Wellness, Recovery and Resiliency

A Basic Skills Curriculum for Consumers and Family Members in the Mental Health Workforce

San Mateo County Behavioral Health and Recovery Services
If you are reading this manual—chances are that you are an advocate for improving mental health and recovery services and you believe that the employment of clients and family members as providers is a key aspect of this change. But it takes more than a positive vision to create a system that actively supports recovery and resilience of clients and their families—and inclusion of our diverse communities. This transformation requires bold moves but also persistence and attention to the details. It requires the support of system leaders, but most importantly it rests in small steps and personal acts of courage—a staff member who risks being seen as resistant and gives voice to concerns that are shared by many so that issues are addressed and not pushed underground; the risk-taking of a client or family member who criticizes our services to improve them for everyone, the “roll-up the sleeves” work of service teams to integrate clients and family members as full partners and co-workers.

In San Mateo County, client leaders, family members, the Mental Health Board, consumer and family employees, staff at all levels and our consultants, Inspired at Work joined together as “Paving the Way” to guide and nurture this change process. Together we created an effective program for recruiting, hiring, training and supporting clients and family members as service providers. We provided training and dialogues for staff to learn about emerging best practices in recovery—and many of our staff (including psychiatrists) participated in the immersion program of the LA Mental Health Association’s Village Integrated Service Agency. This training manual created by Inspired at Work with San Mateo Mental Health Services Act funding is yet another tool. It builds on the lessons of psycho-social rehabilitation, the experience and feedback of our client and family Community Workers, the agency tradition of consumer employment by Caminar, Inc. and the College of San Mateo’s Human Services and Peer Recovery program courses. This program of permanent civil service jobs could not have happened without support of the Health Department and the County. Human Resources Department staff collaborated and provided guidance through each step of the civil service hiring process and continue to work with us to address retention issues of a dramatically expanded and diverse new workforce.

San Mateo County is well into year three of its consumer and family employment initiative and the learning continues. We acknowledge and thank all of these contributors as well as individuals and organizations that will be future partners in promoting learning and positive changes on the road to wellness, resilience and recovery that lies ahead. We are grateful to be fellow travelers.

Gale Bataille            Chris Coppola
Director, Behavioral Health &  Deputy Director, Behavioral Health &
Recovery Services          Recovery Services
2000-2008                Adults and Older Adults
The Paving the Way Committee

*Architects for creating a welcoming workplace for consumer and family member employees.*

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<td>SMCBHRS</td>
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Instructor’s Manual

Welcome! This manual is designed for people who will be guiding the professional development of a stellar group of new employees: consumers and family members in the mental health workforce. You believe in recovery and the hope that comes from consumers and family members shining light on the path for new people facing the mental health system, either adult or children’s system, for the first time. These new employees bring their personal experience, their strength of character and their dedication to helping others with them – this is a lot of natural talent! Your job, as an instructor, is to facilitate the learning of core skills basic to the helping profession. In addition, we believe that you are demonstrating that people taking your classes ought to consider taking more classes. As confidence grows, once abandoned educational dreams may start rising up – before you know it, you’ll have to make friends with your local community college and offer Human Services and Psychosocial Rehabilitation classes on the work site!

It is a journey – one that will change you as it changes all who embark on it. We expect that you bring a wealth of your own knowledge, passion and experience to the process and we certainly hope that you share that with your students. We offer this manual as a tool for you to use, to expand on and make your own.

Best wishes, and enjoy the journey!

Lucinda Dei Rossi
Debbie Brasher, MS, CPRP
Inspired at Work
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How This Manual Works

The content of this instructor’s manual gives you all you need for a 25.5 hour course intended for consumers and family members coming into the mental health workforce. Each module is 1.5 hours in length and many are easy to combine, depending on how you decide to condense the time allowed for covering the material.

All learners are not created equal! There is much diversity in learning styles among adults as well as children. These trainings are geared towards a variety of learning styles: auditory, visual and kinesthetic styles are represented. This will influence your teaching style as well. The person who prefers the “sage-on-the-stage” approach will have to expand their bag of tricks to include a lot of experiential learning. The mix is designed to be inclusive and also reflects best practice for adult learners.

We’ve also included some tips for success – you’ll identify them by this symbol:

These tips include best practices in teaching and general information that will improve the positive outcomes of your trainings. Trainings are an opportunity to bring staff together, to focus attention on important topics and to inspire. The tips we offer will help you to enhance the learning of your participants as well as further your skills as an instructor.

The modules contain the following:

- Overview
- Module-at-a-glance
- Course Content Outline and Instructor’s Notes
- Exercises
- Hand-outs
- References and resource material

Overview
The overview will give you the purpose of the training and a summary of the content. It will also provide the learning objectives for the module.

The Module-at-a-Glance Table
Each module has a table that gives you a quick picture of the topic for the day. It includes
• Time-frame: These time frames work for a group of about 10-12 people. They do not take into account equipment failures, forgotten hand-outs, copiers on the fritz, traffic jams, and kids who don’t want to go to school that morning...
• Topic
• Powerpoint: Most topics have one.
• Exercises: Let’s you know if there is an exercise with this module and what materials are needed.
• Hand-outs: So you know whether you need to make copies for the group.

Course Content Outline
Each module is presented in an outline that includes the powerpoint slides when applicable. Sometimes the slides are self-explanatory. When there are additional points to make, you will see the Instructor's Notes, identifiable by this symbol:

![Instructor's Notes symbol]

These are talking points for the slide enabling you to enhance information, provide basic discussion questions or provide an example to illustrate the information. The powerpoints often give enough information for you to easily use. It does, however, help to read the reference material.

Exercises
There are many exercises throughout the curriculum, something for every type of learner.

Hand-outs
We have included hand-outs so that participants can have additional reading and reference material. There are great web-sites that we point you to as well.

Before you start
What you’re about to do is facilitate the development of a learning community. These folks will spend quite a bit of time together. People that go to orientation together, bond together. Fellow participants become a support network for new employees. It’s one of the wonderful side-effects of training together.

Communication is as vital here as it is in everything that we do. It helps to have a flyer of all the training times, dates and locations. If at all possible, have your trainings in one place – it’s one less thing to remember and your
participants will thank you for it! And, send out an email the day or two before each training. We all need reminders.

Finally, make sure you have a good crowd to welcome folks on the first day of training. This is a great time for the Executive Director, Mental Health Director and/or any other head-honchos to stop by and say congratulations. It communicates the value you place on this new group of employees.

That’s it! You are ready….

**ENJOY!**
Module One: Welcoming and Introductions

Overview
The first order of business is to create a sense of community and to find a way for people to safely share a little bit of what makes them the interesting, lovable people that they are. This opening module is fun, inspiring and great at starting the group off on a positive note.

IMPORTANT NOTE: The exercise for this class requires that you send out a notice ahead of time, asking participants to bring in an object that represents their culture. This can be anything from a photo, a small treasure or knick-knack, a religious item or a symbol of some kind. Most women can find something in their purse in a pinch!

Learning Objectives:
Participants of this training will be able to:

1. Identify one element of their personal culture.
2. Identify common cultural themes, similarities and differences of the group.

The Module-at-a-Glance

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Power point</th>
<th>Exercise</th>
<th>Hand-outs and Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 minutes</td>
<td>Welcome and Introductions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 hour</td>
<td>Sharing Culture Exercise</td>
<td></td>
<td>Sharing Culture</td>
<td>A cultural symbol</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A nice cloth or scarf</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A central table</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>An unscented candle</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A talking stick</td>
</tr>
</tbody>
</table>
Tip #1

Include consumers and family members as instructors – in fact, if you have the teaching talent in your area, best practice is to have consumers and family members as the instructors for this curriculum. Nothing gets across the values of recovery and resiliency, or models hope in action, like having the people in front of the class be those individuals with lived experience of recovery.

Course Content Outline

- **Welcome and Introductions**
  - The instructor(s) introduce themselves and ask participants to introduce themselves to the group.
  - Important guests stop by to welcome and congratulate participants!

- **Sharing Culture Exercise**

  **Materials Needed**
  Each participant brings something to class that represents their culture: a symbol, photo, treasure or knick-knack
  A nice cloth or scarf
  A central table
  An unscented candle
  A talking stick (a wooden stick, big enough to be held easily)

  **Instructions**
  Preparation beforehand: Set a table in the center of the room, placing a nice cloth or scarf on it – you are creating sacred space. If fire codes allow it, light the candle. Arrange chairs in a circle around it.

  Ask everyone to assist in creating a sacred space with their full attention. Explain how the talking stick is to be used: in the Native American culture, the talking stick is used during council sessions. When an individual has the stick, he/she has the ability to speak. All other group members listen respectfully without commenting. Each person comes up to the table, places their cultural object on it and tells the group the story of that object’s importance or significance to them. When each person is done, another person raises their hand, signaling that she/he would like to have the talking stick.

  When everyone is done, ask participants to come up to the table. While looking more closely and admiring the objects and the stories that they signify, ask the following questions:

  - What is most striking to you about these objects – what touches your heart?
  - What themes do you see, if any?
  - What strengths do these symbols represent?
Module Two: Recovery, Resiliency and Psychosocial Rehabilitation

Overview
This module covers the basic values of a system dedicated to enhancing wellness, recovery and resiliency in the lives of the people it serves. All of us thrive in a culture that nurtures our strengths, sees our inherent wholeness and inspires us to achieve our goals. The values of a recovery and resiliency-oriented system lay the groundwork for all that we do. Every employee - in all positions, not only direct service staff - must understand the fundamental principles that underline our work.

Learning Objectives:
Participants of this training will be able to:

1. Identify the core values and principles of recovery and resiliency.
2. Demonstrate the core values of recovery and resiliency.

Module-at-a-Glance

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Power point</th>
<th>Exercise</th>
<th>Hand-outs and Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 minutes</td>
<td>Welcome and orientation to today’s topic: Recovery, Resiliency and Psychosocial Rehabilitation</td>
<td>Slides 1-28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45 minutes</td>
<td>Values Exercise</td>
<td>Slide 29</td>
<td>Values Definition Exercise</td>
<td>Colored paper Flip chart Markers</td>
</tr>
</tbody>
</table>
Course Content Outline

- Welcome and Orientation to Today’s Topic: Recovery, Resiliency and Psychosocial Rehabilitation

Tip #2

Never do a read-only! Powerpoints have replaced outlines – no one ever liked someone reading an outline and no one likes it when you read a powerpoint. They are there for the visual learner and to be used as a cue for you, the instructor.

Slide 1 and 2

Learning Objectives

- Identify the core values and principles of recovery and resiliency.
- Demonstrate the core values of recovery and resiliency.

Slide 3

Pat Deegan, Ph.D. is a person with a lived experience of recovery – she was diagnosed with schizophrenia at 18, and is now an internationally recognized speaker, writer and advocate for people with psychiatric disabilities. For more on Pat Deegan, go to www.patdeegan.com
Harding’s research is part of a growing body of longitudinal research information about recovery rates for people with schizophrenia. For information on this research study, go to [www.apa.org/monitor/feb00/schizophrenia.html](http://www.apa.org/monitor/feb00/schizophrenia.html)
What percentage of people who were diagnosed with schizophrenia recovered or “significantly recovered” over time?

Take a poll of the participants, asking how many would guess 25% or lower, 50% or higher. Let them know that many mental health professionals think the answer is 25% or less.

◊ The answer is 64%.

Slide 7

Recovery is a personal journey

- Recovery is personally defined.
- Recovery is not something we provide.
- It is defined by the individual in the context of his/her worldview
- We walk alongside people who are in the midst of a unique and personal recovery journey – and we, too, are on our own similar journey

Recovery is defined by individuals. For some, recovery includes work, for others, pursuing educational goals, and for others, being an advocate in a volunteer role defines their recovery. Recovery has a cultural context as well – no one operates outside of a worldview, which includes race and ethnicity, as well as age, gender, disability, socio-economic status, etc. Ask participants for other definitions of recovery.
The four core values of a recovery-oriented system define the way we work with consumers as well as targeting the outcome of our work: a meaningful role for consumers. For many people it means reclaiming a role – that of student, worker, mother or friend. For this to happen, practitioners need to know how to encourage empowerment, foster self-determination and instill hope.

Psychosocial Rehabilitation is a best practice model for working with people who have psychiatric disabilities. It is a way to embody the values of a recovery-oriented system. For a more extensive definition, go to [www.casra.org](http://www.casra.org)
The Goals of PSR

- Recovery
- Community Integration
- Quality of life

Psychosocial Rehabilitation

- Psychosocial Rehabilitation stresses the importance of relationships.
- It is a holistic approach.
- The person – not the illness – is at the center of interventions.
- It is strengths-focused.

Principles and Values of Psychosocial Rehabilitation

- Choice
- Strengths based
- All people have the capacity to learn and grow
- Respect and dignity
- Integrated services
- Individualized planning
- Community based
- Holistic
- Cultural Competence

After briefly going through each of the principles, let participants know that we will be going over three of them in a bit more depth: choice, integrated services and cultural competence.

Slides 13 and 14
Choice

- Respect the individual's right to choose
- Identify the important relationships of the consumer that impact choice and decision-making.
- Honor the dignity of risk and the right to fail

The Right Balance for Providers

- Let client do what he/she wants
- Get client to do what I want

Recovery Zone

Neglect → Control

Patricia Deegan, Ph.D.

Ask participants to identify situations in which they may not have wanted to support choice – what kinds of conflicts arose? This subject can have strong feelings on both sides of the issue – take, for example, involuntary treatment.

Review Pat Deegan’s diagram on Choice. The key point is that is takes a thoughtful decision-making process to determine the right course of action.

Slide 15

Integrated Services

- Full coordination and communication between all service providers.
- Include culture specific community resources and services
- As much as possible, provide one-stop services.

Ask participants to get into dyads. Discuss how integration – or lack of integration – has affected their care and treatment in the mental health system. Report back to the large group to underscore the importance of this principle.

Slide 16
Cultural Competence

- Services are provided in relationship to the consumer/family cultural identification.
- Relationships are developed based upon understanding of the consumer/family worldview.
- Cultural understanding of the treatment issue is respected and incorporated into the treatment goals.
- Culturally specific language, cause of the problem and acceptable treatments are valued and respected.

Cultural competence is front and center to every service we provide. Ask participants to identify how they have seen this principle in action.

Slide 17

Examples of PSR Programs

- Supported Employment
- Case management services
- Residential treatment programs
- Transition to College Program

Psychosocial Rehabilitation programs utilize these principles in the services that they provide. Ask participants what experience they have with any of these program models – how does their experience fit with the principles we have just talked about?

Slides 18 and 19
As we move into the values and best practices of the Child and Youth system, ask participants to notice how the two systems compare. In the Child/Youth System, the family is a key support to the success of the child or young person coming in for treatment. Family members need consultation, empathy, guidance and support. They are also great resources, especially family-to-family. In this side of the system, the word is “resiliency” – it’s what makes the difference in being able to get through a crisis, move through bad situations and make something of your life. It is a core strength that we both acknowledge and look to increase in the children and families that we work with.

Slides 20 and 21

In the youth development research, these are the primary factors for success among young people. As with the adult population, the emphasis is on strengths and enhancing them.

Slide 22
The Shift from a Deficit Focus to a Youth Development Approach

Deficit
- Problem fixing
- Single program/single problem approach
- Youth seen as service recipients
- Rely on public institutions and systems outside young people's communities to treat or prevent problems
- Different interventions for at risk youth

Youth Development
- Healthy development
- Continuity across settings, community-wide strategies
- Youth are active participants
- Strengthen young people's natural support system (families, schools, neighborhoods)
- Equity: the same positive supports and opportunities for all young people

Slide 23

Organizational practices

- Low ratio of youth to staff/volunteers
- Safe, reliable and accessible activities and spaces
- Flexibility in allocating available resources
- Continuity and consistency of care
- High, clear and fair standards
- Ongoing, results-based staff and organizational improvement process
- Youth involvement
- Community engagement

Organizations that commit to resiliency and recovery values demonstrate it by these practices.

Slides 24-26
Key Experiences for Healthy Development

- Young people must experience
  - A sense of physical and emotional safety
  - Multiple supportive relationships
  - Meaningful participation
  - Community involvement
  - Challenging and engaging learning experiences that build skills

Developmental Youth Outcomes

- To be productive
  - To engage positively and do well in school, use spare time well, take care of basic needs
- To be connected
  - To form attachments and have supportive relationships with adults and peers, to identify with a larger community
- To navigate through different settings, situations and challenges
  - Multiple worlds: peer, school, family, etc
  - Around pressure to engage in high-risk behavior
  - Through their own transitions

Early Adult Outcomes

- As young adults they can
  - Achieve economic self-sufficiency
  - Maintain healthy family and social relationships
  - Contribute to the community

Crosswalk Between Youth and Adult Systems

Youth Values
- Child-centered
- Family-driven
- Strengths-based
- Culturally Competent

Adult Values
- Empowerment
- Meaningful Activities
- Self-Determination
- Culturally Competent

Youth Services/Strategies
- Wrap-around
- Community-based
- Interagency Collaboration
- Permanence

Adult Services/Strategies
- Psychosocial Rehabilitation
- Integrated services
- Community services

Tip #3
Make sure you try all the exercises out – you can never really tell which ones will go over well with whom – it is a teaching mystery/chemistry thing. Kind of like how recovery works.

Slide 29

- Values Definition Exercise
  - Before people arrive, put a set of values (Child/youth system or Adult system) on each table in the room.

---

**Values Definition Exercise**

**Materials Needed**

Four sets of values on colored paper:
- **Child/Youth System**: Child-centered, Family-driven, Empowerment and Hope
- **Adult System**: Hope, Empowerment, Meaningful Role, Self-Determination

**Instructions**

Ask participants to form groups of three or four people. You might put all family partners together and all peer partners together.

Ask each group to come up with a definition of each of the values. In addition, ask each group to work with the following questions:
- What are some examples that either you have experienced or know of in relationship to these values?
- How do these values relate to your cultural background? Would different words make more sense in your culture?

Report back to larger group.
Overview
A best-practice principle in mental health today is that services are **strengths-based**. It is vital that we communicate this to people that come in for services – you are more than your diagnosis. Pat Deegan, Ph.D., an internationally known speaker, researcher and a person who has a lived experience of recovery, has stated it most clearly: “A diagnosis is not a destiny.” In this module we review the importance of assisting individuals and families to discover and build on the strengths they currently have. We’ll also take a look at the different categories of strengths and how you might nurture them in others.

Learning Objectives:
Participants of the training will be able to:

1. **Articulate the importance of working from a strengths-based perspective.**
2. **Describe all the categories of strengths.**
3. **Identify at least two approaches that would assist in increasing these strengths in others.**

Module-at-a-Glance

<table>
<thead>
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<th>Time</th>
<th>Topic</th>
<th>Power point</th>
<th>Exercise</th>
<th>Hand-outs and Materials</th>
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<tbody>
<tr>
<td>30 minutes</td>
<td>Welcome and orientation to today’s topic: Working from Strengths</td>
<td>Slides 1-6</td>
<td>Slide 7</td>
<td>How Many Strengths Can You Think Of? Index cards Flip chart Markers</td>
</tr>
<tr>
<td>20 minutes</td>
<td>Slide 7 How Many Strengths Can You Think Of?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>10 minutes</td>
<td>Strengths-based Interviewing</td>
<td>Slides 8-9</td>
<td>Slide 10</td>
<td>An Initial Meeting: All About Strengths</td>
</tr>
<tr>
<td>20 minutes</td>
<td>Slide 10</td>
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</tbody>
</table>

Course Content Outline

- Welcome and Orientation to Today’s Topic: Working from Strengths
Tip #4

Expert Guests: The more people involved in doing the training, the more community you create. People are busy – sure – but you’d be surprised at how happy people are to be asked to come in and talk about a topic that’s near and dear to their hearts. Besides that, your students will be grateful. As wonderful as you are, it’s nice to get a change of pace/voice every so often. This module is an excellent time to bring in family members, to talk about family strengths and the impact of working with a professional who both see these strengths and actively engages them.
The Strengths Approach vs the Deficit Model

- Strengths-Based
  - Identify strengths, interests and values
  - Assist client to develop goals and identify barriers
  - Services based on individual’s plan
  - Focus on building strengths
  - Assumes the “problem” is multi-dimensional

- Deficit-Based
  - Identify pathology
  - Determine the diagnosis
  - Treatment is based on diagnosis
  - Focus on reducing pathology
  - Assumes the “problem” resides in the individual

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Strengths, continued
- The service recipient is actively involved in the design and implementation of the plan
- The provider is a reservoir of hope
- Full recovery is always seen as possible
- Assumes that improved quality of life will reduce symptoms
- Long-term strategy is lifelong growth and recovery
- Set-backs and obstacles are seen as natural parts of forward progress

Deficits, continued
- The service recipient “complies” with treatment
- The provider determines “realistic” goals
- Uses prognosis to determine the degree of recovery
- Assumes that a decrease in symptoms will improve the person’s quality of life
- Long-term strategy is maintenance
- Set-backs are interpreted as failure, non-compliance or client failure

---

Ask participants to compare the two models.
- Large group discussion: Ask participants how they have experienced the two models.
- Example: a study was done of two groups of mental health clients – one group was given a message of hope – that they would recover. This message was reinforced by staff and family members. The other group was told that they would be able to maintain, but
would benefit from a low-stress environment (low expectations). As you would guess, the group who was told they would recover – did.

Slide 5

What are strengths?

- Personal Character Traits
- Abilities and talents
- Values and traditions
- Important relationships and community supports

These are four categories of strengths. Ask the group for examples of each category. Examples:

- Personal Character Traits: perseverance, courage, determination
- Abilities and talents: typing, computer, artistic, mechanical
- Values and traditions: cultural celebrations and ceremonies
- Important relationships and community supports: family, friends, local businesspeople
  - This leads into the next slide, specifically about family strengths

Slide 6

Family Strengths

- Families strengths can be identified by both looking at individual strengths as well as the combined strength of the family unit.
Exercise: How Many Strengths Can You Think Of?

Materials Needed
Index cards
Flip chart paper and tape
Markers

Instructions
Using four index cards, write each category of strengths on a card: Personal Character Traits, Abilities and Talents, Values and Traditions, Important Relationships and Community Supports.

Ask participants to form four groups and have them each pick one Strengths Card. Give each group one-two pieces of flip chart paper and ask them to brainstorm all the examples of their strength category that they can think of. Report back to the large group. Tape up the examples and create a Wall of Strengths.

Large Group Discussion
- What was it like to brainstorm ideas on this topic?
- Can anyone else think of additions to each category?
- How would you find out about these strengths in your clients or family members? What kinds of questions might you ask?
  - Write these questions on flip chart paper to use for the next exercise: An Initial Meeting: All About Strengths
Strengths-based interviewing is focusing attention on the individual’s strengths, what is right about them, what they’ve done that works.

Large group discussion
- Where have you seen the truth of these assumptions, either in your own life or that of another?

Tip #5

Look more broadly at who should attend: These subjects are good basics for everyone coming to work in mental health. Recovery is not taught in your average graduate program – send those MFT’s!

