



## **PROVIDER EDUCATION PROGRAM**

**A 10-week course in Mental Illness Education  
and Consumer/Provider/Family Collaboration Skills  
for Line Staff at Public Mental Health Agencies.**

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# **NAMI Provider Education Program: Course Description**

## **Background**

The NAMI Provider Education Program is based on The NAMI Family-to-Family Education Program. It has been extensively rewritten to apply specifically to the learning needs of line personnel at public agencies who work directly with individuals suffering from severe and persistent brain disorders. The project was designed and developed by NAMI-Vermont, under the direction of Joyce Burland, Ph.D., author and director of the NAMI Family-to-Family Education Program. An initial year was devoted to a needs assessment of agency staff at all 10 Community Mental Health Centers in Vermont to determine the level of staff interaction with families, their attitudes toward families, and their openness to working collaboratively with families on the treatment team. The course was designed to approach this direct care-giving group in a way that would be effective and productive for them.

The course is held for 10 consecutive weeks, for 3 hours per session, and for staff convenience, it is offered at an agency site. A maximum of 25-30 participants can attend the course, and class members are expected to come to all 10 classes. As in the NAMI Family-to-Family Education Course, the curriculum format is composed of short lectures, followed by time for elaboration of the teaching points in group discussion. Extensive Class Handouts and Homework Handouts are distributed each week; these are compiled by class participants into a Course Notebook which they may keep for future reference.

## **Course Perspective**

The NAMI Provider Education Program presents a penetrating subjective view of family and consumer experience in serious mental illness. We consider the devastating event of brain disorder to have a profoundly traumatic impact upon our lives. We believe that our adaptation over time involves learning how to manage a traumatic syndrome process, and to become strong in our demands for services which provide the best support for recovery. Even though we move through stages of emotional resolution from disbelief to acceptance, we can never put the trauma completely behind us. Given the episodic or chronic course of brain disorders, the possibility of relapse threatens always to bring a “reenactment” of the initial trauma. It is our dedicated purpose in this course to help providers realize the hardships that families and consumers endure, and to appreciate their heroism in finding a way to reconstruct lives which must be lived, through no fault of their own, “on the verge.”

## **The Teaching Team**

The teaching team of the Professional Provider Program is one of its most unique features. The team consists of 5 people: 2 family members who are trained NAMI Family-to-Family Education teachers; 2 consumers who are knowledgeable about their own mental illness, have a supportive relationship with their families and are dedicated to the project of recovery; the fifth team member is a mental health professional, who is also a family member or consumer, functioning as the team coordinator. The teaching team attends an intensive 3 ½ day Training Workshop to prepare them for teaching the course, and then meet together on their own to rehearse the class lectures.

## NAMI Provider Education Program: Goals

1. To validate the subjective, lived experience of consumers and family member caregivers as a **Primary Knowledge Base** for developing staff skills and competencies in public agencies serving individuals with serious and persistent mental illness.
2. To emphasize the **Bio-Psycho-Social Perspective** necessary for a global understanding of neurobiological brain disorders and a full appreciation of the consequences of these serious illnesses on those who suffer them:

**Bio:** The biological bases of Schizophrenia, Bipolar Disorder, Major Depression, Panic Disorder, Obsessive Compulsive Disorder, and Co-occurring Brain and Addictive Disorders; their probable causes, symptomatic distresses, and variable responses to medications.

**Psycho:** The psychological dimensions of coping with these brain disorders and comprehending their traumatic impact on consumers' and families' personal lives.

**Social:** Rebuilding capacities to reconnect, to live with dignity and hope, which includes advocacy for improved community services and expanded opportunities.

3. To introduce **Clinical Principles and Strategies of Secondary Intervention\*** as a durable working concept for effective provider/consumer/family collaboration, based on knowledge of family and consumer stages of adaptation to the traumas and life dislocation caused by serious brain disorders.  
**Course Motto: Once you know where someone is in the adaptation process, you can “provide” what they need to support and strengthen them to come through it.**

(\* Pragmatic, concrete, practical steps taken to keep things from “getting worse.”)

4. To demonstrate **Principles of Empowerment and Strength-Based Collaboration** by presenting a collective, cooperative "model" Teaching Team -- an actual “in vivo” collegueship of 2 family members, 2 consumers, and a family member or consumer mental health professional, specifically trained and legitimized to direct a comprehensive 30 hour educational program for line staff.
5. To create a **Safe, Compassionate Learning Environment** for family members and consumers to disclose to providers the painful, emotional, human aspects of their experience; to affirm a shared sense of family with providers as an alternative to the traditional division of “them and us”; to foster mutual appreciation for the hard work and dedication required by everyone who lives with, cares for, or works with these serious brain illnesses.

