ED 374 334   CE 067 309

AUTHOR   Perin, Dolores; And Others
TITLE   Workplace Literacy for Psychiatric Health Care
                Workers. Final Performance Report [and] External
                Evaluation Report.
INSTITUTION   City Univ. of New York, N.Y. Center for Advanced
                Study in Education.
SPONS AGENCY   Office of Vocational and Adult Education (ED),
                Washington, DC. National Workplace Literacy
                Program.
REPORT NO   CASE-06-94
PUB DATE   Sep 94
CONTRACT   V198A20004
NOTE   229p.
PUB TYPE   Reports - Descriptive (141) -- Reports -
                Evaluative/Feasibility (142) -- Tests/Evaluation
                Instruments (160)

EDRS PRICE   MF01/PC10 Plus Postage.
DESCRIPTORS   Adult Basic Education; *Allied Health Occupations
                Education; Behavioral Objectives; Check Lists;
                Curriculum Development; Guidelines; Hospital
                Personnel; Individualized Instruction; Inservice
                Teacher Education; *Literacy Education; *Partnerships
                in Education; Portfolios (Background Materials);
                *Program Development; *Program Effectiveness;
                *Psychiatric Aides; Records (Forms); Student
                Evaluation; Teaching Methods; Tutorial Programs;
                Unions
IDENTIFIERS   New York (New York); *Workplace Literacy

ABSTRACT
        This report documents the Workplace Literacy for
Psychiatric Health Care Workers project, a partnership between a
labor union and the City University of New York through which
workplace literacy instruction was provided to mental hygiene therapy
aides (MHTAs) employed in five state-operated psychiatric hospitals
in New York City. Among the project's major outcomes and
accomplishments were the following: conduct of a literacy task
analysis, development of a 48-unit (96-instructional hour) curriculum
based on the use of tutors' individualized educational plans, and
development of four assessment instruments. Appendixes constituting
approximately two-thirds of this document contain the following:
basic principles underlying the program's implementation, lists of
instructional topics and learning objectives, information about the
literacy task analysis' purposes/methods, and various project-related
correspondence and forms. Also included is the external formative
evaluation that found the project to be a model worker education
program that addresses the educational needs of MHTAs both as a
homogeneous student population having common characteristics and
needs and as a student population characterized by diversity of
educational and cultural backgrounds and learning styles and goals.
(MN)

WORKPLACE LITERACY FOR
PSYCHIATRIC HEALTH CARE WORKERS:
FINAL PERFORMANCE REPORT

Dolores Perin, Ph.D.
Project Director

Center for Advanced Study in Education
The Graduate School and University Center
of the City University of New York

COPY AVAILABLE

WORKPLACE LITERACY FOR
PSYCHIATRIC HEALTH CARE WORKERS:
FINAL PERFORMANCE REPORT

Dolores Perin, Ph.D.
Project Director

Project Partners
- Center for Advanced Study in Education, Graduate School and University Center, City University of New York
- Civil Service Employees Association, Inc.

Helping Organizations
- New York State Office cr Mental Health
- New York State Governor's Office of Employee Relations

3

WORKPLACE LITERACY FOR PSYCHIATRIC HEALTH CARE WORKERS: FINAL PERFORMANCE REPORT

Acknowledgments

TABLE OF CONTENTS

Workplace Literacy for Psychiatric Health Care Workers:

Performance Report[1]

Dolores Perin, Ph.D., Project Director

PROJECT DESCRIPTION

Workplace literacy instruction was provided to Mental Hygiene
Therapy Aides (MHTAs), direct care workers employed in five
psychiatric hospitals in New York City operated by the New York State
(NYS) Office of Mental Health. The purpose of the instruction was to
help the participants prepare to work in new ways with patients, in
line with a new agency-wide approach to treatment called "psychiatric
rehabilitation." For the MHTA, this new mission imposes job-related
literacy demands that are greater than those required in the
traditional treatment approach. The purpose of the project was to
help MHTAs improve reading, writing and oral communication skills
related to psychiatric rehabilitation job tasks.

An education-labor partnership was formed to conduct the project
between the Center for Advanced Study in Education of the City
University of New York Graduate School (CASE/CUNY), the educational
partner, and the Civil Service Employees Association, Inc., Local 1000
of the American Federation of State, County and Municipal Workers
(CSEA), the labor partner. CSEA's constituents are 100,000 or more
New York State employees, a significant number of whom are MHTAs. The
partnership was facilitated by two "helping organizations," the NYS

1

Office of Mental Health (OMH) and the NYS Governor's Office of
Employee Relations (GOER). The four organizations worked closely,
demonstrating a successful partnership throughout the project period.
Key personnel from CSEA, OMH and GOER were cooperative and easily
accessible to the education partner, which facilitated all project
activities. The five participating sites were Manhattan, Kingsboro,
Creedmoor, Bronx and South Beach Psychiatric Centers.

Of major importance in project implementation were central and
local advisory committees. The central advisory committee consisted
of key CSEA, OMH and GOER personnel based in the state capital,
including the director of CSEA's statewide Labor-Education Program;
OMH's directors of Community Systems Development, Psychiatric
Rehabilitation, and Employee Relations, and labor relations
representative; and the administrator of GOER's Employee Development
Division. The central committee, which met approximately every six
weeks, authorized the program and helped design and monitor it in
relation to needs of the workforce. The central committee members
were able to facilitate and implement key project arrangements such as
release time. They specified the responsibilities of the various
actors, in a one-page circular given to all local committee members
and participants (see Basic Principles for Implementation of MHTA
Communication Skills Program, in the Appendix). At the beginning of
and approximately halfway through the project period, the central
committee called meetings of the executive directors and education and
training directors of the participating sites to plan and improve
program implementation. At the first meeting, a summary of the

2

7

project was handed out (see OMH Project Summary in the Appendix). A planning meeting was also called at the beginning of the project period by the director of CSEA's statewide labor-education program for the CSEA local presidents based at the participating facilities.

A local advisory committee, chaired by the project director, was set up at each of the five sites, and remained active through the project period at four of the sites. The executive director of each hospital appointed a liaison to the project (usually the Education and Training Director) and other personnel to participate on the local committee. Members at each site included at least two MHTAs, and the facilities' directors of departments such as Psychiatric Rehabilitation, Nursing, Quality Assurance, Treatment Services, and Personnel. The local union presidents and the project educational coordinator also served on the committees.

The local committees were extremely important in the planning and implementation of the project. They assumed site-based control of key elements such as scheduling and selection of participants. Working with the project director, they designed recruitment strategies, recruited students, made release time arrangements with supervisors, reviewed the curriculum, obtained classroom space, monitored attendance, followed up absentees, and planned graduation ceremonies.

At the time of preparing this report, the workplace literacy program was being continued at one of the participating sites (Creedmoor Psychiatric Center) and GOER, CSEA and OMH were planning to offer the course at another psychiatric center in New York State.

Another positive effect of the project is that OMH has embarked

on a collaborative project with the City University of New York to provide a credit-bearing course on psychiatric rehabilitation, and also a college preparation course that utilizes psychiatric rehabilitation content. Elizabeth Salerno, Director of OMH's Bureau of Community Systems Development, stated in a letter to the project director that "all of this began with the MHTA Communication Skills Project which offered possibilities for MHTAs and administrators."

The MHTAs who participated in the program expressed positive views of the communication skills training, as, for example, in the "Student Essay," appended.

ACCOMPLISHMENT OF OBJECTIVES

The project accomplished all the objectives contained in the approved project application, as follows.

- <u>Workplace Literacy Task Analysis</u>. A workplace literacy task analysis was conducted of the MHTA's changing job. The analysis, which was conducted by Kate Walter, the project curriculum developer, comprised four activities: interviews, observations, examination of workplace text, and assessment.

Interviewees included potential participants (ten MHTAs from three different sites), professional staff (e.g., psychologists, nursing administrators, and social workers who supervised the MHTAs), and hospital and agency administrators. The interviewees were asked to describe psychiatric rehabilitation tasks performed by MHTAs that involved literacy, and to provide examples of areas where they thought improvement was needed. Critical tasks, i.e., tasks where the need for literacy improvement was most evident, were delineated.

