



PROVIDER EDUCATION
PROGRAM

COORDINATOR'S GUIDE

For the 5-week training program

2011

◆

NAMI PROVIDER EDUCATION PROGRAM: COORDINATORS GUIDELINE: CONTENTS

◆

Preface i

Provider Course Training Workshop

General Information	1
Criteria for Selection of Provider Course Team Members	2
Training Site Specification	4
Workshop Schedule	5

Setting Up the Program at Selected Agencies 6

Coordination with Teams: Checklist 8

Coordination with NAMI: Checklist 9

State Training Site Detail Form 10

How to Prepare For and Conduct Each Class 11

Getting the Word Out/Building for the Future 12

Sample Items

Goals	14	Class 4 Sign-up List	21
Curriculum	15	Thank You Letter to Agency	22
Letter to Course Participants	16	Newsletter Article	23
Name Tags	17	CEU Letter	24
Protective Covenants Handout	18	Certificate for Participants	
Family/Consumer Needs Handout	19	Certificate for Teachers	
Letter to Class 4 Participants	20	Provider Training Handouts	

◆

PREFACE TO THE GUIDELINE

◆

The NAMI Provider Education Program is designed to be taught by 5-person Teaching Teams, each comprised of 2 family member Family-to-Family Education course teachers, 2 consumers and a family member or a consumer mental health professional. It is designed for to staff at public mental health agencies in your state, as well as other provider service organizations . It is optimal to train 3 teams to inaugurate the program in a state; the information in this Guideline is based on 3 teams participating.

The impact of the program rests in large measure on choosing teaching team members who can speak frankly about their lived experience with the pain and trauma of coming through serious and persistent mental illness, and who endorse the practice of consumer/family/provider collaboration.

The choice of target mental health centers is vitally important as well. As a start-up strategy in your state, it is wise to select progressive mental health agencies whose administrative leadership is supportive of the concept of family/consumer/provider collaboration.

It is essential to involve your State President and Executive Director in these negotiations “at the top,” and to make every effort to enlist the support of the state or county Division of Mental Health. Your initial Provider Course training will, we hope, be the launching of a NAMI program that will become a permanent staple in provider training in your state.

It is understood that agencies signing up for the program will require participants to make a commitment to attend all 5 classes, and that clinical supervisors and division directors will attend as well.

States inaugurating the NAMI Provider Education Program should have their funding in place, and target agencies for the course should be selected and contacted prior to the Training Workshop.

The 1 ½ day training component of this program enables team members with different perspectives to model the collaborative team approach and to maintain composure in any kind of agency culture.

PROVIDER COURSE TRAINING WORKSHOP: GENERAL INFORMATION

1. The Provider Education Program starts with a 1 1/2 day Training Workshop, from 8:30 a.m. on Day 1 to mid-afternoon on Day 2. In this time, participants will cover the entire course and practice teaching each class as teams.
2. The Provider Course teaching manual, Handout Copy Set and Chart Set may be sent by NAMI in electronic form for downloading and copying. by state and affiliate offices. In addition, you can utilize the dependable services of Bob Donaldson of USA Print and Copy, 2044 Wilson Blvd., Arlington, VA 22201, 703/524-4404; 703/522-2679 (fax), usaprintandcopy@aol.com. The printing pricing includes shipping within 24 hours and end of month billing.
 - Printed manuals cost \$15 apiece, postage included
 - The Handout Copy Set costs \$8, postage included
 - The 10 charts (24"x 36") cost \$40 a set, plus postage
3. The teaching manual must be sent directly to all Teaching Team members 5-6 weeks before the scheduled training, with a letter asking them to review the curriculum before coming to the Training Workshop.
4. The best Training Workshop plan is to have all trainees remain on site overnight to facilitate team bonding and collaboration.
5. Many states select and train 3 additional consumer teachers, who can substitute on each team if they are needed, i.e. each team has 6 members at the training.
6. Selected team members (and substitutes) must be able to attend the entire Training Workshop from start to finish.
7. You can choose from a number of options regarding how the 5 classes of the course are presented, depending on agency schedules and needs. The course can run once a week for 5 weeks; it could run a class-a-day for a week; it could run 3 times the first week and 2 times the second week, or the 5 classes may be offered over a 2-day period (2 classes the first day/3 classes the second day or vice-versa).

Presentation options chosen by an agency must also work with the team assigned to give the classes at that site. That is why it is vital to have secured your teaching sites and presentation options before the training.

◆

CRITERIA FOR THE SELECTION OF PROVIDER COURSE TEAM MEMBERS

◆

Family members:

- Should be your most experienced, seasoned Family-to-Family teachers.
- Should be all the way down the Emotional Stages Chart to understanding/acceptance/action.
- Should not teach at the agency where their relative gets services, unless it's ok with them and their relative to do this.
- Should have no work-related conflicts that might conflict with the presentation option selected by the teaching site.

Consumer members:

- Should be in charge of their own recovery and knowledgeable about their illness.
- Should be connected to and appreciative of their families.
- Should be consumers connected to NAMI (Consumer Councils; NAMI programs, etc.).
- Should have no problem reading the text and lecturing.
- Should be willing to talk openly about their experiences and feelings.
- Should not teach at the agency where they get services, unless it's ok with them to do this.
- Should have no work-related conflicts that might conflict with the presentation option selected by the teaching site.

