THE ROLE OF A PARENT PEER SUPPORT IN A SYSTEM OF CARE FOR CHILDREN AND YOUTH

Description (Objective/Purpose)

CMS and SAMHSA jointly issued a bulletin in May 2013 identifying parent peer support as a one of the key services that can enable children with complex needs to live at home and participate fully in family and community life. States, communities and providers often ask what parent support looks like, is it different from adult peer support, where does it fit and how can it be financed? Parent peer support looks very different from adult peer support. This session will provide an overview of developing a parent support program as part of a provider network and the range of services that can be provided through parent support. Topics will include: Definition of parent support and role parent support provider; models and levels of parent support; staffing and training, financing option for parent peer support. This session is appropriate for providers of behavioral health services for children and families, state and local administrators, family leaders, and advocates.

Credit Hours

1

Learning Objectives

- Differentiate the difference between parent peer support and adult peer support
- Define models, levels and range of parent peer support activities
- Delineate financing options for parent peer support

PEER SUPPORT: SUPPORTING ONE ANOTHER IN RECOVERY

Description (Objective/Purpose)

Is it an innovation to offer support to another human being who has shared similar suffering or journeys? Leaders in peer support will share models and activities that are making the practice of serving each other in recovery visible to the mental health service field, including the outcomes and evidence that make these practices visible to payers. **Audio/Video Required

Credit Hours

1.5

- Identify the components of peer support
- List the concepts involved in WRAP
- Summarize the benefits of peer support

INTENTIONAL PEER SUPPORT - A DIFFERENT KIND OF RELATIONSHIP

Description (Objective/Purpose)

The goal of intentional peer support is to build mutually transformative relationships. The process starts with your first meeting, or "first contact". A growing number of peer supporters are being hired today alongside traditional behavioral health providers, psychiatrists, social workers, and therapists. It is important to know what makes peer support relationships different from the relationships between clinicians and their clients.

The objective of this course is to introduce you to the basic characteristics and tasks of intentional peer support, as well as to the practice of building intentional, mutual peer relationships.

Credit Hours

2

Learning Objectives

- Explain the historical roots of peer support and how this shapes some of its characteristics.
- Identify the core characteristics of intentional Peer Support and how it is different from other kinds of help.
- Apply the four tasks of intentional Peer Support in real-life scenarios.
- Engage in a first contact conversation.

STRESS MANAGEMENT FOR BEHAVIORAL HEALTH PROFESSIONALS

Description (Objective/Purpose)

As a behavioral health professional, you are prone to unique stressors, which ,may lead to physiological emotional and spiritual symptoms. Throughout this course you will learn practical tools and strategies to prevent and even overcome the negative effects of stress/compassion fatigue. Neglecting yourself can cause a negative chair reaction that will quickly become evident to those you work with. This course is about learning to "practice what you teach."

Credit Hours

1

- Describe the nature and different types of stress.
- Identify general symptoms of stress and those most common to behavioral health professionals.
- Explain the importance of self-care.
- Teach and implement effective stress reduction techniques.

CRISIS MANAGEMENT

Description (Objective/Purpose)

Clients with mental health issues often present to agencies in a state of crisis, or experience crisis during the course of their work with an agency. Professionals responding to these crises are often challenged by the unpredictable moods, escalating, high-risk behaviors, and deep despair presented by their clients. Without a good framework for understanding crisis dynamics, their corresponding skills, along with proven protocols and assessment tools, serious symptoms might be left unaddressed and become exacerbated. This results in an extremely stressful and high-risk situation for both the client and the professional.

This course provides key training for social workers, mental health workers, and other helping professionals on how to recognize when a person is in crisis. You also will learn how to effectively help people cope with the crisis so that they can return to their pre-crisis level of functioning.

After a review of the theory behind crisis management you will acquire intervention and stabilization techniques that can be used with clients who may be impacted by an isolated crisis as well as those challenged with multiple crises. A critical best practice for managing crises in clinical settings includes developing a crisis prevention plan. This training provides you the necessary tools you need to learn how to create that crisis prevention plan, along with how to use it with clients in a variety of settings. Further, you will explore how to handle crises with special populations, including people with trauma histories, those who are hostile ad aggressive, and people suffering from substance use disorders.

After completing this course, you will have gained a strengths-based perspective for helping people cope with crises, which will allow you to engage them to be active participants in their problem solving and recovery.

