

# MACMHB

## State Training Guidelines Workgroup

### Training/Curriculum Recommendations

The intent of this Training Guideline is for the development and presentation of training content. Curricula based on this guideline will contribute to statewide training quality, uniformity, and reciprocity.

**Topic: *Philosophy and Current Trends in Providing Human Services***

**Defining Paragraph** (Vision, Boundaries, Overall Outcome Statement):

Meeting the challenges of providing mental health services can be a stimulating and rewarding experience for both the provider of services and the individual receiving services. We are striving to enhance the partnership between providers and people receiving services by focusing on empowerment and working "with" people rather than "for", "on", or "leading" them. The ultimate outcomes are enhanced quality of life, increased personal control and independence, and feelings of happiness and belonging. As the system moves forward in its development of person and family-centered principles and strategies, new and innovative approaches continue to be developed and tested that empower and further enhance the lives of persons receiving services. Finally, the goal is to ensure services individuals receive give them the opportunity for independence in making life decisions, full participation in community life, and that their rights are respected.

The purpose of this course is to share information on these new and innovative approaches, therefore the content of this course will be evolving to reflect these changes.

**Definitions:**

**Content** – These are a listing of the areas covered in the subject.

**Outcomes/Competencies** – These are statements about what participants will be able to do as a result of having participated in the course.

**Outline** – A suggested approach to meeting Outcomes/Competencies.

These three are interrelated, but not necessarily a one-to-one relationship.

**Content:**

Philosophy:

1. Impact of values, attitudes, and beliefs.

2. Lifestyles, friends, careers, and living arrangements
3. Historical Practices and Trends: The Medical Model, Institutionalization, Deinstitutionalization, Group Homes, Workshops, Behavior Plans, Control (physical & medical), Seclusion, Stigma, and Isolation
4. Current Structure of Michigan's Mental Health System: Services, Supports, and Funding
5. Staff roles
6. Person and Family Centered Planning

Current Trends:

7. Best Practice and Evidenced-Based Practices
  - A. A Culture of Gentleness
  - B. Person and Family Centered Planning
  - C. Recovery Model
  - D. Self-Determination
  - E. Applied Behavioral Analysis (ABA)
  - F. Trauma Informed Services – prevalence and impact of trauma and violence on mental health
  - G. Integrated Health Care
  - H. Co-Occurring Competencies

**Outcomes and Competencies:**

Philosophy Competencies:

1. Healthy relationships and circles of support are vital components to health and well-being.
2. Recognize that personal values, attitudes, and beliefs directly affect how we partner with others.
3. Identify those values, attitudes, and beliefs that promote positive support and growth.
4. Recognize that all individuals have the right to make life choices that fit them personally, such as lifestyles, friends, careers, and living arrangements.
5. Identify the journey mental health services have taken
6. Recognize and ensure individuals who have disabilities have the same access to the community as individuals who do not have disabilities.
7. Support individuals in the opportunity to make decisions about the services they receive and who provides their services.
8. Identify your responsibility to promote recovery and self-determination through person and family centered approaches.
9. Understand strategies that help persons receiving services to experience an enhanced quality of life, increased personal control and independence, and feelings of happiness and belonging.

10. Show how support systems can provide encouragement and opportunities for individuals to improve their quality of life.
11. Support people to be full participants in their services and recovery.
12. Identify the important function we all share as positive change-agents for individuals, families, and communities.

Current Trends Competencies:

13. Describe and identify proactive, positive supports and strategies indicative of a culture of gentleness.
14. Identify key tenants in the Person and Family Centered Planning model
15. Describe and operate within Recovery Model principals.
16. Describe the five principals of Self Determination
17. Identify key elements in Applied Behavioral Analysis (ABA)
18. Recognize common causes, signs, symptoms, and impact of trauma – including secondary trauma and self-care principles.
19. Describe Trauma-Informed strategies.
20. Understand the value of an Integrated Health Care approach as it relates to the coordination of physical and behavioral health care needs.
21. Recognize the role of support staff in assisting people with effective and descriptive communication of their current health status.
22. Recognize the competencies needed to support coordinating treatment for any combination of diagnosis (co-occurring, dual-diagnosis) with a “no wrong door” approach.