4

9

The MHTAs who were interviewed also agreed to a literacy assessment. Informal measures of reading, writing and speaking skills were administered. (See Appendix for interview schedule and assessment used.) The instructional level of the project curriculum was determined by analysis of information learned through this assessment.

A large number of written materials were provided by interviewees and others at the sites. MHTAs were expected to read or fill in numerous forms and charts such as Incident Reports, Interim Treatment Plans, Periodic Treatment Plan Reviews, Discharge Plans, Observation Forms, Functional Assessment of Daily Living Skills for Patients, and Progress Notes. Ms. Walter was able to obtain a selection of forms that had been completed by MHTAs; an analysis of errors informed curriculum development. Vocabulary and technical language to be used by MHTAs in the new psychiatric rehabilitation workplace were drawn directly from the written materials.

Observations were made of MHTAs at work, for example, running patient group discussions in conjunction with professional staff such as psychologists. These observations provided information concerning oral communication skills.

* <u>Workplace Literacy Curriculum</u>. A workplace literacy curriculum guide was produced to teach reading, writing and oral communication skills based on the task analysis. The term "communication skills" was used rather than "workplace literacy." The curriculum guide contains 48 units, covering at least 96 hours of instruction. Each unit focuses on a specific <u>job area</u> relating to psychiatric

5

rehabilitation that provides instructional context, and on communication skills (reading, writing and oral communication) pertaining to that job area. The unit also specifies specific learning objectives. For example, Unit 15 focuses on the job area of "assessing patient readiness for alternative environment," and the communication skills taught are: "using technical vocabulary in an oral description of a patient's behavior, discussing a patient's behavior using documentation, and responding to other team members." The unit's learning objectives are: use technical vocabulary, describe a patient to other team members, respond to other team members' suggestions, listen well, ask questions, demonstrate understanding of other team members' comments, speak with confidence, and manage frustration. The topics and learning objectives covered in the 48 units are listed in the Appendix. Most of the curriculum units contain student handouts. Each unit provides extensive suggestions concerning how the teacher could accomplish the objectives.

Dr. Lora Kahn, the project educational coordinator, made a number of suggestions concerning future use of the curriculum, in "Letter to Future Users of the MHTA Communication Skills Curriculum" (see Appendix).

• Diagnostic Instrument. A brief workplace literacy diagnostic instrument was designed to help the teachers plan instruction and develop Individualized Educational Plans. A Registration Form (see Appendix) was administered to all participants that asked questions concerning their educational background, reading habits, and workplace literacy goals.

6

11

• <u>Workplace Literacy Instruction</u>. A 96-hour course using the project curriculum was provided to 24 classes in the five hospital sites. The employer allowed all participants 100% release time. A total of N=465 workers enrolled in the training, slightly lower than the projected figure of 480. Enlisting the participation of as many as 465 individuals was a major accomplishment because state budget cuts that affected hospital staffing levels were implemented during the project period.

The instruction was delivered in three cycles. Eleven classes were provided in each of the first two cycles, for a total of 22 classes, and another other two classes were provided in the third cycle. All five sites participated in the first and second cycles, and two of the sites participated in the third cycle.

Classes met twice weekly. During the first cycle, class length was 2 hours (i.e. the participants attended 4 hours per week) and the cycle lasted 24 weeks. The second cycle had originally been planned to begin soon after the end of the first cycle. However, this would have meant offering classes over the summer period, when many staff members would be on vacation. During this time, it would have been difficult for the facilities to provide coverage on the wards for participants attending class. The project followed the local advisory committees' recommendation that the second cycle begin in the Fall. To make up time during the project period, the second-cycle classes were 3 hours long (i.e. participants attended 6 hours per week) and the cycle lasted 16 weeks. The third cycle also provided the 96 hours of instruction within a 16-week period.

The classes were taught by adult education instructors, who worked under the supervision of the educational coordinator, Lora Kahn, and the project director. Teachers' qualifications included at least an undergraduate degree, and demonstrated adult basic education experience, preferably in workplace programs. The project also employed tutors who worked in the classrooms under the supervision of the teachers and educational coordinator. It was required that tutors have college-level education (e.g. they could be nearing college graduation) and previous tutoring experience.

Tutoring and educational counseling were provided to all participants during the first two cycles but not the third (involving two classes, as agreed in arrangements made with the funding agency for a no cost time extension).

Lora Kahn, the educational coordinator, provided both structured and informal staff development to the teachers, tutors and counselors. She conducted several staff development workshops, two of which are described in her reports contained in the Appendix. Also, she frequently met individually with the teachers before and after class, and had numerous conversations with them by telephone. Dr. Kahn observed each class, utilizing an Observation Checklist (see Appendix). She gave the teachers feedback after the observations.

Dr. Kahn circulated numerous articles and other resources to the educational staff, including descriptions of psychiatric rehabilitation[2]. She summarized basic principles of this approach in

---

[2] Examples: (1) Anthony, W.A. Psychiatric rehabilitation: Key issues and future policy. Health Affairs, 1992, Fall, pp 164-171; and (2) Anthony, W., Cohen, M. & Farkas, M. (1990).

8

a handout used for both instructors and participants, appended.

The tutors developed an Individualized Educational Plan with each participant. Guidelines prepared for the tutors, and the form used, are included in the Appendix. The employees wrote statements on the IEP forms that expressed their instructional goals. Examples are: "I would like to be able to speak with more confidence and authority;" "[I am interested in] expressing myself in clinical terms;" "[I would like to work on] subject verb agreement and pronunciation, paragraph construction;" "I am expecting to learn how to read faster, and comprehend what I am reading;" "Writing charts reports and letters;" "I [would] like to talk to a group of people. I [would] like [to] wrote a history of my life. I [would] like to work in a job that requires a lot of writing;" "I would like to learn to read better;" "I need help in spelling." A number of students expressed their feelings about and observations on their skills on the IEP form, e.g. "When I am in a place with a group of people, I get nervous. When it [is] my time to speak, words seem to come out the wrong way;" "I chose [oral communication] because I find it difficult to understand what patients are saying, also I would like more listening communication because I know I don't listen or pay much attention to what other people are saying." The tutors used the IEPs to individualize instruction, and the teachers and educational coordinator also referred to this material in planning classroom instruction.

Portfolio assessment was used to help the employees reflect on

_____

Psychiatric rehabilitation. Boston: Boston University, Sargent College of Allied Health Professions.

the progress they had made over the course. Towards the end of the cycle, the tutors guided the participants in selecting good examples of work they had done during the course; these examples were placed in a "showcase portfolio." This material included both assignments from the curriculum and special activities that the tutor did with the participants to supplement the curriculum, based on the IEP. For example, some students wrote poems and others completed structured grammar exercises. The process of selecting material for the showcase portfolio was based on educational literature on authentic assessment. The educational coordinator prepared guidelines for the tutors, and a portfolio checklist which was used to record the material selected by the participants (see Appendix).

Graduation ceremonies which were held at each site at the end of each cycle reflected the culture of the individual facilities. The ceremonies were carefully planned by the local advisory committees, and attracted much positive attention across the facilities. The graduations were attended by family members, coworkers, supervisors and hospital administrators, including Executive Directors. The graduates demonstrated their newly acquired communication skills in skits (such as one that demonstrated a psychiatric rehabilitation team meeting) and numerous speeches. The instructors and facility administrators also made presentations to congratulate the workers on their many successes. The ceremonies moved many to tears and their importance cannot be overemphasized in their demonstration of the workers' dedication to educational improvement.

Each completer received a certificate (see Appendix for example),

10

a copy of which was placed on the personnel file. Also, the completers received letters thanking them for their participation, and providing them with their assessment scores. Student delegates (see section on worker involvement below) received additional letters of thanks. (Examples of letters may be found in the Appendix).

• <u>Educational Counseling</u>. Educational counseling was provided at the workplace to support the literacy instruction. An educational counselor made seven two-hour visits to each classroom during the first two cycles. The educational coordinator scheduled and supervised the counselors' activities.

During the first counseling visit, each participant completed a Counselor's Intake Form (see Appendix). The counselor led a large-group discussion of career-related educational goals and provided information on educational opportunities including those available through the labor union (including GED preparation and college tuition reimbursement programs). In subsequent visits, the counselor met with small groups and individuals to provide education-related information, and to discuss issues relating to motivation to persist in the workplace literacy program.