Family member or consumer professionals:

- Should be providers who have worked with individuals with mental illness, i.e., psychologists, social workers, mental health counselors, teachers in the field of mental health. Psychiatric nurses and nurse practitioners make particularly good participants.
- Should have credentials in the mental health field so you can offer CEU credits.
- Should be supportive of families and family/consumer/provider collaboration.
- May or may not teach at the agency where they work.
- Should have no work-related conflicts that might conflict with the presentation option selected by the teaching site.

(OVER)

NOTES ON TEAM SELECTION:

1. As in the NAMI Family-to-Family Education program, Provider course teachers are asked to make a commitment to teach a minimum of 2 Provider Classes.
2. Get started early with team selection. People need time to plan for doing this. Team selection should begin at least 4-6 months before the training date.
3. It's wise to have a "back-up" list in case any selected team members drop out before the training.
4. The gender of team members is important. It's ideal if the family member teachers on each team are male/female; ditto the consumer teachers.
5. When composing your teams, don't overload any one category—that is, don't select family members who are *also* consumers, or consumers who are *also* providers, etc. We are looking for 5 people who will reflect the composition of a typical collaborative team; overloading any one category throws this balance off.

PROVIDER COURSE TRAINING WORKSHOP: TRAINING SITE SPECIFICATIONS

1. The main training room

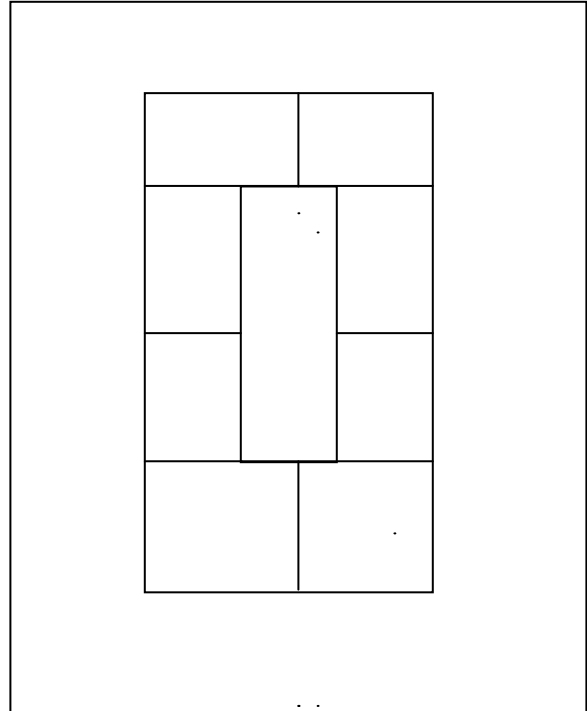
Should be big enough for the following set up:

- Two 8 x 3 foot tables on each side
- 5 participants on three sides (15 chairs)
- Trainer at one end (1 chair)
- Hole in the middle of the tables
- 6-8 feet of space behind trainer's chair
- 8 foot observer table, if necessary

Should have two easels:

- One with a pad and tray
- One with no pad, but a tray on which 24" wide charts can be balanced

Sample: Table Set-up for 3 teams



2. Dining arrangements (3 meals/3 breaks)

See Training Workshop Schedule (CG-5) for meal and break times:

- Trainees eat together for all meals. A private dining room is best; a separate dining table can be set up in the training room if the room is big enough.
- If meals are served, rather than set up buffet-style, put soup, salads and desserts on the table before the meal starts, and have minimum service between courses.
- For morning breaks, coffee, tea and decaffeinated coffee are fine.
- It's a good idea to offer fruit juice and non-caffeinated diet sodas for the afternoon break, along with cookies, popcorn, etc.

3. Room Accommodations

- Try to get early check-in for consumers.
- Reserve 1 room, or separate rooms, for the NAMI trainer(s) for 2 nights.

PROVIDER COURSE TRAINING WORKSHOP: SCHEDULE

Day 1

8:30-9:00:	Group arrival and getting settled time
9:00-9:30:	Quick introductions by name and place / Thinking about <i>us</i> teaching providers
9:30-10:30:	Understanding Provider Culture: Our Training Principles
10:30-10:45:	BREAK
10:45-12:30:	Class 1: Key Principles; Covenants of Protection; Trauma Stories
12:30-1:30:	Lunch
1:30-3:30:	Class 2: Clinical Bases: Principles of Secondary Intervention; Normative Stages of Coming Through Trauma
3:30-4:00:	BREAK
4:00-6:00:	Class 3: Responding Effectively to Consumers and Families in Stage II: Secondary traumas; Symptoms as stressors; Voices exercise
6:00-7:00:	Dinner
7:00-8:30:	Telling Our (5 minute) Stories

Day 2

7:45-8:30:	Breakfast
8:30-10:00:	Class 4: Inside Mental Illness; The Whole Family Experience
10:00-10:30:	BREAK
10:30-12:30:	Class 5: Working Toward Recovery: Confidentiality Guidelines; Case Study; Helping Families and Consumers in Stage III; Certification
12:30-1:30:	Lunch
1:30-on:	Wrap-up, group processing, goodbyes

