

The People Encountering People Training Project

The People Encountering People Training Project

If we accept the dictionary definition of an “expert” as one with special skill or knowledge representing mastery of a particular subject, the advantages of expertise become obvious. Why not have “mastery of a particular subject?” What possible disadvantage could there be?

Yet expertise as a mental health provider can sometimes get in the way of the most fundamental starting point of a good helping relationship: seeing persons with significant mental illness as people first. “Knowing best” can mean not taking into account the perspectives and preferences of the person served—and without that key element, all other services are provided on an uncertain foundation.

According to Dr. William Anthony, Director of the Center for Psychiatric Rehabilitation, “The first and most important step in psychiatric rehabilitation is the recognition of an individual’s basic humanity.”

The 1992 amendments to the Rehabilitation Act state that people with disabilities, regardless of the severity of the disability, are able to benefit from rehabilitation services. This recognition has led to an increased emphasis on full and informed participation by people with disabilities in all aspects of the rehabilitation process. As a result, the traditional roles of rehabilitation counselors are changing, requiring counselors to work in fuller partnership with people with disabilities. To work effectively in a vocational rehabilitation system, counselors need specialized skills and knowledge. These skills will enable them to engage people with the most severe disabilities as full—and even senior—partners in the living, learning, working, social, and economic decisions in their lives. Counselors must also cultivate attitudes, values, and cultural awareness that can facilitate the development of partnerships with the people they serve.

As Debbie Nicolellis, Director of the Certificate Program in Psychiatric Vocational Rehabilitation, says:

“One of the strange things about learning to become practitioners with expertise in our field is that that very expertise can keep us from remembering that we don’t always

know best. Each individual has their own full life and that if we don't see that, if we try to use a one-size-fits-everyone approach—no matter how sophisticated— then we wind up failing that unique individual.”

A Curriculum to Address the Problem

With funding from the Department of Education Rehabilitation Services Administration, the Center for Psychiatric Rehabilitation, under the leadership of Debbie Nicolellis and Marianne Farkas, has developed a curriculum for use in rehabilitation counseling academic training programs. The People Encountering People Curriculum is designed to produce knowledgeable counselors capable of seeing people with disabilities as people with unique and full lives. In addition, the curriculum will help counselors understand the competencies leading to empowerment and exposing them to environments in which they will interact with people with disabilities in new ways—increasing the likelihood that counselors will work towards the full participation of individuals with significant disabilities.

Developing Ways to Change Minds

The project began with a series of focus groups involving over 30 individuals with a variety of disabilities in two different parts of the country. Two focus groups were held in Boston and one in Chicago. Project staff worked to ensure a variety of perspectives informing the curriculum by including people with as many types of disabilities as possible. The goal of the focus groups was to explore the perspectives of people with disabilities about the types of information and skills that rehabilitation counselors should both learn and unlearn in order to truly encounter persons with disabilities as people first. Specific perspectives were invited, prioritized, and analyzed to be used directly in the development of curriculum content.

Perspectives from the focus groups were brought back to an Advisory Work Group (AWG), to develop key areas for the curriculum to address. The Advisory Work Group continued to meet with project staff by phone and via e-mail to guide the progress of curriculum development. The Center was fortunate that Judi Chamberlin, an internationally known consumer-survivor advocate, served as part of the project staff and participated in the development of the curriculum.

Curriculum development included a review of Focus Group and AWG input, writing the initial curriculum, and editing by project staff. Following these steps, project staff

gathered feedback from the AWG and oversaw the piloting of the content at three sites: the Center for Psychiatric Rehabilitation, the Boston University Rehabilitation Counseling Program, and the Assumption College Rehabilitation Counseling Program. Project staff conducted and assessed the pilots, collected additional feedback from the students and faculty, and responded with edits to the content. Input from people with disabilities was included at every stage.

Examples of Projects from Demonstration

- National Disability Sports Conference, AZ
- Axis Dance Troupe and Creativity Explored Art Exhibit, CA
- Mental Health Consumers Association Conference, PA
- Learning Disabilities Association of America, Annual Conference, IL
- USTA Southwest Desert Wheelchair Classic, AZ
- Mental Health Consumer/Family Members In-Service for Alaska Native Tribal Members, AK

During the last two years of the project, curriculum modules were implemented and evaluated at the University of Arizona Special Education, Rehabilitation and School Psychology Program. Project staff worked with faculty to match coursework with relevant curriculum modules. Lectures, handouts, reference lists, PowerPoint slides, orientation to the use of the curriculum, and pre- and post-exposure surveys selected to evaluate each curriculum component were forwarded to relevant faculty prior to the start of the implementation of each component. Faculty collected the data, which was subsequently analyzed at the Center. At the completion of the implementation of each component, project staff conferred with implementation faculty to obtain additional feedback. That information, along with feedback from student satisfaction questionnaires, was utilized to further assess and revise the curriculum. Faculty at the implementation site have begun to incorporate components of the curriculum into their courses on an ongoing basis, encouraging the ongoing interest in and viability of the content and structure of the curriculum.

The Curriculum

Four modules were developed. Three lecture modules encompass the following areas: Social Aspects of Disability, Culture of Disability, and Behaviors that Facilitate Empowerment. Each lecture module includes two lectures to increase knowledge and capacity, and one experiential homework assignment to affect attitudes and/or behaviors in that area.