Slide 10
Exercise: An Initial Meeting: All About Strengths

Materials Needed
None

Instructions
Ask participants to form groups of three. One person is the counselor, one person is the client and the third person is the observer. The counselor’s task is to interview the client for strengths. Ask one group to role-play a meeting with a family member. Use the kinds of questions that were developed in the last exercise. The observer’s role is to identify those questions and strategies that seem to work the best – what is the counselor doing to help bring out the client/family member’s strengths?

Tip #6
When using an observer, remind them of the importance of looking for strengths in their colleagues. The object here is to “Catch them doing something good!” The observer is also in a role of identifying strengths.

Discussion questions
• How did it feel to be the client in this situation?
• What was it like to be the counselor – what were the positives? The challenges?
• Were there similarities or differences in the family member role-play?
• What did the observer’s notice?
Module Four: Confidentiality - HIPAA

Overview
The Health Insurance Portability and Accountability Act (HIPAA) is the Federal Law governing confidentiality standards. There’s probably no person who hasn’t filled out a Privacy Notice for one of their healthcare professionals! As employees in the mental health system these rules and regulations are of vital importance. The protection of the privacy of medical information, now called the Designated Record Set, is a right of all consumers and a responsibility of all health-care workers. This module covers the HIPAA basics: what are client rights under the law, what your responsibilities are and what the potential penalties for breaching confidentiality are.

Learning Objectives:
Participants of the training will be able to:

1. Articulate the basic rules governing privacy of medical information and records.
2. Identify the client’s rights under HIPAA.
3. Demonstrate the ability to respond appropriately when faced with situations involving confidentiality.

Tip #7

Sometimes trainings contain a lot of information – dry, but so important! It’s good to get discussions going throughout a module like this, to find out where the information fits with a personal experience. The more you link up the information with experience, the more retention of information you’ll get.
Module-at-a-Glance

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<td>HIPAA forms</td>
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<td>An Overview of HIPAA</td>
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Course Content Outline

- Welcome and Orientation to the Topic

Slides 1 and 2

The HIPAA Guide

Protecting the right to privacy of health care information

Caminar

Learning Objectives

- Articulate the basic rules governing privacy of medical information and records.
- Identify the client’s rights under HIPAA.
- Demonstrate the ability to respond appropriately when faced with situations involving confidentiality.

Slide 3
California has always had very strict confidentiality laws on the books. HIPAA adds more consumer rights, additional documentation requirements and increased penalties.

Slide 4

Review the definition of PHI. The third bullet point is a discussion question and hyperlink to a page at the end of the powerpoint. After you ask the participants to identify basic PHI identifiers, click here to link to an answer slide. To return to the previous slide, right-click, choose “go to slide” and select slide 5.
Answer Slide - Identifiers

Identifiers

- This includes information such as
  - Name, address and phone number
  - Names of relatives and employers
  - Social Security number
  - Birth date
  - Email address or fax number

Slide 5

Discussion:

What are some examples of PHI?

The word “some” is another hyperlink to an answer slide. Use the instructions above to get back to slide 6. Slide 6 offers additional examples of PHI.

Answer slide: Examples of PHI
Examples of PHI

- Treatment Plans
- Medical Records
- Incident Reports
- Outcomes Databases
- Data Collection Sheets
- Treatment Team Meeting Notes

Protected Health Information, cont.

- PHI also includes:
  - Treatment information
  - Health information (physical or mental)
  - Payment information
  - It includes past, present or future info
  - It includes information that is verbal, electronic or on paper

Overview of Principles Guiding HIPAA Privacy Regulations

- Boundaries: health care information is freely disclosed for healthcare purposes only
- Security: reasonable safeguards taken to protect healthcare information
- Consumer control: consumers can find out what’s in their records, who’s looking at them, how to inspect and if necessary, correct them.

Guiding Principles, cont.

- Provider Accountability: penalties for intentional disclosure, or knowledge of improper disclosure of medical records.
- Public Safety and Responsibility: privacy rights are not absolute; they are balanced against public safety, quality of care, fraud and abuse.

These important principles underlie HIPAA privacy regulations. Large group discussion: What personal experience do participants have that underscores the importance of these principles?

Slide 9
The first directive under HIPAA is the necessity to inform all clients about their rights.

Slide 10

Hand out a HIPAA authorization form. Review it to see that everyone understands the information on it.

Slide 11
The concept of “need to know” is an important principle in confidentiality. Give examples of where the need to know would apply in mental health and ask participants for examples.

**Slides 12 and 13**

**Basic guidelines**
- Inside the team: be conscientious about need to know in all situations
- Outside the team: disclosure should be guided by
  - Authorization
  - Staying within the parameters of the specific information required
  - During Emergencies, the safety and health of the consumer permits disclosure of necessary PHI
- Let’s look at some examples:

**Permitted Disclosures**
- To the consumer, subject to certain restrictions.
- For treatment, payment or healthcare operations (i.e., Quality, Risk Management) within the agency.
- Child abuse, elder abuse, Tarasoff warnings
- Secret Service
- To guardians

**Permitted Disclosures, cont.**
- With a valid authorization: for any reason to a third party
- To family members or other persons involved with the individual’s care.

**Disclosures Usually Permitted**
- To Public Health Authorities – reports of death or disease
- In response to a court order or as permitted by law with regard to litigation
- To avert a serious threat to health or safety to the individual or others.
Whenever you are in doubt, ASK! Especially with regard to police, litigation or pressure from a person or entity, remind participants to check in with their supervisor about the rules of confidentiality.

Slide 15

Substance Abuse Records

- Substance abuse records are highly protected – the client must make a specific authorization to disclose this information
- There are three exceptions to the rule requiring client authorization of substance abuse records
  - Child Abuse Reporting
  - Crime committed at/or threatened at the treatment facility
  - Medical emergency

Slide 16 and 17

What about teams?

- HIPAA, California law and W&I Code permit sharing of healthcare and mental health information, without authorization, for treatment purposes.
- HOWEVER, authorization is required when sharing substance abuse treatment program information with providers who are “outside of the program.”

Teamwork and HIPAA

- If a new team is developing, including non-medical partners such as probation officers, law enforcement, teachers or social workers, it is easiest to get an authorization signed at the outset.

Slide 18

Definition: The Designated Record Set

- DRS – Designated Record Set (no longer called a “medical record”)
- A DRS is a group or records maintained by a provider or for a provider that is the medical and billing records; case or medical management records; or information used in whole or in part to make healthcare decisions about the individual.

Slide 19
Consumer Rights Under HIPAA

- Right to access DRS
- Right to amend DRS
- Right to restrict sharing of PHI
- Right to accounting of uses and disclosures of PHI
- Right to file complaints concerning a providers Privacy Practices

These are the five consumer rights under HIPAA. Each section has paperwork attached to it. It helps to bring these forms into the training so that new staff are familiar with them and also know how to access the forms.

Slide 20 and 21

Right to Access DRS
- Consumer has the right to access, inspect and obtain a copy of DRS
- Request must be submitted in writing
- Provider has the right to deny, in whole or in part, the request
- Provider must give a written explanation of denial.

Access to DRS cont
- Consumer has the right to have the denial reviewed by the Complaint Officer.
- Consumer has the right to request a review through a court of law.

This is the most common right asserted by consumers under HIPAA. You will notice that these rights include an opportunity for providers to give their opinion. Both viewpoints are heard and either the Complaint Officer or a court of law is the final arbiter.

Discussion: What concerns do you have about a consumer’s ability to access information from their chart? What might prompt you to deny a request for access? How would you address those concerns, given the rights provided under HIPAA?

Slide 22 and 23
Right to Amend
- If the consumer believes the current information is not accurate or complete, the consumer may request an amendment of DRS.
- Request must be made in writing.
- Decision to amend DRS is made by the Privacy Officer or licensed healthcare professional.

Right to Amend, cont.
- If the provider agrees to amend the DRS, then this is done.
- If the provider denies the request, the consumer is given written notification of denial and the reasons for it.
- Consumer has the right to appeal that decision through a written statement.
- Provider may rebut this statement.
- Consumer may request that the amendment and denial correspondence be disclosed with any future disclosure of PHI referenced in the request.

Information in a chart can be inaccurate – it is not supposed to be, but for many reasons, individuals can misperceive or misrepresent incidents, to the detriment of the consumer. It can be especially harmful when describing incidents of violence, if providers allow their feelings (of vulnerability, fear, anger, etc.) to over-ride the facts of the situation. It is in these instances in particular, that it is important for the consumer to be able to include his/her remembrance of the event and for this information to be accessible as part of the chart for future providers.

Slide 24

Right to Restrict
- Provider must consider a consumer’s request to restrict use and disclosure of PHI for treatment, payment and operations.
- Consumer must submit a written request.
- Licensed staff makes a decision based on the consumer’s best interests.
- Provider may terminate the restriction at any time.

Under HIPAA, consumers have the right to designate to whom information is shared. Again, as in the other rights, providers have the ability to weigh in; especially if they see or believe that this restriction would be detrimental to the well-being of the consumer.

Slide 25 and 26
Right to Receive Accounting
- Must submit a written request to Privacy Officer stating time period (after 4/14/03)
- Time period must be within six years from the date of request.
- Accounting must be provided within 60 days

Request for Accounting
- Consumers may request an accounting of disclosures made
  - They must fill out the appropriate form
  - The provider sends out a Response to Request
  - Log of Accountable Disclosures

Right to File a Complaint
- Consumers can file a complaint about the providers privacy practices or if privacy rights are being breached.
- Complaint is filed with the Complaint Officer or with the Secretary of Health and Human Services.
- Consumers may not be penalized for filing a complaint and every effort will be made to resolve the issue.

There is a phone number for HIPAA violations in every agency or county. Make sure you have the number for this available for the training.

Slide 27

Slide 28 - 30
Accountability Under HIPAA

- Civil penalties
  - $100/violation up to $25,000 per calendar year (Office of Civil Rights)

- Criminal penalties (enforced by the Dept. of Justice)
  - Up to $50,000 and 1 year of imprisonment for knowingly obtaining and disclosing PHI
  - Up to $100,000 and 5 years imprisonment if committed under false pretenses.
  - Up to $250,000 and 10 years imprisonment if committed with intent to sell, transfer, or use for commercial advantage, personal gain or malicious harm.

- The provider can be sued by consumers for improper disclosures of PHI
- Disciplinary actions against employees for failure to follow policies and procedures regarding consumer privacy.

Violations of HIPAA are reported by citizens to the Privacy Officer of the agency or system that is not under compliance. Immediate measures must be taken to remedy the situation. It is helpful to bring in any personnel policies related to privacy and confidentiality of information, reviewing the standards as well as disciplinary action protocols.

Slide 31 and 32
Security of PHI

- Must have appropriate administrative, technical and physical safeguards to protect the privacy of protected health information.
- Reasonable safeguards of protected health information to prevent intentional or unintentional use or disclosure.

“Reasonable safeguards”

- Phone messages
- Reception area
- Faxes
- Cell phones
- Charts
- Post-card reminders
- Electronic records
- E-mail

Adequate Physical Safeguards

- Quality office locks
- Monitored quantity of office keys
- Vigilance re: visitor and client supervision
- Waste disposal via shredding
- Position of computer screens to prevent viewing by non-authorized personnel

Adequate Physical Safeguards, cont.

- Limited access to computer (authorized personnel only)
- Lockable file racks
- Burglar alarms and motion detectors

Adequate Physical Safeguards, cont.

- Providing security measures for
  - Storage of backups and removable media
  - PDA’s and laptops
  - Home use and storage
  - Lab and treatment devices which store/contain PHI

Slide 33 – 35

Slide 36 and 37
Adequate Technical Security
- HIPAA requires “technical measures” for data at rest and in transmission
- Passwords
  - Good passwords
  - No sharing
  - No “post-its” with passwords
  - Changing and terminating passwords

Adequate Technical Security, cont.
- Screen savers
- Anti-virus software
- OS and applications regularly updated for security fixes
- Firewalls

Slide 38

Adequate Administrative Steps
- Assess risks
- Develop reasonable and scalable solutions
- Prepare written procedures, policies and forms
  - Facility restructuring is not required
- Train the workforce
- Sanction violators
- Remediate breaches

Slide 39

The Bottom Line
- Think confidentiality and privacy.
- Don’t share what you don’t need to share.
- Don’t share PHI if you don’t have authorization.

Slide 40
Exercise: Confidentiality Situations

Materials Needed
Confidentiality Scenarios hand-out

Instructions
Ask participants to form groups of four-five people. Give each group one scenario to work on. The group must identify the HIPAA/confidentiality issue involved and discuss options for how to handle the situation. The group then chooses two people to role-play the situation. Each team presents their role-play to the class.

Large Group Discussion
• What is the HIPAA issue being role-played?
• Evaluate how the situation was handled. Does anyone have other ideas or suggestions?
• How did it feel to be in the different roles? What were the challenges for the service provider?
Handout
Confidentiality Scenarios

Discuss in your small group how the confidentiality rules apply in these situations. Then role-play how you would handle the each situation:

1. Jerry, a former client of yours, successfully completed treatment with the East Bay Mental Health Clinic. He was discharged two years ago and is seeing a private psychiatrist. You receive a call from the Furniture Clearance Store – the caller explains that Jerry has applied for a job and that the company wants to hire him. Jerry has disclosed to the Store Manager that he was in treatment two years ago and is able to manage his disability well. The company wants to confirm that, in fact, Jerry did complete the program. What can you say?

2. Candice is having a very rough time. She is angry and threatening to sue the clinic for malpractice. She wants to see her record today. What is your response?

3. Dwayne, a 15-year old client, lets you know that his school counselor has requested a copy of his file from Recovery House, a residential program in a non-profit mental health agency. He is willing to sign the authorization form. What is your response?

4. Maria’s husband calls you, the case manager, at the clinic to report on some unusual behavior that he noticed. He is concerned that Maria may be having more symptoms that she is unwilling to talk to him about. How would you handle this call?

5. Martha’s room-mate, Juliette, was hospitalized involuntarily last night while she was at a local bar. Martha calls you, very frantic and worried about what has happened to Juliette. What can you tell Martha?

6. Nick has read his chart. He is very upset about an incident that was described during his hospitalization at a long-term facility, The Rose Center. He insists that the language used was incorrect – he is described as “threatening staff with a knife and posing a threat to other clients”. He tells you that he had a butter knife, in the cafeteria, and though he was upset with other clients, he did not make any threatening gestures with the knife. He wants to amend his chart. How would you respond?

7. The psychologist on the Intensive Team, Dr. Renaldo, is seeing Alicia for work on resolving trauma issues from her past. Alicia spent a lot of time in the last session talking about her relationship with her parents and what she remembers about growing up. She left his office tearful but feeling good about the progress she was making. During team meeting, Dr. Renaldo gives a general report stating that Alicia is working well in therapy, but does not give any specific information to the team. Is the therapist being a good team member?

8. Ann, Fred’s mother, contacts the local psychiatric emergency center to ask if her son is there. You are the nurse on duty and know that Fred is there. How do you respond?
Handout
Confidentiality Scenarios, continued

9. You are meeting with John, a client of yours who is particularly upset, angry and agitated. During the conversation John talks to you about wanting to “get even” with his neighbors. As you explore this further, John makes direct threats against one of his neighbors – he threatens to “pummel him”, “I’m going to kick his ass”, and “he’s going to pay and I’m going to collect”. John has lost his temper before and often gets loud. What do you do in this situation?

10. You go into your colleague’s office and find numerous HIPAA violations: post-it notes with client names on them, charts left on the desk, an open file cabinet, and a To-Do list with client names on it. What do you do?
Module Five: Culture and Worldview

Overview
Everyone has a culture, a worldview that is foundational to who they are as a person. Without a conscious effort to understand an individual’s particular worldview, the practitioner is missing vital information about what is important to the person, what motivates them, and who the important support people in their life are. Worldview is more than an individual’s racial or ethnic background. It includes other key diversity variables such as gender, socioeconomic class, disability, age and sexual orientation. In addition, there are personal history variables that further refine what the individual comes to view as “who I am”. All of these areas require the practitioner to be curious, open-minded and open-hearted – welcoming to all and interested in learning about everyone!

Learning Objectives:
Participants of the training will be able to:

1. Define culture and worldview.
2. Develop questions that lead to an understanding of the client’s worldview.
3. Demonstrate the ability to interview a person about his/her culture and worldview.

Tip #8
This is a great module to bring in a guest speaker or even a panel of speakers to talk about their experiences of culture and the mental health system. Even though we are highlighting the subject of culture in one specific module, it is important to have cultural and worldview issues imbedded in every single training. One easy method is to ask your diverse (we hope!) group of employees to give their cultural perspective on each topic that is presented. It will enrich your teaching experience and mightily impact your participants to keep culture at the forefront of all interactions.
Module-at-a-Glance

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<tr>
<td>10 minutes</td>
<td><strong>Defining Culture</strong></td>
<td>Slides 4-5</td>
<td>Flip chart Markers</td>
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<td>20 minutes</td>
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<td>Slide 6</td>
<td>Cultural Introductions</td>
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<td>15 minutes</td>
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<td>Slide 8</td>
<td>Developing Questions to find out about Culture</td>
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**Course Content Outline**

- Welcome, Orientation to the Topic and Learning Objectives

Slides 1-2

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Slide 3
Learning Objectives

- Participants will be able to
  - Define culture and worldview
  - Develop questions that lead to an understanding of the client's worldview.
  - Demonstrate the ability to interview a person about his/her culture and worldview

Slide 4 and 5

What is Culture?

- Culture is a common heritage or set of beliefs, norms and values.
  - It refers to the shared, and largely learned, attributes of a group of people.
  - Each of us has a cultural identities – or many!

- The Surgeon General’s Report on Mental Health 2006

Some Examples of Cultural Groups
Discussion: What are some examples of cultural groups? Besides the cultural groups based on ethnicity, age or gender, etc., there is also a culture among mental health clients and their families. This is a cultural affiliation based on shared experiences of being treated in the mental health system, or having a family member receiving treatment. What are the aspects of this consumer/family member culture?

Slide 6

Exercise
Cultural Introductions

Materials Needed
None

Instructions
Ask each person to briefly introduce themselves and what cultural group they identify with: Californian, the Midwest, Catholic, African-American, etc.

Large Group Discussion
- Even in a short amount of time we can learn some important things about each other. What kinds of things did you learn?
- How did you feel about identifying with a particular culture? What made the choice easy or difficult?
- What are the reasons that you identify with this culture? What strengthens our connection to a cultural group?
Each individual has a worldview – no one exists without one! Several factors impact a person’s worldview. The six most common diversity variables are: age, gender, disability, socioeconomic status, sexuality and ethnicity. In addition, each person brings personal history variables to their experience (divorce, illness, death, promotions...etc.). Because each individual has unique personal history variables, we cannot truly generalize about anyone! It is vital to understand how each person defines themselves. This takes conscientious interviewing.

Slide 8

Developing Interview Questions

- Culture is the basis, the ground on which everything else is built.
- What are some questions that might facilitate learning about culture and worldview?
Exercise: Developing Questions to Find Out About Culture

Materials Needed
Flip chart paper
Markers

Instructions
Form groups of 4-5 people. Ask each group to think of questions that they might ask when working with a client that would encourage the person to talk about the culture they identify with, their cultural heritage.

Large Group Discussion
Ask small groups to report back. Put the questions on a piece of flip chart paper so that folks can refer to them later on for the next exercise.

Exercise: A Worldview Interview
Exercise
A Worldview Interview

Materials Needed
None

Instructions
Demonstration
First ask for a volunteer from the group. The volunteer is going to be interviewed regarding his/her culture and background. Let the volunteer know that they have the right to tell only as much as they would like to in front of the rest of the group. The instructor is the interviewer. In this demonstration, the instructor models how to ask questions that relate to culture. Explore the individual’s family, upbringing, groups of importance, spirituality – wherever the client leads. Take about ten minutes for this interview.

Key points for the instructor to model:
- Following the lead of the client – questions follow where the client seems interested in sharing
- Use of reflection and active listening skills
- Non-intrusive questions
- Conveying an attitude of warmth and welcoming

Large Group Discussion
- How did the volunteer/client feel in this interview? What were the positive aspects of this kind of interview? Any negatives?
- What kinds of questions were used to elicit information? Were there any questions that seemed to work best? Why might that be?
- How was active listening used? How did it help the volunteer/client’s process of opening up?
- How did the instructor convey warmth and welcoming?

Dyads
Now ask all participants to get a partner and have the same conversation, one at a time, with each other. Each person interviews for 10 minutes, and then the roles are reversed. Use the large group discussion questions again.
Module Six: The Role of the Community Worker and Family Partner

Overview
Everyone has a role to play – in their family, their community, and certainly at work. What is the role of the Community Worker or Family Partner on the mental health team? How is it different from the Case Manager, the Job Coach or the Therapist? It is not only the new consumer and family member employees who get confused at times. Because these positions are often pioneering, frequently the other professionals on the team are also unsure of what is expected, who is doing what and who reports to whom... it is part of system change and transformation. In this module we look at the particular role and duties of the consumer/family member employee and contrast them with other positions on the team: where’s the overlap? What job duties are clearly different? We define scope of practice. We also cover another important area: role strain. Consumer and family member staff often struggle with changes in relationship to both their peers and other staff members. Finally, we touch on the issue of job performance – how will you know that you are doing a good job? In addition to hearing feedback from your supervisor, we look at other ways to gauge how new staff are doing on the job.

Learning Objectives:
Participants of the training will be able to:

1. Define the core roles of the Community Worker and Family Partner.
2. Identify the signs of role strain and how to address it.
3. Identify three ways to self-evaluate job performance.
### Module-at-a-Glance

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<tr>
<td>10 minutes</td>
<td>The Role of the Community Worker and Family Partner</td>
<td>Slides 1-5</td>
<td>Recovery and Resiliency Bingo R&amp;R Bingo sheets Prizes</td>
<td></td>
</tr>
<tr>
<td>15 minutes</td>
<td>Job Duties</td>
<td></td>
<td>A Role Definition Exercise OR Job Duties Relay Job Duties Cards</td>
<td></td>
</tr>
<tr>
<td>20 minutes</td>
<td>Scope of Practice</td>
<td>Slides 6-7</td>
<td>Flip Chart Markers Whistle Prizes</td>
<td></td>
</tr>
<tr>
<td>20 minutes</td>
<td>Role Strain</td>
<td>Slides 8-9</td>
<td>Discussion in small groups: Dealing with Role Strain</td>
<td></td>
</tr>
<tr>
<td>20 minutes</td>
<td>Job Performance</td>
<td>Slides 10-13</td>
<td>Discussion in dyads: Self-evaluation</td>
<td></td>
</tr>
</tbody>
</table>
Course Content Outline

Welcome, Orientation to the Topic and Learning Objectives

Tip #9

One of the ways a new employee begins to understand his/her role is through learning about the roles of other providers. Orientation is a great time to arrange for tours of important services and programs. Here’s another opportunity to introduce the new employees to key contact people in the system. It’s also great time to highlight your best recovery-oriented programs.