◆

PROVIDER EDUCATION COURSE COORDINATOR CHECKLIST: SETTING UP THE PROGRAM AT SELECTED AGENCIES

◆

1. Once the agencies have been selected and contacted, set up a personal meeting with the director of the division of community treatment or with the Executive Director, whichever is appropriate in your situation. Take along a copy of the Course Goals and the Table of Contents* to leave with them. **You will need to make some key requests at the outset:**
 - Ask that all “middle management” staff supervisors attend the class along with the line staff they supervise. Ask the agency to recruit a class of 20-25 participants. Ask that participants make a commitment to attend all 5 classes.
 - If necessary, ask that the class be scheduled so that it can include the lunch hour which is not “bill-able” staff time.
 - Determine what presentation option will be selected by the agency in relation to days and times.
 - If the family member or consumer professional is a licensed Psychologist, MSW, Psych Nurse or Certified Mental Health worker, you can usually offer course participants 15 hours of Continuing Education Units (CEU’s). Your agency contact can apply for those credits from the professional guilds in your state; or arrange for CEU’s through your Department of Mental Health.
 - Discuss the matter of Class Handouts and Supplemental Handouts for the course. This is the “in-kind” contribution you will ask from the agency. The copying needs to be done all at once, and handout sets should be picked up at least 2 weeks before the first class. You will need to take the Handout Copy Set and Copying Key to the person who is doing the copying and walk them through it.
 - Ask the agency to provide a large room (40’ x 20’ minimum) available in the same location for the course. (It’s best if you can visit and check out the site).
 - Discuss the room set-up you will require for the class. A big rectangle table set-up allows everyone in the class to see one another. Each participant needs 2’ of table space. You will need 12’ of table at one end to seat the 5 members of the teaching team so they won’t be crowded, 20’ of table on each side for participants (10 on a side), and 12’ of table at the other end to seat the remaining participants (5). (You can teach from a team table to a big semi-circle of chairs for providers, but participants tell us that tables are much more comfortable.)
 - You will also need the agency to provide 2 easels in the room, one with a pad and one without, and a table for nametags outside the door.
 - Ask the agency to provide simple refreshments: coffee, bagels, cheese, fruit, etc.

(OVER)

2. Write a thank you letter to the agency contact after the meeting which includes a list of all the agreements you have made.
3. A month before class starts, invite the Executive Director of the agency to Class 1, requesting that the director start the class off with some words of welcome.
4. Set a deadline 2-3 weeks prior to class for the agency contact to send you the final list of provider participants. Be sure the list includes job titles and indicates any nicknames people are accustomed to. Now you are ready to:
 - Send out the Welcome Letter to class participants so it will drop 10 days before Class 1.
 - Make **BIG NAME TAGS** for each participant and for all teaching team members.
5. When the course is over, write a Thank You letter to the Executive Director of the agency. Give the director a brief report on how the course went.
6. Send the finished Content Evaluation to the director of the division of community treatment (or whoever is the most significant contact you have worked with), along with a Thank You Letter.

◆

PROVIDER EDUCATION COURSE COORDINATOR CHECKLIST: COORDINATION WITH TEAMS

◆

- Notify selected team members of the training date, site, time of arrival and departure, etc., and all other pertinent information.
- Ideally, arrangements with agency sites will be complete before the training. Give the Teaching Teams this information: Dates, times, place, and directions, etc.
- One month before teams are scheduled to teach in an agency, they must meet as teams for a 3-hour Refresher Practice Session. This meeting gives teams the opportunity to review the first 3 classes and prepare themselves for the immediate teaching task. Send out reminders to the Teaching Teams for their Practice Session date, place, maps, etc., 2 weeks in advance.
- When the final list of provider participants comes in from the agencies, give the appropriate copy to all teaching team members.
- Some teams may wish to visit the site before the class starts. If your team decides to do this, set this up with the agency.
- Before Class 1, see that the Notebooks are prepared for all 3 teaching sites: Put the Title Page, Table of Contents, References, and Glossary in each Notebook.
- Check to see that the “fast turnarounds” after Class 1 (Covenant Charts and Handout) and Class 3 (Needs Handout) are properly set up.
- Give team a list of your Class Readers after Class 1. Put large green color dot on Readers’ nametags.
- Be sure the sibling/spouse/offspring presenters for Class 4 are lined up before Class 1.
- After Class 4 is completed, check to see that the Class Certificates for Class 5 are getting done.
- Once you have collected evaluations from all your agency sites, here’s how to proceed: Transcribe evaluation comments from each site so that all 25 responses to Question 1 are under that question, all 25 responses to Question 2 are under that question, etc. This permits you to eyeball all 25 responses to every question and do a quick “content evaluation” of the responses to each question.
- Collect Teacher Evaluations from all Teaching Team members.
- Send finished evaluations to team members who taught at that site, with a letter of thanks.
- It is customary to pay the honorarium to team members after they have finished teaching the course at the agency. Mileage reimbursements need to be worked out on a timely basis.

◆

PROVIDER EDUCATION COURSE COORDINATOR CHECKLIST: COORDINATION WITH NAMI

◆

As you start planning for the NAMI Provider Program to come to your state or affiliate, we want to coordinate with you as closely as possible. Use this checklist for important checkpoints with NAMI*:

- Schedule a conference call, early on, so we can discuss the details of this Guideline and help you with any questions you have.

- As soon as you have secured a training site, fill out and return the State Training Site Details form (next page).

- Send your final training participant list to NAMI

- Let us know how you plan to handle the printing of the teaching manual for your group and how the Class and Supplemental Handouts will be copied.

- Mail us or email us the Content Evaluations you have done for each class. Also send us the Teacher Evaluations.

