

Standards for Recovery-Oriented Trainings

Introduction

The Mental Health Services Act directs the mental health system to focus on recovery. Every part of the system is being challenged to look at the array of services being offered and change the status quo – are we truly enhancing the recovery potential of every individual that we serve?

One of the key ways to move a system in a state of change is through offering opportunities for training. With new monies coming available training and education, it is essential that standards for training be developed to assure that these opportunities are used to the fullest – that they inspire, inform and change practice to create a system that is truly able to assist individuals in their recovery journey.

The Human Resource Committee of the CA Mental Health Planning Council contracted with the California Association of Social Rehabilitation Agencies (CASRA) to draft a set of curriculum standards for trainings in mental health. Standards for curricula exist in educational institutions to promote best practices and reinforce core values in the field. The intent is to assure that consumers of mental health services receive services from providers that are well-versed in recovery-oriented practice and utilize these core values consistently in their work.

Background

There is a distinction between training in workplace settings and the education offered in academia, however, many of the standards used in educational settings can apply to trainings as well. In workforce education, the emphasis is on practicality and applicability of learning. Adults are focused on what will help them do their jobs better. Trainings must be clear about identifying learning objectives that meet the needs of the employee and engage the employee in dynamic ways – beyond lecture and reading. Early work in curriculum standards by Tyler outlined four key principles:

1. Defining appropriate learning objectives
2. Establishing useful learning experiences
3. Organizing learning experiences to have a maximum cumulative effect
4. Evaluating the curriculum and revising those aspects that did not prove to be effective

Besides utility of learning, trainings are also a primary mechanism for inculcating the recovery values of the system. Identifying the recovery values present in trainings will reinforce and enhance the core foundation that we hope to develop in all trainees. Of primary significance is the value of cultural competence. Every encounter is a cultural encounter, and every training has multiple levels of cultural meaning and richness.

Another aspect of importance in creating training standards is the need to utilize best practices in teaching. Adult learning principles focus on addressing multiple learning styles and the importance of experiential learning (Dale). Work has also been done in designing *authentic assessments*, defined as “A form of assessment in which students are asked to perform real-world tasks that demonstrate meaningful application of essential knowledge and skills” (Jon Mueller).

These standards include evaluation as a critical component. Immediate feedback provides a mechanism for determining effective training elements from ineffective ones. It also creates opportunities for further improvement, enhancing learning as well as making sure that the training is having the hoped-for overall effect: to improve the quality of services offered in the mental health system.

Curriculum can also be designed to meet the needs of employees at different levels: basic, developing and advanced. In Basic trainings, the emphasis is on exposure, retention and comprehension. For trainings at the Developing level, the emphasis is on application – it is skills-focused. Finally, at the Advanced level, trainings are much more oriented towards the participant’s ability to analyze, evaluate and further develop the ideas being presented. It is expected that trainings will be delivered at all three levels as needed.

The following curriculum standards intend to define the following:

- ❖ Trainer qualifications
- ❖ Core content areas
- ❖ Key components of recovery-oriented trainings

Trainer Qualifications

First, there are some core qualifications that offer assurance of the trainer’s background, knowledge and expertise in recovery-oriented services.

Consumers and Family Members

People with lived experience of recovery, for themselves or their family members, have a knowledge base that is hard-won and heartfelt. Trainers with this background bring a wealth of content validity to their trainings and

can often get across recovery values more successfully due to first-hand knowledge of the issues.

Certified Psychosocial Rehabilitation Practitioner (CPRP) or CPRP-qualified

This national, test-based credential is offered through the United States Psychiatric Rehabilitation Association (USPRA). It identifies a person with specific training and experience in psychosocial rehabilitation programs and practices. This qualification would also include those who are exam-ready.

Content Expertise

These are trainers with specific information and a specialized knowledge base to share. This may come through academic credentials or years of experience in a particular content area.

In addition to these core qualifications, trainers must also be able to teach effectively. This involves knowledge of best practices in teaching, such as adult learning principles, multiple teaching modalities and the ability to create a large degree of participant involvement. This qualification may be met through the following:

CASRA Train-the-Trainer Certification

CASRA offers a 2.5 day Train-the-Trainer Certification, focused on best practices in teaching and how to create a Recovery-Focused Learning Community. This certification signifies that the individual has the knowledge base of best practices in teaching, core values in recovery-focused training and has successfully demonstrated a sample training with peer and instructor evaluation.

References

Trainers may submit three references regarding training experience and quality of trainings.

The qualifications of a trainer go beyond degree or knowledge in an area of expertise. Trainers must embody the core values of a recovery-oriented system. They must be able to infuse the content of the training with the values and principles that serve to guide all of the work that we do. These are more difficult qualities to identify from a resume. This qualification is also best met through reliable references.