Credit Hours

1.5

- Define what constitutes a crisis and identify three risk factors that may elevate a client's risk for crisis.
- Apply specific crisis intervention techniques with clients who are in crisis.
- Assist people in developing crisis intervention plans focused on supporting their recovery.

PERSON-CENTERED PLANNING

Description (Objective/Purpose)

Everyone, including individuals with mental and behavioral health challenges, has hopes and dreams about making their lives better. Historically, treatment plans focused on symptom reduction, behavior management, decreased hospitalization, and treatment compliance. They seldom explored what the individuals hoped for in their lives, nor did they describe the supports or activities that would be necessary to help people move toward their desired lives. Today's healthcare system is increasingly focused on recovery-oriented care, along with empowering individuals to take responsibility for their own future.

In this course, you will learn about what makes the person-centered planning approach different from traditional treatment planning. You will learn the significance of distinguishing between what is important to an individual and what is important for the individual, as well as the importance of promoting the active involvement of the persons receiving services in identifying their strengths, desires and needs. Through interactive lessons, personalized planning strategies, and descriptive examples, you will learn how to implement the person-centered approach in order to significantly enhance the chances for individuals diagnosed with behavioral health challenges to succeed in the road to recovery. This course is appropriate for entry-level care staff, including social workers, case managers, and counselors.

Credit Hours

1

- Explain the philosophy behind person-centered planning, thinking and recovery.
- Compare and contrast the benefits of traditional treatment planning, versus person-centered planning.
- Describe various ways to implement and support person-centered planning.

BARRIERS TO RECOVERY

Description (Objective/Purpose)

Welcome to the third course, Barriers to Recovery, in the series, Fundamentals of Psychosocial Rehabilitation. This series addresses the values, beliefs, and principles that are the foundation of psychosocial rehabilitation and recovery-oriented practice. Each class is self-contained and will take approximately 1 to 3 hours to complete. Credit can be applied to the required hours of education to meet the qualifications to sit for the Certified Psychiatric Rehabilitation Practitioner (CPRP) exam. For more information, see the USPRA Certification website: www. uspra.org Course 3, Barriers to Recovery: Reviews the various factors that can become barriers to a person's recovery. Addresses the impact pf stigma (including professional stigma and internalized stigma) and discrimination. Examines the problem experienced by individuals and families in accessing services. Identifies ways in which medical insurance, both private and public, can impede the recovery journey. Suggestions for ways in which the learner can become involved in combating these barriers are included.

Credit Hours

1.25

Learning Objectives

- Identify the barriers that deter racial and ethnic minorities from accessing services
- Identify the components of stigma
- Identify the factors that contribute to professional stigma

MENTAL HEALTH RECOVERY AND WRAP: KEY RECOVERY CONCEPTS

Description (Objective/Purpose)

People who experience mental health challenges no longer need to feel sentenced to a life of chronic disability that interferes with their ability to work toward and reach their goals. Instead, by using self-help skills and strategies that complement other treatment scenarios, they can achieve levels of wellness, stability, and recovery they always hoped were possible.

The main goal of this course is to provide you with the foundation you need for effective recovery work. The Key Recovery Concepts covered in this course were identified by Dr. Mary Ellen Copeland. Each concept plays an important role in helping people to do the things they want to do and live the lives they want to live. This course covers the five key concepts: hope, personal responsibility, education, self-advocacy, and support. Each area is addressed in detail with examples and guidelines provided to help you understand, reflection, and practice each concept in our own recovery journey, as well as to support others as they work on their recovery. To reinforce and enhance your learning, this course includes various interactive activities and exercises in addition to audio vignettes by the author.

This course is designed for anyone who has ever experienced mental health difficulties, anyone who wishes to stay healthy and improve their own life, and people who support others who are working on their recovery.

Credit Hours

1.5

Learning Objectives

- Demonstrate how to integrate the key concepts into a Wellness Recovery Action Plan (WRAPS).
- Assess the importance of the key recovery concepts in mental health recovery.
- Describe the key recovery concepts (hope, personal responsibility, education, self-advocacy, and support) as they relate to mental health recovery.