* Your contacts at NAMI are:

Blakelee Sharpe (703) 516-7997 (bsharpe@nami.org)

Teri Brister (601) 829-0591 (tbrister@nami.org)

Lynne Saunders (703) 524-7971 (lynne@nami.org)



State Training Site Details

Date of Training Session: _____

Training Facility Information

Name of Facility Where Training Session Will Be Held:

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Name of Contact Person at Facility: _____

Airport at which trainer should arrive: _____

How many minutes is airport from the training facility? _____

How will trainer(s) get from airport to training facility?

Cab Hotel/Facility Shuttle

_____ will pick them up

Does the training site permit early check-in (before 3 p.m.)? Yes No

Does the training site permit late check-out (after 12 p.m.)? Yes No

Do trainers need to be at the training site by a certain time, e.g., in case it will close after a certain hour? Yes, by _____ No

Please fill out all details for your upcoming training session and email to o Lynne Saunders or Blakelee Sharpe as soon as possible before your training session. THANK YOU!!

◆

PROVIDER EDUCATION COURSE CLASS PREP CHECKLIST: HOW TO PREPARE FOR AND CONDUCT EACH CLASS

◆

THIS CHECKLIST MUST BE GIVEN TO TEAM MEMBERS

1. Put a paperclip on each set of Class Handouts and a paperclip on each set of Supplemental Handouts, keeping them separate. Have these ready each week in a box to take to class. Before Class 1, put both sets at each participant's place with Class Handouts on top. After that, have Class Handouts and Homework Handouts on the table for people to pick up as they come in
2. Have BIG NAMETAGS arranged alphabetically each week on a separate table. Collect after each class.
3. Have the Provider Chart Set ready for use in the class.
4. After Class 2, you will need to take the Family and Consumer Stage Charts (Charts 4 and 5) out of the chart set. You will be referring to those charts throughout the course, so keep them separate and bring them to each class.
5. Remember that there are three fast "turn-a-rounds" for getting paper work done between classes: 1) Covenant Charts and Handout after Class 1; 2) Needs Handout after Class 3; and 3) Certificates after Class 9. Be sure that you have worked it out so that these three "turn-a-rounds" can get done.
6. After Class 1, hang the 3 Covenants of Protection Charts in a prominent place every week.
7. Have any other Handouts or teaching aids at the ready (Welcome Forms for Class 1; 3 x 5 cards for Class 1; Blue Cards for Class 3 (ask your family member teachers to provide the "voices" cards from Class 8 in the Family-to-Family course); Case Study for Class 5; Evaluations for Class 4; Certificates for Class 5).
8. Bring along felt-tip pens for writing on the easel pad.
9. Be sure to bring collect nametags at the end of each class and bring the following week.
10. Some agencies require that you take attendance, and in any case, it's a good idea to keep track of who is there every week. The deal is for participants to come every week and most people will do that. You do need to have a box of last week's Class and Supplemental Handouts on the table each week, so that anyone who is absent one week can get the Handouts they missed.

GETTING THE WORD OUT/BUILDING FOR THE FUTURE

From the first steps in your planning process, it is important to be thinking about how you will promote and expand the Provider Program. As with all NAMI educational programs, the ultimate challenge is to find the way to “institutionalize” this program—that is, guarantee that the program will become a permanent element of training in your state or local mental health system.

To do this, you will need the muscle of your state organization. You must also devise various strategies to break down resistance in the system to training providers in community agencies. This resistance generally takes the form of complaints (often from the workers themselves) that 15 hours is too much time to devote to the course, and/or protests that they are just too busy to shift their practice toward collaboration with families.

Although the training program operates at a “bottom-up” change level, advocacy for its continuation and permanency must take place at the top. You must convince the movers and shakers in your state system that consumer/family/team collaboration defines “best practice,” that it is a crucial element of the PACT model, that peer education models of training represent the wave of the future, and that the NAMI Provider Education Program merits continuing and *increasing* funding.

We’ve listed some strategies below that have proved effective in states where the program is underway:

1. Put a Newsletter Article in your state and affiliate newsletter telling people about your Provider Program training. Keep your state leaders and your membership informed about the results of the program using team member and participant testimonials.
2. Have one of the Teaching Teams talk to your NAMI state or affiliate board after they have completed the course at an agency.
3. Ask your Teaching Teams to present at your next State Conference.
4. Call a meeting with your state mental health commissioner and others at the state level to hear testimony from a Teaching Team. Include agency Executive Directors or Division Directors who attended the course and who will support the program and vouch for its effectiveness with staff.

(OVER)

5. In most states, Division Directors of community services at each state agency meet as a group on a monthly basis. Have your state President and Program Director attend one of these meetings to report on Provider Classes and gain support from this group.
6. Form a committee at the state or affiliate level, composed of 3 or 4 agency Division Directors, plus state NAMI board members and the Provider Program Director, to make a plan for continuing training at agencies across the state. GOAL: 1) Everyone working in the Division of community services for individuals with serious and persistent mental illness will attend the course; 2) Every new hire in this Division will attend the course.
7. See if there is anyone working in a key position in your Department of Mental Health who could attend all 5 weeks of the course. This gives you a knowledgeable “insider” who can support your goals for the Provider Program.

◆

NAMI PROVIDER EDUCATION PROGRAM: GOALS

◆

1. To validate the subjective, lived experience of consumers and family member caregivers as a **Primary Knowledge Base** for developing staff skills and competencies in public agencies serving individuals with serious and persistent mental illness.

2. To emphasize the **Bio-Psycho-Social Perspective** necessary for an understanding of and a full appreciation of the consequences of these serious neurobiological illnesses on those who suffer them, with particular emphasis on:
 - a. The psychological dimensions of coping with these brain disorders and comprehending their traumatic impact on consumers' and families' personal lives.