## **NAMI PROVIDER EDUCATION PROGRAM: CURRICULUM**

**CLASS 1: ORIENTATION:** Introductions; Principles of Medical Family Therapy and Family Consultation; Principles of the bio-psycho-social model of treatment; Radical issues of status realignment in the collaborative model; **Group Exercise in building mutual protection.**

**CLASS 2: CLINICAL BASES:** Basic principles of secondary prevention/intervention in Community Psychiatry; Secondary intervention clinical strategies applied to families; Secondary prevention stage models of family/consumer emotional adaptation to mental illness; **Group exercise: Experiencing a thought disorder.**

**CLASS 3: THE 3 MAJOR MENTAL ILLNESSES:** Clinical usefulness of diagnosis; Diagnostic checklists for schizophrenia, major depression and mania; Symptoms of psychosis; Our recollections of the trauma of psychosis; **Group Exercise in determining family/consumer needs in “critical periods” of mental illness.**

**CLASS 4: TYPES/ SUBTYPES OF MOOD DISORDERS/ DIAGNOSIS OF PANIC DISORDER, OBSESSIVE COMPULSIVE DISORDER AND CO-OCCURRING BRAIN AND ADDICTIVE DISORDERS:** Sharing our stories of the illness experience; **Review of specific secondary prevention clinical interventions which are effective for families in Stage I: Crisis.**

**CLASS 5: RESEARCH INTO THE BIOLOGICAL BASES OF MENTAL ILLNESS:** Review of research indicating structural and functional brain abnormalities in mental illness; Genetic research; Understanding the “Biology of Recovery” in mental illness; **The normative clash of family/consumer emotions in Consumer Stage 1: Recuperation.**

**CLASS 6: MEDICATION REVIEW:** Basic psychopharmacology of the Mood Disorders, Anxiety Disorders and Schizophrenia; Medication side effects; **Stages of consumer adaptation to taking psychiatric medications; issues of adherence to medication.**

**CLASS 7: INSIDE MENTAL ILLNESS:** Gaining empathy and understanding of what it is like to contend with brain disorders; Understanding “defensive coping strategies” which protect against social blame and loss of self-esteem; **Group Exercise: What's wrong with this case conference? What's right with this one?**

**CLASS 8: RESPONDING EFFECTIVELY TO FAMILIES IN STAGE 2:** The cascade of secondary traumas when families cope alone; Handling issues of confidentiality with families and consumers; **Case Study: How to frame our work with families and clients.**

**CLASS 9: MEETING THE WHOLE FAMILY/PROBLEM SOLVING:** Learning about the experience of siblings, spouses and adult children; **Group Exercise: Using a structured approach to help families and clients when they are feeling stuck.**

**CLASS 10: WHY ADVOCACY?/HELPING FAMILIES IN STAGE 3/CERTIFICATION:** The power of stigma; Recovery as conscious choice and action; Restoring family interconnectedness; **Certification, Celebration.**

## **NAMI PROVIDER EDUCATION PROGRAM: A SAMPLE OF PARTICIPANTS' RESPONSES**

“I thought the course was excellent, extremely informative and very insightful. It forced us to ‘switch gears’ and think in a different perspective-- a more person-oriented perspective.”

“One of the best courses I have taken! I learned a lot about the brain and how it works, stuff I did not learn in school. I thought the course made everyone think differently, and learn to value family and consumer input.”

“My attitude toward families changed completely in the process of taking this course, especially regarding those family members we immediately call ‘enabling’ or ‘dysfunctional’ at first sight. We need to treat the entire family with respect and empathize with their struggle.”

“This course is great! It is seldom that I go to a training or seminar where I receive information that I can use immediately, which creates such a positive response in families. It has inspired me to create a familyorientation- and- support packet at our agency. This course has created in me a new knowledge of, and greater empathy for, the needs of family members.”

“I found the family members and consumers personal stories, perspectives, and insights especially enlightening. I also found the information in the handouts thorough, well-organized and invaluable as a reference resource. In addition, the exercises, particularly the ‘hearing voices’ exercise, and ‘the worst/best family treatment meeting’ are really eye opening.”

“My attitude toward families has changed completely. I’ve talked with family members who are angry, or discouraging, and I used to think ‘What a jerk.’ Now it’s easier to look past this and give them something they need.”

“This course should run routinely at the agency, and be part of every new hire’s orientation. I would say that we are working under stereotypes that we are not even aware of, and that this course will help make our staff more effective. Excellent content and process.”

“An extraordinary experience. I really enjoyed the class and will miss coming. I will definitely be more compassionate with families and consumers, and work harder to get results.”

“In all honesty, I wondered what I could possibly learn from ‘another’ course on mental illness. The approach of having providers learn from consumers and families is wonderful; the course material is very current, field tested, and realistic.”

“The information that I received in this course will absolutely influence my work! Even though I’ve always felt that family involvement was important, I have not been proactive. Now I realize how important this piece is, and I will advocate for family involvement within my agency.”