

Work Based Learning
Norton Sound's Behavioral Health
Nome, Alaska

Clinician's Guide
December 2010

Introduction

Work based learning (WBL) provides employees with opportunities to learn new work skills leading to increased job opportunities. For its part, Behavioral Health gains both well trained employees; and for future job openings, more in-house applicants capable of stepping into unfilled positions. WBL's uniqueness lies in its mentoring emphasis, with work place clinical mentors (typically master's level clinicians) teaching skills relevant to the current as well as to the future work environment.

At Behavioral Health, work based learning is a tool to guide entry level employees in attaining behavioral health aid certification. This certification is achieved by completing a combination of guided work based mentoring and university course work. This guide is designed to answer questions clinicians may have who are considering such a role. It may be helpful to read the guide for employees also.

As clinicians your role is vital to the success of the work based learning program given its primary clinical focus in teaching employees skills required for behavioral health aid certification. There are three components for this certification for the work based learner, all of which can be offered by Norton Sound's Behavioral Health program:

1. Required core classes.

- a. These can be university courses such as the following:

From Human Services courses, about 6-7 courses which equal 18 credits.
These courses can then be applied to a university degree in human services.

Or

Complete the *Rural Human Services Certificate*, a two year program through UAF. Note that this certificate can then be applied to the university degree in human services, but not necessarily towards other degrees such as social work.

Or

Complete a bachelor's degree in an appropriate field such as social work or psychology

b. Or complete the Regional Alcohol and Drug Abuse Counselor Training Program (RADACT). Note that this might (or might not) count for university credit but can count for behavioral health certification. For more information see RADACT's site: www.radact.com/

As noted earlier, required university courses in human services can likely be taught by Norton Sound Behavioral Health clinicians and only require approval through the Northwest Campus in Nome.

2. Clinical oversight by a master's level clinician, who must sign off stating behavioral health aid standards have been mastered. These standards are found at ANTHC's website: <http://www.anthc.org/chs/behavioral/certification.cfm>

As these standards are 18 pages in length and as such may be a bit daunting both for you and for the work based learner (WBLr) an alternative approach is offered which will lead to the same outcome. This alternative method proposed (*Meta Activities*) is one of clinical mentors teaching work based learners a clustered set of skills related to a likely behavioral health aid services and/or outcome such as effectively responding to someone in crises.

If the WBLr is involved--continuing on with this example with someone in crises—and is taught, practices and employs skills needed for crises resolution from initial contact through writing a treatment plan and discharge planning then by default many of the applicable standards have been addressed. The use of the *Meta-Activities* approach precludes clinicians from having to take a more piecemeal approach, sorting through pages of standards and trying to design work based learning opportunities which would be applicable.

Meta-Activities are explored more fully below.

A key component of the work based learning experience is clinical mentoring by someone such as yourself, who would be teaching the very skills needed to be a successful behavioral health aid in the work environment in whatever combination of observation, hands on and/or role playing you felt was required for skill mastery.

Successful clinical mentoring includes finding ways to do the following:

- Assessing the WBLr's skills which needed to be taught and to be practiced;
- Incorporating and teaching self assessment and self reflection skills as well as integrating opportunities for self care into the WBL environment;
- Finding/arranging time and opportunities for the WBLr to observe you as you demonstrate these skills (or another clinician) followed by a) opportunities to try out the skills and practice, and b) weekly time for meeting with WBLr

3. WBL must have worked a set number of hours performing behavioral health services, which typically equal about one year's full time work to qualify for certification.

Meta Activities: An alternative strategic packaging of the extensive behavioral health aid standards

One approach to addressing these lengthy standards is to focus on teaching WBLrs best practices and skills associated with typical activities encountered in the work place, BUT among differing clientele. These activities which if taught to the WBLr and practiced with the differing clientele would then accomplish fulfilling the required skills and competencies listed in the behavioral health aid certification standards. As noted earlier, *Meta-Activities* is the term given for 11 identified activities, each activity a collection or cluster of micro skills such as screening, writing case notes, providing case management etc.

Meta-Activities are divided into two parts. One set of meta-activities (Part I) focuses on working with individuals; while the remaining Meta-Activities (Part II) include an assortment of other required activities leading to skill mastery in areas such as community development and group counseling.

Meta-Activities Part I: Working with individuals

The clinical mentor teaches and supervises WBLrs in developing and mastering skills covering the range needed for someone seeking behavioral health services. This would include but not be limited to skills involved in effective initial screening, assessing, explaining informed consent and confidentiality, designing and implementing treatment plans¹ with the person, counseling¹, case managing, and discharge planning for a variety of clientele as listed below:

<i>Meta-Activity</i> target working with:	Additional Suggestions (see midway down)
1. Someone from a village	
2. Someone in crises/emergency	
3. Individual in need of addiction services	
4. Individual in need of behavioral health	
5. Family	
6. An individual with a co-occurring disorder	
7. Someone on psychiatric medications and learning symptom management	
	Additionally, it is suggested experience with:
	An Elder;
	A minor;
	An adult who is not their own guardian or has limited understanding
	Male/female
	Exposure to duty to warn and mandated reporting
Part II: Groups, Community and	

¹ As appropriate

Supervision	
8. Assists with Group counseling	
9. Community prevention activity	
10. Receives supervision/self assessment	

What is needed to be successful as a clinical mentor in the work based learning program?

Several things are essential for success.

First, create with the WBLr you are mentoring, a strategy for meeting weekly; ensuring their supervisor has agreed to this weekly encounter. Use this time to review the past week’s activities and to plan for future skill learning. Besides a time to discuss logistics it should also allow and teach reflection skills, given reflecting is where the real learning occurs. This could also include submission of a weekly journal by the WBLr to you as the mentor, with the expressed purpose to engage and to elicit the kind of reflection valued in clinical work.

A key element is to plan how to proceed with teaching skill mastery, both logistics and chronology of activities. For example, there may be some *Meta-Activities* which could be done sooner (such as working with someone with addictions) and some which should be done later (as in case managing an individual with co-occurring disorders).

Secondly, determine how and where to keep the official 18 pages of standards, to be signed off on as the WBLr achieves the mastery needed. Since other clinicians can sign off on this same set of standards, you may want this document housed where other clinicians can have access if acceptable to you. Or . conversely the WBLr can hold on to it.

Throughout the mentoring relationship, ensure the WBLr take as much responsibility for learning if not more than you, given a mentor should never work harder than the mentee. Encourage WBLrs at Behavioral Health to create their own learning communities or other methods and strategies to enhance their knowledge and skill development for successful behavioral health aid services.

Third, recognize teaching time management skills and other skills which are not necessarily clinical in nature may be as crucial in the WBLr’s success as the actual clinical skills. Teach what has worked for you.

Finally and no less important is the role of culture and traditional values as a guide in this work and in providing services. It is strongly suggested that each WBLr have an Elder mentor of their own choosing. This Elder can guide them on many levels from traditional approaches to health and well being which can be included into their work as a behavioral health aid; to mentoring on self care. Helping the WBLr integrate traditional knowledge, activities and values into the delivery of behavioral health services may be one of the most rewarding aspects of clinical mentoring.