Content of Recovery-Oriented Trainings

The content areas for Recovery-Oriented trainings below are broad and meant to be illustrative of the types of trainings that qualify for this heading. Each training will identify the recovery category that best fits the content of the training. The following categories of trainings are offered:

Culture, Recovery and Rehabilitation Practices
Recovery Research
Recovery Relationships:
 Meeting Each Person Where They're At
 Listening
 Valuing Each Person
 Partnership
Worldview Assessment
Client Plans: Partnership and Collaboration
Recovery Goals, Objectives and Interventions
Psychosocial Rehabilitation Values and Principles
Practice Models:
 Supported Housing, Supported Education, Supported
 Employment, Assertive Community Treatment,
 Clubhouse, etc.
Rehabilitation Skills Training
Combating Stigma
Self-help and Peer Support
Community Involvement and Participation
Psychiatric Diagnoses
Medication Choices and Treatment Options
Community Resources
Co-Occurring Disorders
Motivational Interviewing

Key Components of Recovery-Oriented Trainings

Each training shall be summarized in a course content outline or manual format and contain the following components:

- ❖ Learning objectives
- ❖ Recovery values
- ❖ Embedded cultural competence
- ❖ Best practices in teaching
- ❖ Evaluation methods

To assist in identifying these components, CASRA has developed a Recovery-Oriented Training Checklist that includes these components (See Appendix A).

Learning Objectives

Learning objectives must be measurable, learner-centered and achievable, with two-three identified per ninety-minute session. The learning objectives will focus on the knowledge, attitudes or skills to be gained from participation in the training.

Recovery Values

All trainings must be values-driven, reinforcing core recovery values at every opportunity. To assist with identification of values, CASRA provides a revised version of the SAMHSA (Substance Abuse and Mental Health Services Administration) Recovery Values, enhancing the cultural competence of these values (Appendix B). Core value areas are:

1. A culture-centered approach
2. Self-direction, culturally defined
3. Person-centered, in the context of his/her culture
4. Empowerment
5. Holistic approach
6. A non-linear process
7. Strengths-based
8. Peer support
9. Self-responsibility, culturally defined
10. Hope

Embedded Cultural Competence

Each training module must address cultural issues as part of the curriculum. Each person's worldview interacts with the subject material being taught which creates multiple opportunities to analyze and share perspectives. Trainings must identify specific ways that culture is included.

Best Practices in Teaching

To demonstrate that each training is based on adult learning principles, trainers will identify the techniques being used to address multiple learning styles. This will necessitate an experiential component to all trainings. Another requirement is that trainers will include a bibliography, source documents or website references for material being presented.

Evaluation Methods

Each training will include a method to determine if learning outcomes have been achieved. This may involve any of the following:

- Pre-post test
- In-class demonstration of skills
- Self-report

In addition, participants will have an opportunity to evaluate the trainer and content of the training. The trainer will use training evaluations to further refine and improve trainings.

Strategies to Support Retention and Application of Learning

Trainings in and of themselves do not transform, except for the most motivated of attendees. In order for transformation to occur, practice changes must take place. Follow-up for trainings is essential to provide additional opportunities to

practice, experiment and try out new approaches and ideas. Supervision is one avenue for ongoing skill development. The supervisor's attention to use of new skills in the field will encourage staff to attempt new skills and provides an arena for self-evaluation to occur.

Another important avenue to boost retention and application of learning is to foster the development of a recovery-focused learning community within the system, agency or team. A recovery-focused learning community is one in which all participants are learners, share their wisdom and experience, and work collectively to improve the quality of their work. It is a learning environment that promotes reciprocity in learning, valuing contributions of all participants.

Team meetings or group supervision also provide an arena to do additional training. This time can be used to hear how staff are experiencing the new method or idea in the field. By creating a highly interactive and experiential context for learning, skill development is enhanced. The group's involvement increases motivation for staff and provides support for behavior change.

Conclusion

Standard for Recovery-oriented trainings are designed to support the mission and goal of the Mental Health Services Act: to transform the mental health system so that the services we provide truly enhance recovery. This requires that we use best practices in teaching, embody the values of a culturally competent, recovery-oriented system, and engage the mental health workforce in creating a learning community environment to support this goal. The design of the system must include opportunities to practice, discuss and analyze what we do in the field. This is how the mental health field will continue to grow, evolve and innovate. These standards are offered as a start to the discussion – what works, what inspires us and how can we use trainings to open up opportunities for creativity and growth in each person that works in community mental health.

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