enhanced quality of life, increased personal control and independence, and feelings of happiness and belonging. As the system moves forward in its development of person and family-centered principles and strategies, new and innovative approaches continue to be developed and tested that further enhance the lives of and empower persons receiving services. The purpose of this course is to share information on these new and innovative approaches, therefore the content of this course will be evolving to reflect these changes.

Definitions:

Content – These are a listing of the areas covered in the subject.

Outcomes/Competencies – These are statements about what participants will be able to DO as a result of having participated in the course. Please indicate expectations and minimum competency criteria.

Content:

Philosophy:

1. Impact of values, attitudes, and beliefs.
2. Lifestyles, friends, careers, and living arrangements
3. Previous Approaches: The Medical Model, Institutions, Deinstitutionalization, Group Homes, Workshops, Behavior Plans, Control, Seclusion, Stigma, and Isolation
4. Michigan’s Mental Health System: Services and Supports
5. Staff roles

6. Person-Centered Planning

Current Trends:

7. Best Practice and Evidenced-Based Practices

- A. Recovery Model
- B. Self-Determination
- C. Trauma Informed Services – prevalence and impact of trauma and violence on mental health

8. Integrated Health Care

Outcomes and Competencies:

Philosophy Competencies:

1. Recognize that personal values, attitudes, and beliefs directly affect how we partner with others.
2. Identify those values, attitudes, and beliefs that promote positive support and growth.
3. Recognize that all individuals have the right to make life choices that fit them personally, such as lifestyles, friends, careers, and living arrangements.
4. Identify the journey mental health services have taken and the destination of positive life experiences.
5. Identify your responsibility to promote recovery and self-determination through person and family centered approaches.
6. Demonstrate that persons receiving services will experience more positive living environments.
7. Show how support systems can provide encouragement and opportunities for individuals to improve their quality of life.
8. Support people to be full participants in their services and recovery.
9. Identify staff role as change-agents with individuals and communities.

Current Trends Competencies:

10. Identify types of trauma and the range of effects.
11. Identify Trauma-Informed strategies.
12. Describe the Recovery Model.
13. Explain how Trauma-Informed strategies support various approaches such as Self-Determination, Recovery Model, and/or Resiliency.
14. Recognize that Integrated Health Care emphasizes the interaction between behavioral health and physical health.
15. Recognize physical health issues.
16. Recognize the role of support staff in assisting people with effective communication with their physical health providers.

Outline/Recommendations:

1. Where we want to be?
 - Partnering with Others: Impact of values, attitudes, and beliefs.
 - Paint the Picture: lifestyles, friends, careers, and living arrangements.
 - Staying current with the field
2. Where have we already been?
 - The Medical Model and beyond – Why it didn't work
 - Institutions, Deinstitutionalization, Group Homes, Workshops, Behavior Plans
 - Control, Seclusion, Stigma, and Isolation
3. Where are we now?
 - Michigan's Mental Health System
 - How it's structured
 - Services, Supports, and Supportive roles: Who does what?
 - What is your role?
 - Person-Centered Planning
 - Introduction and Overview
 - Definition and Intent
4. How do we reach our destination(s)?
 - Best Practice and Evidence-Based Practices
 - Recovery
 - Introduction and Overview
 - Definition and Intent
 - Trauma-Informed Services
 - Introduction and Overview
 - Definition and Intent
 - Self-Determination
 - Introduction and Overview
 - Definition and Intent
 - Integrated Health Care
 - Introduction and Overview
 - Definition and Intent

Trainer Qualifications:

Check all that apply, be specific (years, degree, skills, etc):

College Degree

License

Years Experience: Preferred 2-3 years experience in the delivery of services to persons dealing with mental illness or developmental disability.

- Documented Skill Set: Communication skills - individuals and groups. Preferred experience attending, participating in, and facilitating person-centered planning meetings.
- Training Experience: Preferred 1-2 years experience training small and/or large group settings.
- Training in Adult Learning Styles
- Other: Must have content expertise.

Length of Training:

This content is estimated to take 4 hours depending on size and competency level of the training group. The vision is an interactive class that incorporates a variety of adult learning methodologies and includes opportunities to discuss learned materials and apply concepts to real world settings. This may include scenario or video-based discussions, visits/presentations from people receiving services, and others.

Format:

The acceptable format(s) for the class:

- Traditional "live" class.
- Online Class - "Live Online" such as video-conferencing.
- Self-study Unit
- Video Class
- Other (specify): The informational sections of this course could be provided as online study with applications and discussion portions being traditional 'live'.

Teaching Methods:

These are the best teaching methods for teaching course content. Additional methods may enhance learning.

- Individual
- Classroom/Group
- Lecture
- Discussion
- Skills Practice
- Return demonstrations
- Activities
- Videos: Self-portrayals
- Online Activities
- Individual Assignments
- Homework assignments
- Other (specify): Presentations/discussions w/people receiving services
- Other (specify):

Method of Assessment:

How to measure entry level competency in this course:

- | | | |
|-------------------------------------|---|-----------------------------|
| <input checked="" type="checkbox"/> | Written Test | Performance Indicator: 80 % |
| <input type="checkbox"/> | Return Demonstration | Performance Indicator: |
| <input checked="" type="checkbox"/> | Online Test | Performance Indicator: 80 % |
| <input type="checkbox"/> | Skill Sheet | Performance Indicator: |
| <input checked="" type="checkbox"/> | Homework Assignment(s): Optional. Could be used as update training. Also consider facilitation of a person-centered planning meeting involving recovery or self-determination as update training. | |
| <input type="checkbox"/> | Other: | |

Scope of Implementation:

Training recommended for:

- Specialized Residential direct care staff/home managers
- Specialized Residential Administrators
- Supported Living staff
- Adult Foster Care staff
- Respite Service staff
- Self-Determination staff
- Home-based services staff
- Foster Family Group Home staff
- Child-caring Institutions (Children's Group Home) staff
- Other employee group (specify): Employment/Vocational Services
- Other employee group (specify): Anyone providing services

Frequency:

It is recommended the content be reviewed/retaken:

- Initial
- Annual
- Every two years
- As needed: Based on employee needs and/or when new or emerging best practices are being implemented and require training.
- Other

Additional Comments:

This course lays the groundwork for all future trainings. Must be sure people understand the underlying principles in the field.

As new practices and/or models emerge this entire course would not need to be retaken or refreshed. Staff would need to be updated only on the new practices and/or models.

Topics listed could be integrated into other course guidelines or offered as a stand alone course.

References/Legal Authority:

- 1) R 330.1801 et seq.
- 2) MCL 400.710(3)
- 3) DCH Contract Part II 6.7 att p 6.7.1.1
- 4) Prevailing State Guidelines and Practice Protocols
- 5) National Center for Trauma-Informed Care
<http://www.samhsa.gov/nctic>
- 6) *"What Happened to You?" Addressing Trauma with Community Mental Health Populations: A Toolkit for Providers* by Stephen Wiland, LMSW, CAC-R, Clinical Practices Administrator with Washtenaw County Community Support and Treatment Services (funded by a MDCH grant)
- 7) Institute for Health and Recovery www.healthrecovery.org

Note: If training is for an adult foster care facility/home adult foster care staff must also comply with the adult foster care administrative rules. In addition, in those situations where the contents of the training conflict with an administrative rule, the rule prevails.