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NAMI PROVIDER EDUCATION PROGRAM: COURSE DESCRIPTION

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Background

The NAMI Provider Education Program is based on NAMI's evidence-based Family-to-Family Education Program. It has been extensively restructured to apply specifically to the learning needs of staff at public and private agencies who work directly with individuals living with severe and persistent brain disorders.

The course contains 5 classes, meeting for 2 1/2 hours per session, in whatever daily or weekly configuration works best for the host agency. A maximum of 25-30 participants can attend the course, and class members are expected to come to all 5 classes. As in the Family-to-Family Education course, the curriculum format is composed of short lectures, followed by plenty of time for elaboration of the teaching points in group discussions and group exercises. Due to this design, the course is exceedingly interactive.

Course Perspective

The NAMI Provider Education Program presents a penetrating subjective view of family and consumer experience in serious mental illness. We consider the devastating event of brain disorder to have a profoundly traumatic impact upon our lives. We believe that our adaptation over time involves learning how to manage a traumatic syndrome process, and to become strong in our demands for services which provide the best support for recovery. Even though we move through stages of emotional resolution from disbelief to acceptance, we can never put the trauma completely behind us. Given the episodic or chronic course of brain disorders, the possibility of relapse threatens always to bring a "reenactment" of the initial trauma. It is our dedicated purpose in this course to help providers realize the hardships that families and consumers endure, and to appreciate their heroism in finding a way to reconstruct lives which must be lived, through no fault of their own, "on the verge."

The Teaching Team

The teaching team of the NAMI Provider Program is one of its most unique features. The team consists of 5 people: 2 family members who are trained NAMI Family-to-Family Education teachers; 2 consumers who are knowledgeable about their own mental illness and are dedicated to the project of recovery; the fifth team member is a mental health professional, who is also a family member or consumer. The teaching team attends an intensive Training Workshop to prepare them for teaching the course, and then meet together on their own to rehearse the class lectures and exercises.

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NAMI PROVIDER EDUCATION PROGRAM: GOALS

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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/private agencies serving individuals with serious and persistent mental illness.

2. To emphasize the **Bio-Psycho-Social Perspective** necessary for a global understanding of neurobiological brain disorders and a full appreciation of the consequences of these serious illnesses on those who experience them. The primary focus of the course is:
 - 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 "model" collaborative Teaching Team -- an actual “in vivo” collegueship of 2 family members, 2 consumers, and a family member or consumer mental health professional, specifically trained and legitimized to direct a comprehensive a 15 hour educational program for provider 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, cares for or works with people 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

Building a Consumer and Family Centered Workforce in Mental Health

The concept of patient centered care emerges in every discussion of healthcare reform. The field of substance use disorders treatment has made major strides in this area though its long tradition of engaging those in recovery as both employed and voluntary members of the workforce. In the case of mental health care reform, consumer and family empowerment will hold one of the keys to meaningful and lasting system transformation. There are multiple opportunities to build consumer and family driven systems of care by validating the historically invisible consumer and family care-giving workforce as an integral part of the delivery of mental health services.

Recommendation 5: Because consumer and family driven services are important to the delivery of patient centered care, a comprehensive consumer and family workforce development strategy should be implemented in mental health. The five core elements of this plan should include: (1) increased federal, state, and private support of consumer and family services; (2) the identification of consumer and family core competencies through a partnership of the Center for Mental Health Services with consumer, family, and professional organizations; (3) accountability among education and training programs to engage consumers and families in the redesign of training programs and as educators of all segments of the workforce, including other consumers and families; and (4) accountability among oversight organizations to ensure that all providers receive formal education and training in communication skills and collaborative decision-making with consumers and families. The *National Coalition on Workforce Development* could oversee implementation of this workforce plan.

The amount of mental health care provided by the employed workforce pales in comparison to the self-care and peer support offered by consumers and families. There are enormous, but overlooked opportunities in the mental health field, to educate consumers and family members in an effort to improve their capacity to understand their illnesses, navigate and maximally benefit from available services, and help others in distress. A competency set for consumers and families should be developed with federal support, followed by a dramatic increase in the education and training of these individuals. Consumers and families should not only serve as educators within these programs, but should also be included as educators of the pre-service and existing workforce, teaching about the lived experience of illness, treatment, and recovery. These educational initiatives require increased federal, state, county, and private support, as do organized peer support programs, which remain grossly under-funded in comparison to traditional treatment interventions. Finally, consumers and families will be better able to use their skills and obtain patient centered care if providers have received formal training regarding communication and collaborative decision-making with consumers and families.

From: Expert Panel Recommendations to the *Institute of Medicine* Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders, August 19, 2004.

BUDGET FOR THE 5-WEEK NAMI PROVIDER EDUCATION COURSE

NAMI COSTS **2 TEAMS (10)** **3 TEAMS (15)**

All manuals, Handout Copy Sets and Chart Sets are available electronically.

Trainer Costs

1 Trainer: Travel	400.00	400.00
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<u>TOTAL PAID TO NAMI</u>	\$400.00	\$ 400.00
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STATE COSTS

Training Site Costs

1 ½ days, @ \$200 per trainee, + trainer lodging/meals (estimated)	\$2,200.00	\$3,200.00
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Program Field Costs

25 Participants' Class Notebooks @ \$2.00 \$50.00	\$50.00	
*Honorariums for Teaching Teams @ \$250 per teacher	\$2,500.00	\$3,750.00
Gas/Travel to teaching site @ \$250 per team	\$250.00	\$250.00
	\$2,800.00	\$4,050.00

<u>TOTAL STATE COSTS</u>	\$5,000.00	\$7,250.00
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<u>TOTAL PROGRAM COST</u>	\$5,250.00	\$7,450.00
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NOTES

The NAMI trainer will arrive a day early to set up the Workshop. Training site costs vary depending on choice and expense of accommodations. Class handouts are copied by the host agency, or by your office, or paid for by your funding source.

*Honorarium payments are set by individual states and run from voluntary participation to \$250 per person.

In writing grants, many states have added a figure of \$1,200-1,500 to cover their overhead expenses.