As a result of arrangements made between the project and the Kennedy Fellows Mentoring Program, a collaboration between John F. Kennedy, Jr. and the City University of New York, the MHTAs who completed the project workplace literacy skills training were eligible to compete for Kennedy Fellowships. These fellowships provided stipends of $500 per semester to individuals enrolled college courses related to health careers. Thus, the fellowships were appropriate for

11

MHTAs who were planning to enter or return to college. The counselors and educational coordinators identified participants who were interested in college study and made application materials available. Thirteen MHTAs applied, and seven won fellowships, which would be used after completion of the workplace literacy training.

Halfway through and at the end of each cycle, each counselor completed an Educational Counseling Summary (see Appendix), where they listed the participants' educational goals and steps taken to help them accomplish those goals. This material helped the educational coordinator monitor the counselors' activities.

● Workplace Literacy Assessment Instruments. Four workplace literacy assessment instruments were developed by Laura Bell, test specialist, to measure gains in reading, writing, oral communication skills and self-efficacy. These measures utilized the findings of the workplace literacy task analysis described above. The assessment instruments were as follows:

1. The MHTA Reading Test (Forms A and B). The participant read two pages of text constituting a History and Treatment Plan of a fictitious psychiatric patient. The text was modelled closely on workplace text obtained in the preliminary task analysis. After reading the two pages, the participant answered 14 questions mostly requiring literal comprehension skills. The first version of the test, used in the first cycle, had a sixth grade readability level. The test was revised because the pre-test scores in the first cycle revealed a ceiling effect. The second version, used in cycles 2 and 3, was written on the 11th-12th

12

grade level.

2. <u>The MHTA Writing Test</u>. The students were given 20 minutes to write about "the most difficult patient or the most interesting patient" they had worked with. Test instructions suggested that the written description could include information pertaining to the patient's behavior and personality, family history, and interaction with others. A holistic scoring system was used to assess content, organization, vocabulary, language use and mechanics.

3. <u>The MHTA Communication Skills Self-Efficacy Scale</u>. This scale contained fifteen questions that asked the participants to rate, on a 7-point scale, how sure they were that they could accomplish a set of specific job-specific literacy tasks.

4. <u>The MHTA Oral Communication Assessment</u>. This test was similar to the writing measure above, except that the participant responded orally rather than in writing. Categories scored were content, organization, vocabulary, language use, and fluency/pronunciation.

• <u>Measure of Job-Related Literacy Performance</u>. A rating scale was developed by the project director that allowed both participants and their line supervisors to rate improvements in literacy tasks on the job. The scale contained five questions, and answers were provided on a four-point scale, from "no improvement" to "very much better." Two different rating scales were devised: the "Improvement Self-Report" (filled out the the completer) and the "Improvement Report: Line Supervisor."

13

18

• <u>Pre-Post Assessment</u>. The participants' learning of literacy skills was evaluated using a battery of five tests, pre and post. The tests were:

1. The MHTA Reading Test

2. The MHTA Writing Test

3. The MHTA Communication Skills Self-Efficacy Scale

4. The ETS Tests of Applied Literacy Skills[3], Prose section

5. The Tennessee Self-Concept Scale[4]

Three of the four job-specific measures developed by the project (described above) were utilized, the reading, writing and self-efficacy measures. The resources that would been needed to administer the oral communications assessment were much greater than anticipated. Oral communications assessment needs to be done on an individual basis. The project measure required that an examiner (e.g. a teacher) spend approximately twenty minutes time with each individual participant pre and post; since this would have taken considerable time away from instructional activities, it was decided not to utilize the measure.

• <u>Worker Involvement in Project Planning and Implementation</u>. Workers were involved in project planning and implementation in five different ways: the union (labor partner) helped design the program, the participants served on project advisory committees (described in a section above) at the work sites that planned program activities such

---

[3] Published by Simon & Schuster Workplace Resources

[4] Roid, G.H. & Fitts, W.H. (1991). Published by Western Psychological Services, Los Angeles, CA.

14

as recruitment, scheduling, and enlisting line supervisors' support, they participated in a student delegate system, they evaluated the program at the halfway point, and they developed Individualized Educational Plans that informed instruction.

The MHTAs who served on advisory committees helped recruit and motivate participants by identifying personal learning goals that were compatible with the workplace education mandate of the funding. For example, they drew attention to the fact that many of their coworkers were interested in advancing their careers by continuing with their education, e.g. through enrolling in college programs. That is, they felt that coworkers would be willing to learn job-related literacy skills if participation in the program provided opportunities for educational advancement. Based on this type of information from the therapy aides (which corroborated information gained through the initial workplace literacy task analysis), educational counseling focused on this area, and counseling activities were strongly emphasized in recruitment materials.

Participants completed anonymous "Interim Evaluation" forms halfway through each cycle to provide reactions and suggestions that would help project administrators improve the educational services. The form used and sample results for cycle 1 are included in the Appendix. It can be seen that the workers' rea tions to the training were highly favorable.

A student delegate system was established in order to solicit participants' anonymous reactions on a regular basis. Under the supervision of the educational coordinator, each class elected a

delegate. The delegate was asked to conduct a meeting during a class period approximately every two months, each meeting lasting about 15 minutes. The teacher was not present during these meetings. The delegates asked the students what they liked about the program and what improvements they wanted to suggest. The delegates summarized the information gleaned on a brief form (see Appendix), and handed it to the coordinator. The educational coordinator and project director responded by making operational adjustments where possible. In addition, student suggestions concerning recruitment and selection procedures were taken to the local advisory committees for discussion.

During the first and second cycles, the student delegates met in a central location to discuss their classes' reactions and recommendations. These meetings were held on the workers' own time and required considerable travel in some cases. The meetings were very fruitful, as described in Lora Kahn's reports, included in the Appendix.

• Project Dissemination. The project was disseminated to the adult literacy field through presentations at national and statewide conferences, and articles in national journals and local facility newsletters. Further details are provided below.

SCHEDULE OF ACCOMPLISHMENTS

All project objectives were accomplished on schedule except that the classes in the first two cycles began later than anticipated because of conditions at the sites beyond the control of project staff. Mainly, the hospitals were short-staffed as a result of state budget cuts, and it took longer than expected to obtain initial

16

support for the educational services from senior hospital administrators, who were operating within tight budgetary constraints. However, the administrators were able to schedule the training, and all 24 classes were provided as described in the funding application.

Recruitment activities and start dates of the educational services at the five sites were staggered, on the recommendation of the central advisory committee. Participants were recruited at the worksites during Months 3-5 of the project period (September through November 1992) Classes began in Month 5 (November 1992) at two of the sites, and in Month 6 at the remaining three sites (2-3 months later than anticipated). At four of the of five sites, the start of second cycle was also delayed because of summer work schedules beyond the control of the project, as described in the section above on Workplace Literacy Instruction. One site began the second cycle as originally scheduled, stopped for six weeks during the summer, and resumed in September 1993. The other four sites began the second cycle in August and September 1993, 2-3 months later than originally planned. The third cycle, comprising two classes provided as a function of a no cost time extension, was delivered during the period January through May 1994.

The funding application described post-program tutoring which, in fact, turned out not to be feasible because release time could not be provided in the face of staffing reductions in the hospitals resulting from state budget cuts. The sites were not able to release staff for workplace literacy instruction beyond the 96 hours of classroom instruction. As an alternate measure, the project offered tutoring to

17

MHTAs on their own time during the summer months (July and August 1993).   Twenty-four MHTAs across the five sites received tutoring during July and August 1993.