Slide 1 and 2

Learning Objectives

- Define the core roles of the Community Worker and Family Partner.
- Identify the signs of role strain and how to address it.
- Identify three ways to self-evaluate job performance.

Slide 3

The Many Roles We Play..
Ask the group to identify the different kinds of roles that they play in their lives.

Slide 4

Intentional Care
Employee Performance Standards
That Support Recovery and Empowerment

Advocates, Inc. and Pat Deegan, Ph.D.

This is the resource that was used to create some of the material in this module. Pat Deegan, as we have mentioned before, is a person who has a lived experience of recovery. Her pioneering work in this area has to do with defining performance standards for people doing work that supports recovery. She identifies key areas of performance: professional boundaries, role expectations, and client choice, to name a few. She describes in very clear language what it looks like to be recovery-oriented on the job. This is an important tool for self-evaluation as well as useful for supervisors to use.

Slide 5

Community Workers Have HEART

- Essential ingredients of the CW’s role
  - Help: CW’s provide help to consumers and family members
  - Ethics: CW’s have a commitment to follow moral and ethical standards
  - Awareness: CW’s strive for self-awareness, and are willing to learn and grow
  - Rehabilitation Skills: CW’s use rehabilitation skills to promote recovery and resiliency
  - Team player: CW’s must be able to work as part of a team that includes co-workers, supervisors, staff from other programs, family members and most importantly, clients.
This acronym assists us in remembering the basic responsibilities we have on the job: providing help, ethical practice, being self-aware, knowledge of rehabilitation skills and being a good team player. Community workers and Family Partners bring these essentials to their positions, assisting consumers and family members to identify their strengths, regain skills and move towards their goals.

Slide 6 and 7

Discussion

- How is the role of the Family Partner different from the Community Worker?
- How do Deegan’s HEART standards apply to Community Workers and Family Partners?

R and R Bingo

(Recovery and Resiliency)

There are often job duty differences depending on the type of clinic or team that you are part of. Family Partners will have different responsibilities than those who work primarily with consumers. The R and R Bingo exercise gives individuals a chance to identify current skills and knowledge that they use on the job – and also how they may be a resource to others.
Exercise: Recovery and Resiliency Bingo

Exercise
R and R Bingo
(Recovery and Resiliency)

Materials
Bingo cards
Prizes

Instructions
Hand out Bingo cards to all participants. Each person is to find someone who has done an activity on the card. They are to get the initials of that individual on the square. You can use one person for no more than two bingo squares. Prizes for the first person to complete all the squares or the one with the most squares filled out.

Large Group Discussion
• Which were the hardest squares to find someone for? The easiest?
• What does this say about the resources in the room, the knowledge and skills present in this group?
**R & R Bingo**

<table>
<thead>
<tr>
<th>Attended parent/teacher conferences.</th>
<th>Helped to set up a structure for a young person to do homework.</th>
<th>Learned how to budget and manage money.</th>
<th>Involved kids in social activities to reduce hunger and poverty.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended a class through supported education at CSM</td>
<td>Participated in peer-run support groups.</td>
<td>Utilized case management services.</td>
<td>Helped two young people resolve a conflict non-violently.</td>
</tr>
<tr>
<td>Worked with a job coach.</td>
<td>Have a Wellness Recovery Action Plan</td>
<td>Asked for a reasonable accommodation.</td>
<td>Received services in (or referred to) residential treatment.</td>
</tr>
<tr>
<td>Provided support and encouragement to a parent of a struggling child.</td>
<td>Been a leader of social activities for youth (cub scouts, girl scouts, sports, etc.)</td>
<td>Chaperoned outings for young people.</td>
<td>Modeled positive communication for families.</td>
</tr>
</tbody>
</table>
Scope of Practice

- "Scope of Practice" refers to the particular job duties that you are qualified to do

Who Does What?

There are two choices for an exercise here to help define scope of practice. Both take approximately the same amount of time to do, but Exercise 1 does require some prep time.

Scope of practice comes up again when we discuss billable time. Since this issue is related to professional boundaries, it is good to ask participants to identify questions or confusion they have experienced about job duties. These exercises can assist with some clarification.
Exercise: A Role Definition Exercise

Role Expectations
Who Does What Exercise

Materials
Four Decks of Scope of Practice cards

Preparation
Use the table entitled: Role Expectations – Who Does What Exercise. Using index cards, make four “decks”, writing each one of the job duties onto an index card. Shuffle them up!

Instructions
Divide into four groups. Hand each group a Scope of Practice deck of cards. Each group must sort the deck to into four piles: Doctor, Therapist, Friend, Community Worker/Family Partner.

Once the deck has been sorted out, go through each category and see if everyone has the same duties in the same piles.

Large group discussion
• What tasks required more discussion?
• What might be the complications of Community Worker and Friend roles?
• What are the basics of working from a recovery-oriented perspective that transcend all positions?
Who Does What Exercise
Worksheet

To create the four decks of cards, put each of these descriptions on index cards and repeat four times. Add additional descriptions if you’d like.

<table>
<thead>
<tr>
<th>Doctor</th>
<th>Therapist</th>
<th>Friend</th>
<th>Community Worker or Family Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decide that the diagnosis is inaccurate.</td>
<td>Interpret the client’s dreams.</td>
<td>Make a date to go to the ballgame off work hours.</td>
<td>Refer family/consumer to the food bank.</td>
</tr>
<tr>
<td>Offer advice about new prescription.</td>
<td>Have an in-depth discussion with the client about their history of abuse.</td>
<td>Tell the unabridged version of my life story.</td>
<td>Accompany person to the doctor’s office.</td>
</tr>
<tr>
<td>Identifying a problem as a medication side-effect.</td>
<td>Encourage the consumer to uncover childhood painful memories.</td>
<td>Lend money for an emergency bill.</td>
<td>Develop a WRAP.</td>
</tr>
<tr>
<td>Offer advice on herbal remedies.</td>
<td>Provide Family Therapy.</td>
<td>Send flowers on a birthday.</td>
<td>Provide support to a parent in crisis.</td>
</tr>
<tr>
<td>Advise consumer/family member to change dosage of medication.</td>
<td>Encourage prolonged discussion about unresolved issues that goes beyond supportive counseling.</td>
<td></td>
<td>Teach effective communication skills.</td>
</tr>
<tr>
<td>Warn consumer about negative effects of Haldol/Ritalin.</td>
<td></td>
<td></td>
<td>Develop a trusting relationship through going to a coffee shop together.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Take the person to the community college for an orientation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Report suspected child abuse.</td>
</tr>
</tbody>
</table>
Job Duties Relay

Materials
Flip chart paper
Markers
Whistle
Prize

Instructions
Create two groups. Have two pieces of flip chart paper on the wall for each group, marked Job Duties and the Job Duties with a NON sign put on it. Ask the groups to brainstorm the kinds of things they will put on each sheet. They also need to come up with their strategy for approaching this task as a group. Give them ten minutes to brainstorm and strategize.

Starting with the Job Duties NOT category, ask everyone to line up. When the “Go” whistle is blown, each group will add things to the list in order. At the five minute mark, blow the whistle again. See how many each group has written. Go over the winning group’s items and see if everything is correct.

Discussion
• How did your teamwork go? What strategies worked best?

Ask the groups to re-convene and using what they learned from the last relay, prepare for the Job Duties section. Again, ask everyone to line up. When the “Go” whistle is blown, each person in the group will write things on the flip chart paper. At the five minute mark, blow the whistle again. See how many things each group has written. Review the items to see if they are correct.

Give the winning group a prize!

Discussion
• How were you able to use team-member’s strengths more effectively this time?
Role Strain

- Role strain is a situation in which two roles come into conflict
- It can also happen when other people make assumptions about which role you are in

Role Strain

- Know the signs: feeling uncomfortable, anxious, unsure
- Talk to your supervisor about it
  + You are better off reporting a situation as soon as you recognize it as a possible role strain situation
  + This protects both you and the client/family member

Discussion – small groups

- Have you experienced role strain? What was the situation?
- How did you deal with it – or how would you deal with it now?
- What are the biggest challenges you face in dealing with role strain?

Ask participants to answer the three discussion questions in small groups and report back to the larger group. The issues of role strain are very important to address – confusion in this area leads to boundary problems and stress.
How will I know that I’m doing a good job?

- Give yourself a pat on the back daily.
- Feedback from your supervisor.
- Feedback from your co-workers.
  - Remember to compliment others daily.

Signs you are doing a good job

- Clients, co-workers or supervisors tell you.
- Look at the treatment plan and check to see you are working in alignment with it.
- Examine your relationships with clients – have you developed trust?
- You are open to learning and growing in your understanding of yourself.
- You stay in your role while on the job.
- You do your job in an ethical manner.
- You use supervision to explore both your successes and areas where you need to grow.

The ultimate sign of doing a good job

- You are growing in your respect for clients, especially in your appreciation of their capacity to grow, learn, and work toward their own recovery.

None of us gets enough appreciation on the job! Let these new employees know that often in our busy, hectic work lives, things like recognition and acknowledgement can get lost. Each employee must
have the capacity to self-congratulate as well as ask for feedback at times. Also, reinforce that each participant is also a possible “congratulator”. Colleagues are in need of compliments as much as anyone.

Slide 16

Discussion - dyads

- Self-evaluation
  - Using the items we just talked about, how would you say you are doing on the job?
  - What kind of feedback would help you get more information or clarity on this?

Ask each person to partner up and review the criteria we just discussed as it relates to their job performance.

Tip #10

*Often new employees go on a tour of the inpatient psychiatric ward or Psychiatric Emergency Services. This can be a difficult experience. One way to create a positive feeling is to ask that each new employee write out a Card of Hope to one of the clients who are currently hospitalized. Each person relays a message of support, encouragement and caring to let the consumers and family members know that there are people who care about them! It is a strong values-in-action message of recovery.*
Module Seven: Taking Care of Yourself on the Job – the Wellness Recovery Action Plan: Part One

Overview
For most health care workers, taking care of others is easy compared to taking care of yourself. Helpers have a tendency to focus primarily on the needs of others and this leads to problems: stress and burn-out. It is vitally important to address issues of stress management as a core skill of professional development. Without it, new consumer and family member employees run the risk of depleting themselves. This elevates the risk of health problems, lack of energy, poor judgment and emotionality on the job, just to name a few. Being able to provide the best services to clients requires that the service provider is healthy. This module takes a look at one tool that is effective in helping people stay healthy: Mary Ellen Copeland’s Wellness Recovery Action Plan. Part One asks participants to answer the question: What am I like when I’m feeling well? It also gives an overview of how stress manifests itself.

Learning Objectives:
Participants of the training will be able to:

1. Define the impact of chronic stress.
2. Identify core elements of personal wellness.
Tip #11

This topic is an important one to re-visit during the course of the trainings being offered. What we know about trainings is that one – or two – classes do not effectively change most people’s behavior or attitudes. To reinforce learning requires ongoing practice and supervision. This is an especially good area to revisit and check in on how new employees are doing with using these skills. Some new employees may write their own WRAP and be willing to share it with their supervisor, identifying the supervisor as one the important support people in their lives. This is one way that the WRAP tools can be integrated into daily practice in the workplace.

Course Content Outline
Welcome, Orientation to the Topic and Learning Objectives

Slides 1 and 2

Learning Objectives
- Define the impact of chronic stress.
- Identify core elements of personal wellness.

Slides 3 and 4

The Stress Response
- AKA “Fight or Flight”
  - Activated in the presence of a perceived danger
  - A physical reaction that affects the entire body
  - Designed to protect you against danger

Stress Response
- Releases hormones and cortisol into the blood stream

Slide 5

Symptoms
- Increases your heart rate
- Increases your pulse
- Activates your large muscle groups
- Reduces blood flow to the extremities

Slides 6 and 7
External Stressors

- Bear Attack
- Car Accident
- Loud Noise
- Your Teenager

Internal Stressors

- Worry about Work Performance
- Fear of Failure
- Loss of Affection or relationship

Slide 8

Acute Stress

- The immediate reaction to a stressor

Slide 9

- Once the threat is removed, your body moves into the relaxation response

Slide 10
Chronic Stress

- Many of us experience chronic stress due to the nature of modern life.
- On-going low level stress response wears the body down and can lead to many debilitating diseases.
- Heart Disease
- Immune Diseases
- Cancer
- Depression

Slide 11

The Good News - Stress is Manageable

Slide 12 and 13

Relaxation Techniques

- Every day quick techniques
- Six Second Mini Relaxation – Quieting Reflex
- Deep Breathing
- Muscle Relaxation
- Mindfulness

Why do relaxation techniques work?

- They help to alleviate the stress response caused by internal stressors.
- Relaxation signals your body to release hormones and other substances that alleviate the stress response.

Handout
Relaxation Techniques You Can Use At Work

1. Everyday Quick techniques
   - Watch the clouds in the sky.
   - Put your head down on your desk and close your eyes for five minutes.
   - Rub your hands together until they're warm; cup them over your closed eyes.
   - Vigorously shake your hands and arms for 10 seconds.

2. Six-second mini-relaxation

   The "quieting reflex" is a six-second mini-relaxation technique that is designed to counteract emergency stress reactions. It relieves muscle tightening, jaw clenching, breath holding, and activation of the sympathetic nervous system.

   To be effective, it should be practiced frequently throughout the day, and at the moment a stressful situation arises. It can be done with your eyes opened or closed.

   - **Step 1:** Become aware of what is annoying you: a ringing phone, a sarcastic comment, the urge to smoke, a worrisome thought—whatever. This becomes the cue to start the quieting reflex.

   - **Step 2:** Repeat the phrase, "alert mind, calm body" to yourself.

   - **Step 3:** Smile inwardly with your eyes and your mouth. This stops facial muscles from making a fearful or angry expression. The inward smile is more a feeling than something obvious to anyone observing you.

   - **Step 4:** Inhale slowly to the count of three, imagining that the breath comes in through the bottom of your feet. Then exhale slowly. Feel your breath move back down your legs and out through your feet. Let your jaw, tongue, and shoulder muscles go limp.

With several months' practice the quieting reflex becomes an automatic skill.
3. **Breathing**

Changing your breathing can shift your attention and your mood. Breathing patterns can both reflect and redirect your emotions.

- **Relax with belly breathing**

We all start out in life by using abdominal (belly or diaphragmatic) breathing. Here our belly rises with in-breaths, and falls with out-breaths (just watch children's bellies as they breathe). As adults, many of us replace belly breathing with chest breathing—a shallow, rapid breathing pattern associated with tension and anxiety. Many take on an unhealthy, chest-breathing pattern in pursuit of a flat abdomen ("stomach in, chest out"). How do you breathe?

- Close your eyes. Place one of your hands gently on your abdomen over the belly button. Rest your other hand on the center of your chest over the breastbone.

- Without changing your normal breathing pattern, just observe your body as you inhale normally. Which hand rises the most—the one on your chest, or the one on your belly?

One way to relax is to relearn natural belly breathing. Here's how:

- Lie down on your back on a comfortable surface. You may wish to bend your knees, keeping your feet slightly apart. Loosen your belt or any restrictive clothing.

- Place your hands gently just below your belly button. Close your eyes, and imagine a balloon inside your abdomen.

- Each time you breathe in, imagine the balloon filling with air. Your hands will gently rise. Each time you breathe out, imagine the balloon deflating. Your hands will gently settle lower down.

- Focus on the sound and sensation of breathing as you become more and more relaxed.

Or you can take a posture that restricts your chest breathing and exaggerates abdominal breathing. For example:

- Lie on your stomach with your head resting on your folded forearms. As you take in a breath, feel your abdomen pressing against the floor.

- Or sit in a chair and clasp your hands behind your head. Point your elbows out to the side. With each deep breath, feel the air inflate your belly.

At first belly breathing may feel unusual. But with practice, it becomes second nature again, and you'll discover its relaxing benefits.
1. **Get quick tension relief**

If you are yawning or sighing, you may not be getting enough oxygen. Here are some ways to use breathing to quickly release your tension and increase your alertness.

- Try reaching for the sky as you inhale deeply and fully. Then exhale forcefully as you bend forward at your waist. Inhale again deeply as you straighten up and reach for the sky. Repeat several times.

- Stand up with your arms straight in front of you. As you inhale, make several large backward circles with your arms like a windmill. Then as you exhale, reverse the direction of the circles, bringing your arms forward. Or try alternately swinging your left and right arm backwards, as if you were doing the backstroke.

2. **Use breathing with imagery**

As you breathe, try using mental images like warmth, coolness, vitality, or peacefulness. Imagine that the breath you inhale is charged with that particular quality. Then, while you exhale, let your breath carry that quality throughout your whole body as though you were exhaling it through the entire surface of your skin. For instance:

- Imagine inhaling warm, soothing air on your in-breath, and sending this soothing sensation into all parts of your body as you exhale.

- Or on a hot day, imagine a few deep cool, blue breaths.

- See how you feel after trying several sparkling, energizing breaths.

- Breaths saturated with heaviness may help settle and relax you.

- If a particular part of your body is tense or injured, try directing the energy of your breath to relax and heal that area.

Experiment with your own images.

4. **Muscle Relaxation**

People often carry a lot of unnecessary tension in their muscles, but it feels "normal" or "relaxed" to them. Progressive relaxation helps you learn the difference between how it feels when your muscles are tense and when they're relaxed. It is based on the idea that whatever relaxes your muscles will also relax your mind.

Begin by getting comfortable in a chair that supports your head and neck or, preferably, lie down on your back on a soft surface. You are going to tense and relax muscle groups one at a time:
Tense each muscle group for about five seconds, and concentrate on what the tension feels like.

Then breathe deeply.

As you exhale, instantly let go of all the tension as though an electrical current was suddenly turned off, so the muscle goes completely limp.

For 10 to 20 seconds, observe the difference between muscles that are tense and ones that are fully relaxed.

Go through your body tensing and relaxing each muscle group twice.

Leave time to notice the difference during the relaxation phase.

You can read the following instructions to someone else, or have someone read them to you. Or you can read them into a tape recorder, to play for yourself.

Now let's go through each group:

Hands and arms

- Clench your right fist very tight. Now even tighter. As you keep it tensed for several seconds, notice the feeling in all the muscles of your fingers, your hand, and forearm.

- Now relax your hand and arm. Feel the looseness in your right hand, and notice the contrast between loose muscles and tense ones.

- Repeat the process once more; then do the same exercise twice with your left hand.

- Now clench and relax both fists. As you relax, straighten out your fingers, and let the relaxation flow into your hands. Repeat once.

- Now bend your arms, and tighten your biceps muscles in your upper arms.

- Relax, and let your arms straighten. Notice how a tense, taut muscle feels different from a loose, relaxed one.

Legs and feet

- Straighten your legs, tighten your thigh muscles, and press your heels down against the surface beneath you. Hold tight —then let it go.

- Point your toes down and curl them, making your calf muscle tense and taut. Study the tension. Then release them, and compare the feeling.
• Now bend your toes up toward your head, creating tension in your shins. Hold, and relax again.

Abdomen and buttocks

• Pull your stomach muscles in and hold them tight. Then release them.
• Squeeze your buttocks together. Hold—then let go.

Chest, back, and shoulders

• Take a deep breath, hold it, then exhale and relax.
• Shrug your shoulders up, bringing them as close to your ears as you can. Hold—then drop them.
• Press your shoulder blades toward each other. Hold—then release.
• Arch your back. Hold—then relax.

Neck and throat

• Press your head back as far as it can comfortably go. Hold—then relax.
• Next pull your chin down as if trying to touch your chest. Hold—then relax.

Head and face

• Wrinkle your forehead as tight as you can. Hold—then release the tension.
• Now frown and knit your eyebrows together. Hold—then let go.
• Close your eyes tightly, and wrinkle your nose. Hold—then relax.
• Clench your jaws, biting your teeth together. Hold—then relax.
• Press your tongue hard against the roof of your mouth. Hold—then let go.
• Purse your lips, pressing them together tighter and tighter. Hold—then relax.

Your whole body

• Now let yourself relax even more, all over your body. Let go of more and more tension.
• Feel the relaxation deepening.

• Feel your face calm and soft; your arms and shoulders limp and relaxed; your chest and abdomen free and at ease; your legs and feet loose. Let your whole body be relaxed and peaceful.

• Enjoy the feeling of relaxation throughout your whole body.

• When you are ready to get up, take several long, deep breaths, and get up very slowly.

• Savor the relaxed, refreshed, wide-awake feeling.

Daily practice with this exercise will help you learn quickly how to scan your body and pinpoint any tight areas. You can then tense and then relax.

5. **Mindfulness**

Most of us spend much of our waking hours on "automatic pilot," or "asleep at the wheel." We're preoccupied with thinking about the past or anticipating the future. Meanwhile, the present moment slips by barely noticed.

*Mindfulness involves simply keeping your attention in the present moment, without judging it as happy or sad, good or bad.* It encourages living each moment—even painful ones—as fully and as mindfully as possible. Mindfulness is more than a relaxation technique; it is an attitude toward living. It is a way of calmly and consciously observing and accepting whatever is happening, moment to moment.

This may sound simple enough, but our restless, judging minds make it surprisingly difficult. As a restless monkey jumps from branch to branch, our mind jumps from thought to thought.

In mindfulness meditation, you focus the mind on the present moment. This 2,500-year-old Buddhist meditation tradition is thoroughly modern and relevant to our present-day lives. You don't have to be a Buddhist to practice it. Mindfulness doesn't conflict with any beliefs or traditions, either religious or scientific.

The only moment we really have is this one. And living this moment as fully aware as possible is what mindfulness practice is about. It nurtures an inner balance of mind that enables you to respond to all life situations with greater composure, clarity, and compassion. It reduces our tendency to react automatically to any circumstances.

For example, the sound of someone's voice (your mother's, teenager's, or boss') might automatically trigger tension, anger, or fear. You can learn to just mindfully observe the reaction their voice sets off in you without responding to it or judging it.

The "goal" of mindfulness is simply to observe—with no intention of changing or improving anything. But people are positively changed by the practice. Observing and accepting life just as it is, with all its pleasures, pains, frustrations, disappointments, and insecurities, often enables
you to become calmer, more confident, and better able to cope with whatever comes along.

To develop your capacity for mindfulness, try the following exercises.

**Single-focus mindfulness**

Sit comfortably on the floor or on a chair with your back, neck, and head straight, but not stiff. Then:

- Concentrate on a single object, such as your breathing. Focus your attention on the feeling of the air as it passes in and out of your nostrils with each breath. Don't try to control your breathing by speeding it up or slowing it down. Just observe it as it is.

- Even when you resolve to keep your attention on your breathing, your mind will quickly wander off. When this occurs, observe where your mind went: perhaps to a memory, a worry about the future, a bodily ache, or a feeling of impatience. Then gently return your attention to your breathing.

- Use your breath as an anchor. Each time a thought or feeling arises, momentarily acknowledge it. Don't analyze it or judge it. Just observe it, and return to your breathing.

- Abandon all thought of getting somewhere, or having anything special happen. Just keep stringing moments of mindfulness together, breath by breath.

- Practice this for just five minutes at a time at first. You may wish to gradually extend the time to 10, 20, or 30 minutes.