**Outline/Recommendations:**

Philosophy:

1. Impact of values, attitudes, and beliefs.
2. Lifestyles, friends, careers, and living arrangements
3. Historical Practices and Trends: The Medical Model, Institutionalization, Deinstitutionalization, Group Homes, Workshops, Behavior Plans, Control (physical & medical), Seclusion, Stigma, and Isolation
4. Current Structure of Michigan’s Mental Health System: Services, Supports, and Funding
5. Roles and relationships
6. Person and Family Centered Planning

Current Trends:

7. Best Practice and Evidenced-Based Practices
  - A. A Culture of Gentleness

- B. Person and Family Centered Planning
- C. Recovery Model
- D. Self-Determination
- E. Applied Behavioral Analysis (ABA)
- F. Trauma Informed Services – prevalence and impact of trauma and violence on mental health
- G. Integrated Health Care
- H. Co-Occurring Competencies

**Trainer Qualifications:**

Check all that apply, be specific (years, degree, skills, etc.):

- College Degree
- License
- Years’ Experience: Preferred 2-3 years’ experience in the delivery of services to persons dealing with mental illness or developmental disability.
- Documented Skill Set: Communication skills - individuals and groups. Preferred experience attending or participating in person-centered planning meetings.
- Training Experience: Preferred 1-2 years’ experience training small and/or large group settings.
- Training in Adult Learning Styles
- Other: Must have content expertise.

**Length of Training:**

This content is estimated to take 4 hours depending on size and competency level of the training group. The vision is an interactive class that incorporates a variety of adult learning methodologies and includes opportunities to discuss learned materials and apply concepts to real world settings. This may include scenario or video-based discussions, visits/presentations from people receiving services, and others.

**Format:**

The acceptable format(s) for the class:

- Blended Learning (Online + Instructor-Led)
- Instructor-Led Class
- Instructor-Led Webinar
- Online Course
- Other (specify):

## Teaching Methods:

These are the best teaching methods for teaching course content. Additional methods may enhance learning.

- Individual
- Classroom/Group
- Lecture
- Group Discussion
- Skills Practice/Role Playing
- Return demonstrations
- Activities
- Videos: Testimonials
- Online Activities
- Individual Assignments
- Homework assignments
- Other (specify): Presentations/discussions w/people receiving services

## Method of Assessment:

How to measure entry level competency in this course:

- Written Test Performance Indicator: 80 %
- Return Demonstration Performance Indicator:
- Online Test Performance Indicator: 80 %
- Skill Sheet Performance Indicator:
- Homework Assignment(s)
- Other:

## Scope of Implementation:

Training recommended for:

- Specialized Residential direct care staff/home managers
- Specialized Residential Administrators
- Community Living Supports (CLS)
- Skill-Building Assistance (Pre-Voc Skill Building / Non-Voc Skill Building)
- Supported/Integrated Employment Service (i.e. Clubhouse, Competitive Employment, volunteer)
- Supported Living staff
- Adult Foster Care staff
- Respite Service staff
- Self-Determination staff
- In-Home service staff (children's program)
- Foster Family Group Home staff
- Child-caring Institutions (Children's Group Home) staff
- As identified in the Individual's Person Centered Plan
- Other:

**Frequency:**

It is recommended the content be reviewed/retaken.

- Initial & As Needed (Based on employee needs and/or when new or emerging best practices are being implemented and require training)
- Initial & Annual
- Initial & Every two (2) years
- Initial & Every three (3) years
- As directed by the Individual Plan of Service
- Other:

**Additional Comments:**

This course lays the groundwork for all future trainings. Ensure trainees understand the underlying principles in the field. Staff need to be updated on new practices and/or models.

Topics listed could be integrated into other course guidelines or offered as a stand-alone course.

**References/Legal Authority:**

- 1) R 330.1801 et seq.
- 2) MCL 400.710(3)
- 3) MDHHS Contract Part II 6.7 att p 6.7.1.1
- 4) [http://www.michigan.gov/documents/mdhhs/Home\\_and\\_Community\\_Based\\_Services\\_Rule\\_Factsheet\\_FINAL\\_552256\\_7.pdf](http://www.michigan.gov/documents/mdhhs/Home_and_Community_Based_Services_Rule_Factsheet_FINAL_552256_7.pdf)
- 5) Prevailing State Guidelines and Practice Protocols
- 6) National Center for Trauma-Informed Care  
<http://www.samhsa.gov/nctic>
- 7) *"What Happened to You?" Addressing Trauma with Community Mental Health Populations: A Toolkit for Providers* by Stephen Wiland, LMSW, CAC-R, Clinical Practices Administrator with Washtenaw County Community Support and Treatment Services (funded by a MDCH grant)
- 8) Institute for Health and Recovery [www.healthrecovery.org](http://www.healthrecovery.org)

Note: If training is for an adult foster care facility/home adult foster care staff must also comply with the adult foster care administrative rules.