PROJECT PARTICIPANTS

Enrollment and Completion.   A total of 465 participants enrolled in the workplace literacy program. Of these, 307 (66%) stayed until completion. As noted earlier, all five sites participated in the first two cycles, and two of the sites participated in the third cycle. The total number of participants enrolled and completed at each site over the project period is as follows:

Site	Enrolled	Completed	(%)
Manhattan P.C. (8 classes, 3 cycles)	159	90	57
Creedmoor P.C. (5 classes, 2 cycles)	95	80	84
Kingsboro P.C. (7 classes, 3 cycles)	139	89	64
Bronx P.C. (2 classes, 2 cycles)	49	35	71
South Beach P.C. (2 classes, 2 cycles)	23	13	57
TOTAL	465	307	66

Characteristics.   Characteristics of project participants are provided in Part II, Table 1 of the External Evaluation Report, provided along with the current Performance Report. In brief, 75% of the participants were female, the large majority (72%) were aged 31-50 years old, 88% spoke English as a primary language while growing up, the large majority had completed grades 9-12 by age 21, 33% held a high school diploma, 33% held a GED, and 64% had previously

18

participated in some form of non-credit adult basic skills training. Twenty-four percent had been in the current job 2-5 years, 27% 6-10 years, and 44% more than ten years. Seventy-two percent were sole family providers. It is estimated that at least 90% of the participants were African-American or of Latino background.

Outcomes of Completers. As stated above, pre-post gains in literacy skills were assessed using five different measures, of which two were published tests and three were job-specific measures developed by project personnel. The two published measures were the Test of Applied Literacy Skills, Prose section (Kirsch, Jungeblut & Campbell, 1991[5]) and the Tennessee Self-Concept Scale (Roid & Fitts, 1991[6]). The project-developed measures were the MHTA Reading Test, the MHTA Writing Test and the MHTA Self-Efficacy Scale. In addition, workplace literacy performance rating scales, described above, were administered at the end of the instructional period to completers and their supervisors.

Statistically significant pre-post gains were obtained for the MHTA Reading Test, the MHTA Writing Test, and the MHTA Self-Efficacy Scale, as described in Part II of the External Evaluation Report. TALS Prose and Self-Concept scores did not change significantly from pre to post. Using the workplace literacy performance rating scales,

---

[5] Kirsch, I.S., Jungeblut, A., & Campbell, A. (1991). The ETS Tests of Applied Literacy Skills. New York: Simon & Schuster Workplace Resources.

[6] Roid, G.H. & Fitts, W.H. (1991). Tennessee Self-Concept Scale. Los Angeles, CA: Western Psychological Services.

19

it was shown that both completers and their supervisors perceived gains in reading, writing, speaking/listening, use of technical vocabulary, and team work. On a four-point scale from no change to very much better, completers reported a mean rating of approximately 3 (much better) while, on average, supervisors showed a mean ratings between 2 (a little better) and 3 (much better).

PROJECT DISSEMINATION

The project director made presentations at the following national and statewide conferences:

American Association for Adult and Continuing Education, Anaheim, CA, November 1992. Title of presentation (panel led by Sarah Newcombe, Dept. of Education): "Workplace Curriculum: It's Not a Pile of Stuff"

International Reading Association, 38th Annual Conference, San Antonio, TX, April 1993. Title of presentation: "Reading Instruction Contextualized in Health Care Jobs: Adult Literacy Outcomes"

American Association for Adult and Continuing Education, Dallas, TX, November 1993. Title of presentation (panel): "Workplace Education and Retraining: Skills for the 90s"

New York Association for Continuing/Community Education, Melville, New York, April 1994. Title of presentation: "Assessment of Workplace Basic Skills: Multiple Measures"

International Reading Association, Adult and Adolescent Literacy Conference, Washington, DC, February 1994. Title of presentation: "Using Multiple Measures to Assess Workplace Literacy: Combining Standardized with Informal, Job-Specific Tests"

In addition, the project director authored the following published articles on the project:

Carving a Path from Job Materials to a Workplace Basic Skills Curriculum. Adult Learning (1994, March/April), 5 (4), 15-17.

Combining Published with Locally-Developed Measures to Assess Workplace Literacy Skills. Mosaic (newsletter, Institute for the Study of Adult Literacy, 1994, April), 4 (1),8, 10.

20

Adult Students Help Shape Their Own Education: Active Learner
Participation in a Workplace Basic Education Program. Adult
Basic Education, (1994, Summer), 4 (2), 94-104.

The project was also disseminated on numerous occasions in
facility-wide newletter articles, especially after graduation
ceremonies had been held. The statewide OMH newletter carri d an
article describing the project and its graduates (see Appendix)

EVALUATION ACTIVITIES

The external evaluation was coordinated and monitored by the
project director. The external formative evaluation was conducted by
Elizabeth Langan, Ph.D. She reviewed drafts of the project curriculum
and assessment measures, observed classes, and interviewed a cross-
section of staff (project director, educational coordinator, teachers,
tutors and educational counselors). Dr. Langan provided frequent
informal (verbal) reports to the project director during the start-up
phase and the first instructional cycle, and her written report forms
Part I of the External Evaluation Report.

The external summative evaluation was conducted by Alan Gross,
Ph.D. Dr. Gross analyzed assessment data, and compiled demographic
and attendance data that were collected in class across the project
period. His report comprises Part II of the External Evaluation
Report.

In addition to the external evaluation, the participants
completed anonymous evaluation forms halfway through each cycle (see
Interim Evaluation form in the Appendix). The project director and
educational coordinator studied participants' responses and where
possible adjusted program operations such as the scheduling of

21

tutoring and counseling.

KEY PERSONNEL

There were no changes in key personnel in the project.

APPENDIX

Basic Principles for Implementation of the
MHTA Communication Skills Program

Participant Essay: "My Experiences in this Class"

OMH Project Summary

Instructional Topics and Learning Objectives

Workplace Literacy Task Analysis: Purposes and Methods

Summary of Psychiatric Rehabilitation Approach

Letter to Future Users of the MHTA Communication Skills Curriculum

Report on March 26, 1993 Staff Development Meeting

Report on Staff Development Meeting: October 22, 1993

Teacher Observation Checklist

Memo on March 6, 1993 Class Delegates' Meeting

Report on Class Delegates' Meeting: October 9, 1993

Confidential Registration Form

Individualized Educational Plan Form

Individualized Educational Plan: Guidelines for Tutors

Portfolio Guidelines

Writing Portfolio Checklist

Counselor's Intake Form

Educational Counseling Summary

Interim Evaluation Form

Results of Interim Evaluation - First Cycle

Example of Certificate

Letters to Completers

Article from OMH News, July 1993

23

28

BASIC PRINCIPLES FOR IMPLEMENTATION OF THE
MHTA COMMUNICATION SKILLS PROGRAM

Prepared by the Statewide Project Advisory Committee:

Elizabeth Salemo. Philip Scott - Office of Mental Health (OMH)
Diane Wagner - Governor's Office of Employee Relations (GOER)
Ira Baumgarten - Civil Service Employees Association, Inc. (CSEA)

BACKGROUND:

The MHTA Communication Skill Program for Psychiatric Rehabilitation is being funded through a $372,748 U.S. Department of Education Grant for an 18 month period beginning October 1992.

The purpose of the project is to enhance Mental Hygiene Therapy Aides' participation in psychiatric rehabilitation interventions through improved communication (both verbal and written) and team building skills in order to provide quality care to individuals with mental illness.

PARTNERSHIP:

To ensure success, a partnership has been formed between OMH, CSEA, GOER, and the City University of New York. Included in this partnership are five OMH facilities and 480 MHTA's. Upon completion of this program participants will attend a graduation ceremony and receive a certificate to be placed in their personnel file. All partners play a key role in making this a successful project.

CUNY'S ROLE:

o   Provide instruction that is interesting and useful.
o   Instructors, tutors and counselors will provide feedback to students on their progress.
o   Instructors, tutors and counselors will begin and end classes on time.
o   All participant information will be held confidential by CUNY Project Staff. Any project reporting will be done on an anonymous basis: participant names will not be mentioned.

FACILITY ROLE:

o   Executive management and line supervisors will provide a supportive environment and actively encourage participation in class.
o   Release employees who are approved to participate in the program in order to arrive at classes on time. Release time includes 2 hours per class, 2 days per week for 24 weeks (plus travel time to class).
o   Provide a comfortable classroom.

EMPLOYEE ROLE:

o   This training is part of an employee's work assignment. Students are expected to:

-   attend and participate in class;
-   be on time for class;
-   attend for the full program two hours per class. two times per week for 24 weeks;
-   give feedback to instructors, counselors, and tutors regarding the instruction being provided.