Your thoughts are like waves on the surface of the ocean. Don't try to stop the waves completely so that the water is flat, peaceful, and still—that's impossible. But you'll find relief from constant turbulence when you learn to observe and ride the waves.

**Mindfulness in daily life**

Because the practice of mindfulness is simply the practice of moment-to-moment awareness, you can apply it to anything: eating, showering, working, talking, running errands, or playing with your children. Mindfulness takes no extra time. All that is required is that you take yourself off "automatic pilot," and stay tuned. Are you fully aware of your experience at this moment?

This is not as simple as it sounds. For example, think about your last meal. Do you remember what you ate? Did you pay attention to the taste sensations? Or was your mind elsewhere: engaged in thoughts, conversation, planning, and plotting, and nearly everything else but the experience of eating?
Try observing what you are about to eat.

- How does it look?
- Where does it come from?
- How do you feel about putting this particular food into your body?
- Feel the food in your mouth.
- Chew slowly. Focus on taste; texture.
- Notice the impulse to rush through this mouthful to get to the next. Stay present with the mouthful you already have.
- Before swallowing, be aware of your intention to swallow. Then feel the actual sensation of swallowing.

Continue with each mouthful in the same way, noting how fast and how much you eat, how your body feels, and whether you are eating in response to hunger, other events in your life, or a feeling such as anxiety or depression.

Or observe walking. Focus on the sensations in your legs and feet. Notice how your weight shifts from foot to foot. Feel the pressure on the balls of your feet.

How do your knees feel as they bend? Is the ground hard or soft? When other thoughts arise, note them. Then return to your focus on walking.
The Basics about WRAP

The DVD used for this segment can be purchased through Mary Ellen Copeland’s website: http://www.mentalhealthrecovery.com. The resource is called the Creating Wellness DVD. In addition, it is good to know about the new resource on California’s website for mental health information – the Network of Care. In San Mateo County, this website has a special section for a new computerized version of the WRAP, with Mary Ellen Copeland herself talking participants through the process of making a WRAP. This website is www.networkofcare.org.

DVD: Wellness Recovery Action Plans

Discussion Questions for the Wellness Recovery Action Plan DVD

Discussion Questions: Wellness Recovery Action Plan Video

1. What do you like about the WRAP? How might you use it for yourself?
2. How do you help someone develop a WRAP if they don’t acknowledge that they have a psychiatric disability?
3. How might developing a WRAP be helpful for Family Partners in their work with families?
4. How does culture play a role in the development of a WRAP?
- What am I like when I'm well?

The final section of this module is an exercise designed to help people answer the very first question on the WRAP: What am I like when I'm well? For many people who have suffered a long time, being well is a distant memory. Each individual has experience of health and wellness – and it is vitally important to reach deep to find that person, calling up the images and associations that are aligned with recovery.

- Exercise: Guided Visualization: What I'm Like When I'm Well

**What Am I Like When I'm Feeling Well Exercise**

**Materials**
- Flip chart paper
- Markers
- Guided Visualization Script or Relaxation tape
- Tape player

**Instructions**
Put pieces of flip chart paper all around the room, enough so that each person has a place to write. The first part of this exercise is a guided visualization, focused on seeing yourself healthy, fit and successful. Ask participants to get into as relaxed a position as possible in their chairs. Use the Guided Visualization tape (about 25 minutes).

Ask individuals to write down on a sheet of paper all the words/phrases that describe how they looked and felt in this visualization. Be sure to include the physical: what am I wearing, how in shape I am, perhaps a healthy glow of skin color, bright eyes, etc).

After participants are done with this, hand out markers and ask each person to write their list on the big sheets of paper around the room or ask for a writing partner to dictate the words to. Write as big as you can, so others will be able to read.

**Large group discussion**

- How did it feel to see yourself in this way?
- What’s it like to see all these words of health and wellness on the wall?
- What do you notice – differences, similarities, etc.
Guided Visualization
What I’m Like When I’m Well

First, get as comfortable as you can in your chairs... Take a few nice, deep cleansing breaths...breathing deeply in...and exhaling completely... Watch the breath as it moves in and out of your body... feel the breath entering your nostrils, traveling down into your lungs, feel your chest rise .... And then fall, as your breath exhales.

Now notice your face and jaw muscles...let your jaw muscles relax, your mouth goes loose, as any tension in your jaw releases... and your face muscles relax, you feel the muscles of your forehead let go and relax, the lines smooth out, as you feel a wave of relaxation move through your body... you feel your temples relax, as you enter into a deeper and deeper state of relaxation...and now the muscles around your eyes relax, your eyelids feeling heavy and relaxed. Each breath relaxes you more and more....you feel more and more relaxed with each breath.

And now the relaxation flows down from your face to your neck and shoulders...you feel your neck and shoulders relax, any tension in these areas releasing now... as you relax more and more with each breath.

And now let this relaxation flow down from your shoulders, down your lower back...your breath flows gently in and out, deeper and deeper relaxation with every breath... you feel your lower back and all the muscles of your back relax completely...

And now, relax your arms... feel the relaxation go from the top of your shoulders all the way down your arms, right to and beyond your fingertips... a wave of relaxation flows down your arms and right down through your fingertips. With each breath, relaxing more and more, deeper and deeper..

And now, relax your chest...feel your chest rise and fall, feeling more and more relaxed...your breathing is slower now, and deeper... you feel so very relaxed...
And this relaxation moves down to your stomach...you breathe deeply into your stomach area and all the muscles of your stomach relax... you feel so very relaxed....

And the relaxation flows down your body, all the way down your legs.... From your stomach, down your hips and thigh muscles, and all the way down your legs, right down through the tips of your toes... a wave of relaxation flows all the way down your legs to the tips of your toes... you feel so very relaxed...very relaxed and comfortable...very, very relaxed... you are safe and comfortable and enjoying this time, this space to relax...

And now you are ready to go to the beach that I was telling you about... a place that is very comfortable and pleasant for you...and you see now that there are steps that lead down to this special beach... ten steps that take you right to the beach... I will count downwards from ten to one, as you walk down the steps to the beach.... 10...9......8......7.....6.....5.....4.....3....2......1... and now you are down at the beach...

Take a look around you....notice the sky, the color of the sky, how beautiful the sky is....notice the water, the shade of blue it is, the different hues of blue and teal and white and grey that make up the waves....what a beautiful day it is at the beach...

Smell the ocean air...the salty smell of the ocean...the fresh smell of the breeze....

Feel the warmth of the sun, just right, on your body...feel the grains of sand between your toes, the warmth of the sand underneath your feet...and feel the breeze as it brushes your face, gently blowing through your hair...a gentle, perfect breeze...

Hear the sound of the ocean....the waves as they tumble to the shore...rhythmically flowing in and out, in and out... the seagulls crying out to one another...the sounds of the birds joyfully flying through the air...
You feel so peaceful and happy here...you are very relaxed and you feel a deep sense of well-being...you are happy and calm and relaxed...

You decide to take a walk on the beach... you walk close down by the shoreline, feeling the wet sand, making impressions of your feet along the shore...the edge of the waves washing over your feet....you feel so relaxed...what a wonderful day to be here at the beach!

Up ahead you notice something glimmering in the sunlight...it is shiny and it reflects the sunlight...it is a bright, shiny thing up ahead... you wonder what it might be...as you get closer you see that it is a small chest....a treasure chest....and you are very excited to find such a wonderful thing...

You pull up the treasure chest from the sand...you see that that it can be opened, so you lift up the top....and there you find a beautiful mirror... ornate and beautiful....a magic mirror that sparkles and glistens in the sun....it is a mirror that allows you to see your True Self...your best self...the true reflection of who you are.

You look into the mirror and there you see yourself as you truly are.....happy, content, loving....it is wonderful to see this vision of yourself....notice how you look in this wonderful mirror....notice how you feel, positive, loving feelings....notice how you appear physically....your body is fit and trim and you are happy with your appearance....notice the kind of clothes you are wearing....notice how you feel in these clothes....everything about you, from your appearance to your emotions and spirit, radiates health and well-being. You are confident and secure, you are loving and generous, you are healthy and fit....this is a reflection of your true nature, your true self.

You are excited to see this vision of who you are, your beautiful true nature, the successful person that you are meant to be...you gaze at this picture of yourself for another minute longer, realizing that it is getting to be time to go home. You smile, knowing that this vision...
of who you are will always stay with you, you know that you will hold this vision in your heart, taking it home with you...

You return the mirror to the chest...you leave the mirror so that the next person who needs it will find it there, just as you did. You know that you can return here anytime you wish...this place is yours and accessible to you anytime....

And now it is time to come home...and you begin your walk back to the steps....walking along the beach towards home you are feeling calm and relaxed and so positive....these positive feelings increase more and more, you are filled with a sense of well-being, relaxation and peacefulness. You feel so relaxed and well and full of love....

And now you are at the stairs. And I will count from one to ten as you climb the stairs...and with each step you will feel more awake, more aware and returning to the room.... 1...2...3...4...5 coming up, feeling more and more awake...6...7...8....feeling more alert, awake.....9....and 10....coming all the way back and feeling great!
Module Eight: Taking Care of Yourself on the Job – the Wellness Recovery Action Plan: Part Two

Overview
In this module we take a look at what the key elements to wellness are for each individual. This creates a Wellness Briefcase – a vital piece of equipment for anyone in the health-care field! From this overall view of what helps you stay well, the participants will then learn about the five sections of the Wellness Recovery Action Plan: the Daily Maintenance Plan, Triggers, Warning Signs, When Things Are Getting Worse and the Crisis Plan. This is the only module that does not have a powerpoint associated with it as it is all experiential – learning by doing a WRAP.

Learning Objectives:
Participants of the training will be able to:

1. Identify three ways to take care of themselves.
2. Develop a personal WRAP.
Module-at-a-Glance

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Power point</th>
<th>Exercise</th>
<th>Hand-outs and Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>Welcome and Orientation to the Topic: Taking Care of Yourself on the Job, Part II</td>
<td></td>
<td></td>
<td>Copies of Mary Ellen Copeland’s WRAP red book</td>
</tr>
<tr>
<td>20 minutes</td>
<td>The Daily Maintenance Plan</td>
<td>The Wellness Briefcase</td>
<td>Flip chart Markers</td>
<td></td>
</tr>
<tr>
<td>15 minutes</td>
<td>Triggers</td>
<td>Brainstorming: Examples of triggers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 minutes</td>
<td>Warning Signs</td>
<td>Demonstration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 minutes</td>
<td>When Things Are Getting Worse</td>
<td>Demonstration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 minutes</td>
<td>Crisis Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Course Content Outline

- Welcome, Orientation to the Topic and Learning Objectives
- The Daily Maintenance Plan

The “little red books” can be purchased through Mary Ellen Copeland’s website at www.mentalhealthrecovery.com

These are the things that one must do every day to maintain health and wellness. They are different than the New Year’s Resolutions that we dutifully create every year. These are deep commitments to daily practices that support health and well-being. The only things that go on a DMP are the things that we are absolutely, positively, going to do for ourselves. This may mean starting off very basic, very minimal. The key to success is the Commitment and Follow-through. The Wellness Recovery Action Plan is a tool that anyone can use for any troubling area of their life: health issues, stress, other disabilities.
Exercise: The Wellness Briefcase

Your Wellness Briefcase
The Daily Maintenance Plan Exercise

Materials
Flip chart papers with briefcases on them for each group
Markers

Instruction
Ask each group to brainstorm what kinds of things they do to take care of themselves, daily, as well as occasionally. Fill each briefcase with these healthy ideas. Ask each group to nominate a spokesperson and report out to the large group.

Large group discussion
- What did you notice were similarities?
- Did you find ideas you might want to adopt from doing this exercise with others?

Have each individual write down their own personal Daily Maintenance Plan on a separate sheet of paper.

Triggers

Triggers are events, circumstances or people that can create an automatic reaction, an “old” way of coping that is unsuccessful or unhealthy. Triggers are dealt with by either coping with or avoiding them.
Exercise: Brainstorming triggers.

**Identifying Triggers**

**Materials**  
Flip chart paper  
Markers

**Instruction**  
In the large group, ask people to brainstorm what kinds of things are triggers.

Large group discussion  
- What do you notice about the list? Are there triggers that were surprising to you?  
- Which triggers might be best dealt with by avoiding them? Which would you create a coping strategy around? Give examples of coping strategies.

**Warning Signs**

Warning Signs are those early indications that you are starting to feel off-center, not right. Important point: people often suffer way too long before they acknowledge that things are not as good as they should be. Ask the group for examples of when they, or someone they know, have waited too long to get the help and support that they needed. One example is an individual who doesn’t sleep for four nights in a row before considering this a problem! This person has suffered way too long! We want to work with the group to raise the bar – what is a more reasonable amount of no-sleep time - that might make it easier for the individual to recover from? Work with the group to identify the earliest indicators in order to have the maximum chance to remedy the situation.

Also, another important fact: ask the participants what they think research has shown to be the two most important warning signs to monitor. The answer: sleep and eating. The changes in eating patterns (too much, too little) or sleep (too much, too little, early awakening or difficulty falling asleep), are critical elements of everyone’s mental health. If you monitor only these two parts of your life for changes, you will increase your wellness tremendously and greatly reduce your risk of hospitalization.
Exercise: Demonstration

Identifying Warning Signs

Materials
None

Instruction
Ask for a volunteer from the audience to work with their own warning signs. Using their examples, demonstrate how you would
- Determine whether the volunteer’s warning sign was truly at an early enough point – have they waited too long to notice?
- Identify possible action steps.
- Be sure to include a review of the person’s Daily Maintenance Plan to reinforce the importance of doing these healthful things every day.

When Things are Getting Worse

This is an increase of warning signs or when early signs become moderately severe. There is still opportunity to get a handle on the situation, but more effort and wellness strategies are required. Sometimes this concept is trickier to get across – again, the issue of “raising the bar” comes into play. The situation is not bad enough for a hospitalization, but there is definitely an increase in symptoms. Also, it is helpful to take one symptom, and track it from warning sign to getting worse levels. It helps to see one symptom defined in this way. Using sleep as an example:
Warning sign: I wake up at 3am and can’t get back to sleep for three nights. I get 5-6 hours of sleep.
When things are getting worse: I am unable to fall asleep, laying awake for an hour or two and, I still wake up at 3am. I get only 3-4 hours of sleep per night for three nights.
Exercise: Demonstration

Identifying When Things are Getting Worse

Materials
None

Instruction
Ask for a volunteer – perhaps the same one - from the audience to work with their Things Are Getting Worse list. Using their examples, demonstrate how you would
- Identify these moderately severe signs.
- Identify possible action steps.
  o Be sure to include more supports and resources in this stage, as more strategies are needed in this phase.

The Crisis Plan

The Crisis Plan comes into effect when the person is no longer able to make decisions for him/herself. It is the equivalent to an Advance Directive. Review this section with the participants. A training on Advance Directives is recommended (see appendix for resources).
Module Nine: Documenting the Recovery Journey, Part I

Overview
A core skill for any service provider in the mental health field is the ability to write progress notes. These notes provide a record of the consumer’s recovery journey, communicating the details of the path traveled, the interventions tried, the successes and the challenges to recovery. Documentation also provides the information necessary to bill for services. Medi-cal requires certain key elements for substantiating a claim for reimbursement. This module covers the basic elements of a good note and provides practice in writing and auditing progress notes. It utilizes some material from a series of trainings offered by California Institute of Mental Health (CIMH), called Documenting the Recovery Journey. This series is highly recommended for a comprehensive overview and skills training experience in documentation from a person-centered, culturally competent and accountable framework.

Learning Objectives:
Participants of the training will be able to:

1. Identify the reasons for skillful progress notes.
2. Define medical necessity.
3. Demonstrate understanding of the basic rules and principles of writing progress notes.
4. Identify billing codes.
5. Identify non-billable services.
6. Write progress notes that meet best practice standards and document the consumer’s recovery journey.

Tip #12
This subject matter is difficult for many providers – there are a lot of details to learn as well as organizational skills needed in order to do documentation well. The focus of the next two trainings is on the details of documentation. It’s important to link this training directly to what your employees are doing on the job. Consider having people bring in examples of their notes and doing a peer note audit. Offer as many opportunities as possible to practice!
### Module-at-a-Glance

<table>
<thead>
<tr>
<th>Time</th>
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<th>Power point</th>
<th>Exercise</th>
<th>Hand-outs and Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td><strong>Welcome and Orientation to the Topic: Documenting the Recovery Journey</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 minutes</td>
<td>Definition and value of progress notes</td>
<td>Slides 1-11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 minutes</td>
<td>Defining Medical Necessity</td>
<td>Slides 12-20</td>
<td>Identifying Functional Impairments</td>
<td>Functional impairments handout, worksheet and answer sheet</td>
</tr>
<tr>
<td>45 minutes</td>
<td>Elements of a Good Progress Note</td>
<td>Slides 21-30</td>
<td>Writing Progress Notes and Self-Auditing</td>
<td>A Good Rehabilitation Note handout Mock Progress Notes Audit Form</td>
</tr>
</tbody>
</table>

### Course Content Outline

- Welcome, Orientation to the Topic and Learning Objectives
- The Definition and Value of Progress Notes

Slide 1
Slides 2 and 3

Learning Objectives
- Identify the reasons for skillful progress notes.
- Define medical necessity.
- Demonstrate understanding of the basic rules and principles of writing progress notes.

Learning Objectives
- Identify billing codes.
- Identify non-billable services.
- Write progress notes that meet best practice standards and document the consumer’s recovery journey.

Slide 4

The definition of a progress note
- Progress Notes are a brief written description in the client record each time services are provided.

Prior to showing the next several slides, ask the group to brainstorm what the various reasons are that we write progress notes – what is the value of writing this information down? Use flip chart paper to record all the ideas. Slides 5-11 outline the various reasons we do charting.

Slide 5

The Value of Progress Notes
- Progress notes provide a record of the consumer’s recovery journey.
  - The notes outline the work being done: what’s helped, what’s not worked, ideas to try.
- Notes facilitate communication and coordination.
  - Progress notes keep team members informed so that coordination is possible.
This first point – a record of the consumer’s recovery journey – is one that is often lost in the concern about billing and legal issues. It is important to stress that this is a record of someone’s life – their ups and downs, the things they have tried that have worked, and the things that didn’t. It is a very human experience – the humanity of progress notes needs to be emphasized.

Slides 6 and 7

Progress Notes and Accountability
- Progress notes are part of a legal document – the chart.
- The chart can be subpoenaed.
- Progress notes are the basis for knowing what was done, by whom and when.
- Make sure you include consultations, with other providers as well as your supervisor.

Progress Notes and the Legal System
- If it ain’t documented, it didn’t happen.

Emphasize the importance of documenting all the work that is done – phone calls, consultations with others, etc. If a situation goes to the courts, it will not suffice for you to add in information about what you did – the chart stands as the document of all activities. By being conscientious and thorough, you will provide the kind of information that the court’s need when looking into legal issues.

Slide 8

Progress Notes and Supervision
- Progress notes are used as a supervisory tool.
- Progress notes form a record of your work with client’s in their recovery.
- Supervisors use progress notes to see what you’ve been doing.
- Writing good progress notes is an essential professional skill.
Progress notes relate to the treatment plan, which relates to the assessment – all three components are interwoven and inter-relate. As we will be covering, progress notes that are billable relate back to the treatment plan and a goal/objective. Community Workers and Family Partners do other kinds of interventions that are not billable – there still needs to be a progress note written – but the note is coded as “unbillable”. These unbillable services are often exactly the right kind of service to provide! The main issue is knowing what is and is not billable.

Compliance Laws necessitate that agencies and systems provide these types of trainings to ensure that all staff know the rules and regulations governing Medi-cal billable notes.

- Defining medical necessity
Slide 12

What is “medical necessity”?  
- Specifies the criteria for medical reimbursable services  
- There are three criteria  
  - Allowable diagnoses  
  - Impairment in functioning criteria  
  - Intervention-related criteria

Slide 13

Medical Necessity: Diagnosis  
- Not all mental health diagnoses qualify.  
- Licensed clinicians evaluate and diagnose individuals coming into our system.  
- Non-licensed professionals document observations of symptoms and behaviors that substantiate the diagnosis.

Slide 14 and 15

Medical Necessity: Impairment in Functioning Criteria  
- A significant impairment in an important area of life functioning  
- A probability of significant deterioration in an important area of life functioning

Important Areas of Life Functioning That Can Become Impaired  
- Occupational  
- Social  
- School  
- Danger to self/others  
- Activities of daily living

Slide 16
Exercise: Identifying Functional Impairments

Exercise
Identifying Functional Impairments

Materials
Identify the Impairment handout
Identify the Impairment worksheet
Identify the Impairment answer sheet

Instructions
Create small groups of three or four. Hand out the Identify the Impairment worksheet. Ask each individual in the group to go through the worksheet and fill it out as best they can. Then ask the group to discuss.

- Did everyone identify the same impairment for each situation?
- Were the interventions different between group members? Give your reasons why you selected the intervention that you did.

Examples of Impairments in Functioning

Identifying impairments in functioning is a component of meeting the criteria of medical necessity. This hand-out provides general categories of impairments in functioning and some more descriptive definitions. For a service to be billable, it must include evidence of medical necessity which can be shown by describing the impairment(s) in functioning.

Occupational Functioning
1. Unable to work
2. Unable to maintain employment
3. Symptoms or behaviors interfere with job performance

School Functioning
1. Unable to perform in an academic environment
2. Symptoms or behaviors interfere with school performance

Social Functioning
1. Social isolation
2. Socially inappropriate behaviors
3. Poor interpersonal skills
4. Minimal interpersonal interactions
5. Conflicts with peers/roommates/coworkers

Danger to Self/Others
1. Suicidal/Parasuicidal behaviors
2. Suicidal ideation
3. Assaultive, hostile, combative behavior
4. Violent attention seeking

Problems in Activities of Daily Living
1. Hygiene: Inability to maintain personal cleanliness
2. Cooking: Inability to provide nourishment for self
3. Cleaning: Inability to maintain a minimal standard of cleanliness
4. Shopping: Inability to provide for basic needs
5. Use of Transportation: Inability to access resources for mobility
6. Remembering Appointments: Inability to organize and access essential medical and mental health resources
7. Medication Issues: Inability to manage medication and work effectively with physician to determine appropriate treatment options
8. Symptom Management: Inability to utilize coping strategies and wellness planning options.
9. Money Management: Inability to manage finances

(From the Documenting the Recovery Journey training series, California Institute of Mental Health, 2007)

Identify the Impairment and Interventions Worksheet

<table>
<thead>
<tr>
<th>Situation</th>
<th>Impairment</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suzanne complains to her community worker that she runs out of money before the end of the month. She says she eats out every night.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jose is about to be fired from his job. He states that his supervisor is upset with him because he yells at the people talking about him in the cafeteria.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You meet with Pham at her</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Developed by Inspired at Work for San Mateo County Behavioral Health and Recovery Services, Copyright 2007
home. She can barely speak, and tells you that her life is no longer worth living.