The Social Aspects of Disability Module contains two lectures: *The Faces of the Disability Movement*, which outlines the significant contributions of leaders in the Disability Rights Movement, and the *Social Model of Disability*, which challenges students to look at disability from both the Social Model perspective as well as the perspectives of persons with disabilities.

The Culture of Disability Module includes both a lecture on *Disability Culture*, which addresses the elements of the art, politics, and history of persons with disabilities; and *Culture and Disability*, a lecture that focuses on the intersection between various aspects of culture and the lives of people with disabilities.

The Behaviors that Facilitate Empowerment Module offers a lecture on the concepts and skills that will enhance empowerment of people with disabilities, as well as a lecture named the *Behaviors that Facilitate Choice*, which outlines self-determination concepts and the importance of partnership in assisting persons with disabilities in enacting choice in all areas of their lives.

People-to-People Experience: Examples

- Participate in a sports event that people with disabilities organize and/or participate in
- Spend time with a person with a disability in their everyday life, at work or school, etc.
- Volunteer in an organization that is run by people with disabilities
- Participate in a recreational activity that people with disabilities organize and/or participate in
- Learn a skill that you do not currently have from a person with a disability

The fourth module, a practical *Experiential Module*, was developed so that rehabilitation counseling programs may offer additional avenues for experiencing persons with disabilities as people first. These experiences may be offered separately from the lecture modules, or may be offered in tandem with the modules, as preferred by the faculty and setting in which the curriculum is delivered. Early on, the Advisory Work Group expressed the importance of direct experience with people with disabilities, and this became the basis for the development of the Experiential Module.

Two levels of experience were conceptualized: the *People to People Learner Experience*, and the *People Encountering People Experiential Project*. The *People to People Learner Experience* involves students not as helpers of people with disabilities, but as learners. Students are invited to design projects such as volunteering in a consumer-run organization or learning a skill from a person with a disability, so that they have the

opportunity to see firsthand the capabilities of people with disabilities. During the assignment, students keep a log of the experience, culminating in a final paper outlining new insights and perspectives.

People Encountering People Curriculum

Four Modules

Three Lecture Modules (Each contains two lectures and one experimental homework assignment)

1. Social Aspects of Disability
2. Culture of Disability
3. Behaviors that Facilitate Empowerment

One Experimental Module

Two Levels of Experience

1. Learning Experience
2. Experiential Project

For the *People Encountering People Experiential Project*, students may attend consumer-run conferences and events around the country to experience persons with disabilities in settings in which they have powerful and valued roles. Project staff received feedback that this project was an especially powerful experience for students, who presented on their experiences in class.

Although initially intended as a curriculum that a single group of students would participate in throughout one to two semesters, the curriculum was tailored to meet the needs of university programs and was designed and implemented as a "plug and play" curriculum. To facilitate the implementation of the modules, a Trainer's Guide, PowerPoint slides, references, handouts, and optional readings are included for the instructor. The curriculum modules are now ready to be inserted into rehabilitation counseling courses.

What Difference Did It Make?

The evaluation of the curriculum looked at whether there was change in knowledge, attitudes, and level of social discomfort towards people with disabilities among

rehabilitation counseling students. To evaluate the impact of the curriculum on students' knowledge about curriculum components, staff devised pre- and post-tests to measure whether or not students gained knowledge as a result of a lecture. A variety of scales designed to assess change in attitudes and level of social discomfort were used to indicate how students felt about interactions with disabled persons, and their beliefs about empowerment of persons with disabilities.

Quantitative data was collected from the pilot sites and the implementation site for the purpose of evaluating the impact of the lectures. Students taking the classes were asked to fill in a series of questionnaires prior to the commencement of the lecture or experience that assessed their knowledge, attitudes and extent to which they had any previous interaction with people with disabilities. These students were once again assessed using the same measures at the conclusion of the lecture or experience. These data were collected by the professor in charge and sent back to Boston University, Center for Psychiatric Rehabilitation for entry and analysis.

Although the staff was originally concerned that the curriculum would have minimal impact on student attitudes and knowledge if presented as distinct, stand-alone lectures, a significant difference was found in almost every component evaluated, even if students were exposed to only one lecture or one experience. Evaluation of the 'Social' module revealed that students demonstrated a significant gain in knowledge following the lecture on the Faces of the Disability Rights Movement. Student attitudes towards people with disabilities were significantly *more* favorable after the lecture than before and students indicated that they would show *less* social discomfort in interactions with people with disabilities after the lecture than before. Finally, students were asked to watch a film relating to the social model of disability and write a short reaction paper. Students were graded in terms of their sense of social model of disability and were able to express that in their paper by being able to critique films which focused on the medical model. On average their scores indicated a good sense of the social model of disability.

Evaluation of the 'Behaviors that Facilitate Empowerment and Choice' module revealed a significant favorable increase in student recognition that people with disabilities possess decision-making power or assertiveness. Students also expressed a lower level of social discomfort in interactions with people with disabilities after the lecture than before. The average satisfaction amongst students for this module was high.

Conclusion

The lived experience of individuals with serious mental illness is as critical an asset as the expertise of providers. This critical insight will enable the special knowledge of all stakeholders to be brought to bear. The field will be best served by solutions that are the product of collaboration and the *People Encountering People Curriculum* facilitates collaboration between consumers and providers. These two groups, together, will have greater ability to usher in a new paradigm of consumer-based mental health services.