 - b. Rebuilding capacities to reconnect, to live with dignity and hope, which includes advocacy for improved community services and expanded opportunities.

3. To introduce **Clinical Principles and Strategies of Secondary Intervention*** as a durable working concept for effective provider/consumer/family collaboration, based on knowledge of family and consumer stages of adaptation to the traumas and life dislocation caused by serious brain disorders. **Course Motto: Once you know where someone is in the adaptation process, you can “provide” what they need to support and strengthen them to come through it.**

(* Pragmatic, concrete, practical steps taken to keep things from “getting worse.”)

4. To demonstrate **Principles of Empowerment and Strength-Based Collaboration** by presenting a collective, cooperative "model" Teaching Team—an actual “in vivo” collegueship of 2 family members, a family-member or consumer professional and 2 consumers, specifically trained and legitimized to direct a comprehensive 15 hour educational program for line staff.

5. To create a **Safe, Compassionate Learning Environment** for family members and consumers to disclose to providers the painful, emotional, human aspects of their experience; **to affirm a shared sense of family with providers** as an alternative to the traditional division of “them and us”; **to foster mutual appreciation** for the hard work and dedication required by everyone who lives with, or works with, these serious brain illnesses.

◆

PROVIDER EDUCATION PROGRAM TABLE OF CONTENTS

◆

- CLASS 1: ORIENTATION: Introductions; Key principles guiding the course; Group exercise in building mutual respect and protection; The personal and family experience in critical periods of mental illness. (Our trauma stories)
- CLASS 2: CLINICAL BASES: Basic principles of secondary prevention/intervention in Community Psychiatry; Clinical strategies for responding to psychological trauma; Secondary prevention stage models of family/consumer emotional adaptation to mental illness; Group exercise to determine consumer and family needs in critical periods of mental illness. (Stage I)
- CLASS 3: RESPONDING EFFECTIVELY TO CONSUMERS AND FAMILIES IN STAGE II: The cascade of secondary traumas when families cope alone; Understanding symptoms as stressors (group exercise); Other significant stressors complicating passage through Stage II (Adverse effects of psychotropic drugs; Stages of adherence to medication; Co-occurring brain and addictive disorders; The trauma of incarceration and attempted suicide; Finishing our stories.
- CLASS 4: INSIDE MENTAL ILLNESS: Gaining empathy and understanding of what it is like to contend with the psychological impact of brain disorders; Understanding defensive coping strategies to protect against loss of identity and demoralization; Reiterating our appeal for trauma informed care; Up from obscurity: The whole family experience.
- CLASS 5: WORKING TOWARD RECOVERY: Suggested confidentiality guidelines; Case Study: How to frame collaborative work with consumers and their family; Recovery as conscious choice and action; Certification/Celebration.

RESOURCE LIST

GLOSSARY OF TERMS

BASIC REFERENCES

Letter welcoming class participants

Goes out 2 weeks Before Class 1

August 30, 2011

Dear Lorraine,

I want to send you a note of welcome to the NAMI-Vermont Provider Education Course that you have signed up for starting on Tuesday, September 14, from 10 a.m. to 1 p.m., at the Northeast Kingdom Mental Health Services in St. Johnsbury.

The Teaching Team members who will serve as leaders and lecturers for the class are very experienced, and eager to meet you. The family member teachers are Jim Jones and Sarah Cook; the consumer teachers are Betsy Brightman and John Seward; the family member (or consumer) mental health professional slot on the team will be covered by _____.

I want to take this opportunity to tell you that if you wish to get full benefit from the program, please arrange your schedule so that you can stay through to the end of each class.

I have enclosed the Goal Statement for the course for you to look over. We want you to know what has motivated us to design this project, and also to communicate to you how happy we are that we can offer it to you. In Class 1, we will ask you what *your* goals are in taking this course, so be thinking about this in preparation for our first meeting on September 14.

I send my best wishes and thanks to you for participating in this unique model of training.

Sincerely,

STACY

TERRY

BOBBIE

Sample of large nametags
made for class participants

CLASS 2: CLASS HANDOUT #1: PROTECTIVE COVENANTS

FOR CONSUMERS

Give me respect; see *me*, I'm more than my illness.
Total family and community support.
Understanding.
Confidentiality: What we say here, stays here.
Accessibility: Do what I want and need.

Be open-minded; don't take just one stance.
Listen to me; be empathetic.
Use a calm voice and a low tone.
Let me leave if I need to; freedom to come and go.
No judging; don't blame me for my illness.
Give me more information; education about innovations in treatment.
Let it be okay for us to disagree.
Realize I'm scared to death of relapse, even when I seem well.

(SAMPLE)

FOR FAMILY MEMBERS

Respect and confidentiality.
I need to know my family member will be safe, that I fear my loved one will die.
I need to be included and consulted.
Listen to me; listen to my side.
Don't blame me for the problem.
Don't see me as the only person that can help.
I need guidance, a non-judgmental approach, and honesty.
Help me resolve conflict when it comes up.
Give me trust; work with me as a team.
Remember I love my family member.
Don't make fun of me.
I need to know what to expect: I need information.

FOR PROVIDERS

Understand how frustrated I get when I can't do it all.
Don't accuse me or tell me how to do my job.
Realize I'm doing the best I can.
What's said here, stays here.
Don't mow me down with family anger.
Listen to me; my experience and my insight matter.
Acknowledge how hard I work.
Remember, *we're* just as frustrated by system limits.
Be honest with us.
I want to feel safe here.
I'm not my job. There's more to *me*.