Towanda has lived in her apartment for five years. She complains that she knows none of her neighbors and has no friends. She states that she has been lonely all her life.

Miguel is working towards his welding certificate at the community college. His goal is to become employed at a local shop. He states that he has been unable to get to class on time since his car broke down.

Met with Armando to discuss his son’s repeated fighting with his younger brother. Armando feels unable to control his son’s outbursts.

The Rosenberg family frequently arrives late or misses their family therapy appointment.

Mike reports that he has not taken his medication because it makes him tired all the time.

(From the Documenting the Recovery Journey training series, California Institute of Mental Health, 2007)

Impairments in Functioning Answer Sheet

<table>
<thead>
<tr>
<th>Situation</th>
<th>Impairment</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suzanne complains to her community worker</td>
<td>Activities of Daily Living</td>
<td>Assisted client with shopping skills: working within a budget</td>
</tr>
<tr>
<td>that she runs out of money before the end of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the month. She says she eats out every night.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jose is about to be fired from his job. He</td>
<td>Occupational</td>
<td>Worked with Jose about identifying symptoms, alternatives for</td>
</tr>
<tr>
<td>states that his supervisor is upset with him</td>
<td></td>
<td>dealing with it.</td>
</tr>
<tr>
<td>because he yells at the people talking about</td>
<td></td>
<td></td>
</tr>
<tr>
<td>him in the cafeteria.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You meet with Pham at her home. She can</td>
<td>Danger to Self</td>
<td>Contact supervisor or the officer of the day for back-</td>
</tr>
<tr>
<td>barely speak,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Developed by Inspired at Work
for San Mateo County Behavioral Health and Recovery Services, Copyright 2007
and tells you that her life is no longer worth living.

<table>
<thead>
<tr>
<th>Towanda has lived in her apartment for five years. She complains that she knows none of her neighbors and has no friends. She states that she has been lonely all her life.</th>
<th>Social</th>
<th>Identify what Towanda would like to have happen. Brainstorm three ideas for how to move towards the goal.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miguel is working towards his welding certificate at the community college. His goal is to become employed at a local shop. He states that he has been unable to get to class on time since his car broke down.</td>
<td>Activities of Daily Living</td>
<td>Assisted Miguel in problem-solving how he was going to get to school.</td>
</tr>
<tr>
<td>Met with Armando to discuss his son’s repeated fighting with his younger brother. Armando feels unable to control his son’s outbursts.</td>
<td>Danger to others</td>
<td>Referred Armando to a parenting class for adolescents.</td>
</tr>
<tr>
<td>The Rosenberg family frequently arrives late or misses their family therapy appointment.</td>
<td>Activities of Daily Living</td>
<td>Assisted family in problem-solving re: transportation to appointments.</td>
</tr>
<tr>
<td>Mike reports that he has not taken his medication because it makes him tired all the time.</td>
<td>Activities of Daily Living</td>
<td>Assisted client in identifying med side effects for a conversation with his psychiatrist about how to address them.</td>
</tr>
</tbody>
</table>

(From the Documenting the Recovery Journey training series, California Institute of Mental Health, 2007)

Slide 17

**Medical Necessity: Intervention Criteria**

- The focus is to address the identified impairment
- The expectation is that it will benefit the consumer by
  - significantly diminishing the impairment
  - or preventing significant deterioration in an important area of life functioning
- The condition would not be responsive to physical healthcare-based treatment

Slide 18

Developed by Inspired at Work for San Mateo County Behavioral Health and Recovery Services, Copyright 2007
Where is Medical Necessity Identified in the Chart?

- Criteria are evident throughout the documentation
  - Annual assessment
  - Treatment Plan Goals and Interventions
  - Progress Notes

The Role of the Direct Service Provider

- To observe and document evidence of medical necessity within the individual’s scope of practice.
- Non-licensed professionals often see behavior and know of issues the consumer is experiencing which other professional staff may be unaware of.
- Documentation of symptoms, functional impairments and results of interventions are key to providing evidence of medical necessity.

What’s wrong AND What’s right

- Medical necessity focuses on the diagnosis, symptoms and impairments that create barriers for the individual.
- As we do our work, we focus on
  - reducing/eliminating barriers
  - strengths
Elements of a good progress note

Slide 21

Review each element of the progress note. It’s also helpful to give short examples of notes written without one of the elements. For example, a note that is missing the “client description” fails to identify the individual receiving services – “Client met with CM to work on job readiness skills” alone, leaves out the assessment and personalizing information that is necessary to get a sense of who the client is and how they are doing today. An example where the “result of intervention” is missing often goes like this:

*CM met with Sally to work on her goal of getting along with her roommates. She appeared very distressed. She was crying and upset that her roommate had taken her food from the fridge, even though Sally had asked her not to do that. CM worked with Sally on coming up with some possible solutions to the problem. Will meet next week for follow-up.*

Auditors like to know what happened – they appreciate having the whole story roll out through the progress notes. When you skip a section of the progress note, you leave out critical information for not only auditors, but your teammates and supervisors. Use other examples to illustrate notes that lack one of the elements.

Slide 22
Client Description

- Physical appearance
- Thought process
- Affect/Mood
- Behavior
- Speech
- Attitude

These are some of the ways to describe a client in the notes. When you meet with a client or family member, the Community Worker or Family Partner assesses the general appearance, mood, behavior and thinking processes that are present during the meeting. It is especially important to note changes in any of these areas. For example, John, who is usually very neat, appears disheveled and hasn’t shaved for several days. Or Lydia is talking very fast and it is hard to keep up with what she is saying. Significant changes in any of these areas need to be communicated to the rest of the team.

In general, if these notes are truly to be an individual’s recovery journal, then it is vital that we make the “individual” apparent in the notes.
Client Description

- The client description is where you might be documenting symptoms and behaviors that connect to the person’s diagnosis and functional impairments.
- Be aware of stereotyping, stigmatizing and bias that may lead to misinterpretation of client’s symptoms and behaviors.

Client Description

- Bias can be either positive or negative.
- Be aware of a tendency to either over-identify with clients like yourself or reject/be wary of clients who are different.

Slide 25

Goal-oriented

- Every visit is in the service of furthering the consumer’s stated goals and objectives.
- Each note must identify what part of the service plan is being targeted.

For a service to be billable, it must state explicitly what goal is being addressed in the meeting. Therefore, it is necessary for all staff to know what the client’s treatment plan goals are and what part each provider plays to help the client reach those goals.

Slide 26 and 27
The interventions describe your work. They are the services that you are being paid for and justify the billing for your time. A mistake that is often made is that notes sound more like a report of what the client said or did – it implies that the community worker was a good listener, but gives no information on what services were provided. Here is an example:

*FP met with Janel’s mother, Mary, to work on strategies for getting homework done. Janel’s mother was very angry and annoyed that her daughter had skipped school again today. She received a report from the principal this morning and still had not heard from Janel. Mary talked about her job stress and how this behavior was impacting her ability to stay focused on her job. She felt that Janel was being manipulative and hanging out with the wrong crowd. She admitted to feeling very powerless to get Janel to listen or respond to her positively. CM will meet with her again next week.*

In this example, there are no CW interventions described. Options might be things like: “CW listened and supported Mary as she talked about…” or “CW helped Mary practice ways to discuss this situation with her daughter… etc.” Ask the class to come up with interventions that might be useful in this situation.
Results of intervention or meeting

- It’s important to not only describe the process, but also to identify what the client decided to do.
  - If problem-solving, which response did the consumer choose?
  - If discussing, where did the conversation end up?

Again, the point is to tell the whole story. Think of it as if your teammate was covering for you the next day. In order for that person to jump in and keep the ball rolling, the information about your last meeting needs to be complete.

The Plan

- A good progress note includes a statement of what’s next.
  - Date of next meeting
  - Referral information
  - Commitment to an action step

The final step in any note is to answer the question “What next?” This is good practice simply in terms of continuing momentum. The plan section of the note delineates who has responsibility to do what – make a referral, call in the morning, go down to SSI – whatever the next step is, it needs to be identified in the note. It may be that the next step is a follow-up meeting in a week. By including this in all your notes, you remind yourself and the client that outcomes are expected.
There are two options for exercises here. The first is interesting in that it is a demonstration, and everyone writes a note about what they see. Invariably, the notes will differ – even though everyone watched the same interaction. This exercise does not require any prep or hand-outs.

The second exercise is also valuable. In this, you use the mock notes provided in the manual, or you might provide some notes of your own. The exercise involves creating audit teams and asking each team to evaluate the notes based on the standard we’ve been using for a good progress note. The discussion about what rating to give a note helps participants to understand the components better as they have to explain their rationale for the audit score.

Tip #13

You are also doing an evaluation of skills during this training. You may be able to recommend additional one-on-one training, a mini-course at the community college on writing skills, or a job coach for consumer employees.
Exercise 1 and 2

Exercise Option 1
Demonstration Roleplay

Materials
A Good Rehabilitation Note handout
Each participant needs paper and pen

Instructions
The group will watch a role-play of an interview with a new client. Everyone will be asked to write a note, using the guidelines for notes that we just discussed.

Ask for a volunteer from the group to be in a role-play with you to be a client coming in for an initial interview with you, their new community worker. Role-play this scenario for about 10 minutes.

Give the group five minutes to write this note.

Large Group Discussion
• First, ask the group to do a self-audit – are all five elements of a good note there?
• Ask for a few volunteers to read their note. Are there differences (emphasis, content, etc.)
• What aspect of writing notes is most challenging for you? How might you build up this skill?
Exercise Option 2
Sample Notes and Audit

Materials
A Good Rehabilitation Note handout
Sample Notes handout
Audit sheet

Instructions
Hand out the Progress Notes to be audited. Ask people to form groups of 4-5 for audit teams. Each group is to discuss and audit each progress note, assigning it a number, from 1-5. Be prepared to justify your audit score.

Large Group Discussion
- Were there differences in audit scores for the notes? What created the difference?
- What kinds of mistakes seemed to be common in these notes? Are there any themes?
Elements of A Good Rehabilitation Service
Progress Note

To be designated a Rehabilitation Service, a note must contain the following information:

Client Presentation: Description of the client, including client self-report, mood, general demeanor, symptomatology, significant changes.

Goal/Issue: Description of what you worked on in the meeting and why: explain client psychiatric deficits or barriers re: the issue or goal.

Interventions: What were the skills you used as the case manager, what techniques or methods did you use to deal with the issue being presented.

Outcome: What happened as a result of your interventions? How did the client respond? What progress was made towards the goals and objectives?

Plan: What next? Are the follow-up steps identified?

Progress notes
- Demonstrate medical necessity
- Relate to goals and objectives in the treatment plan
- Are concise – a summary of the interaction vs. a blow-by-blow account
- Justify the amount of time billed

(From the Documenting the Recovery Journey training series, California Institute of Mental Health, 2007)
Handout
Mock Progress Notes

1. Fred notified CM by telephone that his Ready Wheels transportation left without him so he missed work. He had not called into work to inform them. CM role-played how to talk to his supervisor. Discussed the pros and cons of going in late.

2. Met with client at her home in Daly City to check on progress towards getting a job. Martha was still in her bathrobe at 3pm, stating that she had just gotten up. CM asked her to change into daytime clothes before the meeting. Martha complained of continuing difficulty getting up due to medication side-effects. She doesn’t have an appointment with her psychiatrist for another month. CM discussed the possibility of requesting an earlier meeting with the doctor. She agreed to contact him today. Martha has not done any of the assignments from the last visit. She agreed that this medication issue is most important. CM will call tomorrow to find out when her next appointment will be.

3. Met with Jose at his family’s home in Redwood City to discuss symptom management. Jose’s mother was present at the meeting. Jose’s mother is uncomfortable with the medication and thinks it is bad for him because he is still hearing voices. Will schedule meeting with psychiatrist.

4. Met Jim at the coffee shop nearest his home in Belmont to work on social skills. Jim’s clothing was dirty and he looked disheveled. He seemed pre-occupied with his voices. CM assisted Jim in developing a check-list for going out regarding clothing and personal hygiene. Jim was agreeable about doing this before our next meeting, one week from today.

5. Transported Maria to her doctor’s appointment.

(From the Documenting the Recovery Journey training series, California Institute of Mental Health, 2007)
Handout
Mock Progress Notes

6. Met with Juliana at her home in South City. She is working on getting along better with her roommates. Juliana reported several incidents where she got angry and yelled at her RM. The arguments centered on one particular RM who often eats her food. CM will talk to the RM and tell her to stop this.

7. CM met with Tora at the bus stop near her home to practice taking the bus to the community college. Tora was anxious and pacing at the bus stop when CM arrived. We got to College of San Mateo, had lunch and returned home.

8. CM accompanied Julio to his psychiatrist’s appointment. CM assisted Julio in asking questions that he had prepared. Dr. Jones answered Julio’s questions.

9. CM met with Mary at her home in San Francisco to discuss her options regarding housing. Mary’s eviction notice will be up in 20 days. Mary is angry and feels that the landlord is discriminating against her. CM reminded Mary that her eviction was due to her loud music and repeated refusal to honor the quiet times of the complex. Mary accused CM of being part of the conspiracy against her and demanded that the CM leave. CM acknowledged her feelings and focused on regaining role as supporter. Mary allowed CM to stay but was unable to work on new housing plans at this time. Will meet in two days to continue discussion.

10. Met with George at his home to work on cooking skills. CM had a great recipe for Turkey and Rice Casserole and George enjoyed putting it together. He invited his RM’s to join him for dinner.

11. Met with Sue at her volunteer job on a break to discuss communication skills with her co-workers. Sue is in good spirits and feeling positive about her work. She continues to have difficulty talking to the other volunteers, especially at lunch time. CM reviewed the steps to making conversation that were discussed last week. CM role-played a brief conversation with her. Sue was able to do the role-play successfully and felt very positive about trying it out today at the lunch break with a person who seemed pretty friendly. CM will check in with her next week to see how it worked.

(From the Documenting the Recovery Journey training series, California Institute of Mental Health, 2007)
12. Met with Jamal at his home to discuss his work on a pros and cons list of drinking. Jamal looked tired and had bloodshot eyes. He spoke in one word answers and appeared uninterested in talking. CM asked about other subjects, to engage him.

13. Sondra is working at the Pet Store in town. She talked about her customers and the adorable puppies that come in to the store with their owners. She is enjoying her work immensely. She plans to get a dog from the pound as soon as her income is sufficient to pay for vet bills and dog food. In the meantime, she is happy working there.

14. Mannie continues to hear voices even while taking his medication. He is discouraged and with the side-effects he is experiencing, wants to stop taking them. CM recommended he talk to his doctor.

15. CM met with Ned at his home. He feels suicidal. He didn’t sleep last night and hasn’t eaten for two days. CM evaluated his level of suicidality and determined that he needed to go to the hospital.

(From the Documenting the Recovery Journey training series, California Institute of Mental Health, 2007)
### Audit Form for Rehabilitation Services Notes

<table>
<thead>
<tr>
<th>Progress Notes</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of the client, mood, general demeanor, etc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issue/Goal: description of what you worked on in the meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interventions: what were the skills you used as the case manager, what techniques or methods did you use to deal with the issue being presented.</td>
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<tr>
<td>Outcome: What happened as a result of your interventions? How did the client respond?</td>
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<tr>
<td>Plan: What next? Are the follow-up steps identified?</td>
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</table>

(From the Documenting the Recovery Journey training series, California Institute of Mental Health, 2007)
Module Ten:  Documenting the Recovery Journey, Part II

Overview
In this next section on Documentation, the participant will review the essential rules and principles regarding progress notes. The module will also cover the service categories used for billing Medi-Cal reimbursable services.

Learning Objectives:
Participants of the training will be able to:

1. Identify the basic rules and principles of writing a good progress note.
2. Understand the billing codes used for CW and FP services.
3. Demonstrate retention of material taught in the Documentation Modules.

Module-at-a-Glance

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Power point</th>
<th>Exercise</th>
<th>Hand-outs and Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>Welcome and Orientation to the Topic:</td>
<td>Slides 31-44</td>
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<tr>
<td></td>
<td>Documenting the Recovery Journey, Part II</td>
<td></td>
<td></td>
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<tr>
<td>15 minutes</td>
<td>Basic rules about writing progress notes</td>
<td>Slides 31-44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 minutes</td>
<td>Billing Categories</td>
<td>Slides 45-55</td>
<td>Identifying service</td>
<td>Service Category</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>categories</td>
<td>Answer Sheet Prizes</td>
</tr>
<tr>
<td>40 minutes</td>
<td>Putting it all together</td>
<td>Slides 56-60</td>
<td>Documentation Jeopardy!</td>
<td>Documentation Jeopardy ppt Prizes</td>
</tr>
</tbody>
</table>
Course Content Outline

- Welcome, Orientation to the Topic and Learning Objectives

Slides 31 and 32

- The Basic Rules of Progress Notes

Slide 33

In electronic charts, many of these items are in the progress note and unless they are filled out completely, you can't finish the note! In handwritten notes, however, they remain an important basic for staff to be conscientious about. Lack of signatures, for example, is a common reason for audit exceptions – and so preventable! In addition, each signature must include the provider’s discipline. Make sure you know what title you are to use in signing your notes.
Slide 34

Progress Note Basics

- Every progress note must be legible
- When you make a mistake, cross out with ONE LINE, write “error”, and write your initials.

NEVER USE WHITE-OUT.

Legibility counts! And, what good is a note that your colleagues or supervisor, let alone an auditor, can’t read! For some individuals, this is a big challenge, however, it is expected that notes from every provider (including those docs!) be legible and clear. In addition, the method of correcting mistakes is another important regulation that cannot be overemphasized. Make sure everyone knows this basic rule.

Slide 35

Progress Note Basics

- Notes must accurately reflect the activity, location and time for each service
- Time includes
  - Time spent in travel to deliver the service
  - Providing the service
  - Documenting the service

There is no “rounding up” in Medi-cal billing. Time is to be reflected accurately and to-the-minute. Remind the participants that this slide is for services provided – not services attempted. We’ll get to those situations later. But, if you travel thirty minutes to a client’s home to provide a service, and thirty minutes back to the office, then you add one hour of time to your note. Finally, besides documenting the actual time spent with the client, “time” includes the time for you to write the note.
Be sure your note accounts for the time you billed. This includes a statement about travel, when important, and as mentioned above, identifying the reason for chart review. It also involves using language that accounts for time: discussing, evaluating, assessment, problem-solving, etc., all take time. Be sure to include enough description to account for your time.

If you are writing a note that meets the standard we’ve been talking about, then you will meet the points described above. By including the goal/objective, you will relate back to the client plan. By having a good description of the client’s mood, behavior or any symptoms that you notice, you will demonstrate the medical necessity of your service. And, you have the ability to provide services that don’t meet these qualifications – as long as you identify them as non-billable.
Best Practice Documentation

- For a service to be billable, it requires identification of a mental health service.
- You must describe the mental health issue as you also document the cultural/diversity and person-centered elements of service delivery.

Many of the services we provide relate directly to a mental health need of the consumer. As part of the mental health team, Community Workers and Family Partners share in the goal of addressing the impairments in functioning that these disabilities create. It’s good to identify the ways that your services are helping the consumer bust through the barriers that are interfering with work, education and a life worth living. That’s what you need to document for billable services.

In documenting services

- Have you examined your rationale for the services you’re providing?
- Show your thinking.
- Use language that demonstrates these mental health issues.

This is a summary slide to reinforce the message of writing notes that contain all the essential ingredients.
It’s good to give some examples here. Most commonly problems can occur when a provider works with a couple, each of whom has an individual chart. While there may be issues involving both parties happening, be sure to focus on the perspective and needs of the individual whose chart you are working on – and refer to the spouse/partner by initials or relationship only. This can occur with room-mate situations as well.

In an audit, all parts of a person’s chart are present: the mental health clinic chart, the community-based organization, the vocational provider, etc. It is important to include your collaboration and contacts with other parts of the treatment team in your notes. This reflects best practice for the consumer. Changes to the treatment plan are also noted. For example, if an objective is accomplished and another objective written, a corresponding note is placed in the chart.
Progress Note Basics

- Write as if the client is looking over your shoulder.
  - Using respectful and recovery-oriented language

It would seem like it goes without saying, but we need to remind ourselves that what we write is the story of a real person’s journey – their struggles and victories, shiny and not-so-shiny times. Being respectful and recovery-oriented in the language we choose is a way of honoring the individual’s we serve. Consumers, after all, have access to their charts – they may at any time decide to review what has been written about them. We need to be able to stand by what we’ve said and feel sure that any reporting we have done has been done with compassion and respect.

Time Lines

- Best practice is to write the note as soon as possible after delivering a service.
- Each county determines the exact standard timeline for writing notes.

Writing notes within the specified timeframe is a discipline. A lot of the skill of writing notes is in being organized about doing them. You remember better if you write a note soon after providing the service – it’s as simple as that. To reinforce this standard, you are required to identify
notes that are written after eight hours as a Late Note. And, the penalty for a late note is that you are no longer able to bill for the time it took you to write the note.

Slide 44

Time Lines

- After 30 days, you still write the note, but no longer can bill for the service OR the time to write the note. This is called an Administrative Note.

If something happens and you are unable to get to a note after thirty days, it is still important to write the note! Even though you will not be able to bill for any of it, remember, this is a record of services provided. Each service needs to be accounted for.

Billing Categories

Slide 45

Categories of Billable Services

- Assessment
- Case Management
- Rehabilitation
- Plan Development
- Crisis Intervention
- Group Services
- Collateral
- Medication support
- Individual and Group Therapy
- Family Therapy

Now we move into billing categories. Each of these categories has a number. Be sure to include the number that is used for each one.
We covered Scope of Practice in the module on Role Expectations, but it is good to review it again. As we define each service category, we will identify any scope of practice issues.
Targeted Case Management

- Services provided for or on behalf of clients
  - Referrals
  - Finding resources
  - Making appointments
  - Discharge planning
  - Placement services

Ask the participants what their experience is with this service category. The key to understanding TCM is that it refers to the things you do for a client when the client is not present.

Rehabilitation Services

- Providing services designed to develop skills that will improve the client’s movement towards recovery.
  - Providing skills training to assist client’s in achieving personal goals in areas such as relationships, community living, wellness strategies.

Rehabilitation services comprise much of what Community Workers and Family Partners provide. Ask the group for examples of skill-building that they have done. (cooking, shopping, learning to take the bus, money management, leisure activities, socialization, communication, etc.)
Slide 50

Plan Development

- Services provided in the development of the client plan
  - Approval of the plan
  - Monitoring the plan
  - During supervision, only that time spent discussing the client’s treatment plan

For a service to be billable, it must be reflected on the client treatment plan. Community Workers and Family Partners must work with supervisors to identify planned services that further the goals and objectives on the client treatment plan. It may mean that objectives or interventions are added that specifically relate to the CW/FP’s work. When discussing these matters, the service area is Plan Development. You can also use this category during supervision when you are reviewing progress on the plan.

Slide 51

Crisis Intervention

- This code is used when an immediate intervention is needed to help the client deal with an unplanned situation or circumstance.
  - Services are limited to the stabilization of the emergency.
  - Services must last less than 24 hours.
  - Only eight hours may be billed at this rate.

