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Rationale & Literature Review of Vocational Training Tools & Skill Implementation in Mental

Health Populations

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Abstract

Persons diagnosed with any type of cognitive impairment are oftentimes given labels by society members; they face unjust hardship, and unfounded prejudice because of it, especially in workplace settings. In Kalamazoo, Michigan two different programs - that exclusively work with mentally ill adults – actively seek to counteract these unjust labels by using work-related exposure. The goal is to increase job competence, self-efficacy, safety, and the social participation of the members of these programs. Both programs required supplemental training tools to help their workers' transition into their new roles. The populations served were 1) patients working for the Kalamazoo Psychiatric Hospital's Vocational Services Program, and 2) adult volunteers at SHALOM, a community farm and wool-making store heavily operated by the work of intellectually disabled adults. Different training tools (training video, training manual) were created to help aid and address specific needs of each location.

This paper looks to justify the projects' implementation as part of the worker's job training and orientation into each program. The aim is to demonstrate the importance of effective job training for these populations, and to further look at the benefits often created from similar, training implements used with people of this unique demographic.

This is the justification of two supplemental training tools implemented in different work-related programs. Each population served exclusively works with people who have varied levels of cognitive impairments living in Kalamazoo County, Michigan. The first population - patients at the Kalamazoo Psychiatric Hospital (KHP) – work for the state hospital as a part of their occupational therapy treatment plan towards their discharge goals. The hospital’s program is called the Vocational Services Program (VSP). The second population is a group of volunteers for the SHALOM “Woolary”, a local community farm and store that is operated primarily by the work of its’ developmentally disabled “COOPers” under the supervision of Woolary staff. The majority of participants in both programs are capable of carrying out specific tasks and duties in their respective positions under close supervision. “Patient Workers” at the hospital are selected for the program based on behavior and treatment goals. Working for VSP is viewed as a positive step towards discharge, and patients elect to take part in the program. COOPers are long-term volunteers for SHALOM and work at the Woolary around 1-3 times per week.

Although each program ran efficiently, job-skill trainings (specifically continuity in communication and job expectations) lacked consistent content delivery. Consistency, dependability and knowing the expectations of a worksite are very important for workers, especially when workers sustain cognitive deficits (Zumrah, 2013). Adequately trained individuals often better trust their employers, and subsequently are more likely to be motivated in their work and more efficient on the job (Zumrah, 2013). For this reason, a training tool was created at each location for implementation to bolster workers’ understanding of their positions, program rules, job expectations, and safety concerns. Tools focused to deliver concise, meaningful information like protocols, reimbursements, and benefits of working for the program. People often feel empowered by the work they are completing, and when they feel a part of the

overall training process, workers are intrinsically motivated to focus intently during both the initial job training as well as on the job (Jackson, 2006). Workers who are adequately trained prior to their first day on the job are oftentimes more satisfied in their work; this boosts work efficiency and, in this population, creates better treatment outcomes. In fact, Liu et al. (2013) found in that Hong Kong, workers with cognitive disabilities who were properly supported and trained in workplace settings had better emotional regulation and a more sound awareness of self and their environment over those who did not participate in a similar program.

At SHALOM, program leaders were looking to make a familiar crafting activity a part of the business' attempt to fundraise. The goal was to let COOPers have more opportunities to engage with community members outside of SHALOM. The idea was to have COOPers teach members of the community the crafting task as part of a way to help them work on communication skills, sequencing, and – by exposing people to learning a skill from the SHALOM COOPers - to fight mental health stigma in the Kalamazoo community. SHALOM required a training manual to both aid SHALOM volunteers and new COOPers on how to create the craft, and to help denote how to properly set up the activity to complete the craft.

At the psychiatric hospital, Patient Workers were not being adequately supported in their VSP orientation. Some Patient Workers working for the VSP have never been employed and others have not held a job for many years. Previously at KPH, training Patient Workers meant a brief program overview from a hospital occupational therapist or VSP professional. This type of briefing is often an ineffective delivery method of information for vocational skills, as there was nothing to “grab” trainees’ attention (Jackson, 2006). This is especially true in mental health populations (considering contributing factors like diagnoses, confusion, fatigue or disorientation from medications), as it can be difficult to recall many different pieces of information in a short

period of time without any reiteration or other forms of tandem teaching methods. Job training of this nature also does not create long-lasting effects. This is why multiple training platforms are so imperative when looking to train workers with these cognitive deficits (Zumrah, 2013). To help implement an effective and consistent training program, KPH sought to instill a training video that would help Patient Workers learn the expectations of the job in a concise and non-intimidating manner. A video training format was desired to help instill continuity between training sessions, as each Patient Worker would receive the same information. In vocational programs, there is sometimes concern when designated trainers are out, that trainings could be inefficient in his or her absence (Macurik, O'Kane, Malanga, Reid, 2008). Without a trainer's first-hand knowledge, many intricacies of the program, reminders, or helpful hints that the serving OT typically mentions would be excluded, leading to potentially negative outcomes. This is why a training video was the selected medium of content delivery for the new orientation process; adequate content could still be delivered. Multiple issues that could arise without such a video including: worker's unsafe or inappropriate work attire, inefficient job performance, or a lack of safety awareness while on the job. Workers improperly trained or supervised on the job could make costly mistakes for the hospital (Jackson, 2006). Too, an inefficient training could make Patient Workers seem unable to perform their assigned duties, resulting in adverse notions in their behavior or treatment reports, ultimately impacting therapy and discharge goals negatively through no fault of their own.