MY EXPERIENCES IN THIS CLASS

This class was made available to everyone; but only a few of us chose to apply and attend

On the day classes began I was angry that I was not accepted in the program. This happened due to a lack of communication on my supervisor's part. She was notified in advance of my acceptance in the program; but she refused to notify me in advance. I was notified the day classes began, that I was to be in class. I promptly packed my belongings and proceeded to the classroom. I entered the classroom very nervous and anticipating the worst. To my amazement I found it warm and friendly. I have experienced a lot of trying, difficult and rewarding moments in this class. There were a few unpleasant experiences, but the more pleasant and rewarding ones are uncountable. My teachers are very understanding, jovial and yet professional in their work. They are able to cope with those of us who are difficult and —

30

most unpleasant at times, and yet carry on with the lesson in a professional manner. I have learnt a lot in this class. It has made me realize how incorrectly I was using the English language. I am now more confident in the way I speak. I have been applying what I have learnt in class to my everyday life. I am most grateful for the opportunity to be a student in this class. I have learnt so much, and do hope that there will be more classes like this one in the future.

This class is very important to us and this hospital. The way we write our progress notes determines how much funding this facility will get for it to remain open. This class had prepared us for this task. We are now writing our notes in a more professional manner. We are now looking forward to accreditation, and proper documentation will be one of the things they will be looking into. This class has prepared us for this. This class could not come at a better time. We are very grateful for this opportunity.

OFFICE OF MENTAL HEALTH
CIVIL SERVICE EMPLOYEES ASSOCIATION, INC.
GOVERNOR'S OFFICE OF EMPLOYEE RELATIONS, and
CUNY'S CENTER FOR ADVANCED STUDY IN EDUCATION
National Workplace Literacy Demonstration Project

Introduction

National Workplace Literacy grants are awarded to exemplary projects that demonstrate strong working partnerships between labor or business and an educational institution for the purpose of providing employees with basic workplace literacy skills. In 1992, the U.S. Department of Education funded 51 grants out of 321 requested for a total of 19 million dollars. The OMH project received $372,748 in funding over an 18-month period beginning July 1992.

Project Purpose

To enhance Mental Hygiene Therapy Aides' participation in psychiatric rehabilitation interventions through improved communication (both verbal and written) and team building skills in order to provide quality care to individuals with mental illness.

Program Features

*   An OMH contextual curriculum covering 96 hours (two 2 hour classes a week for 24 weeks) of instruction will be developed to teach and enhance MHTAs' on-the-job communication skills.

*   the course is to be taught on-site in two cycles with full release-time. (24 classes of 20 MHTAs, 480 students to be served)

*   Educational assessment, advisement and tutoring will be provided to the students in addition to classroom training.

*   An advisory committee including MHTA's, management, and labor will be established at each location to assist and guide the project.

Project Schedule

June 1992   .   Explain project to management and union
                    Establish sites and order of implementation

July -   Establish advisory committees at each location
August 1992   Begin job analysis and curriculum development

Sept. 1992   Recruitment and PR

Oct. 1992 -   First cycle of classes
April 1993

May -   Second cycle of classes
November 1993

August -   Evaluation and Final Report
December 1993

wlprojec.txt

Communication Skills for Psychiatric Rehabilitation: Curriculum Guide for Therapy Aides

Topics and Learning Objectives

UNIT 1   <u>Job Area</u>: Psychiatric Rehabilitation Concepts
<u>Communication Skills</u>: Getting Acquainted, Building Technical Vocabulary, and Notetaking

<u>Objectives</u>
- become acquainted with teacher and other students
- understand purpose of course
- become familiar with basic concepts of psychiatric rehabilitation
- develop technical vocabulary
- build notetaking skills

UNIT 2   <u>Job Area</u>: Psychiatric Rehabilitation Concepts
<u>Communication Skills</u>: Building Technical Vocabulary, Improving Sentence Structure, Developing Connecting Skills

<u>Objectives</u>
- understand basic concepts of Psychiatric Rehabilitation
- build technical vocabulary
- start to learn how to conduct an orientation interview
- review definition of a sentence
- understand importance of connecting skills

UNIT 3   <u>Job Area</u>: Assessing Patient Readiness for Psychiatric Rehabilitation Goals
<u>Communication Skills</u>: Summarizing Concepts, Developing Connecting Skills and Interviewing Skills

<u>Objectives</u>
- summarize the basic concepts of Psychiatric Rehabilitation
- understand importance of connecting skills
- review definition of nouns and adjectives

UNIT 4 Job Area: Helping Patients Plan for Alternative Environments
Communication Skills: Reading Comprehension, Reading Charts, and
Technical Vocabulary

Objectives
- comprehend written material about Psychiatric Rehabilitation
- understand technical vocabulary through context
- skim headings in charts
- review punctuation of sentences

UNIT 5 Job Area: Helping Patients Plan for Alternative Environments
Communication Skills: Reading Comprehension, Reading Charts, and Building
Technical Vocabulary

Objectives
- comprehend written materials about Psychiatric Rehabilitation
- understand technical vocabulary
- skim headings in charts
- use roots, prefixes, suffixes to expand technical vocabulary
- practice notetaking skills

UNIT 6 Job Area: Helping Patients Plan for Alternative Environments Through
Interviewing
Communication Skills: Listening, Rephrasing, Asking Questions, and
Demonstrating Understanding and Empathy

Objectives
- practice some basic interviewing skills
- improve listening skills
- practice rephrasing statements
- practice asking questions
- review need to demonstrate empathy and understanding
- review subject-verb agreement

UNIT 7   Job Area: Helping Patients Plan for Alternative Environments Through
            Interviewing
            Communication Skills: Listening, Rephrasing, Asking Questions, and
            Demonstrating Understanding and Empathy

            Objectives
            ●   practice some basic interviewing skills
            ●   improve listening skills
            ●   practice rephrasing statements, orally and in writing
            ●   practice formulating questions
            ●   practice demonstrating understanding and empathy

UNIT 8   Job Area: Helping Patients Plan for Alternative Environments Through
            Interviewing
            Communication Skills: Listening, Rephrasing, Asking Questions, and
            Demonstrating Understanding and Empathy

            Objectives
            ●   practice some basic interviewing skills
            ●   practice listening and observation skills
            ●   practice rephrasing statements
            ●   practice formulating questions
            ●   practice demonstrating understanding and empathy

UNIT 9   Job Area: Helping Patients Plan for Alternative Environments Through
            Interviewing
            Communication Skills: Listening, Rephrasing, Asking Questions, Showing
            Empathy, and Modulating Voice Tone

            Objectives
            ●   practice some basic interviewing skills
            ●   practice listening and observation skills
            ●   practice rephrasing statements
            ●   practice formulating questions
            ●   practice demonstrating understanding and empathy
            ●   review the need to modulate voice tone

UNIT 10   Job Area: Summarizing Personal Interviews in Writing
           Communication Skills: Writing a Summary from Notes

           Objectives
           ● summarize notes
           ● improve writing skills: spelling, sentence structure, clarity, paragraph
             organization
           ● review subject-verb agreement

UNIT 11   Job Area: Reading and Filling Out Patient Readiness Forms
           Communication Skills: Building Technical Vocabulary, Following Directions,
           and Understanding Categories on Forms

           Objectives
           ● build technical vocabulary
           ● review steps in following directions
           ● understand categories on forms and charts

UNIT 12   Job Area: Reading and Filling Out Patient Readiness Forms
           Communication Skills: Following Directions, Understanding Categories on
           Forms, and Consulting with Others for Patient Information

           Objectives
           ● practice reading and filling in patient readiness forms
           ● practice consulting with others for information about a patient

UNIT 13   Job Area: Reading and Filling Out Patient Readiness Forms
           Communication Skills: Following Directions, Understanding Categories on
           Forms, and Consulting With Others for Patient Information

           Objectives
           ● read and fill out a patient chart
           ● consult with a patient for information
           ● practice notetaking skills
           ● improve writing skills: recording another person's ideas, spelling,
             sentence structure, subject-verb agreement

UNIT 14   Job Area: Reading and Filling in Patient Readiness Assessment Forms
Communication Skills: Understanding Technical Vocabulary, Filling in a
Patient Assessment Form

Objectives
- consult with others for information about a patient
- comprehend a patient assessment form
- follow directions on a patient assessment form
- fill in a patient assessment form
- build technical vocabulary
- understand systems of gradation
- improve writing skills