(OVER)

CLASS 4: HANDOUT #8: FAMILY AND CONSUMER NEEDS IN CRITICAL PERIODS OF MENTAL ILLNESS

FAMILY NEEDS

Support and empathy
Help with a plan reflecting what the family needs
A feeling of safety
Basic information and education
Someone to talk to who is non-judgmental
A place to tell their story
Validation/Credibility

Reassurance and hope

This handout must be prepared in office after Class 3.

(SAMPLE)

Awareness of potential hazards ahead
Help with practical aspects of life
Delivery from feeling guilty or blamed
Help with insurance/advocacy/SSI
Honest information about what the system can do
Referral to a local AMI group

CONSUMER NEEDS

A cure!
A safe place
Basic limit setting
Correct medication
A good doctor
Someone to trust who is non-judgmental
Support, empathy, validation
Freedom from pressure, expectations, criticism
Basic economic support
A place to live
Support services
Rest and sleep
Assessment of a safe plan in case of suicidality
Information about alternatives for care
Openness and honesty from the treatment team
Anti-stigma programs

Letter sent to class 4 family panel members

(DATE)

Dear (participant),

Thanks so much for signing on to help us with Class 4 of our NAMI-(your state/affiliate) Provider Education Course on (date and time) at (name of facility and location).

This is how your portion of the class will go, which comes as the last activity on the class agenda:

1. Each family member reporting to the class will take about 10-15 minutes apiece to “tell it like it is”—relating the hardest aspects of your particular family role. **We hope that you will be as open and honest as you can about your own life burden as a result of mental illness in your family.** One of us on the teaching team will write down your points so that we can easily return to them. This will take about 45 minutes. There will be 3 of you reporting on your relative role: (insert name) (Offspring), (insert name) (Sibling), (insert name) (Spouse).
2. Once all 3 of you finish with your presentation, we will open it up to the provider participants to ask you questions. This period of general class discussion will last another 25-30 minutes .

You are certainly welcome to attend the entire class, but we will definitely need you in the room by _____. Again, let me express my appreciation for your invaluable contribution to our training project.

***Enclose Class 4 Agenda;
also enclose directions.***

With many thanks,

(signature)

CLASS 4 SIGN-UP LIST

	<u>PRINT YOUR NAME AS YOU WISH IT ON THE CERTIFICATE</u>	<u>DEGREE?</u>	<u>HOURS</u>	<u>YES: I TOOK AN EVALUATION(✓)</u>
1.	_____			_____
2.	_____			_____
3.	_____			_____
4.	_____			_____
5.	_____			_____
6.	_____			_____
7.	_____			_____
8.	_____			_____
9.	_____			_____
10.	_____			_____
11.	_____			_____
12.	_____			_____
13.	_____			_____
14.	_____			_____
15.	_____			_____
16.	_____			_____
17.	_____			_____
18.	_____			_____
19.	_____			_____
20.	_____			_____
21.	_____			_____
22.	_____			_____

THE NEXT 3 ITEMS MUST GO BEFORE THE CERTIFICATES

THE CERTIFICATES HAVE NO PAGE NUMBERS.

TRAINING HANDOUTS GO ADTER CERTIFICATES

DATE

Thank you letter sent at the
end of course to Exec of
CMHC.

Michael Bombard, CRT Director
Franklin-Grand Isle Mental Health Services
8 Ferris Street
St. Albans, VT 05478

Dear Michael,

I have enclosed the evaluations from the NAMI-Vermont Provider Course conducted in St. Albans this fall. I do so with the greatest sense of gratitude to you and to the staff at Franklin-Grand Isle Mental Health Services for making us feel so welcome and appreciated.

From the day of our first class to the final one we could not have asked for more attentive, more constructive and more involved participation. The classes were full of discussion, lively exchange and deeply felt mutual appreciation. It was a privilege for all 5 of us on the Teaching Team to be with people who were so responsive, and so sincerely interested in the family and consumer experience of living with serious mental illness.

I want to tell you again that you have a remarkable group of people to work with, and that your agency possesses an open-mindedness and willingness to learn which is, in our experience, absolutely unique. Whatever you have done to create and foster this vitality in your agency culture should be bottled and sent to the Bureau of Standards. Because of this receptive environment, we were able to form bonds together that demonstrated to all of us how powerful provider/family/consumer collaboration can be in enhancing the common good.

Thank you for your part in making all this happen. We had a wonderful time.

With appreciation and best wishes,

Joyce Burland, Ph.D.
Provider Program State Coordinator

Sample Newsletter article

NAMI'S NEW 5-WEEK PROVIDER EDUCATION PROGRAM—COMING TO

Mental Health Systems throughout the US are undergoing dramatic changes as they develop recovery-oriented service, support and outcomes for consumers, their families and their communities. In the process, significant new roles and expectations have been created for mental health providers, based on greater peer empowerment and wider collaboration with clients and families on the treatment team.

The NAMI Provider Education Program is designed to help staff at public agencies learn this new approach by attending a 15-hour course presented by a panel of 5 NAMI members: 2 consumers, 2 family members and a family-member or consumer mental health professional. In 5 weeks, staff will get classes in clinical secondary intervention strategies for family and consumers in their passage from trauma to recovery, plus specific sessions on how to work with clients and families in a collaborative manner.

