



**Training the Public Mental
Health Direct Care
Workforce in Adult
Settings**

***Core Mental Health System
Transformation Constructs***

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Outline

- Direct Care Curriculum Basics
- Goals and Objectives of Training
- Curriculum Development Process
- Application of the Literature
- Content of Training (see handouts)
- Workforce T&TA Project Logistics
 - Target Audience
 - Train the Trainer Model
 - 14+ Modules (objectives, references, activities, post-test, evaluations)
- Proposed Faculty

Curriculum Basics

- T&TA requests will generate three-part, integrated curriculum
 - Overview of transdisciplinary knowledge, skills, attitudes (KSA's)
 - Overview of primary practice KSA's
 - Customized to setting (crisis intervention, acute inpatient, residential or longer term inpatient, outpatient or community settings)
 - Customized to special populations

Curriculum Basics

- Training directed to mental health workers, psychiatric aides/workers, nursing assistants (folks with less than a college degree usually working in inpatient settings)
- One and two-year prepared technical nurses and RN's
- Unlicensed case managers, social workers, rehab staff, others

Goals and Objectives of Training Curriculum

1. To become familiar with the transdisciplinary knowledge, skills, attitudes (KSA's) for mental health professionals (licensed and unlicensed), including:
 - A. Understanding Mental Health Conditions
 - B. Understanding the Recovery Process
 - C. Treatment Knowledge and Interventions
 - D. Applications in Practice
 - E. Ethics and Professional Practice Codes

(TAP 21, 2002; Huckshorn, 2007; Codes of Ethics, 2004)

Goals and Objectives of Training Curriculum

2. To become familiar with the primary practices that facilitate the provision of recovery-oriented treatment and services including:
 - A. Screening and Assessment
 - B. Person & Family-driven Treatment Planning
 - C. Levels of Care and Referral
 - D. Service Coordination Intra- and Inter-Agency
 - E. The Role of Service User, Families and Advocates

(TAP 21, 2002; Huckshorn, 2007)

Goals and Objectives of Training Curriculum

- F. Counseling and Communication Strategies
- G. Evidence-Based Practices
- H. Service User, Family, and Community Education
- I. Discrimination, Documentation and Language

(TAP 21, 2002; Huckshorn, 2007)

Goals and Objectives of Training Curriculum

3. To provide an overview of practice applications specific to service settings including (these modules customized by state request):
 - A. Crisis and Early Intervention Settings (including emergency rooms)
 - B. Acute Inpatient Care settings
 - C. Residential, Intermediate and Long Term Care Settings
 - D. Outpatient Services Settings

Goals and Objectives of Training Curriculum

- E. Peer Support Services
- F. Special services for people with complex needs: Forensic, **Co-occurring Disorders such as mental and substance use conditions (priority)**, MH and primary care issues, MH and developmental disabilities and people with personality disorders

(Sainsbury Centre, 2001)

Curriculum Development

- Review of Literature, including CSAT's Technical Assistance Publication 21: Addiction Counseling Competencies (2002); the Sainsbury Centre's "The Capable Practitioner" (2001); Behavioral Health Study Guide (FCB, 2006); Annapolis literature; NAMI/DBSA work; state specific work and continued literature reviews.
- Decision to focus training and measure outcomes related to staff knowledge and attitudes. Competencies will require agency supervision and job description/evaluation revisions.

Curriculum Development

- Training curriculum will be available in modules that can be used in a 1.5-2 day format or individually, over days or weeks.
- Training will focus on information required for all direct care staff who work in adult mental health setting with customized modules specific to the state's settings and individual needs such as co-occurring disorders or state hospitals.

Curriculum Development

- Each “setting specific” curriculum will include modules with associated trainer narratives, objectives, references, post-tests, exercises, an evaluation form, handout materials, and will be CEU approval ready.
- The initial inpatient adult curriculum will be piloted in two sites by August 2007, and then reviewed and revised.

Application of the Literature

The curriculum will focus, first, on two primary areas identified in CSAT's work with addiction counselors.

- 1. *Transdisciplinary Foundations*** will identify the knowledge, skills, and attitudes that underlie competent practices for mental health workers across settings and disciplines. There will be five foundations included in this section.

Application of the Literature

2. Mental Health Practice

Dimensions will be addressed in the second section of the curriculum, and will address the primary practice dimensions for persons working in a variety of mental health settings.

There are nine (9) practice dimensions that will be covered in this section.

The Sainsbury Centre for Mental Health Framework

- This framework was designed in 2001 resulting in the development of a capability framework for mental health practitioners. This framework includes ***applications specific to service settings***. It is this latter piece that will inform the training curriculum for section 3.

The Sainsbury Centre for Mental Health Framework

3. Practice Applications specific to Service Settings

- Practical application of the transdisciplinary competencies and primary practice dimensions will be provided for 5+ settings, as relevant to the target audience and T&TA requests from SMHA's. These may include customization for special populations such as co-occurring disorders.

Workforce T&TA Logistics

- Target audiences will be direct care staff in adult mental health settings for the two pilot trainings
- This direct care training curriculum is believed to be best used by SMHA's in a "train the trainer" model. Mental health agency trainers can be used to facilitate educational "spread" in a cost effective manner. Teleconference training may also be used in states with that capability.

Workforce T&TA Logistics

- SMHA and provider agencies will need to demonstrate interest and support for training the direct care workforce, as without this support, change is not anticipated. This may include contractual addendums that providers will be open to this work.
- On-site, local provider agencies will be encouraged to revise job descriptions and annual reviews to measure competency for direct care staff, as well as set up mentor programs. Training faculty will be able to assist in this work.

Workforce T&TA Logistics

- NTAC will also be available to train direct care staff in groups of 60-100 at a time, for mid-size agencies or across settings. These trainings will require 1.5 - 2 days.
- In addition, this T&TA will be made available, at the state MH commissioners' requests, to any settings that provide services to MH service users, including criminal and juvenile justice, MRDD, addictions, elderly services, homelessness programs, etc.

Proposed Faculty, depending on venue

Celeste Putnam, MS

Kevin Huckshorn, RN, MSN, CAP

Joan Gillece, PhD

Janice Lebel, PhD

Tom Lane, Consumer

Joyce Jorgensen, Consumer

Emily Hoffman, Consumer

Nan Stromberg, RN, CS, APRN

Beth Caldwell, MS

Gail Hutchings, MPH

Gayle Bluebird, RN, Consumer

Psych Rehab supervisor

Community Care Manager Supervisor

Local state trainers and others ...

Direct Care Workforce
Development



QUESTIONS?

Direct Care Workforce
Development

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