PROMOTING RECOVERY IN MENTAL HEALTH TREATMENT

Description (Objective/Purpose)

In recent years, recovery has become a focal point in mental health, especially for service providers working with adults who have severe persistent mental illness. However, it can be challenging for both providers and programs to promote recovery in daily practice. If recovery in a central theme that drives mission statements, orients programs, elucidates goals, shapes treatment plans, and focuses services, then how can it be promoted and articulated? To do so, it is necessary for mental health service providers to understand the concept of recovery, embrace the philosophy, adopt the principles, and intentionally establish active ways of promoting recovery within the therapeutic environment and services.

In this course, you will learn about the concept of recovery, the components of recovery, and some ideas for how you can begin to promote recovery in your program and services. A combination of interactive exercises and creative activities are designed to strengthen your learning and give you ideas for how to incorporate recovery-promoting ideas in your work. This course is designed for individuals who work with adults with severe persistent mental illnesses, have limited mental health experience, and are considering using educational and creative approaches to focus on and promote recovery.

Credit Hours

1

- Recognize at least two different definitions of recovery
- Describe the three parts of recovery
- Identify at least three ways to promote recovery

SELF DIRECTION, PERSON CENTERED PLANNING AND SHARED DECISION MAKING TO FACILITATE RECOVERY PART 1

Description (Objective/Purpose)

Most providers understand the value of self-determination, person-centered planning, and shared decision-making but are uncertain how to support it, when they need to step in to help, and when they need to let people take their own risks. Innovative models and tools from within and outside of mental health care can help our field realize the promise of self-determination. These include life planning guides, illness self-management tools, health and mental health education programs, health care literacy and communication skills training, and patient decision-making aids. These assessments and planning tools can be used to improve outcomes and quality of life. This part 1 of a 2 part video presentation. Jessica A. Jonikas, MA, Judith A. Cook, PhD. Drew Batteiger, BA, University of Illinois at Chicago, National Research and Training Center on Psychiatric Disability, Chicago, IL.

Credit Hours

1

- Describe models that are successfully fostering self-determination, person-centered planning, and shared decision-making in behavioral health care across cultures.
- Identify various definitions of self-determination and how they relate to recovery concepts in disability and mental health.
- Recognize major individual, social and service/system barriers and facilitators to selfdetermination for people in recovery, including those that pertain to cultural differences in clients served.
- Use two innovative tools developed by the Center to increase person-centered planning, as well as other tools that enhance self-direction and shared decision-making, for people in recovery within a psychiatric rehabilitation framework.

SELF DIRECTION, PERSON CENTERED PLANNING AND SHARED DECISION MAKING TO FACILITATE RECOVERY PART 2

Description (Objective/Purpose)

Most providers understand the value of self-determination, person-centered planning, and shared decision-making but are uncertain how to support it, when they need to step in to help, and when they need to let people take their own risks. Innovative models and tools from within and outside of mental health care can help our field realize the promise of self-determination. These include life planning guides, illness, self-management tools, health and mental health education programs, health care literacy and communication skills training, and patient decision-making aids. These assessments and planning tools can be used to improve outcomes and quality of life. This part 2 of a 2 part video presentation. Jessica A. Jonikas, MA, Judith A. Cook, PhD, Drew Batteiger, BA, University of Illinois at Chicago, National Research and training Center on Psychiatric Disability, Chicago, IL.

Credit Hours

1.5

- Describe models that are successfully fostering self-determination, person-centered planning, and shared decision-making in behavioral health care across cultures.
- Identify various definitions of self-determination and how they relate to recovery concepts in disability and mental health.
- Recognize major individual, social, and service/system barriers and facilitators to selfdetermination for people in recovery, including those that pertain to cultural differences in clients served.
- Use two innovative tools developed by the Center to increase person-centered planning, as well as other tools that enhance self-direction and shared decision-making for people in recovery within a psychiatric rehabilitation framework.

SHIFTING TO A RECOVERY PARADIGM: FACILITATING CHANGE

Description (Objective/Purpose)

The goal of this institute is to help participants identify barriers and facilitators to moving systems forward in their rehabilitation and recovery orientation. Presenters will share their experiences in facilitating change toward a rehabilitation and recovery-oriented system of care in large national and international programs. Some are from states receiving US Federal State Incentive Grants. Some are from regions that have found other funding mechanisms, each with their own advantages and drawbacks. All presenters represent states and counties both in the United States and Europe with a history of change. **Audio/Video Required.