This service category is paid at a higher rate than the others. Therefore, it is to be used very specifically during crisis and emergency situations. Ask the group to identify situations that would apply to this service category. (The most common example is a 5150, or getting someone to a higher level of care in an attempt to avoid a hospitalization.)
Individual, Group or Family Therapy

- Therapeutic interventions consistent with the client’s goals and which focus primarily on symptom reduction, assisting in the client’s recovery.

This service category is used by licensed professionals, trained in providing therapy.

Group Rehab

- Working in a group setting, with more than one client, to provide psychoeducational services.
  - Relapse prevention
  - Health and wellness
  - Stress management

Community Workers and Family Partners often provide Group Rehab services. Ask the group to identify some of the groups they lead or co-lead. (WRAP, Community Resources, Making Friends, etc.)
Collateral is the service category name for the important people that assist the client in achieving his/her goals. The family is often an important collateral contact for adults in the system as much as it is for the younger clientele. It is important to explain that the “client” is the person receiving services. In the child/youth system, it is the child/youth who is the client. All the work that you do with the family is billable under this Collateral category. (though some parents are being treated individually in the adult system as well). The point to get across here is that to use this service category, you must relate your work with collateral contacts (family, for example) to how it helps the client achieve their goals or participate better in their treatment. It must relate back to the identified client.
Exercise: Identifying Service Categories

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<th>Exercise</th>
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<tbody>
<tr>
<td>Identifying Service Categories</td>
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</table>

**Materials**
Service category answer sheet

**Instructions**
Form four teams. The instructor reads the description of a service and each team will have one minute to respond with the correct service category or identify the service as non-billable. Teams get one point for every correct answer. If they answer incorrectly, the question goes to the next team. The team with the most correct points gets a prize!

This can also be done as a group exercise without time pressure. The teams can work together to code each activity correctly and the answers can be discussed in large group.
1. Left message for a client about a change in appointment time. (non-billable)

2. Worked with client on homework problems with math assignment. (non-billable)

3. Assisted client to go to a client picnic – she had a great time! (non-billable)

4. Worked with client to identify three coping skills to help her anxiety. (Rehab)

5. Talked to Housing Authority about upcoming housing inspection. (TCM)

6. Talked with my supervisor about the client’s treatment and recovery plan. (Plan Development)

7. Had conversation with the conservator re: upcoming move to a new apartment. (TCM)

8. Spoke with Mary Jo Tierney about client’s diabetes symptoms. (TCM)

9. Met with treatment team to monitor client’s progress toward treatment goals. (Plan Development)

10. Transported client to the grocery store. (non-billable)

11. Met with client to review progress and discuss status of goals. (Plan Development)

12. Client called to let cm know that they used anger management skills to avoid conflict with roommates. (Plan Development)

13. Discussed strategies about how to handle anxiety about doctors, while enroute to the psychiatrist appointment. (Rehab)

14. Cm assisted client in getting to the Open Pantry for a free box of food. (non-billable)

15. Cm assessed client for suicidality and arranged to get him to the hospital. (Crisis Intervention)

16. Cm spoke with insurance company about coverage as client was overwhelmed and unable to communicate the issue understandably. (TCM)

17. Cm used motivational interviewing techniques to identify pros and cons of relapse. (Rehab)

(From the Documenting the Recovery Journey training series, California Institute of Mental Health, 2007)
18. Cm spoke with social worker at Cordilleras about client’s behavior problems there. (non-billable)

19. Cm assisted client in accessing money to pay for overdue bills. (TCM)

20. Due to cognitive deficits, cm assisted client in developing a budget to cover monthly expenses. (Rehab)

21. Cm assisted client in medical emergency and arranged transportation to Med ER. (TCM)

(From the Documenting the Recovery Journey training series, California Institute of Mental Health, 2007)
Non-billable services

- Not everything that we do is billable.
- Non-billable services are also valid and necessary.
- The important thing is to know when NOT to bill.

What’s Not Billable

- Travel time when client no-shows
- Leaving a phone message
- Leaving a note on the door
- Travel when no mental health service is provided enroute
- Assisting clients with academic assignments
- Generalized socialization activities

What’s Not Billable – cont.

- Personal care services done for individuals
- Vocational services that actually train for job duties

When going over the list of non-billable services, ask participants to think of examples. One might be taking a client to a baseball game and then simply enjoying the game together. In this case, no skills are being taught – there is no intervention occurring that would be billable.

Slide 59

One More Essential Fact about Billing

- Two types of services = two types of notes
  - When you provide multiple types of services in a day, you must still record each separately, under the proper activity category.

We do not “bundle” services anymore. It is necessary to write each service under its proper category and bill separately for each.
Tip #14

Here’s an example of fun in learning. Whenever possible, add fun to a training! Getting people to smile and laugh will do more to improve skills than any amount of hard-core training! We remember more when the information is paired with good feelings. Always look for opportunities to create a game, inject some humor and lighten it up!

Putting it all together

Exercise
Documentation Jeopardy

Materials
Documentation Jeopardy PPT (located with other ppt's)

Instructions
Module Eleven: Advocacy

Overview
One of the most important roles of the Community Worker or Family Partner is that of advocate – seeing that the consumer/family member is able to assert their rights and receive quality services. The skills involved in advocacy are complex, requiring excellent communication skills, clear boundaries and assertiveness. This module takes a look at these core skill components and gives participants a chance to work with some vignettes to practice the principles of advocacy.

Learning Objectives:
Participants of the training will be able to:

1. Define advocacy vs. activism.
2. Identify the ethical issues involved in advocacy.
3. Demonstrate effective communication skills in advocacy.

Module-at-a-Glance

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Power point</th>
<th>Exercise</th>
<th>Hand-outs and Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>Welcome and Introduction to the Topic: Advocacy</td>
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<td></td>
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</tr>
<tr>
<td>20 minutes</td>
<td>What is advocacy?</td>
<td>Slide 2</td>
<td>My Experience with Advocacy</td>
<td>Flip chart Markers</td>
</tr>
<tr>
<td>5 minutes</td>
<td>The difference between Advocacy and Activism</td>
<td>Slide 3</td>
<td></td>
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<tr>
<td>50 minutes</td>
<td>The Ethics of Advocacy</td>
<td>Slide 4-7</td>
<td>Advocacy in Action Advocacy Vignettes</td>
<td>Advocacy in Action Advocacy Vignettes</td>
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<tr>
<td>10 minutes</td>
<td>Empowerment</td>
<td>Slide 8</td>
<td>Defining Empowerment</td>
<td></td>
</tr>
</tbody>
</table>

Course Content Outline

- Welcome, Orientation to the Topic and Learning Objectives
Advocacy is the process of standing up for another person – seeing that their rights are upheld, their basic needs met, that there is justice and fairness for all. You can also be advocate for yourself as well as teach others to self-advocate. The following exercise asks participants to identify personal situations of advocacy.

Exercise: My Experience with Advocacy

Materials
Flip chart paper
Markers

Instructions
Ask participants to pair up. Review briefly the core components of good listening:

- Supports
- Encourages
- Backs up
- Believes in the consumer
Advocacy is an important role of Community Workers and Family Partners. There are many occasions to advocate for a client or their family, as we have seen in the examples. Activism is being politically
active – your agenda takes the public stage and you are vocal in your beliefs and criticisms of whatever it is that you are speaking out about. Your political beliefs must be “off-the-clock”. Ask the group to think of reasons for this separation of work and politics.

Slide 5 - 6

Being effective

- Advocacy is the ability to effectively communicate your needs and wants, or those of another.
- This entails an effective response: neither passive nor aggressive.

Exercise

- Advocacy in Action: Finding the right balance

Exercise

Advocacy in Action: Finding the right balance

Materials
Advocacy in Action Scenarios

Instructions
Ask two people to be volunteers. Give them a scenario and ask them to act it out – first by being passive and then, by being aggressive, in front of the class.

Large Group
1. Ask the advocate how it felt to be in each situation – first responding passively, and then responding aggressively. Find out how the other party felt in each situation as well.
2. Now ask the group to brainstorm effective ways of approaching the situation.
3. Ask the pair to role-play the scene again, using tips from the group.
4. Explore the difference with the participants and the group.

Handout

Advocacy in Action Scenarios

1. Access to medical records
   Advocate: I want to see my file.
Hospital representative: We can’t let you do that, I’m afraid.

2. Requesting a change in medication
   Advocate: I don’t want to take these medications.

   Psychiatrist: Don’t worry, it’ll get better. You have to hang in there for awhile before they really start working well.

3. Getting a refund from Social Security
   Advocate: I am entitled to a refund – I’ve been overcharged.

   Social Security Worker: I’m sorry but I don’t see anything wrong with your records – perhaps you’ve got the accounting wrong.

4. Room-mate borrowing car.
   Advocate: I want you to pay for gas or stop borrowing my car.

   Room-mate: I hardly ever use it really and look at all the things I do for you?

5. Landlord comes in to check the apartment without warning.
   Advocate: I am entitled to 24 hours notice before you can enter my apartment.

   Landlord: Look, there’s a lot of people who want these apartments, and if you don’t like the way I work, you can just go find another place.

   Advocate: I’d like a new case manager – I have tried to work with Sally, but we do not work well together.

   CM Supervisor: I’d love to help you on this, but we just don’t have another case manager that can work with you.
The Steps of Advocacy

- Define the problem.
- Do your research – find out the facts, the information you need to know to be effective.
- Watch your emotional temperature!
- Brainstorm solutions.
- Decide on an action plan.

These are the five basic steps involved in advocacy. We will be going over each of them separately.

The individual involved has to be able to define what the problem is AND what it is that he/she wants. If your brother is coming over every week and taking money from you, you would need to say that it’s not ok with you. And you would need to be able to say what you wanted to have happen – ask participants to think of a range of possible things that could happen in this situation. Sometimes people want things that unfortunately, they do not have the right to – smokers, for example. They are now quite limited in where they can smoke. They may want to smoke in public places, but there are ordinances that prohibit it. If you’re unsure about rights, you can contact the Patients Rights Advocacy group in your area.
Do your research

- Is there a legal question - what does the law or regulations say about an issue?
- What are the procedures for a grievance or complaint? Are there formal processes to follow?
- Who is the right person to approach with this matter?

Some information is easy to look up. One good website for rights issues is the California Association of Mental Health Patients' Rights Advocates at [http://www.camhpra.org/home/](http://www.camhpra.org/home/). You will find on this site the Patients Bill of Rights, highlighting the basic rights of every person in treatment. You can also contact the Patient's Rights Advocacy group (as mentioned before).

Sometimes you need to find out what the procedure for complaints or grievances are. It is helpful here to bring in a copy of the local grievance procedure forms and make sure that everyone is clear how to use them. And, speaking to the right person is another key piece of advocacy. Don’t get into your situation with the secretary! Remember that the secretary’s job is often to gatekeep for his/her staff, so your professionalism will really pay off here, if you want to speak to the person in charge.
Watch your emotional temperature!

- Emotions fuel action - but without mindfulness, emotions can create more problems than solutions.
- Emotions must be balanced by knowledge and the facts.
- Remember, being effective means that you state things in a way that can be heard.
  - Remain level-headed, calm and rational.

Going back to the exercise at the beginning of class, get other examples from participants that demonstrate the effectiveness of keeping emotions in check vs. letting it all hang out!

Slide 11

Brainstorm solutions

- There’s always more than one solution to any problem.
- Work from your strengths!
  - Written communication vs. in-person
  - With an advocacy partner vs. solo
- Make sure you look at the options and the consequences of your choices.

Take one example (use a scenario or vignette) and have the group do a brainstorming exercise on possible solutions. REMINDER: brainstorming rules are that all options are ok to put on the board, and please be short and brief!
Note how some solutions are better suited for one person than another. As with so much of what we do, the individual must make the choice on which solution best fits their temperament, style and preference.

Slide 12
Decide on an action plan

- Set a date and time to do it.
- Document what you do.
  - Take names, write down dates.
- Follow up – if you don’t get a response at first, try again.
- If you don’t like the response you got, look for other options, ways to appeal.

This last step may seem like “duh!” but it is a crucial one to follow. Determining when you can take the action, what resources you will need to follow through, is vital to successfully advocating for oneself or another. This is also a good time to mention that some things take time. And, may require not just one request on your part, but MANY. Often people get discouraged and quit when their first effort at advocacy results in a shut door. An advocate has to be willing to knock on the door again and maybe again, to see it through to positive results. Ask participants for their own examples of this.

Slide 13-16

The Ethics of Advocacy

- Keep an open mind
  - Be neutral, empathetic, kind and detached
  - Know the facts before acting
  - Talk to consumer/family member and, with permission, speak to others involved
  - Check it out with your supervisor

The Ethics of Advocacy

- Obtain authorization to act on behalf of another
  - In writing
  - With signatures
As a general rule, keep an open mind. It helps to have as a core belief that everyone is doing the best they can, or know how, to do. As an advocate, it is important to get all the pertinent facts about the situation before acting. Be sure to check things out. Sometimes there is more than one story about how situations occurred, or who said/did what. When this happens, it is good to get consultation from your supervisor. In addition, these situations require a keen awareness of confidentiality. Make sure that you get the proper HIPAA authorizations when talking to others about the client. Finally, remember that the final decision is the consumer/family member’s.

Discussion: How might you handle a situation in which the client/family member does not want to assert his/her rights?

Exercise: Advocacy Vignettes

Materials
Advocacy Vignettes

Instructions
Ask participants to form groups of 4-5 people. Give each group one vignette to discuss. Ask each group to answer the following question:
- What would you do in this situation – give your reasons.
- What are the core ethical issues involved in this situation?

Large Group
- Ask each group to read their vignette for the group and report back on their response. Do other participants agree?
- What is the rationale/ethical principle involved for the choice of action?
Advocacy Vignettes

1. Stephen has had trouble with one of the medications he is on. He did not know that weight gain was a side effect until his mother did some research and she told him. He has been unable to talk with his Doctor about it because he is embarrassed. Stephen has talked to you about it and has asked you for help.

- Questions:
  - Would you involve the family? How would you go about finding this out?
  - Would you consider doing some research yourself, finding out about the medication and its side effects.
  - How could you empower Stephen with regard to his own knowledge about the medication he is on?
  - How would you relate to Stephen’s doctor? What might you do to support him?

2. One of your friends has told you about a woman who needs some help. She has given you her phone number. Lisa is twenty years old and is seeing a doctor in private practice for medications. This next appointment will be her last as she is losing her private insurance. She has applied for Social Security and has received her award letter but the check has not come yet. After next week she will not have any medical insurance to get meds or any services. What would you do to help Lisa?
   A week later your friend calls you and wants to know what you have been doing to help.

- Questions:
  - How do you help someone who is in this situation?
  - What community resources do you know of that could help?
  - How do you empower Lisa in this situation?
  - How would you handle the call from Lisa’s friend?

3. Hope is in one of your groups at work. She took you aside after group and told you she has no money for food. She goes on to explain that she has a payee and has not received her check which is a day late. Come to find out her older sister is her payee and she works two jobs so she is difficult to reach. How would you advocate for Hope to get what she needs?

- Questions
  - What are the key issues in this situation?
  - What community resources could be helpful to Hope?
  - What assumptions might be made in this situation about the sister? What is the ethical stance to take here?

4. Joel is having trouble with his roommate. He does have a case manager from a community based organization however; he has not seen them for awhile. He has discussed the issue with
them in the past but it is now way out of hand. Joel is starting to have problems sleeping because of the roommate’s behavior. His father wants him out of the apartment Joel wants to stay he just wants the roommate to get better. How and would you advocate for Joel and whom would you involve?

- Questions
  - What are the key issues in this situation?
  - How do you work for what the client’s expressed wishes are, especially if you think he is in a bad situation.
  - How would you work with roommate? His family?
  - How would you work with the Community-Based Organization in this situation?
Discuss the last slide offering some definitions of empowerment. What would participants add for defining empowerment? What cultural differences are there regarding “empowerment” as a concept?

Tip #15

One role of the trainer is to develop a Learning Community – a group in which everyone contributes, all are considered to have wisdom to share, and everyone enhances their knowledge. Look for opportunities to create co-teachers, invite leadership opportunities in small group and make time to hear the experience and expertise in the room. This respectful inclusion will exponentially increase the learning that can happen.
**Module Twelve: Boundaries and Ethics, Part I**

**Overview**
Healthy boundaries are integral to an individual’s well-being. Good boundaries create safety and containment, a sense of security, limits and self-hood. When working in the mental health field, these issues become even more important as direct service staff negotiate many relationships with individuals who often have their own work to do with boundaries. This module covers the basics of boundaries in the workplace: how to navigate boundaries with clients, other staff and supervisors. In addition, this section covers a brief overview of ethics using the USPRA (United States Psychosocial Rehabilitation Agency) Ethical Code for Psychosocial Rehabilitation Practitioners.

**Learning Objectives:**
Participants of the training will be able to:

1. Identify the components of establishing good boundaries.
2. Identify the core ethical standards of behavior as outlined in the USPRA Code of Ethics.
## Module-at-a-Glance

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Power point</th>
<th>Exercise</th>
<th>Hand-outs and Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>Welcome and Introduction to the Topic: Boundaries and Ethics</td>
<td>Slide 1-2</td>
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<tr>
<td>20 minutes</td>
<td>What’s a healthy boundary?</td>
<td>Slide 3</td>
<td>What’s a Healthy Boundary and What Are the Signs of Trouble?</td>
<td>Signs of Healthy and Unhealthy Boundaries</td>
</tr>
<tr>
<td>20 minutes</td>
<td>Ethics</td>
<td>Slide 4</td>
<td>Ethical Violations Exercise</td>
<td>USPRA Code of Ethics</td>
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<tr>
<td>5</td>
<td>Role Expectations</td>
<td>Slide 5</td>
<td></td>
<td>Ethical Violations list</td>
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<tr>
<td>20</td>
<td>Personal Preferences</td>
<td>Slide 6</td>
<td>Personal Limits Questionnaire</td>
<td>Personal Limits Questionnaire</td>
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<tr>
<td>10</td>
<td>Client Treatment Considerations</td>
<td>Slide 7</td>
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<tr>
<td>10</td>
<td>Client’s Expressed Wishes</td>
<td>Slide 8</td>
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</table>

### Tip #16

*For this module, some prior homework is necessary! Ask each participant to download the USPRA Code of Ethics. It can be found at [http://www.uspra.org/i4a/pages/Index.cfm?pageid=3613](http://www.uspra.org/i4a/pages/Index.cfm?pageid=3613)*. *Let participants know that there will be an exercise based on having read the ethical principles ahead of time.*
Course Content Outline

- Welcome, Orientation to the Topic and Learning Objectives

Slides 1 and 2

Boundaries and Ethics

Learning Objectives

- Identify the components of establishing good boundaries.
- Identify the core ethical standards of behavior as outlined in the USPRA Code of Ethics.

Slide 3

What’s a Healthy Boundary?

Exercise:
What’s a healthy boundary and what are the signs of trouble?

Exercise
What’ a Healthy Boundary and What Are the Signs of Trouble?

Materials
Signs of Healthy and Unhealthy Boundaries Handout

Instructions
Brainstorm the definition of a boundary, using the flip chart paper. Next, ask participants to move into small groups of 4-5 people. Ask the group to identify signs of boundary trouble: how do they know that they are in a potential boundary decision situation?

Large Group
Report back to the large group and create a master list of boundary trouble signals. Then, give participants the handout on Signs of Healthy and Unhealthy Boundaries.

- What are the differences between the two lists?
- What would you identify as the most important ones to watch out for in yourself?
Handout

Signs of Healthy Boundaries

- Appropriate Trust
- Revealing a little of yourself at a time, then checking to see how the other person responds to your sharing
- Moving step by step into intimacy
- Putting a new acquaintance-ship on hold until you check for compatibility
- Deciding whether a potential relationship will be good for you
- Staying focused on your own growth and recovery
- Weighing the consequences before acting on sexual impulses
- Being sexual when you want to be sexual – concentrating largely on your own pleasure rather than monitoring the reactions of your partner
- Maintaining personal values despite what others want
- Noticing when someone else displays inappropriate boundaries
- Noticing when someone invades your boundaries
- Saying “No” to food, gifts, touch, sex you don’t want
- Asking a person before touching them
- Respect for others – no taking advantage of someone’s generosity
- Self-respect – not giving too much in hopes that someone will like you
- Not allowing someone to take advantage of your generosity
- Defining your truth, as you see it
- Knowing who you are and what you want
- Recognizing that friends and partners are not mind readers
- Clearly communicating your wants and needs (recognizing that you may be turned down, but you can ask
- Becoming your own loving parent
- Talking to yourself with gentleness, humor, love and respect
Signs of *Unhealthy* Boundaries

- Trusting no one – trusting anyone. Black and white thinking
- Telling all
- Talking at an intimate level on the first meeting
- Falling in love with a new acquaintance
- Falling in love with anyone who reaches out
- Being overwhelmed by a person – preoccupied
- Acting on the first sexual impulse
- Being sexual for partner, not self
- Going against personal values or rights to please others
- Not noticing when someone else displays inappropriate boundaries
- Not noticing when someone invades your boundaries
- Accepting food, gifts, touch, sex that you don’t want
- Touching a person without asking
- Taking as much as you can get for the sake of getting
- Giving as much as you can give for the sake of giving
- Allowing someone to take as much as they can from you
- Letting others direct your life
- Letting others describe your reality
- Letting others define you
- Believing others can anticipate you needs
- Expecting others to fill your needs automatically
- Falling apart so someone will take care of you
- Self abuse
- Sexual and physical abuse
- Food abuse
Maintaining Healthy Boundaries

- No one is immune – everyone has to maintain a healthy self-awareness and be committed to open, honest discussion of these situations.

This is an important point to get across! Each year hundreds of PhD’s and MFT’s lose their licenses over inappropriate relationships with clients. It doesn’t matter how high your degree is – any person in the helping profession must be alert to boundary issues and willing to talk about them when they arise.

Determining boundaries

- Five core factors
  - Ethics
  - Role expectations
  - Personal preferences
  - Client treatment considerations
  - Client's expressed wishes
    - Pat Deegan, Intentional Care

Pat Deegan, Ph.D., has outlined five core factors to review in order to determine a healthy and appropriate boundary. A brief explanation is offered here:

- Ethics: a set of rules and standards of behavior. Professional organizations, guilds, have developed separate standards for themselves. For example, MFT’s, PhD’s, LCSW’s, Feminist Therapists, etc.
- Role expectations: what is expected of me in my job.
• Personal preferences: some boundaries are self-determined. Many people have differences in what they are comfortable or not comfortable with (hugging is a good example)
• Client treatment considerations: Sometimes the issue is defined by what the client needs – the parameters of the treatment plan.
• Client’s expressed wishes: Sometimes the personal preference that sets the boundary is the one the client makes.

