

Consultant Training Program

MODULE ONE: Facilitating the Paradigm Shift for Consultants/Support Brokers

MODULE TWO: The Dynamics of Choice and Decision-Making for Participants

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The Boston College Center for the Study of Home and Community Life
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• • • • • Overview of Training Program • • • • •

The program presented in this manual is intended to address two identified training needs for consultants/support brokers working with participants in self-directed care. The need to successfully negotiate the “paradigm shift” from the roles and responsibilities of both the professional and the participant under traditional case management to the substantially revised roles and responsibilities of both parties under self-directed care is identified as the first training need. Consultants/support brokers need to not just know the difference but be willing to shift from a “fix-it” approach to an empowerment approach. This involves the consultants/support brokers’ ability to help the participant identify their own needs and resources to meet those needs rather than needs and resources identified by the traditional case-management model.

The second training need addressed in this training program is the importance of understanding the dynamics of choice and decision-making facing the participant for whom independent decision-making about their own care is new experience. How do participants identify what choices they have (and what services they desire) once they have identified their needs? How do they assess their support systems to identify resources to meet those needs rather than relying on more traditional agency based services? How can the consultant/support broker facilitate the decision-making and support choices, even if they may not agree with them?

These identified training needs address the philosophical framework necessary for successful implementation of a participant-directed services program for older adults, persons with physical and developmental disabilities and their families, or representatives under a variety of self-directed program options. The training curriculum addresses those two training needs specifically in two, half-day training sessions. Offering Module One during an afternoon session followed by Module Two in a morning session the next day is recommended. They are intended to supplement special technical training specific to the requirements of state and federal mandates.

• • • • • A Word to Trainers About Adult Learning • • • • •

There is a common misperception that training involves “telling.” If we tell trainees the right things and we answer all their questions, it is often assumed that they have actually learned the material and will be able to apply the new knowledge to their work with participants. We have only to reflect on our own experiences at conferences and training sessions to agree that this is not the case. While children often learn by “absorption”, adults learn by a complex interaction of their emotional reactions to the new material, their reflection process during which they can question and struggle with new material, and by the process of actually applying what they are learning to their own lives.

For example, very few consultants/support brokers are unable to clearly distinguish what is different between traditional case management approaches to service delivery and a self-directed or participant-directed approach. However, knowing the differences and being philosophically committed to real participant self-direction are worlds apart. In order to really facilitate choice and decision-making with participants, they have to have examined all of the biases and reservations they bring with them regarding this approach. They have to have repeatedly asked “yes, but what if...?” and emotionally understand what it means for them to let go of traditional roles in working with participants who are older or have disabilities. They have to struggle with what they already know and believe in and how this contrasts with a self-directed approach. They have to understand that making choices involves some risk but it also provides the opportunity to empower participants to take charge of their own lives, maximizing independence and promoting personal dignity, the ultimate goal of all social service supports. Consultant/support brokers also need to have actual hands-on experience in developing the skills and approaches that facilitate the choice and decision-making process for participants. Specifically, in the training process, trainees need to recognize their emotional reactions to the shift with participant-directed care, struggle with the meaning of this approach, and learn how to do it—the emotional, reflective, action components of adult learning.

The approach used in this training is based on the work of Jane Vella, an educator and scholar who continues to research and write on how we can be more successful in facilitating adult learning. She offers the following principles to teachers and trainers when developing or implementing training programs.

Why were these modules developed?

What are we trying to accomplish?

Participant direction is an emerging trend in home and community-based services systems that provides individuals with increased choice and control over their services and supports. By its design, participant direction removes the traditional provider and case management systems and replaces it with a new system that acknowledges the participant as the critical decision-maker. This new approach explores and defines participant values and preferences and translates these into a meaningful plan to meet the participant's needs. Traditional supports systems need to change to adopt this new approach. These two modules provide a comprehensive toolkit to “shift” the roles of professionals and participants.

The first module explores case manager reactions to participant direction. These include:

1. Identifying the relationship between feelings, knowledge and skills as part of the adult learning process.
2. Examining the underlying assumptions of the participant-directed approach.
3. Studying the knowledge and skill development necessary for consultants and participants to move to participant direction.

The second module focuses on participant's reactions to the new concept. These include:

1. Integrating the cognitive, emotional, social and purpose-driven components of choice and decision-making.
2. Reflecting on the ethical and practice dilemmas that arise in participant-directed care when the “right to choose” may conflict with the “right choice”.
3. Developing skills to facilitate the consultant's role as coach and teacher.

What is a train the trainer model?

The train-the-trainer model seeks to provide resources and information to instruct state program or provider staff to use material, power point slides, case histories and participatory exercises to help change behavior through the learning experience. Detailed instructional tools are provided to allow staff to transfer new information with consistent and reliable messaging. The model recognizes that individuals who know and work in programs are in the best position to introduce new concepts with credibility and specific program knowledge.

Are completing the exercises really necessary?

The more a trainee is actively involved, the greater the chance for learning, remembering and applying the new concepts. A person's knowledge comes from his or her experience; no two people will react to the experience in the same way. The trainer will provide experiences that are meaningful, varied and appropriate to the situation. The tool kit exercises require involvement of feelings, thoughts, memories of past experiences, and even physical activity. This experience will hopefully result in changes in the trainee's way of seeing, thinking, feeling, reacting and doing.

What needs to be tailored to the state?

The two modules will provide information and exercises on participant-direction. The trainer will provide specific information about policies, procedures and the program in each individual state.