UNIT 15   Job Area: Assessing Patient Readiness for Alternative Environments
Communication Skills: Using Technical Vocabulary in an Oral Description of a
Patient's Behavior, Discussing a Patient's Behavior Using Documentation,
Responding to Other Team Members

Objectives
- use technical vocabulary
- describe a patient to other team members
- respond to other team members' suggestions
- listen well, ask questions, and demonstrate understanding of other team
  members' comments
- speak with confidence
- manage frustration

UNIT 16   Job Area: Assessing Patient Readiness for Alternative Environments
Communication Skills: Using Technical Vocabulary in an Oral Description of a
Patient's Behavior using Documentation, Responding to Other Team Members

Objectives
- use technical vocabulary
- describe a patient to other team members
- respond to other team members' suggestions
- listen well, ask questions, and demonstrate understanding of other team
  members' comments
- speak with confidence
- manage frustration
- express disagreement in a professional manner

38

UNIT 17 <u>Job Area</u>: Helping Patients Plan for Alternative Environments
<u>Communication Skills</u>: Requesting Information, Using a Library,
Comprehending Specific Information Relevant to a Patient's Goals,
Locating Information in a Table of Contents and Index, Skimming Text,
Taking Notes, Working as a Team

<u>Objectives</u>
- formulate questions to ask a librarian
- use a card catalogue and locate a reference
- comprehend specific written information relevant to patient's goals
- locate information in table of contents or index
- skim text
- take notes
- practice working as a team
- formulate research questions

UNIT 18 <u>Job Area</u>: Helping Patients Plan for Alternative Environments
<u>Communication Skills</u>: Debriefing a Team on Library Research

<u>Objectives</u>
- debrief a team and participate in discussion of team project
- review previously accomplished tasks:
  - -formulate questions to ask a librarian
  - -use a card catalogue and locate a reference
  - -comprehend specific written information relevant to patients goal
  - -locate information in table of contents or index
  - -skim text
  - -take notes

UNIT 19 <u>Job Area</u>: Helping Patients Plan for Alternative Environments
<u>Communication Skills</u>: Verbally Relaying Information, Listening to What
Others Say, Formulating Questions, Listing Others' Questions

<u>Objectives</u>
- relay information verbally
- listen carefully to information given
- formulate questions based on specific information
- list another's questions in writing

UNIT 20   Job Area: Helping Patients Plan for Alternative Environments
Communication Skills: Listening to What Others Say, Formulating Questions,
Listing Others' Statements and Questions

Objectives
- create questions from statements
- develop listening skills
- practice listing statements and questions in writing
- review punctuation for questions
- formulate research questions
- review punctuation of sentences

UNIT 21   Job Area: Helping Patients Plan for Alternative Environments
Communication Skills: Listening to What Others Say, Formulating Questions,
Listing Others' Statements and Questions

Objectives
- practice listening skills
- rephrase verbal statements
- create questions from statements
- list statements and questions in writing

UNIT 22   Job Area: Helping Patients to Clarify Their Goals Regarding Alternative
Environments
Communication Skills: Building Technical Vocabulary, Listening to What
Others Say, Formulating Questions, Listing Others' Statements and Questions

Objectives
- build technical vocabulary
- practice listening skills
- rephrase verbal statements
- create questions from statements
- practice notetaking skills
- list statements and questions in writing

UNIT 23   Job Area: Helping Patients to Plan for an Alternative Environment
Communication Skills: Listening to What Others Say, Relaying Information
Verbally, Formulating Questions, Rephrasing Questions and Statements, Taking
Notes

Objectives
- rephrase statements and questions
- follow up a question with an additional questions
- relay information verbally
- practice listening skills
- practice notetaking skills

UNIT 24   Job Area: Application of Cognitive Strategies on the Job
Communication Skills: Formulating Questions, Analyzing Tasks

Objectives
- practice formulating questions
- break tasks into smaller parts

UNIT 25   Job Area: Application of Cognitive Strategies in Everyday Life and Education
Curriculum Skills: Focusing on Goals, Checking Progress Toward Goals

Objectives
- focus on a goal
- check progress towards attaining a goal

UNIT 26   Job Area: Reading a Treatment Plan
Curriculum Skills: Reading Comprehension

Objectives
- comprehend Treatment Plan
- understand directions for the MHTA contained in the Treatment Plan
- skim for headings
- build word recognition skills
- develop technical vocabulary

UNIT 27   Job Area: Reading a Treatment Plan, Writing Progress Notes
Curriculum Skills: Reading Comprehension, Writing Skills

Objectives
- comprehend Treatment Plan
- understand directions for the MHTA contained in the Treatment Plan
- develop technical vocabulary
- review relationship between reading Treatment Plan and writing Progress Notes
- write a Progress Note
- remain on the topic when writing a Progress Note

UNIT 28   Job Area: Reading a Treatment Plan, Writing Progress Notes
Communication Skills: Reading Comprehension, Writing Skills

Objectives
- comprehend Treatment Plan
- understand directions for the MHTA contained in the Treatment Plan
- develop technical vocabulary
- improve sentence structure in writing

UNIT 29   Job Area: Preparing to Write Progress Notes
Communication Skills: Reading Comprehension and Vocabulary Development

Objectives
- read and comprehend Treatment Plan in order to inform MHTA's observations and interaction with patient
- skim for headings
- identify directions for the MHTA contained in the Treatment Plan
- build technical vocabulary
- develop word recognition skills
- lay groundwork for writing Progress Notes

42

UNIT 30   <u>Job Area</u>: Preparing a Treatment Plan
<u>Communication Skills</u>: Reading Comprehension, Writing Patient Goals,
Objectives and Methods

<u>Objectives</u>
- think about what goes into the creation of a Treatment Plan
- comprehend Treatment Plan to inform MHTA's observations and interactions with patient
- practice using technical vocabulary in writing

UNIT 31   <u>Job Area</u>: Writing Progress Notes
<u>Communication Skill</u>: Organizing Ideas for Writing

<u>Objectives</u>
- plan before writing
- generate planning lists in preparation for writing progress notes
- organize a planning list by distinguishing between significant and less significant information

UNIT 32   <u>Job Area</u>: Writing Progress Notes
<u>Communication Skills</u>: Organizing Ideas, Planning to Write, Notetaking, and
Writing a Progress Note

<u>Objectives</u>
- review the purpose of planning before writing
- review purpose of Progress Note
- describe patient's behavior in relationship to MHTA's role in Treatment Plan
- use technical vocabulary correctly
- relay accurate, precise information in writing
- take one's own role into account in writing Progress Note
- use correct spelling, sentence structure and verb forms

UNIT 33   Job Area: Writing Progress Notes
Communication Skills: Writing Progress Notes with Reference to a Treatment
Plan, and Critiquing the Writing of Others

Objectives
- organize ideas for writing
- relay accurate, precise information in writing
- describe patient's behavior in relationship to MHTA's role in Treatment Plan
- practice using technical vocabulary
- build grammar and spelling skills

UNIT 34   Job Area: Writing Progress Notes, Reading Treatment Plan
Communication Skills: Using Workplace Notes for Writing, Distinguishing
Between Relevant and Irrelevant Information, and Editing Skills

Objectives
- write Progress Notes using workplace notes
- write Progress Notes based on Treatment Plan
- use technical vocabulary correctly
- distinguish between relevant and irrelevant information
- detect and correct grammatical and spelling errors

UNIT 35   Job Area: Observing Patient Behavior and Recording it in Writing
Communication Skills: Planning to Write by Making Lists, and Developing
Paragraph Structure

Objectives
- plan before writing
- relay accurate, precise patient information in a written description
- review concept of a paragraph
- use technical vocabulary correctly
- use correct sentence structure, verb forms, and spelling in writing

44

UNIT 36   Job Area: Observing Patient Behavior and Accurately Recording it in Writing
Communication Skills: Organizing Ideas for Writing, Using Correct Verb
Forms and Spelling, and Developing Paragraph Structure

Objectives
- develop concept of subject-verb agreement
- develop spelling strategies
- review concept of a paragraph
- rewrite a previously written patient description

UNIT 37   Job Area: Presenting a Case at a Psychiatric Rehabilitation Team Meeting
Communication Skills: Oral Language, Body Language and Interpersonal Skills