Slide 6

Unlicensed professionals also have a “guild” – the United States Psychosocial Rehabilitation Practitioners Association (USPRA). This association includes non-licensed professionals, and respects and validates the important work being done by these practitioners. USPRA has created a Code of Ethics for the field. You can download this document at [http://www.uspra.org/i4a/pages/Index.cfm?pageid=3613](http://www.uspra.org/i4a/pages/Index.cfm?pageid=3613) Review the basic sections of the USPRA Code of Ethics.

- The conduct of the psychosocial rehabilitation (PSR) practitioner.
- The PSR Practitioners ethical responsibility to people receiving services.
- The PSR Practitioners ethical responsibility to colleagues.
- The PSR Practitioners ethical responsibility to the profession.
- The PSR Practitioners ethical responsibility to society.

Exercise: Ethical Violations

Exercise
Ethical Violations

Materials
Ethical Violations cards
A bowl or basket
Prizes

Preparation
Using the handout of ethical violations, write each of these on individual index cards.

Instructions
Ask participants to form groups of 4-5. Have each team draw one card from the basket. The group has 1-2 minutes to determine if this is an ethical violation or not. Ask the group to also describe the ethical principle involved. Give the group one point for every correct answer and two points if they correctly identify the ethical principle involved.

Give prizes to the group that gets the most points.
USPRA Code of Ethics for PSR Practitioners
Violation Examples

**Personal Ethical Responsibility**
You pay your client a good wage for personal yardwork.
You don’t think about culture because you believe that since we’re all human, it doesn’t matter.
You jokingly make reference to mother of a client as completely “whacko”, “crazy”, “nuts”.
You discuss at staff meeting that “schizophrenics” are easier to work with than “borderlines”.

**Ethical Responsibility to People Receiving Services**
You are worried about looking incompetent, so you don’t ask questions of your supervisor that might help the situation.

**Ethical Responsibility to Colleagues**
Withhold information about violence in the client's background to a referral source in hopes that they will accept your client.
You join in on a secret discussion about your co-worker's recent run-in with her boss.

**Ethical Responsibility to the Profession**
Reluctantly go to yet another recovery and resiliency training.
During your presentation you take credit for work that others have done.

**Ethical Responsibility to Society**
You keep silent when a local business-person expresses their fear of violence in people who have psych disabilities.
You share a joke that is demeaning towards people with a psychiatric disability.

**In General List**
You find yourself in bed with a client as passion overtakes your better judgment.
You fall in love and begin dating a client.
You don’t report child abuse because you don’t really think it’s that bad and really like the mother.
You borrow a couple of CD’s from the client and never seem to remember to return them.
You take one or two pads of paper home just in case you do work at home.
During a BBQ that you have been invited to attend on work time, you have a beer with the parent you are working with.
You have a small glass of wine at lunch.
You make plans to go to a movie with a mom who is severely stressed after work hours.
You ask the client to do a personal favor and give them a tip for doing so.
You miss your appointment with the client, but are too busy to call about it.
Doing some personal shopping while taking your client on a shopping trip.
Role Expectations was a topic covered in its own module – review key points briefly.

- Each person on the team has a primary function or role.
- Job descriptions assist in identifying whether or not a request from a client is within a person’s role.
- When in doubt, contact your supervisor.

Each of us has lines that we draw regarding what’s ok and not ok. Not all boundaries are created equal! The only exception to this is ETHICS! And one in particular: DO NOT HAVE SEX WITH YOUR CLIENTS. One conceptualization of boundaries is Thick and Thin. *(Boundaries in the Mind: A New Psychology of Personality, by Ernest Hartmann).* Thick-
boundaried people are more rule-conscious. They have clearly defined boundaries, like to set limits, and are sometimes rigid. Thin-boundaried people are highly flexible. They have more permeable boundaries, are very intuitive, base actions on feelings about things, and are sometimes too loose! Another dimension of boundaries is culture. Ask the class how they see boundaries differ in relationship to ethnicity and cultural norms.

Take a class poll – which end of the continuum are you on? Are there cultural norms at work in where you place yourself? Emphasize the point that everyone has the right to set personal boundaries at work.

❖ Exercise: Personal Limits Questionnaire.

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**Exercise**

**Personal Limits Questionnaire**

**Materials**

Personal Limits Questionnaire

**Instructions**

Hand out the Personal Limits Questionnaire and ask each person to fill it out. Then ask people to form small groups of 4-5 people and discuss the results of the questionnaire.

- Were any questions particularly surprising to you?
- Were some questions difficult to answer? Easy?
- What kinds of differences do you have in the group?

**Large Group Discussion**

Ask each group to report out their findings.

- Did you have a lot of differences between each other?
- If you are very different, how would you work together on a team? What strategies do you use to bridge differences in personal boundaries?
# Relationships and Boundaries Questionnaire

<table>
<thead>
<tr>
<th>Behavior</th>
<th>OK</th>
<th>Not OK</th>
<th>Sometimes</th>
<th>When is it ok?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep your attraction to a client secret from support team.</td>
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<tr>
<td>Keep client’s attraction to you secret from support team.</td>
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<tr>
<td>Keep boundary concerns secret from support team.</td>
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<tr>
<td>Bend the rules for an individual client.</td>
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<tr>
<td>Share your religious/spiritual beliefs with a client.</td>
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<td>Advocate for a client against your team/agency.</td>
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<td>Share after-hours social time with a client.</td>
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<td>Bring a client home for any reason.</td>
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<td>Share a meal with a client.</td>
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<td>Engage in a common interest with a client.</td>
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<td>Spend time alone with a client in his/her apartment.</td>
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<td>Loan money to a client.</td>
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<td>Loan personal items to a client.</td>
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<td>Accept a loan of money from a client.</td>
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<tr>
<td>Behavior</td>
<td>OK</td>
<td>Not OK</td>
<td>Sometimes</td>
<td>When is it ok?</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Accept a loan of personal items from a client.</td>
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<td>Give a gift to a client.</td>
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<td>Accept a gift from a client.</td>
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<td>Call a client after work hours.</td>
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<tr>
<td>Accept a call from a client after work hours.</td>
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<tr>
<td>Accept a call from a client at your home.</td>
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<tr>
<td>Invite clients to a party at your home.</td>
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<tr>
<td>See a former client as a friend.</td>
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<tr>
<td>Date a former client.</td>
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<tr>
<td>Accept a hug from a client.</td>
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<tr>
<td>Initiate a hug with a client.</td>
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<td>Accept a massage from a client.</td>
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<tr>
<td>Initiate a massage with a client.</td>
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<tr>
<td>Take a client to your church.</td>
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<tr>
<td>Take a client to your self-help meeting.</td>
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<tr>
<td>Go for an after work beer with a consumer who is also a colleague at your agency.</td>
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<tr>
<td>Ride in a client’s vehicle.</td>
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</table>
Client Treatment Considerations

- Some decisions are based on the client's treatment plan.
- Things like past history of abuse, content of paranoid beliefs, extra vulnerability regarding loneliness, indicate a need for boundaries that respect these issues.

The treatment plan may contain information important to consider when deciding on boundaries. Ask participants for examples of differences in client treatment plans that affected boundary decisions.

Client Expressed Wishes

- Boundaries take two!
- The person with the stricter boundaries is prioritized.
  - (huggers vs. non-huggers)
- Ask!

Every client has his/her own boundary needs and issues. Using “hugging” as an example, review the five considerations:

- Is there an ethical problem with hugging?
- Is it a part of my role – is there a prohibition against it in my job description?
- Is it within my personal preferences – is it ok with me?
- Is it contraindicated by the client treatment plan?
- Does the client have a preference regarding hugs?
Ask participants for examples of situations in which the client had a different boundary need than they did – how did they handle it? Whose boundary is honored? Generally speaking, the person who has the most restrictive boundary is the one that is prioritized. For example, if I like to stand 1.5 feet from people when I talk, but my client likes to have 3 feet of space between us, we would honor the need for more space.

In conclusion, finding the right boundary takes lifelong attention and requires conscientiousness in all situations. Checking in on these five factors in any situation that brings up boundary issues will help practitioners “do the right thing”.
Module Thirteen: Boundaries and Ethics, Part II

Overview
Healthy boundaries are integral to an individual’s well-being. Good boundaries create safety and containment, a sense of security, limits and self-hood. When working in the mental health field, these issues become even more important as direct service staff negotiate many relationships with individuals who often have their own work to do with boundaries. This module covers the basics of boundaries in the workplace: how to navigate boundaries with clients, other staff and supervisors. In addition, this section covers a brief overview of ethics using the USPRA (United States Psychosocial Rehabilitation Agency) Ethical Code for Psychosocial Rehabilitation Practitioners.

Learning Objectives:
Participants of the training will be able to:
1. Demonstrate understanding of boundaries and ethical behavior.
2. Identify current boundary situations and how to deal with them.

Module-at-a-Glance

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<th>Power point</th>
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<tbody>
<tr>
<td>5 minutes</td>
<td>Welcome and Introduction to the Topic: Boundaries and Ethics, Part II</td>
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<tr>
<td>10 minutes</td>
<td>Review of the five components of boundary decisions.</td>
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<tr>
<td>60 minutes</td>
<td>Examples of boundary challenges</td>
<td>Boundary Challenges</td>
<td>Boundaries Challenges Handout</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Current boundary situations on the job</td>
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</tbody>
</table>
Course Content Outline

❖ Welcome, Orientation to the Topic and Learning Objectives

❖ Review of the Five Factors

Write out the Five Factors from the last module on the whiteboard or on flip chart paper and review them briefly with the participants.

- Ethics
- Role expectations
- Personal Preferences
- Client treatment plan issues
- Client’s expressed wishes

Today’s module is largely experiential, looking at boundary situations and how to decide on the appropriate course of action.

❖ Exercise: Boundary Challenges

Exercise
Boundary Challenges

Materials
Boundary Challenges Handout

Instructions
Ask people to form small groups of 4-5 people. Hand out the Boundary Challenges. Give each group a different situation to discuss. Here are the discussion questions:

- Evaluate each situation according to the five factors just discussed: ethics, role expectations, personal preferences, client treatment plan issues and client preferences.
- If you have a different personal boundary, share your thoughts and feelings about this with your group.

Large Group Discussion
Ask each group to report out their findings.

- Which situations prompted the most discussion? Why?
- Which situations had the most differing opinions? How would you work out your differences if you were on the same team?
- For those situations that apply, what would you say in this situation? How can you be kind and truthful, compassionate and set limits etc.?
Boundary Challenges

You have developed strong feelings for a member you have been assigned to work with and you believe that these feelings are reciprocated.

A member you are working with on decreasing social anxiety asks if you will attend church with them.

In your AA meeting a peer announced that she relapsed last week. The same peer shows up for a job interview at your place of work where there is a one-year sobriety policy in effect.

Your office-mate seems to be a whiz at paperwork. You watch closely for helpful hints only to discover that she pads her time and writes notes on clients who may have been present, but she did not serve.

A member is short on cash and can’t make rent. He has a spare bicycle that will be the perfect size for your son.

You see a colleague from another agency at a bar with a mutual client.

You are worried about going on a home visit because this person has been so difficult as of late. You decide to take your boyfriend along for support because you think the meeting with go much more smoothly with him present.

A client you are working with asks for a loan of money. You feel positive about his ability to pay you back. ($5, 10, 20, more?)

You do not believe in owning cars. Occasionally, however, you ask your client, who has a vehicle, to give you a lift to the train station. You always pay him for gas.

You are a job coach for a client. He tells you he doesn’t have any food and his case manager won’t take him shopping. He asks if you would take him. Since you’re going to do your own shopping anyways tonight, you agree to pick him up.

Your client is experiencing severe financial crisis. It is very reminiscent of your own experience of filing for bankruptcy. You tell her of your own experience of divorce and bankruptcy so she knows you can relate.

Adapted from CASRA PSR Curriculum Revised 2006
Current boundary situations

Ask individuals to identify a current or recent experience that involved boundary decisions. Use the group to identify possible ways to handle the situation. This really brings the material home – most likely everyone has encountered a situation in which they were uncomfortable – not quite sure of the right thing to do. Use examples from your own work or the supervision situations you have worked with. The more current examples, the better!

Tip #17

This is another topic that deserves repeating and reinforcing throughout the rest of the trainings. Ask individuals to bring in Boundary Issues for the group to work with each week. Make this an ongoing dialogue to help each new employee gain skill in recognizing boundary situations and comfort in bringing them up for discussion.
Module Fourteen: Assessing Risk and Personal Safety in the Field

Overview
Part of the job of the Community Worker and Family Partner is seeing people in the community, often in their homes. This is an essential way to engage with people, especially if they are part of a cultural group that has a lot of stigma associated with receiving treatment. Besides getting to know the person and finding out about their needs and goals, the Community Worker and Family Partner also pay attention to signs of trouble or concern in the environment. This is a concern for the well-being of the consumer or family as well as a concern for personal safety. This module overviews the kinds of things to look for and take note of while on home visits.

Learning Objectives:
Participants of the training will be able to:

1. Identify the important things to assess during home visits.
2. Identify appropriate action steps when situations present a risk to the health and safety of the client, family or employee.

Module-at-a-Glance

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<th>Time</th>
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<th>Power point</th>
<th>Exercise</th>
<th>Hand-outs and Materials</th>
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</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>Welcome and Introduction to the Topic: Assessing Risk and Personal Safety in the Field</td>
<td>Slides 1-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 minutes</td>
<td>What to look for in a home visit</td>
<td>Slides 3-4</td>
<td>Identifying risk situations</td>
<td>Flip chart Markers</td>
</tr>
<tr>
<td>15 minutes</td>
<td>Determining an action plan</td>
<td>Slides 5-9</td>
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<tr>
<td>40 minutes</td>
<td>Personal Safety Tips</td>
<td>Slides 10-13</td>
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<td></td>
</tr>
</tbody>
</table>
Course Content Outline

- Welcome, Orientation to the Topic and Learning Objectives

Slides 1-2

Assessing Risk Situations

Learning Objectives

- Identify the important things to assess during home visits.
- Identify appropriate action steps when situations present a risk to the health and safety of the client, family or employee.

Personal Safety in the Field

Slide 3

Types of Risk

- Risk to health
- Risk of harm to self, including suicide
- Risk of unintentional harm to self, or exploitation (unable to care for basic needs or vulnerability to being taken advantage of)
- Risk of intentional or unintentional violence, or fear-inducing behavior towards others.

These are the risks that Community Workers and Family Partners may encounter as they meet with clients in their homes. As front-line staff, you may be the first one to notice these kinds of problems developing, and the earlier you report them, the better chance there is of nipping the problem in the bud. Most of these risk situations are risks for the client. If someone is extremely agitated or threatening, that poses a risk for the worker as well as any roommates or family members involved. We will be covering how to keep yourself safe as well as any other people who may be at risk in the situation.
Exercise: Identifying Risk Situations

Materials
Flip chart
Markers

Instructions
Write on the flip chart the 4 areas of concern when doing home visits. Ask people to form small groups of 4-5 people. Have them brainstorm as many examples of each category that they can think of.

Examples:
Health – paleness, loss of weight, complaints of sickness, no food in the house, not eating, not sleeping, substance abuse, neglect of children’s needs, etc.
Harm to self – talking about hopelessness, plan to hurt self, past self-harm behavior, etc.
Unintentional harm to self – symptoms interfering with household upkeep, forgetfulness (leaving the stove on, etc), unsafe cigarette smoking, having guests or “friends” who borrow money, take advantage of the person, etc.
Violence or harmful behavior to others – intimidating behavior, breaking things, yelling/screaming, reckless driving, etc., Environmental Concerns – hoarding, unsafe electrical or other home safety issues, overcrowding, health hazards, etc.)

Large Group Discussion
Ask each group to report out their findings.
- Which of these situations causes you the most concern?
- Which situations are likely to have some lead-up, some possibility of prevention?
- What kind of back-up support do you have available to you?
Slide 5

Risks and Rights

- Where does the client’s choice fit into some of these risk situations?
  - How “clean” does the living situation need to be?
  - What is an adequate diet?
  - What about clients who do not wish to go to medical doctor for screenings or ongoing treatment of illnesses like diabetes?

Some situations are not so straightforward concerning risk. It is important to distinguish life-threatening, harmful situations from situations that really are within the individual’s choice/lifestyle preferences. Mental health clients have often been denied the “dignity of risk”. For example, some professionals feel that the stress of working is too great for people with psychiatric disabilities. This is clearly a situation in which risk is positive. Cleanliness is a matter of taste and preference – up to a point! What someone eats as a regular diet may be of concern, but not necessarily a place to become controlling. Ask participants to identify difficult situations regarding appropriate risk.

Slide 6

The Right Balance

Let client do what he/she wants  Get client to do what I want

Neglect  Recovery Zone  Control


Pat Deegan has a very nice diagram of how to conceptualize the best stance for practitioners to take when evaluating client choices and risk. The practitioner must look at the threat to health and safety that the choice poses, to see if more active controls are warranted. It’s important
to point out that if the worker just lets the client do whatever he/she wants, that stance is also unhelpful – in fact – it is neglect.

Slide 7

**Cultural Considerations**

- People from different cultures may have different ways of expressing symptoms and these can be misinterpreted if you don’t know the cultural framework of what you are seeing/hearing.

For example, in some cultures it is common to talk to dead relatives, even wish to be with them. This may not indicate suicidality at all. It must be evaluated in the cultural context. Make sure you consult with your supervisor on this.

Slide 8

**Steps to Take**

- Notice changes, both in the client and/or family member as well as the environment.
- If it is urgent – call 911! (e.g., the person is unconscious, severe illness, violence, suicidal behavior)
- Report in to your supervisor.
- Document the steps you took.
- Follow-up.

Every time you make a home visit, take care to notice both the client/family and the environment. If you see a situation that is urgent, make the call to 911 immediately. If the situation is less urgent, it is often helpful to check in with your supervisor for consultation on the best thing to do. If your supervisor is unavailable, ask for the Officer of the Day to assist you. Once your supervisor is aware, there may be other people that need to be notified. Find out who is going to contact whom (the person’s conservator, case manager, psychiatrist, therapist, etc.).
Then, it is very important to document all that occurred. This requires a more detailed note about what you saw and did in response to the situation. Finally, you will be part of the follow-up that happens – as part of the team, you will play a role in helping the person recover from the set-back or get back on their feet. You might want to send a card or visit. Find out if the client needs help to handle their business while in the hospital - who is taking care of things like pets, paying bills, notifying family, etc.

Slide 9 and 10

<table>
<thead>
<tr>
<th>Personal Safety</th>
<th>Your Responsibility</th>
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<tbody>
<tr>
<td>● We’ve been talking about risk situations for the client.</td>
<td>● Your job is to care for the safety of your client as well as yourself.</td>
</tr>
<tr>
<td>● Now let’s discuss how best to keep you safe as you work with people in the community.</td>
<td>● Keep yourself safe – you cannot help any client if you yourself are not safe.</td>
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Slide 11

<table>
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<tr>
<th>Safety</th>
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| ● Physical  
  ● If you are concerned for your physical safety, leave the premises. If others are there for whom you are concerned, call the police or 911 immediately. |
| ● Emotional  
  ● You have the right not to be verbally abused on the job. You can let the client or family member know that you would like to talk to them, when he/she is able to communicate in a reasonable manner. |

It’s good here to talk about some basics in physical safety:
• Meeting with the client/family in a place in the home that gives you access to the door (avoid getting backed into a corner).
• Talking in a calm, yet confident tone of voice.
• A side stance – not squared off with the client. Allowing your body posture to indicate willingness to work with the client instead of being physically confrontational.

When it comes to emotional abuse, it is important to have a conversation about the differences between people as well as to attempt to define a bottom line. Some folks are not fazed by swearing and rough language (those folks work with young adults, perhaps!). In some cultures, loud expressions of anger are not unusual, and a practitioner would have to be able to meet the client where they’re at. In other situations, if the abuse is personal, attacking and hurtful to the staff person, this is not to be tolerated.

Slide 12

Ask participants to talk about challenging situations that they have experienced - situations that required an assessment of risk. Have the group brainstorm effective ways to respond. Use your own examples to help get the conversation started.

Tip #18

Another training that should be schedule for new employees is Suicide Prevention and Intervention. Ask the trainers at your local Suicide Prevention Hotline to come in or find out who does this training in your county. It is a very important topic for all new staff.
Module Fifteen: Listening Skills – Step One in Motivational Interviewing

Overview
Motivational Interviewing is a way of working with people who are in the process of change. It is especially helpful in working with people who have co-occurring disorders. This module gives a brief overview of Motivational Interviewing and the Stages of Change. The module concentrates on the first principle of MI: Express Empathy. This principle focuses on the foundational skill of listening. When an individual is truly listened to and heard, it allows the person to wrestle with ambivalence in a healthy way. This style of working with people enhances their own internal motivation to change. Step One: we must listen.

Learning Objectives:
Participants of the training will be able to:
1. Identify the stages of change.
2. Identify the core principles of Motivational Interviewing.
3. Demonstrate active listening skills.

Tip #19
It’s interesting that Motivational Interviewing – a hot, new method of working with people who have co-occurring disorders – starts with the most basic of all helping skills: how to listen. This is a great place to re-emphasize what everyone’s been taught: that being with another person in a respectful, attentive, honoring way, promotes that person’s ability to choose health and recovery. We always begin “where the client’s at”. And, we can only go there if we are willing to listen in a non-judgmental, caring way. What’s also interesting is that most people only THINK they know how to listen – it is actually much more difficult than it seems. Make sure in this module that you actively point out the “best in listening” when you see it.
## Module-at-a-Glance

<table>
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</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td><strong>Welcome and Introduction to the Topic: Motivational Interviewing</strong></td>
<td>Slides 1-2</td>
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<tr>
<td>20 minutes</td>
<td><strong>Defining Motivational Interviewing and the Stages of Change</strong></td>
<td>Slides 3-5</td>
<td>Your Stage of Change</td>
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<tr>
<td>20 minutes</td>
<td><strong>The Dilemma of Change</strong></td>
<td>Slide 7</td>
<td>I’ll Convince You!</td>
<td>Roadblocks: What is Not Listening handout</td>
</tr>
<tr>
<td>10 minutes</td>
<td><strong>The Five General Principles</strong></td>
<td>Slide 9</td>
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<tr>
<td>35 minutes</td>
<td><strong>Express Empathy: Listening 101</strong></td>
<td>Slides 10-13</td>
<td>Listening Skills Relay</td>
<td>Two chairs</td>
</tr>
</tbody>
</table>

## Course Content Outline

- **Welcome, Orientation to the Topic and Learning Objectives**

  Slides 1-2

- **The Power of Listening**
  - Step One in Motivational Interviewing

- **Learning Objectives**
  - Identify the stages of change.
  - Identify the core principles of Motivational Interviewing.
  - Demonstrate active listening skills.
Listening is a Foundational Skill

- It is the basis for cultural competency
  - Remaining open and curious
- It is what consumers and family members say is most helpful
- For people with co-occurring disorders, listening is a core skill taught in Motivational Interviewing

The importance of listening can never be overestimated! Ask participants to share experiences of being listened to and how that was helpful. In focus groups for San Mateo County, one of the biggest dissatisfactions with the mental health system was that consumers and family members did not feel heard.