The hospital had previously used training videos, but abandoned them due to the fact that traditional job training or safety videos did not adequately mirror the expectations, job practices, or the duties of Patient Workers participating in the VSP. Nearly all job training videos are specifically designed for workers without cognitive limitations. The tool was designed to be as

pertinent to KPH and its' Patient Workers as possible; familiarity in training videos is a very effective delivery tactic, and is certainly important for Patient Workers at the hospital (Labour, Leleu-Merviel & Vieville, 2004). For this reason, the training video was filmed on the grounds of the hospital, and different portions of the video were filmed in the specific areas of the hospital where Patient Workers typically fulfill their duties. The training video was filmed on a handheld Canon Vixia HF R30 video camera. It was narrated, shot and edited by two local college students from Western Michigan University (WMU) from both Occupational Therapy and Film, Video and Media Studies programs.

A competency quiz was added to the end of the video to help ensure learning and retention. The questions focused on safety precautions, work procedures, and compensation. Studies consistently show that when content reinforces information that is not only relevant, but is also meaningful to the worker, people pay better attention to the training, and are ultimately more satisfied with their position (Labour, Leleu-Merviel & Vieville, 2004). The competency quiz was designed as a flexible tool for trainers, meaning there are different ways to deliver the quiz based on trainer preferences. Staff can tailor quiz delivery based on the cognitive abilities of those going through the training; for example, the film pauses after asking each question so that participants can take the quiz in real-time as a group while the video plays. Too, there is a paper form of the quiz, and trainers can administer the paper quiz in tandem with the video. The competency quiz in no way determines a person's eligibility to participate in the Vocational Services Program; instead, it is used to both reiterate important information and let supervisors gauge participants' understanding of job expectations and video content. The quiz can be helpful when determining a Patient Worker's job and responsibilities at the hospital.

The video is designed to be a supplemental training resource to aid in the treatment of the Patient Workers, and help therapists consistently train patients before their work. The video itself covers a wide array of information: job expectations, eligibility, safety, which are all relevant to all trainees watching the training video. Content included is applicable to each viewer; additional information too specific for the whole group is delivered to individual workers by a supervisor instead of by the video (Sherdian, et al., 2011). Overall training now includes a supervisor's program spiel, and the signing of paperwork, and the VSP training video. All three components play a necessary role to create a complete training experience; the video is not meant to be a stand-alone training tool. Instead, adding all those training facets together creates a job orientation that many employees in today's workforce prefer. Workers favor live training by a supervisor, but collectively pay better attention to a video; ergo, combining the two ideally leads to a more effective training result (Macurik, O'Kane, Malanga, Reid, 2008). Additionally, the video helps in the situation of any normal trainer or supervisor not able to complete a day training. The video can provide the necessary basics, and any adjunct hospital staff can go over paperwork. The video makes it so the training will be sufficient for a Patient Worker to begin their supervised duties with the intent of filling in any holes upon the return of the original trainer if necessary (Jackson, 2006). Also, since the video provides a consistent script of information, supervisors of the program can easily support workers by filling in gaps or providing extra examples or additional information during trainings to help Patient Workers in their transition to the program. This added support can help make the orientation experience even more beneficial (Heaven, Clegg & Maguire, 2005).

At SHALOM, instead of a focus on work readiness and inpatient discharge, the focus was to create a training tool to help aid both community members and COOPers with cognitive

impairment in learning from each other and actively fighting stigma that exists between these two populations (Verhaeghe & Bracke, 2011). Community members in Kalamazoo do not know of SHALOM and all that happens at this unique outfit. The lack of awareness of the hard work the Woolary volunteers complete is what prompted SHALOM leaders to introduce a way for COOPers and community members to intermingle. The agreed upon idea was a wool-felting craft that most COOPers have mastered and quite enjoy. The activity involves needle felting colored wool to woolen “roving” squares. The task is one that is simple, but is one that many who have never worked with wool before have never done. Since the craft is so unique, the plan is to empower COOPers and have them instruct others on how to complete the task. The project has many positive implications of increasing the self-efficacy, social participation, sequencing, and communication skills of its’ COOPers. This initiative also creates a way to counteract stigma, all while COOPers get a chance to practice working in a leadership role and gain experience in working with members of the community.