Objectives
- use clear oral language and speak with confidence to describe a patient, discuss a Treatment Plan, Progress Notes and other documentation
- use correct grammar and technical vocabulary
- use appropriate body language
- formulate questions
- practice active listening skills
- interpret and demonstrate understanding of the responses of others
- manage frustration
- express disagreement

UNIT 38   Job Area: Presenting a Case at a Psychiatric Rehabilitation Team Meeting
Communication Skills: Interpersonal a 1 Oral Language Skills: Maintaining
Professional Attitude While Disagreeing with Others, and Active Listening

Objectives
- discuss and practice ways of handling disagreement and frustration when interacting with others on the job
- reinforce concept of active listening
- review how to prepare for a meeting
- practice providing a clear patient description based upon Treatment Plan and Progress Notes
- practice offering recommendations about a patient's readiness to leave the facility

UNIT 39   Job Area: Following up on Recommendations Made at a Psychiatric
Rehabilitation Team Meeting
Communication Skills: Questioning Others' Judgement, Active Listening, and
Writing Skills

Objectives
- use oral communication skills to follow up on a suggestion not
implemented
- handle differences of opinion and manage frustration
- restate situation concerning patient's readiness to leave the facility
- reinforce concept of active listening
- practice letter writing skills

UNIT 40   Job Area: Consulting and Cooperating with Team Members
Communication Skills: Enhancing Listening Skills: Checking It Out, and
Acknowledging

Objectives
- review and integrate oral communication skills
- understand and practice concept of active listening
- apply active listening to a work-related situation
- improve listening and writing skills through creating work related script

UNIT 41   Job Area: Consulting and Cooperating with Team Members
Communication Skills: Enhancing Oral Communication Skills by Using
Feedback, and Practicing Writing Skills

Objectives
- understand and practice concept of using feedback
- apply feedback to a work-related situation
- improve listening and writing skills through creating work related script

UNIT 42   Job Area: Consulting and Cooperating with Team Members
Communication Skills: Speaking Assertively

Objectives
- distinguish between being assertive and aggressive
- "sell" an idea in a professional manner
- organize and analyze ideas through making a list

UNIT 43   <u>Job Area</u>: Analyzing and Summarizing Patient's Feelings About Living Environments

<u>Communication Skills</u>: Reading Comprehension, Summarizing Information on a Chart

<u>Objectives</u>
- read and comprehend a case study
- summarize case study by filling in chart
- apply knowledge of real patient and use it to fill in chart
- use writing to analyze values

UNIT 44   <u>Job Area</u>: Analyzing and Summarizing Patient's Feelings About Alternative Environments

<u>Communication Skills</u>: Review of Writing Skills: Writing Summaries

<u>Objectives</u>
- create a narrative summary based on information in a list
- write summaries of alternative environments

UNIT 45   <u>Job Area</u>: Helping a Patient Create a Budget

<u>Communication Skills</u>: Use of Addition and Subtraction in Creating a Budget

<u>Objectives</u>
- discuss process for helping a patient assess own needs and set priorities in order to create budget based upon patient's income
- apply basic math functions of addition and subtraction to budget

UNIT 46   <u>Job Area</u>: Helping a Patient Learn Money-Management Skills

<u>Communication Skills</u>: Identifying Ways of Planning and Managing Money

<u>Objectives</u>
- identify creative ways to save money in various areas
- discuss how personal factors shape attitudes towards money

47

UNIT 47   Planning for the Future: Setting Short, Medium and Long Range Goals for
Work, Training, Education

Objectives
- understand the relationship between planning for the future and the actualization of one's goals
- discuss how one sets short term, medium, long range goals
- set goals in three areas: job, training, education
- discuss ways to overcome obstacles to achieving one's goals

UNIT 48   Planning for the Future: Educational and Training Assistance and Funding
Available Through Project Reach and CSEA/LEAP

Objectives
- become familiar with educational and training programs and tuition reimbursement available through Project Reach and CSEA/LEAP
- relate Project Reach and LEAP resources to education, training, and career plans

MHTA Communication Skills Program for Psychiatric Rehabilitation

(Workplace Literacy Project for Psychiatric Health Care Workers)

Workplace Literacy Task Analysis

Purposes and Methods

1.   Understand context in which basic skills will be taught:
psychiatric rehabilitation, a new treatment modality which the
New York State Office of Mental Health plans to implement
statewide in all adult facilities within the next few years. All
staff, both professional and paraprofessional, need technical
training in this area. The MHTAs need basic skills training in
order to be prepared for the new approach, and also for the
technical training. The pivot of the new approach is the
psychiatric rehabilitation team, in which both professional and
nonprofessional (i.e. MHTAs) staff work together.

2.   Identify critical tasks in psychiatric rehabilitation work
requiring reading, writing, and oral communication skills.

    a.   Interview various staff at a few facilities (Bronx,
Manhattan and Creedmoor PCs) regarding the nature of psychiatric
rehabilitation. Staff interviewed include: director of
psychiatric rehabilitation, unit chief, psychologist, director of
education and training, MHTA.

    b.   Examine forms and other documents to be used in
psychiatric rehabilitation e.g. progress notes, treatment plans,
written training material.

    c.   Observe psychiatric rehabilitation tasks as currently
being performed (some units are using this approach) - e.g.
observe a MHTA and psychologist running a treatment group (Bronx
PC).

3.   Understand basic skills levels of MHTAs.

    a.   Interview various staff as listed above regarding how
well MHTAs would be able to perform critical tasks

    b.   Interview and assess the basic skills of a sample of 10
MHTAs, identified by professional staff as representing a cross-
section in regard to basic skills abilities.

    c.   Observe MHTAs in their current functions and/or
interview them and supervisors about those functions,
particularly with reference to reading, writing and oral
communications skills needed.

    d.   Examine writing samples (progress notes, entries into
"communication book" that MHTAs have written in current job.

<u>Workplace Literacy Task Analysis</u>

Educational Interview and Assessment of MHTAs

<u>Purpose</u>: to ascertain instructional level of curriculum

<u>Method</u>: Individual interview and assessment of 10 MHTAs
    5 from Manhattan P.C.
    5 from Creedmoor P.C.

    1. Interview
    2. Reading
    3. Oral Communication
    4. Writing

INTRODUCTION AND RATIONALE

Hi, I'm Kate Walter. I work at CUNY and I'm writing the
materials to be used in a communication skills course for MHTAs.

I'm seeing some MHTAs to find out about their educational
background so that we can know how we should teach the classes.

I really appreciate your talking to me. Everything you tell me
will be confidential - I don't even need to know (write down)
your name.

I need to see you for about a half an hour. I'll start by asking
you some questions about your educational background. Then I
will show you some work-related material and ask you some
questions.

Let's get started.

MHTA Communication Skills Program

PRELIMINARY INTERVIEW

Native language _____

Language spoken at home _____

Do you have
      High school diploma __   GED ___

If GED: Highest grade completed while still in high school, when
      you were younger _____

College experience: Yes ___   No ___

      If yes: How many credits ____
                How many non-credit courses ___

Have you attended another education/training besides a GED or
college program? If yes, specify _____

For how many years have you worked as a MHTA? ___

Age: 21-30 __
      31-40 __
      41-50 __
      51-60 __

What do you enjoy doing in your free time? _____

_____

What are you good at? _____

_____

In your everyday life, how much reading and writing do you do?
Give me some examples of reading and writing that you do.

_____

_____

Right now, we're planning classes in Communication Skills for
MHTAs. What suggestions do you have for what could be taught in:

      Speaking skills _____

      Reading skills _____

      Writing skills _____

READING ASSESSMENT

Source: <u>Setting an Overall Rehabilitation Goal.   Reference
Handbook.   Book VI: Describing Alternative Environments</u>, page 16.

Method: Interviewee reads Example 1 on p. 16.   Interviewer asks
the following questions verbally and records answers.

1.   What were some concerns that Mary had in looking for a new
place to live?

2.   Why did she end up looking for an apartment rather than a
house?

3.   Besides her therapist, who also helped Mary in her search for
place to live?

Mary moved to the Northeast from the South when her therapist and she decided that she was ready for a change. She got a job in the downtown core of the city and proceeded to begin looking for a place to live. In reviewing her situation with her therapist, she decided that she needed to look for a safe area that had a cheap place to live with easy access to public transportation to work. With these initial parameters and some help from people who had lived in that city before, Mary realized that she had to look for an apartment in the Western suburbs so that it was both safe and affordable. Renting a whole house was out. She also learned that in order to have easy access to work by public transportation, she would have to look for a place in the Blainview, Pleasantown, or Campbellville section of the suburb.