Motivational Interviewing

- Motivational Interviewing is a way of working with people who are in the process of change.
- MI is focused on really understanding where a person is at in the stages of change.
- Then, making stage-wise interventions.

The originators of Motivational Interviewing are William Ross Miller and Stephen Rollnick. There are many resources on the web for this topic – two resources you might want to check out are [http://casaa.unm.edu/mi.html](http://casaa.unm.edu/mi.html) and [http://www.motivationalinterview.org/index.shtml](http://www.motivationalinterview.org/index.shtml)
The Stages of Change are the work of Prochaska and DiClemente. A brief description is as follows:

**Precontemplation** is the stage at which there is no intention to change behavior in the foreseeable future. Many individuals in this stage are unaware or underaware of their problems.

**Contemplation** is the stage in which people are aware that a problem exists and are seriously thinking about overcoming it but have not yet made a commitment to take action.

**Preparation** is a stage that combines intention and behavioral criteria. Individuals in this stage are intending to take action in the next month and have unsuccessfully taken action in the past year.

**Action** is the stage in which individuals modify their behavior, experiences, or environment in order to overcome their problems. Action involves the most overt behavioral changes and requires considerable commitment of time and energy.

**Maintenance** is the stage in which people work to prevent relapse and consolidate the gains attained during action. For addictive behaviors this stage extends from six months to an indeterminate period past the initial action.

We include Relapse on the wheel because it too, is part of the process. A person enters back into the wheel of change at different stages.
Exercise:  What stage of change are you in?

Exercise
What Stage of Change Are You In?

Materials
None

Instructions
Ask participants to think of something they really want to change (weight, smoking, exercise, etc.) Using the definition of the stages of change, identify where you would put yourself on the Stages of Change.

Ask each person to get a partner. Ask the partners to take turns discussing the following:

Your stage of change: what are the stage identifiers?
How do you feel about this change?
Do you have any supports?

Large Group Discussion
Ask each group to report out their findings.

• What commonalities do you see in the stage of change issues?
  o This should lead nicely into the next slides, on ambivalence.
A key concept in MI is that many times people are ambivalent about change – they want to stop smoking, yet there’s also the desire to continue smoking. It’s honoring this process – feeling two ways about change – that creates the opportunity for individuals to work out the dilemma of ambivalence. MI works towards having the individual themselves present the arguments for change. The following slide adds research backing to this idea.
Exercise: I’ll Convince You

Exercise
I’ll Convince You!

Materials
Handout: What is Not Listening

Instructions
Ask for two volunteers from the group, one to be a counselor and one to be a client. Ask the volunteer for the client to be someone who is in pre-contemplation about their changes – or perhaps contemplation. The counselor’s task is to use every persuasive tactic that they can think of to convince the person they need to change that behavior. Have them role-play for about 10 minutes.

Large Group Discussion

- First, ask the client - how was it to be “convinced”? And for the counselor, how did it feel to use these tactics?
- How successful is it to apply pressure? Is there ever a good time to use these tactics?
- Why is it that we often do a version of these things? What is being brought up for those of us who want to see people make positive changes?
Handout

ROADBLOCKS
What is Not Listening

1. Ordering, directing or commanding
2. Warning or threatening
3. Giving advice, making suggestions, or providing solutions
4. Persuading with logic, arguing or lecturing
5. Moralizing, preaching or telling clients what they “should” do
6. Disagreeing, judging, criticizing or blaming
7. Agreeing, approving or praising
8. Shaming, ridiculing or labeling
9. Interpreting or analyzing
10. Reassuring, sympathizing or consoling
11. Questioning or probing
12. Withdrawing, distracting, humoring or changing the subject

Thomas Gordon (1970)
Here’s a quick description of each of the five principles:

**Express Empathy:** Listen and be supportive in your comments.

**Develop discrepancy:** Listen for ambivalence – when both sides of the argument are being presented. Emphasize the fact that there are some arguments FOR CHANGE going on.

**Avoid argumentation:** Stay out of power struggles and convincing someone to change

**Roll with resistance:** When the person is highly opposed to changes, be understanding. Show that you still care and respect the person.

**Support self-efficacy:** Listen for statements that support the person’s ability to make positive changes and reinforce them.

This training focuses on the first principle: Express Empathy.
Reflections
- You can go a long way on “uh huh” (and other encouraging signals)
- Re-stating what the client/family member has said
  - Use exact words
  - Paraphrase – use your own words
- Add in the emotion that you think is at work

Guidelines for good listening
- Be attentive to general themes rather than details.
- Be guided by the purpose of the meeting.
- Be alert to what is being said.
- Normally, don’t interrupt. However, sometimes it is necessary to direct the conversation.
- Allow silences. Don’t rush to fill in the space.

Exercise: Listening Relay

Materials
Two chairs

Instructions
If the group is larger than 8-10 people, create two groups. Put two chairs facing each other at the front of the room – one for the Client and one for the Community Worker/Family Partner. Ask for a volunteer to be in the Client chair. This person is to talk about their life in general or any topic of their choosing.

Ask the other participants to line up behind each other, with access to the Community Worker chair. The participants are to come and sit in the CW/FP chair and do Active Listening skills only - for everything that the Client says, they must respond with one of the active listening skills. The instructors will tap the person on the shoulder when they need to adjust their response to be in active listening mode. After a couple of minutes, the person is done, and the next person in line continues the Active Listening.

Large Group Discussion
- For the client, how did it feel to be listened to in this way?
- What is the most difficult part about active listening?
Module Sixteen: Communication Skills

Overview
Communication is the basic essential element of all that we do: it is at the heart of our relationships with clients, co-workers, supervisors, loved ones, the clerk at Macy’s – it’s a skill we use constantly! Good communicators are the people we like to be around – they are successful, good with people, able to get things done. How can we develop those skills in ourselves and others? This module takes a look at one method of helping people communicate through challenging situations. It’s called Compassionate Communication. It was developed by a consumer self-help group and is used by that group to build relationships, talk through difficulties and strengthen their network. It provides a framework in which to communicate your needs in a healthy manner and provides a way to negotiate when two people’s needs conflict. Being able to communicate effectively is critical to working successfully in the field of mental health. The Big “C” comes up again and again as the key factor in maintaining relationships with others.

Learning Objectives:
Participants of the training will be able to:

1. Identify the four steps of compassionate communication.
2. Demonstrate the effective use of these skills.
### Module-at-a-Glance

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<tr>
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<td>Welcome, Introduction to the Topic and Learning Objectives: Communication Skills</td>
<td>Slides 1-2</td>
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</tr>
<tr>
<td>5 minutes</td>
<td>Defining Compassionate Communication</td>
<td>Slide 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 minutes</td>
<td>The Four Parts to Compassionate Communication</td>
<td>Slide 4</td>
<td>Describing: Just the facts, ma’am.</td>
<td>Compassionate Communication Handout</td>
</tr>
<tr>
<td>15 minutes</td>
<td>Identifying Your Needs</td>
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<tr>
<td>15 minutes</td>
<td>Identifying Your Feelings</td>
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<tr>
<td>15 minutes</td>
<td>Effectively Communicating What You Want</td>
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<td>30 minutes</td>
<td>Practice in Compassionate Communication</td>
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**Tip #20**

*Real-life situations will make this training come alive! We all have difficult interpersonal situations to deal with both on the job and at home. In polling a group of mental health professionals, we found that this issue – being able to effectively deal with colleagues when problems arise – was one that many, many people could use some practice on! Also, in the beginning the format seems corny, forced – maybe too weird. What makes this work is that it creates a safe vehicle for a conversation to take place with another person. As people use the format more and gain more comfort with it, the format eases and the basics can be done in a very fluid, natural way.*
Course Content Outline

- Welcome, Orientation to the Topic and Learning Objectives

Slides 1 and 2

**Compassionate Communication**

**Learning Objectives**
- Identify the four steps of compassionate communication.
- Demonstrate the effective use of these skills.

Slide 3

**What is Compassionate Communication?**

- Compassionate Communication is the ability to talk through a difficult situation with another person – a situation in which your needs are not being met.
- It is the ability to state your feelings and needs effectively – in a way that others can hear and respond to helpfully.

This material was presented by a group of consumers from a self-help center in Arizona, where they were practicing this with each other all the time. They ask each member to learn the skills and consciously use them in all of the group’s communications. They were very excited about the effectiveness of this method. They noticed that conflicts were fewer as people became more skillful at communicating to each other in a kind way. It involved a real commitment on the membership’s part to do this. It also takes practice!
It is helpful to have a personal example here that quickly shows each of the four parts in action. We will be going over each one separately and practicing each component.

“Susan, I notice that yesterday, when I went over to our lunch-room area, you left behind some wrappers, a soda can and the table was dirty. I’m a person who needs things to be orderly. I feel irritated when I go to sit down for my lunch and there is this stuff there. I would really appreciate it if you would remember to clean up after yourself in the lunchroom.”

Slide 5

I notice…

Exercise:
Just the facts, Ma’am!
 Exercise: Describing – Just the Facts, Ma’am!

**Exercise**  
**Describing – Just the Facts, Ma’am!**

**Materials**  
Compassionate Communication handout

**Instructions**  
It is helpful if the instructor can provide a personal example of this exercise before asking participants to do one on their own.

Ask each individual to think of a difficult communication situation that they were involved in. Ask each person to write down all the elements that would be put into the “I notice” section of compassionate communication.

Ask individuals to form dyads. Share the “I notice” section with each other. Get feedback on whether or not the description meets the “Just the facts, ma’am” criteria.

**Large Group Discussion**  
Share examples from the dyads for the whole group.

- Ask individuals to compare how they perhaps originally approached the situation with this approach – how does “Just the facts” help to create better communication?
Compassionate Communication Handout
The Basic Format

I notice

I need

I feel

I wonder if you would, I would like it if you would.....
Giving a few examples for starters, and then ask the group to brainstorm a list of personal needs (Organization, Order, Non-conflictual environment, etc). Each person values things differently – a value for one person may conflict with a strong value of another. Often, individuals in conflict don’t realize the value that’s being ignored or trampled upon. When you can articulate your value need, it is easier for another individual to understand and then, want to be a part of the solution. Owning your needs is part of taking responsibility in a communication breakdown.

Exercise: Identifying Your Needs

**Exercise**

**Identifying Your Needs**

**Materials**

Compassionate Communication handout

**Instructions**

It is helpful if the instructor can provide a personal example of this exercise before asking participants to do one on their own.

Using the example from the previous exercise (a difficult communication situation that they were involved in), ask participants to reflect on what the need was in that situation. Ask each person to write down the needs in the “I need” section of compassionate communication.

Ask individuals to form dyads. Share the “I need” section with each other.

**Large Group Discussion**

Share examples from the dyads for the whole group.

- How does identifying your needs help to create better communication?
- If someone approached you like this, how would you respond? Use the examples from the group.
Compassionate Communication Handout
Basic Needs

Security
Friendship
Love
Meaning
Organization
Respect
Emotional Safety
Order
Consistency
When a strong need gets thwarted or trampled upon, it is natural to have strong feelings as a result. The key here is to be able to express feelings in a healthy way. Brainstorm with the class the types of emotions that were generated from these difficult situations (anger, rage, hurt, depression, sadness, fear, etc.) Being able to accurately identify feelings can also help to resolve conflict and difficult communication situations. It is also important to work on HOW you communicate feelings to another person - anger, for example. Turn down the heat! Brainstorm ways to reduce the intensity of the communication. Sadness: How can you moderate sadness? (There’s nothing wrong with tears, but in professional communication, it is helpful to be able to discuss these feelings with some detachment).
Exercise: Identifying your feelings

Exercise
Identifying Your Feelings

Materials
Compassionate Communication handout

Instructions
It is helpful if the instructor can provide a personal example of this exercise before asking participants to do one on their own.

Using the example from the previous exercises (a difficult communication situation that they were involved in), ask participants to reflect on what the feeling was in that situation. Ask each person to write down the feelings in the “I feel” section of compassionate communication.

Ask individuals to form dyads. Share the “I feel” section with each other.

Large Group Discussion
Share examples from the dyads for the whole group.
- What are the challenges involved in expressing feelings to another person?
### Compassionate Communication Handout

#### Feelings

**LOVE WORDS**
- Love
- Affection
- Caring
- Like
- Kindness
- Desire
- Adoration
- Fondness

**SADNESS WORDS**
- Sad
- Despair
- Disappointment
- Hopeless
- Sorrow
- Unhappy
- Hurt
- Grief
- Depression
- Crushed

**ANGER WORDS**
- Anger
- Aggravation
- Resentment
- Outrage
- Agitation
- Annoyance
- Bitterness
- Contempt
- Disgust
- Dislike
- Frustration
- Grouchy
- Grumpy
- Hostile
- Mean-spirited
- Rage
- Hate

**FEAR WORDS**
- Fear
- Frightened
- Anxiety
- Scared
- Edgy
- Apprehensive
- Terror
- Panic
- Jumpiness
- Nervousness
- Tense

**SHAME WORDS**
- Embarrassed
- Humiliated
- Mortified
- Insulted
- Remorse
- Regret
- Guilt

**JOY WORDS**
- Joy
- Bliss
- Cheerful
- Glee
- Hopeful
- Glee
- Optimistic
- Pleased
- Amusement
- Delight
- Enjoyment
- Enthusiastic
- Jolly
Here is where each person must identify what it is that they would like to see happen – define the change that is being requested. First, notice the way it is phrased: I would like... or I wonder if you would... Soften your request! People respond much better to a kind request. Politeness in communication can make the difference for creating positive changes. Look closely at the change you wish to see - is it reasonable? Would others agree that it is reasonable? And, here again, it is important to be clear. As in the first part of Compassionate Communication, specificity is better! “I would like you to be neater” does not communicate your desired result as well as “I would like to have all folders filed by the end of the day.”

Exercise: Effectively communicating what you want

Exercise
Effectively Communicating What You Want

Materials
Compassionate Communication handout

Instructions
It is helpful if the instructor can provide a personal example of this exercise before asking participants to do one on their own. Using the example from the previous exercises (a difficult communication situation that they were involved in), ask participants to identify what they wanted to see happen in that situation. Ask each person to write down the desired result in the “I would like” section of compassionate communication.

Ask individuals to form dyads. Share the “I would like” section with each other. Give feedback on whether or not you think your partner has made their request specific enough.

Large Group Discussion
Share examples from the dyads for the whole group. What are the challenges involved in communicating what you want to see happen to another person?
Creating teamwork and positive relationships

- Learning how to effectively communicate will enhance your ability to be a good team member.
- Knowing how to state your needs, express your feelings and negotiate a positive result is empowering!
- It is also a prerequisite for leadership.

The Big “C”

- One of the most important skills to develop is COMMUNICATION!
- Your willingness to practice these skills will enhance your life as well as help others.

Ask the group to think of an example of good communication that involved someone in leadership. How did the leader work through the issue – what skills were used? In what ways does poor communication hurt teams? How might these skills improve teamwork and colleague relationships?

Exercise: Putting it all together

Exercise
Putting it all together

Materials
Compassionate Communication handout

Instructions
Ask for volunteers to role-play the scenario that they’ve been working on, or use another example, to practice using Compassionate Communication.

Large Group Discussion
- Give feedback to the volunteers on each section – notice the strengths of the communication and offer suggestions if needed.
Module Seventeen: Using Supervision Well

Overview
One of the most important components of job satisfaction and success is the relationship each employee has with his/her supervisor. When this relationship is based on mutual respect and trust, it creates an environment of growth, learning and challenge. Supervisors offer their expertise, perspective and helpful hints – however – supervisors are also among the busiest worker-bees in the workforce hive! What are the strategies that will help you get the most out of your supervisory relationship? This module looks at key skills that can improve the supervisory relationship and enhance the opportunities to learn on the job. Learning is life-long! Mastering these skills will do much to boost the quality of your work with clients and add to your professional tool-bag.

Learning Objectives:
Participants of the training will be able to:

1. Identify four ways to use supervision.
2. Demonstrate the ability to ask for help effectively.
3. Demonstrate the ability to present oneself in a positive and effective manner.

Module-at-a-Glance

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Power point</th>
<th>Exercise</th>
<th>Hand-outs and Materials</th>
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<tr>
<td>5 minutes</td>
<td>Welcome, Introduction to the Topic and Learning Objectives: Using Supervision Well</td>
<td>Slides 1-2</td>
<td>Slides 3</td>
<td>Best Supervision Experiences</td>
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<td>15 minutes</td>
<td>Differences in Supervisors</td>
<td>Slide 3</td>
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<td>35 minutes</td>
<td>Using Supervision</td>
<td>Slides 4-6</td>
<td>Demonstration Roleplays – the Pitfalls</td>
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<td>35 minutes</td>
<td>The Keys to Success</td>
<td>Slides 7-11</td>
<td>Supervision Roleplays</td>
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Course Content Outline

- Welcome, Orientation to the Topic and Learning Objectives

Slides 1 and 2

Using Supervision Well

Learning Objectives
- Identify four ways to use supervision.
- Demonstrate the ability to ask for help effectively.
- Demonstrate the ability to present oneself in a positive and effective manner.

Slide 3

Not all supervisors are created equal!
- Supervisors come in all shapes and sizes.
- Know the supervisor you have – not the supervisor you wish you had.
- Working from strengths will help in this relationship too.

Ask participants to form dyads and discuss their best experience with a supervisor. What were the qualities that they appreciated? What worked for their own style of learning? In the large group, put these qualities on the board. Notice if there are differences – some people like a lot of contact, some like very little, etc. Emphasize that supervisors have styles, too – based on their own learning and teaching preferences. When it’s not a match made in heaven, you need to know how to make it work.
Know your supervisor!

- What do most supervisors need from you?
  - Attention to deadlines
  - Following rules and regulations
  - The ability to be concise
- What do most supervisors also want?
  - Stories of recovery, examples of your work with consumers and how you are making a difference

There are the basics of any job – the deadlines, protocols and procedures that have to be followed. Paying attention to these details is vital to success on the job. Supervisors value your reliability and responsibility to these matters. Supervisors are also extremely busy people. Most have more staff to supervise than they have time to meet with them. When you do have a meeting with your supervisor, it helps a lot to be concise and to-the-point. Ask participants for their examples of when a concise report is helpful and preferable.

It is also important to make the point that recovery stories are so very important to share! Often supervisors are hearing primarily about the crises, worries and challenges on the team. Every time you tell a success story to your supervisor you are providing an antidote to being overwhelmed, frustrated and pessimistic.

How Supervision Can Be Used

- Mentoring - increasing knowledge and skills
- Problem-solving opportunity
- Sharing stories of success
- Performance evaluation
Mentoring: supervision is an excellent opportunity for growth and learning. Supervisors are going to learn from you as well. Take this advantage to hear stories from the supervisor’s background and training.

Problem-solving opportunity: supervisors are there to help you brainstorm solutions to challenges in the field. Supervisors serve as consultants to staff and either know the resources themselves or know where to find them.

Sharing stories of success: As mentioned before, reinforce that this is essential to a hopeful, recovery-oriented team! Ask participants to share a story or two with each other.

Performance evaluations: Supervisors do annual performance evaluations on all staff. It is an opportunity to hear formal feedback in a structured way. However, performance evaluation is taking place to some degree in each supervision session. Again, your active participation in self-evaluation will make this process more beneficial.

Slide 6
Exercise
Demonstration Role-Plays

Materials
Demonstration Role-Plays Scenarios handout

Instructions
This exercise requires a co-facilitator. Each of the four scenarios is acted out for the group, depicting common problems in supervision. The group is asked to de-construct the role-play, using the following questions:

- What did you see going wrong in this supervision meeting?
- How did the style of presentation (or working with the supervisor) impact a good outcome for supervision?
Demonstration Role-Plays
Scenarios Hand-out

1. I have nothing to learn from you
In this role-play, the supervisee is very arrogant. The supervisee does not think they have anything to learn from the supervisor. The supervisor attempts to interject ideas or suggestions and the supervisee is not open to hearing them.

2. The worst possible way to present a problem
In this role-play the supervisee is very emotional. He/she is not doing the basics of self-care, so has not been sleeping well and comes into the meeting at 2pm without having had breakfast or lunch. Everything is presented as a catastrophe.

3. I have the world’s most difficult clients
The supervisee comes in complaining about Joe, a client who is unwilling to take medications and uses alcohol to self-medicate. The supervisee is burnt out, hopeless and fed up with Joe. Whenever the supervisor attempts to problem-solve, the supervisee throws up their hands and says “I’ve already done that” or “It won’t work.”

4. Overshare
The supervisee begins to talk extensively about personal issues during supervision, despite the supervisor’s attempt to recommend outside assistance and return to the discussion of clients.
The Keys to Success

- Prepare
- Being open and receptive.
- Communicate at least one positive story

A positive relationship with the supervisor will enhance your job performance and often your job satisfaction. These three pointers can help. The following slides expand on the how-to's for each.

Slides 8-10

Prepare

- Know what you’re going to bring up in supervision prior to walking in the door
- Have your questions written ahead of time
- Think about possible solutions yourself to present as ideas
- Be brief, concise and accurate

Be open and receptive

- Supervisors give feedback – be prepared to hear it in an open, receptive manner
- Show respect for the expertise and skills of your supervisor
- See it all as growth opportunities
Supervision Role-plays

What’s the best way to handle these situations?

Exercise
Supervision Role-Plays

Materials
Role-Plays Scenarios handout

Instructions
The role-plays scenarios are just a few examples of issues that come up in supervision. Use the group’s examples or choose from the list. These scenarios can be discussed in small or large groups. Then, ask for two volunteers to do a role-play for the class.

Large Group Discussion
• What strategies work best?
Supervision Scenarios Hand-out

There are many supervision scenarios that can be used! These are just a few examples to work with. Ask participants to come up with situations from their own experience.

1. Multiple Demands and Too Many Requests
   How do you handle the situation when you are getting requests from a lot of colleagues, in addition to your supervisor?

2. Requesting Supervision
   Your supervisor is always busy and it’s difficult to arrange a meeting time. How do you request a formal time to meet in a positive manner?

3. When There’s a Challenge in Following Through With a Direct Request
   You were asked to help Mark get to his doctor’s appointment to check on his blood level for diabetes. He was not ready to go and had spent all his money on a card game the night before. He refuses to go to the doctor and asks if you can take him to the food bank instead, because he has no food in the house.

4. When there’s a boundary issue
   Martha is working with Karla on increasing her social and leisure activities. Karla is very grateful for her help and after going to a movie, suggests that they grab a bite to eat. Karla pays for dinner. She feels so good about her progress that she hopes that Martha will be available every week.
Celebrating Success!

We leave you with one final Tip!

Tip #21

It’s time to celebrate! The new community workers have now made it through their first months on the job and have successfully completed an intensive training period. Hopefully there are more opportunities to learn ahead! As you wind up the trainings, make sure to include a celebratory potluck. Invite others to share in the festivities, such as the Mental Health Director, supervisors and other interested staff. This is also a wonderful time to invite some consumers and family members in who are considering these jobs in the future. Nothing stimulates recovery and wellness more than seeing people who have done it for themselves and are now in the system to help others.