The primary knowledge base of the course is the lived experience of consumers and family members relating to critical clinical aspects of serious brain disorders; the purpose of the course is to help providers “see our lives” from the inside so that effective, equitable and compassionate partnerships can guide the treatment process.

We want to celebrate the 3 teams we have trained this year and congratulate them for the terrific job they did in the training. Consumer teachers (put 6 names here), Family Member Teachers (put 6 names here) and Mental Health Professionals (put 3 names here). There is no question in our minds that NAMI's Provider Education Program in _____ rests in good hands!

CEU Letter: Enclose Provider Course Table of Contents

May 29, 2007

To Whom It May Concern:

This is to certify that _____ attended a 15-hour intensive training weekend on May 17-20, 2011, in Thousand Oaks, CA, to prepare for teaching the NAMI Provider Education Program.

The Training Workshop covers each of the 5 classes in the curriculum. It involves instruction in effective group leadership of classes composed of staff in public mental health agencies, practice teaching in teams including 2 family members and 2 consumer teachers, and instruction in how to use the lived experience of serious mental illness to increase empathy and understanding among staff members in the class.

_____ will also serve as a Provider Education Team Teacher in the field, a commitment which involves 38 hours of teaching, plus 1½ hours of preparation for each of 5 weeks, together totaling 46 hours. With training included, a total of 61 hours are required to fulfill the commitment of serving as a Provider Education team teacher..

The NAMI Provider Education Program has won recognition as a leading innovative training model. The course is now sponsored by NAMI state organizations in many parts of the country.

Yours sincerely,

Provider member of teaching team

CERTIFICATE OF ACHIEVEMENT

(NAME)

has completed the
NAMI Provider Education Program

**A 5-week Series of Classes in Mental Illness Education
Presented by NAMI-(Your State/Affiliate)**

(Date)

___ **Class Hours**



(Name of Mental Health Professional on team)

(Name of your State NAMI Executive Director)

The Board of Directors
of



NAMI-(Your State)

hereby certifies that

(NAME)

has qualified for the title of

NAMI PROVIDER EDUCATION COURSE TEACHER

having completed 15 hours of intensive teacher training

Awarded: *(date)*

**Gold
Seal
Here**

Director, NAMI-(Your State) Provider Education Program

HANDOUTS FOR PROVIDER TRAINING

Training Workshop Schedule

Class List: Program Director (PD) provides this

Map of Family: Consumer Land/ Provider Land

Principles and Guidelines

Curriculum Manual Format

Using the Discussion Points

Lecture Style

Coordinator's Guide: PD provides copies for meeting participants

Lined Paper for Evaluations

Signed Certificates

Coaching Points

PROVIDER COURSE TRAINING WORKSHOP: SCHEDULE

Day 1

8:30-9:00:	Group arrival and getting settled time
9:00-9:30:	Quick introductions by name and place / Thinking about <i>us</i> teaching providers
9:30-10:30:	Understanding Provider Culture: Our Training Principles
10:30-10:45:	BREAK
10:45-12:30:	Class 1: Key Principles; Covenants of Protection; Trauma Stories
12:30-1:30:	Lunch
1:30-3:30:	Class 2: Clinical Bases: Principles of Secondary Intervention; Normative Stages of Coming Through Trauma
3:30-4:00:	BREAK
4:00-6:00:	Class 3: Responding Effectively to Consumers and Families in Stage II: Secondary traumas; Symptoms as stressors; Voices exercise
6:00-7:00:	Dinner
7:00-8:30:	Telling Our (5 minute) Stories

Day 2

7:45-8:30:	Breakfast
8:30-10:00:	Class 4: Inside Mental Illness; The Whole Family Experience
10:00-10:30:	BREAK
10:30-12:30:	Class 5: Working Toward Recovery: Confidentiality Guidelines; Case Study; Helping Families and Consumers in Stage III; Certification
12:30-1:30:	Lunch
1:30-on:	Wrap-up, group processing, goodbyes

FAMILY-
CONSUMER
LAND

Ocean
of
Indifference

PROVIDER
LAND

Point of Desperation

x



Sea
of
Confusion



PROVIDER EDUCATION PROGRAM

PRINCIPLES, TEACHING GUIDELINES AND RULES

PRINCIPLES AND GUIDELINES FOR TEACHING PROVIDERS

1. **Principle:** We approach line staff as family. They are like “us,” doing the same support job, in the field. They deserve our respect and appreciation.
Guideline: **We go in soft, and remain gentle. We never grind our advocacy axe; we never hold line staff responsible for system inadequacies.**

2. **Principle:** We know that staff will have a primary allegiance to their clients; they will feel more comfortable relating to consumers than to family members on the team.
Guidelines: **We emphasize the collaborative dynamic as a team; we “hand off” to each other whenever staff focus singles out any team member.**

3. **Principle:** We know that each agency has it’s own “culture” and rules of staff/supervisory interaction (either open, closed, or somewhere in-between). Group response will tell us what is “safe” for the line staff member in this setting.
Guidelines: **Never push staff to “open up: in a closed culture; don’t call on non-talkers. If supervisory staff function as gate-keepers in the class, don’t go around them. Accept the established administrative/staff patterns of interaction.**

4. **Principle:** We know staff attitudes toward families will vary from negative to positive, and their attitudes toward consumers will range from paternalism to advocacy. We accept staff members wherever they are on this continuum.
Guidelines: **It is not our goal to persuade staff to see our point of view, or to confront their attitudes. We are here to listen, not argue. Our job is simply to be ourselves, to communicate the realities of our lived experience as honestly as we can.**

