

Recovery to Practice Monthly Report

October 2013

International Association of Peer Supporters

October is usually the height of the “conference season” and this year was no exception. During this month, the RTP project was presented and discussed at several important peer events, including two peer support core trainings in Chicago.

Steve Harrington attended a train-the-trainer session at the APNA annual conference to discover how that profession has developed and is delivering their RTP curriculum. Steve reports that a group of more than 50 psychiatric nurses were involved in a comprehensive training that was well-packaged and designed to reach inpatient psychiatric nurses. Although many of the training participants did not appear to have experienced the RTP training, the train the trainer training was designed and delivered in a manner that will enable participants to competently train others.

Steve says he was especially impressed by the recovery mindset of the participants. Little effort was required to teach recovery as participants appeared to know well that paradigm and embrace it. Instead, participants were introduced to the curriculum, methods of delivery and resources.

“It struck me,” Steve said, “that psychiatric nurses are in a wonderful position to bridge the gap between the medical and recovery models. Many presume the two are mutually exclusive but that is not the case and psychiatric nurses are well positioned to foster understanding and deliver true recovery services in what is often a medical setting.”

Rita Cronise organized and led a conference call for participants of pilots (including the 2012 RTP curriculum overview at the NAPS annual conference) to obtain input regarding the value of the curriculum. The call resulted in the gathering of input about how participants changed their peer support practices as a result of the exposure to the RTP curriculum. Several commented about the delivery method and how it was valuable not only for the RTP curriculum but could be readily applied to other peer support endeavors as well.

Webinars

In October, a webinar (the seventh in the series) entitled “From Dual Diagnoses to Whole Person Wellness” was presented by Patrick Hayes, a recovery coordinator for the state of Illinois (and a trainer for one of our pilots in Cincinnati) and a colleague. The presentation saw few technological glitches and was well organized. The quality of the presentation complemented well the well-presented webinar by Denise Camp in September.

The next webinar, “Recovery Relationships,” has been planned for December 2 and will be presented by Steve Harrington and colleague Zack Corcoran. Although this webinar will mark

the completion of series as it formally relates to the RTP project, input from participants shows there is a demand for additional webinars to cover some material in more depth or present complementary material. In February, a webinar on professionalizing peer support (a direct spinoff from the RTP project) will be presented. No webinar is planned for January due to the holiday season.

Implementation Planning

As described in previous monthly reports, implementation of the curriculum (delivery and evaluation) poses several challenges specific to the peer support profession. Those challenges include: 1) lack of a formal education structure, 2) a rapidly changing profession that is still being defined, 3) diversity of work settings and tasks, 4) lack of effective state bureaucratic structure as it relates to the profession's management and implementation, 5) a leadership shortfall among peers and peer supporters, and 6) a significant portion of a workforce without ready access to the Internet and limited computer skills.

Last month's report described implementation options and is republished below to ensure familiarity with this background information:

To disseminate and evaluate the recovery curriculum, the iNAPS RTP team reviewed many options. Of particular concern is quality control. To address this concern, the iNAPS RTP team is planning to create an "endorsed facilitator" status/credential. This endorsement would be granted to individuals who know the curriculum through participation at some level and have also completed a train the facilitator training.

Instead of a single implementation strategy, a variety of endeavors will likely work best to implement the curriculum. Those strategies include:

- *A train the facilitator training dedicated to those who have participated in the pilots and expressed interest in becoming an "authorized" facilitator. It is possible that pilot sites will select representatives who will participate in this training and then bring it back to others so as to make this approach cost effective. Staff from the Depression and Bipolar Support Alliance (DBSA, an iNAPS partner in the RTP project) are expected to lead this initiative.*
- *A train the facilitator training dedicated for those who participated in the Grand Rapids, MI pilot. This was a bit of an unusual group as they had considerable experience as peer supporters and facilitating as well. The group was particularly enthusiastic, most participants expressed a desire to facilitate the curriculum and participants are well-placed to bring the curriculum to a large group of peer supporters in Michigan.*
- *Offering train the facilitator sessions at state peer support conferences.*

- *Collaborating with key, well-respected training organizations with a national presence and state officials to perform train the facilitator trainings.*
- *Contacting state and other officials to obtain endorsement of the recovery curriculum for continuing education credits to facilitate adoption of the curriculum.*

During October, the iNAPS RTP teams explored how these options would work in more specific terms. In regard to the Cincinnati train the trainer session, it has been scheduled for Feb. 23 & 24 with an expected 20 participants. The Grand Rapids session has been scheduled for Nov. 23 & 24 with at least six participants. Other sessions in New York (Syracuse, Rochester, New York City) remain likely possibilities.

Those who successfully complete the training will be mentored by the iNAPS RTP team to ensure quality. Using several evaluation methods, the team will work with facilitators to identify both strengths and weaknesses. Facilitators will work in teams of two or three and, whenever possible, members of the iNAPS RTP team will observe sessions.

To facilitate awareness and implementation, the iNAPS RTP team will contact state officials responsible for peer support certification programs. A mass mailing is planned for shortly after the first of the year (during the holiday season timing is everything) to explain the RTP project and offer the services of trained facilitators. The package will also provide information to encourage endorsement of the curriculum for continuing education purposes. Scheduling and logistics will primarily be the responsibility of facilitators but the iNAPS RTP team will assist in the handling of logistical issues.

Existing business models may cause some established training organizations to be cautious about readily adopting the RTP curriculum. The iNAPS RTP team has already begun discussions to encourage these organizations to either adopt the curriculum as it is or adapt it to more easily fit their business models.

Late spring and early summer generally see many peer support conferences. These conferences are education focused and offer a great opportunity for training of facilitators as well as delivering at least portions of the RTP curriculum.

Although not formally part of the RTP project, the peer support practice guidelines have generated much interest and some of the RTP team are presenting webinars or traveling to meet with groups of peer supporters and/or their supervisors. Such events have proven to be great opportunities for creating an awareness of the RTP project and have fueled interest in bringing this training across the country. For example, recent events in Virginia, North Carolina and Nebraska have resulted in much interest in bringing the RTP curriculum and/or facilitator training to those areas.

Training materials will be available through the iNAPS website but in some cases, facilitators and training organizers prefer quality, ready-made booklets/manuals. These materials will be

produced and available through a private vendor at cost of production and shipping. Interested people will always be informed that RTP materials will be available via a free download.

In November, the iNAPS RTP team will perform the train the facilitator course in Grand Rapids, Michigan. Following those sessions, modifications are expected to delivery of the facilitator training but we expect those modifications to be relatively minor and we recognize that every such training will require some flexibility to account for local conditions and needs.

Next month, the RTP team will also begin identifying state certification officials and contacts and preparing the package of information. The team will also identify key stakeholders, such as provider organizations, and conferences where the RTP curriculum can be marketed. The iNAPS team will contact Cheryl Gagne of BRSS TACS to explore collaboration opportunities.

To aid marketing, iNAPS will prepare a brochure for distribution via direct mail and at peer and peer supporter events.