

Recovery to Practice Monthly Report

December 2011

National Association of Peer Specialists

During December, the NAPS RTP team was deeply involved in refining curriculum development. Using a very rough draft of the first module (Recovery 101—recovery basics), comments from a variety of reviewers led the team to believe a major overhaul of the approach was necessary.

The greatest challenge was the notion that modules must be facilitated in a 75 to 90-minute time frame. Comments from reviewers, however, made it abundantly clear that this time frame is woefully inadequate. Instead, a four-hour time frame (3.5 hours with two 15-minute breaks) was deemed more workable for the curriculum. Instead of allowing the time frame to drive the curriculum, the NAPS RTP will instead let the curriculum drive the time frame.

It is expected that a total of ten modules will result from this endeavor as two modules will likely be implemented more effectively if they are split into two modules each. As a result, the curriculum appears headed for a 35 to 40-hour total time frame.

In the situational analysis, implementation was contemplated primarily through peer specialist conferences as 75 to 90-minute workshops. Given the expanded time frame, this implementation strategy will be unworkable. But the modules can be offered as pre or post-conference institutes. More practical, however, is the strategy of encouraging existing training entities to use the curriculum as an “advanced” peer specialist training. This approach will enable existing training entities to offer a comprehensive training experience to peer specialists they have already trained and explore new markets.

Expanding the curriculum and making minor modifications to the implementation plan are fully consistent with the situational analysis. Given the nature of the material and the preferred facilitation style (participatory/experiential), this strategy appears to be the most practical and effective.

The only additional challenge presented by the time-frame modification is in piloting the modules. It is likely that the piloting schedule will require some minor modifications but it appears as though this challenge is certainly not insurmountable. The pilot-testing challenge will be addressed in the near future.

Reviewer comments stimulated much discussion among the NAPS RTP team. The result has been the realization of how the team can work together in a collaborative fashion to make significant changes in curriculum development processes. The need to be flexible and creative has made us all appreciate the skill sets of each team member and others who have contributed to curriculum development.

Other modules moving quickly to a draft include recovery relationships, workplace relationships and wellness. The development of these modules will benefit substantially from the “template” created for the first module.

Reviewer comments also stimulated much discussion regarding the “train-the-trainer” document. That document was intended to contribute to a measure of quality control for those who may access the curriculum via website or other means. Comments caused the team to rethink the document. It has been radically revised in an effort to make it more strengths-based and purpose-driven. Whether the document will be used as part of the RTP project is yet to be decided but the NAPS RTP team believes it is still relevant and valuable—even for experienced facilitators.

Antonio Lambert, the NAPS RTP specialist, was prominently featured in an article in the *New York Times*. That exposure drove new visitors to the NAPS website and resulted in increased awareness of the RTP project. Comments/suggestions about the RTP curriculum were received from previously unknown interested parties. Also, Steve Harrington promoted the RTP project to Ben Carey, the mental health reporter for the newspaper, for future consideration as a feature article. It appears likely that such an article will be forthcoming after the project is implemented by the various disciplines.

The DSG-sponsored conference call regarding webinars was especially interesting for the NAPS RTP team. Although this format was not originally contemplated as part of the implementation strategy, it appears to be viable as part of the train-the-trainer endeavor. Whether webinars will be practical for other RTP training purposes is yet to be determined but the prospect of such possibilities is exciting for the team. It has become apparent that, even in the last year, an increasing number of peer specialists are accessing webinars for training purposes.

Consultant Rita Cronise continues to collaborate with the Depression and Bipolar Support Alliance (DBSA-an RTP partner) to make significant upgrades to the NAPS website. It is expected that these upgrades will be primarily intended to share information to peer specialist “stakeholders” about the RTP project. This endeavor has been recognized by the NAPS board of directors as a priority for the organization in order to share the valuable resources developed as a result of the RTP project.

Rita and DBSA staff have developed a collaboration that will enable NAPS to upgrade its website in a cost-effective manner. Specifically, NAPS is collaborating with DBSA to use the latter’s computer technology and expertise to greatly expand the NAPS website capability. Instead of increasing capabilities by purchasing costly computer technology, NAPS will “tag on” to DBSA’s existing technological resources.

In January, the NAPS RTP team has set an ambitious goal for curriculum development. Efforts will be heavily focused on module creation and refinement. Also, the team will submit a second, much-refined draft of the first module to reviewers.