Credit Hours

3

Learning Objectives

- Identify barriers and facilitators to moving systems forward in their rehabilitation and recovery orientation.
- List 5 principles for change
- List 8 domains of the Connecticut Practice Guidelines

OVERVIEW OF SUPPORTED EMPLOYMENT

Description (Objective/Purpose)

This course is an overview of Individual Placements and Supports, an evidence-based practice. The course is for mental health agency directors, case managers, clinical staff, vocational rehabilitation practitioners and counselors. It outlines the proven way of providing supports in competitive employment for individuals with significant mental health issues. This is the first in a series of three courses that will give you the history, definitions, and principles of both individual Placements and Supports (IPS), and Evidence-Based Practices (EBP). The course will give you evidence of the success of IPS in numbers of jobs, hours worked, and customer satisfaction.

You will learn that unemployment is much worse for people with severe mental illness than the stress of work. You will learn about the recent changes in the mental health system and how the consumer recovery movement, the community supports model of PACT, evidence-based practices and supported employment came together to form IPS. You will also learn what particular qualities make IPS an evidence-based practice and what features make IPS a leading model for replication. This course concludes with an overview on developing a program and a description of the most used funding options.

Credit Hours

2

Learning Objectives

- Articulate why unemployment affects individuals with severe mental health issues and how employment helps recovery.
- List the factors that make a service an evidence-based practice.
- Recite the course principles of individual placement and supports.
- Develop a mission statement for an evidence-based practice.

MITIGATING THE IMPACT OF DISASTERS: FROM TRAUMA TO RESILIENCE

Description (Objective/Purpose)

Following a disaster, Behavioral Health Organizations (BHO's) routinely respond by assisting the clients they serve, their staff and their communities to recover from the inevitable psychological and emotional sequelae. Research in this area reveals their important factors: 1) individuals with behavioral health and trauma histories are among those most at risk for developing adverse reactions following a stressful event; 2) having a trauma history is quite common even among the general population; and 3) although most people will eventually "bounce back" from a disaster, many will initially exhibit stress reactions that may require some assistance. Individuals and communities can be better prepared to cope with these adverse events when there is a general understanding of the impact of trauma, the skills to copy and needed resources and supports. Bringing an expertise in trauma and disaster trauma and recovery, this workshop presenter will assist Behavioral Health Organizations (BHO) to plan for and implement Trauma-Informed Care and resiliency building strategies that will benefit individuals and communities prior to and following a disaster.

Credit Hours

1

- Recall 1 factor related to the prevalence and the impact of trauma.
- Identify 3 domains of Trauma-Informed Care
- Implement at least one strategy to promote individual resilience and implement at least one strategy to promote community resilience.

PROVIDER RESILIENCY AND SELF-CARE: AN ETHICAL ISSUE

Description (Objective/Purpose)

Over the past decade our nation has faced numerous potentially traumatic events here and abroad, such as terrorist attacks, the wars in Iraq and Afghanistan, natural disasters, and a serious economic recession. While the effects of these events are still being measured and understood, mental health providers across the nation have experienced an increased demand for competent, timely, and often specialized mental health care for those impacted by these stressors. This increased demand, if not managed properly, can put providers at risk for negative outcomes resulting from compassion fatigue, burnout and practicing beyond their competency level. While these outcomes can be mitigated through training and support networks, mental health providers are increasingly being asked to deliver services to geographically remote or isolated areas with little or no peer connections.

Based on content from the Center for Deployment Psychology, this training will provide you with an overview on how to increase provider resiliency. The course illustrates how organizations and individuals can implement strategies that promote self-care, reduce compassion fatigue and burnout, and maintain high quality ethical practice. The information and experiential exercises based on case studies in this training give you key information you need to identify potential negative outcomes, such as burnout and compassion fatigue. You also will learn ways of optimizing your functioning as a mental health provider and promote resilience and compassion satisfaction. Importantly, you will be better able to consider the ethical issues associated with provider burnout and secondary trauma.

This course is intended for any mental health provider working with civilian or military populations.

Credit Hours

1

- Describe protective and risk factors associated with burnout and compassion fatigue/secondary traumatic stress, as well as variables associated with provider satisfaction and growth.
- Explain potential ethical issues faced by providers experiencing burnout or compassion fatigue/ secondary traumatic stress.
- Employ strategies to assess provider functioning and increase resilience.