5. **Principle:** We realize that providers don’t like us to dwell on “what went wrong” or “what someone did that failed to help”, etc. We suspect that hearing us complain will make them “deaf” to our needs.
Guidelines: **We will tell the truth about our negative experience with providers, but we also need to “turn it around.” Always follow a complaint with a positive statement of “what would have helped me is...” We know providers will latch onto what works.**

◆

**PROVIDER EDUCATION COURSE
THE TEAM REFRESHER PRACTICE SESSION
(2-4 WEEKS BEFORE THE FIRST CLASS)**

◆

Because of the time lapse between the Provider Course Training Workshop and the date of the first class at the agency where you will teach, it's a good idea for Teaching Teams to meet separately to re-orient themselves around the tasks of the first 3 classes. At this time, the teachers can practice lecturing, review the group exercises in the classes, refocus on the discussions and "meld" as a team. This review of Classes 1-3 is absolutely essential; it will provide you with the solid grounding you need to start the course in a practiced, professional manner. At the start of your practice session, read the following Two Rules:

Rule One: Equal Roles and Team Balance (Even – Steven)

The key to provider/family/consumer collaboration lies in the **absolute equity** between the cooperating parties. Each member of the team gets equal consideration and each bears equal responsibility for the outcome of their work together. You will be modeling this collaborative team dynamic every week, so keep the following thoughts in mind:

1. The Family Member or Consumer Mental Health Professional carries no more weight on the Team than any other member. Don't let yourself fall into a "Let-George-Do-It" mode where the MHP is George, and ends up doing all the heavy lifting.
2. MHP's must also take care not to send signals that they are "in charge" or "running the show." Although they may be assigned to cover some of the more technical points in the lectures, most of the time they play the same collaborative role as the other team members.

(OVER)

Be sure that no one Team Member monopolizes the discussions. It's a good idea for the Team to have a 3 x 5 file card with the word TIME on it to pass to each other when it appears that someone is going on too long.

3. Try to learn the names of course participants as quickly as you can. Keep the participant list in front of you so that you can see who people are and what they do in the agency. This is a traditional "teacher duty" we hope you will take seriously.
4. Allow time to meet together as a team after every class. Talk about how the class went and what may need to be done to refocus the team around the equity principle. Debrief any emotional reactions you may have to the class; celebrate how great you are to bring all this good stuff to providers.

Rule Two: Assuring Participant Comfort (Thoughtfulness Counts)

Providers have appreciated the friendliness and consideration we extend in this course. In effect, teaching teams "host" every class, and each team member serves as a goodwill ambassador. Here are some suggestions to help this along.

1. On the opening day of Class 1, have two team members outside the room at the name tag table to greet participants as they come to class; another team member can stand inside the door and give each provider the Welcome Form used in this class. **Every week, 2 team members should be at the door to welcome group members.**
2. Be sure the room is comfortable. Team members should arrive 25-30 minutes early to assist in set-up, spacing chairs so that each class member has enough room on the table to read from a fully-opened notebook.
3. Team members should always get up and mingle with class participants during the two class breaks. There is no better way to break the ice between "them" and "us" than to go up and talk to providers taking the class.
4. Keep the list of Class Readers in front of you for every class.

CURRICULUM FORMAT

FRONT PAGES:

(1.a, etc.):

LECTURE:

CLASS HANDOUTS:

SUPPLEMENTAL
HANDOUTS:

TEACHING NOTES

AGENDA

INSTRUCTIONS

CHARTS

PAGE NUMBERING

CHANGES TO 1.1, ETC.

USED IN CLASS

DISTRIBUTED TO BE
READ AT HOME

USING DISCUSSION POINTS

READ CLASS THROUGH: Teaching Notes, Lecture, Class and Supplemental Handouts

THINK IT THROUGH: Develop a formed opinion about the teaching points in each discussion, based on your lived experience with serious and persistent mental illness.

BE READY TO SHARE THESE OPINIONS, and your *feelings* about them, with the Provider class.

YOU CAN TALK ABOUT ANY POINT AT ANY TIME, AND ADD YOUR OWN RELEVANT POINTS

MODEL IDEAL TEAM COLLABORATION:

- **Make your point and stop**
- **Don't speak again until other 4 have spoken**
- **Bring in "shrinking violets" on the team**
- **Turn your negative testimony around**

LECTURE STYLE: CHECKLIST

1.PROJECT YOUR VOICE!

**2.TELL THE STORY: YOU ARE
REALLY INTERESTED!**

3.ENERGY IS ESSENTIAL

**4.EYE-CONTACT PERSONALIZES
WHAT YOU ARE SAYING**

**5.MAKE IT YOURS: FLAVOR LIGHTLY
WITH YOUR OWN SPICE.**

TRAINER COACHING POINTS

Is the Team presentation balanced?

YES

NO

Share time equally

Person “on deck” not “moderating”

No one speaks again until everyone has spoken

No sagas: Make your point: Over-and-Out

Have they a formed opinion about the discussion points?

Reflects their lived experience

“Turn negatives around” to disclose what they needed/wanted.

Did anyone speak little or not at all?

Family members not “deferring” to others (vanishing)

Team members bring in “shrinking violets”

Are they presenting the Lecture Style?

Lecture too fast

Lecture too slowly

They can be heard

They sound interested

Make eye contact