All these implications lead SHALOM supervisors to pilot the project at Western Michigan University as a “Make-it-and-Take-it” fundraiser for the Woolary. The event, per the help of occupational therapy students at WMU, went off without a hitch. The event consisted of students selecting their colored wool and sitting amongst COOPers who were intermixed at a group of tables. COOPers led groups of students through the steps of the task. The day was considered quite an achievement, as demonstrated by the COOPers’ successful teaching of nearly fifty people on how to adequately complete the needle-felting task. COOPers used both verbal instructions and also non-verbal, demonstration of the proper steps to task completion, which both proved effective. In fact, both tactics are commonly considered successful methods of teaching and training others (Better-Fitzhugh, 2010). As demonstrations continued, COOPers’

comments concerning ‘proper needle-felting techniques’, and safety reminders as students used needles showed their teaching competence. These actions demonstrated that COOPers were not only able to independently complete the task themselves, but could all transfer that knowledge appropriately to communicate the steps of the task for other people to understand as well.

The SHALOM training manual included written instructions on how to complete the activity, and it also included the same instructions with pictures of the task as each step was completed. Additional means of training – pictures and provided examples – are especially beneficial for transfer training with groups new to a task or those in mental health populations (Ridpath, Larson & Greene, 2012). There were also written instructions for volunteers working with the COOPers to explain the purpose of the activity, both as a fun fundraising event, and as an opportunity for COOPers to interact with community members. Additionally, the manual included a written description of benefits of the activity for COOPers, and included steps to help COOPers set up for event both at SHALOM or for community events.

The manual serves a dual purpose; both to train COOPers new to the Woolary the needle-felting craft, and for new SHALOM volunteers to properly set up the event. Manuals of this kind – that also include information for the “trainers of trainers” – are found to be very beneficial when delivered in written and sequential form (Puchbauer, 2006). When volunteers come to SHALOM (usually brining with them at least some prior experience working with adults and mental health) a manual is often a helpful choice since people require both an adequate formal training tool, but also sensitivity to their existing knowledge, abilities, and past experiences (Pauchbauer, 2006).

It is imperative supervisors make a job feel like safe environment for workers – especially in mental health. By using effective training implements, an increase in worker self-

efficacy and work competence often emerges; ultimately leading to appeased, comfortable workers (Better-Fitzhugh, 2010). Trust is often an issue within mental health communities due to the passive or perceived stigmatization of these populations, especially in health care settings like the psychiatric hospital (Verhaeghe & Bracke, 2011). The hope is that this both the manual and the video will create a supportive atmosphere for workers to help foster a safe, productive environment, and better instill that trust in those supervising and training them (Better-Fitzhugh, 2010).

Despite the many benefits of these training instruments, limitations of the tools do exist. For example, the video, while tailored to KPH and its' Patient Workers' needs, was not professionally produced. Audio, narration, and graphic designs were limited to the skill set and technologies of college students and standard Mac computer programs. The video is also not an adequate replacement to an in-person trainer, and someone from the program must be there to provide excluded or more detailed information, as well as answer questions. There is also no way to address the specific needs of each and every Patient Worker; in some instances, some information may be more relevant to some workers than others. The video's background music, quick transitions, and changing backgrounds could potentially cause an issue for individuals with auditory filtering difficulties, lower levels of cognition, or other disabilities where these movie characteristics might create a challenge. Ergo, the video would not fulfill its' intended purpose for these persons. A hospital staff member would have to know the patient or gauge understanding from their completed competency quiz to determine if additional support is necessary to train such individuals before being placed in a work group.

At SHALOM, those who cannot read the new manual are inherently at a disadvantage. SHALOM, is dedicated to fostering inclusion and self-confidence, and someone from the outfit

could easily read the manual or demonstrate the task to someone to help them learn the skill and counter that limitation. Another hurdle exists for those who are unable to verbally communicate, as that is one of the main tactics used by COOPers to teach community members their craft. However, demonstration is just as effective, and was proved successful by COOPers at the WMU 'Make-it-and-Take-it' event. It is an effective adaptation to manual use if necessary. Written words, although effective for many trainees, are sometimes not as effective as tools using technology, or like the competency quiz at KPH; appropriate and most effective communication channels often vary person to person and must be taken into account (Ammentop, Graugaard, Lau, Anderson, Waidtløw & Kofoed, 2014). However, it is still an effective tool that is currently being utilized by SHALOM for its' COOPers and volunteers. Manual use takes into consideration that each trainee comes with unique perspectives, ideas and comprehension levels; this is especially the case in working with working adults with cognitive impairments (Koskela & Palukka, 2011).

Overall, what was created for both programs was a way to help bolster confidence and better understanding of how to complete work activities. Via more concise and consistent training tools, intellectually disabled participants in these programs are better aided before they begin their work at each program. Both programs plan to use their new training tools as a part of their orientation programs, and immediate implementation is intended. As of December 2014, new Patient Workers at KPH have already viewed the hospital's new training video. At SHALOM, there is talk of another 'Make-it-and-Take-it' event at Western Michigan University to have COOPers teach another group of students their crafting activity. The installment of these tools will better ensure a well-trained work force of mentally ill adults. Lasting benefits exist not only for both the VSP and SHALOM programs, but as skills are developed through these

programs, potential employers of these individuals in the future may reap the benefits of these well trained, work-ready individuals.

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