WORKPLACE LITERACY FOR PSYCHIATRIC HEALTH CLARE WORKERS:
PERFORMANCE REPORT

Acknowledgments

MHTA Communication Skills Program

ASSESSMENT OF ORAL COMMUNICATION SKILLS

Could you think of one particular patient who is difficult to work with. Tell me what he or she looks like, and what he or she does that makes that patient so difficult to work with.

Score - 5-point scale. 5=high. 1=low.

 Fluency (rate of speech)   ___

 Structure (usage; grammar)   ___

 Vocabulary usage (professional) ___

 Clarity of ideas ___

TABLE OF CONTENTS

Letter to Future Users of the MHTA Communication Skills Curriculum

To Users of this Curriculum:

I am writing to you, future teachers and coordinators of the MHTA Communication Skills Curriculum course, to help you prepare for your teaching and make suggestions on how to handle the course. I am making these suggestions from experience gained as the Educational Coordinator of the original demonstration program. In this letter I will discuss students, the curriculum guide, teaching strategies, resources in the psychiatric center, and ways to involve the students in the learning process.

Adult learners are very rewarding to teach. Many have been out of school for a long time, and are very grateful for the opportunity to be in a classroom again. You will find that you can really make a difference in the lives of your students.

The first day of class will help you set the tone for the entire program. You will want to appear welcoming and friendly, yet professional. The students may be confused about the purpose of the course. You should explain that the course was designed to teach communication skills (reading comprehension, writing and oral communication) in the <u>context</u> of Psychiatric Rehabilitation, and emphasize that this is <u>not</u> a course in the Psychiatric Rehabilitation approach itself. It is a communications skills course which utilizes "Psych Rehab" materials. The curriculum guide contains information on Psychiatric Rehabilitation (pages 16-19) with which you should become familiar. This material could be duplicated for the participants.

You may decide or be asked to assess participants' communication skills. If you do this, you should emphasize that all test scores and any other information they reveal will be held <u>confidential</u> and not reported to the hospital or union. Students need to know that the status of their jobs is not related in any way to the work that they do in class.

<u>Attendance</u> policy may prove to be a sensitive issue. On the one hand, you will want to set a firm policy about student absence. You want your students to take a responsible attitude toward the class.

1

On the other hand, it is possible that participants may be absent even though they may want to come to class. The wards may be short of staff and the therapy aides' supervisors may require them to stay with their patients. Sometimes attending class means leaving a coworker in a difficult or even dangerous situation. In our demonstration program, one student was released for class only because there was a telephone in the classroom so that he could call the ward to check on his patients.

You will want to emphasize to the students how important consistent attendance is. You will also want to monitor attendance and establish reasons for absence. The staff of Education and Training Departments in the hospital can help you follow up on absentees.

Who are the employees who will participate in your classes? What can you expect from them? One thing that can be said is that you will generally find a wide range of ages and educational backgrounds in these classes. Some participants have been working in the facility for over twenty years. Some did not go beyond the eighth grade in school; some had less schooling. You will also have a few who have had college experience. Many of the students lack confidence in their ability to learn and are anxious about being in the classroom. They may feel much more comfortable speaking than writing. Their writing skills may be very limited.

Workplace basic education students are often tired because they are often balancing commitments to jobs, families and school. Some have second jobs. Some have children in college who need financial support. They sometimes have to work overtime because the wards are short-staffed. Their jobs are physically and emotionally demanding. Their fatigue may be interfering with their ability to concentrate. Varying the kinds of learning activities and giving breaks are two ways of maintaining interest. One teacher in the demonstration program taught relaxation techniques and stress management to help her students learn better.

The 48 unit curriculum guide, which was written expressly for OMH MHTAs, may seem intimidating at first. It becomes less so when you

2

learn that you are responsible for the objectives, but have flexibility in choosing educational materials and planning instructional activities. In other words, you can substitute methods with which you are comfortable for those suggested in the curriculum guide. The suggested activities are meant to stimulate your creativity.

Keep in mind, however, that you are responsible for teaching <u>this</u> curriculum and not another kind of course. The curriculum was written to help MHTAs develop communication skills in order to prepare for a new way of working with patients which is coming into the psychiatric hospitals. Many hospitals have already established Psychiatric Rehabilitation Departments. As you proceed through the course, you will be helping your students to become better employees.

One way to prepare for your teaching is to read through the entire curriculum before the course begins. Read it as you would a book to get an overview of the approach, the order of the units, learning objectives, materials, teaching strategies and suggested student activities. As you get to know your students you can reorder the units and adapt the materials and teaching methods to best meet their needs.

You may find it helpful to draw up a <u>teaching plan</u> a few weeks into the course indicating test dates, holidays and which units you will teach on specific days. You may have to change this plan but it will help you to organize the instructional time.

Another way to prepare for your teaching assignment is to make arrangements to <u>tour the wards</u> early in the course. Sometimes a participant can help you make these arrangements; sometimes you can ask the staff in the Education and Training Department to set up a tour. This experience will give you invaluable insight into the job of a MHTA. I found that my tour of one of the facilities gave me a sense of the patient population and the conditions under which the MHTAs worked. I remember being impressed with the many locked doors which had to be opened before we could reach the ward.

The teacher should make it clear to the students that the <u>handouts</u> which they will receive in class are drawn from workplaces

3

surveyed as part of research that was done in order to produce the curriculum, but the material may not necessarily be used in their own facilities. These are for illustration, learning purposes and to provide practice; in reality, forms and procedures in their hospitals may be slightly different. Students may want to bring in the forms they use and compare them with the handouts they receive. They may also want to discuss the differences between the ways they are accustomed to work and the procedures presented in the curriculum.

In general, there are personnel and resources in the workplace available to support your teaching. You may find it valuable to ask a representative from the Psychiatric Rehabilitation Department to talk to the participants about the work being done in their facility. In some psychiatric hospitals, the therapy aides are not familiar with the work of the Psych Rehab Departments. Some are skeptical and doubt that the material they are learning in class will have any practical application. The Psychiatric Rehabilitation representative may convince them that they are learning information and skills which they will be able to use in the future. You should allot enough class time so that the speaker can answer questions.

Education and Training Departments are another resource. Ask an Education and Training staff member who is familiar with the educational opportunities sponsored by the MHTAs' union, the Civil Service Employees Association (CSEA), to talk to your students about the college tuition reimbursement and individual tutoring programs available to them. A union representative may also make such a presentation to the class.

Your role in encouraging your students to have a positive attitude towards learning cannot be overstressed. Many students in our program have enrolled in additional education or training courses. They have taken the next appropriate educational step, whether it was a GED class, entering or returning to college, or enrolling in job training. Some are now studying for their LPN degree; others are preparing to enter Social Work programs. Others have reported that they take a more active role in their children's education. One woman said that she was now writing to her family in the South instead of

4

phoning them because she felt that her writing had improved.

The facility may have other resources which will benefit your students and enhance your teaching. Some hospitals have computerized learning centers for their employees which were financed throu(,) Project REACH. Assigning writing projects to be completed on the computer will help your students to improve their writing. One teacher in our program gave both job related and creative writing assignments to her students. She found that they enjoyed composing personal essays and poems. Some of these writings were published in the facility newsletter. The classes are now over but she has told me that some of her former students are still coming into the computer center to work on word processing.

Another facility resource is the camcorder. Most Education and Training Departments have them. We used the camcorder to videotape classroom role plays and graduation ceremonies (more on these later). The camcorder proved to be an extraordinarily effective way of teaching communication skills needed in interviewing, for example. I observed one classroom role play where the students were enacting an interview designed to determine a patient's readiness for a group home. Students volunteered for roles of interviewer (MHTA) and the interviewee (patient). The students were practicing the skills of rephrasing patient statements and demonstrating empathic responses (see the curriculum guide for instructional units on these topics). One older student revealed a hidden acting talent. In the role of patient he was hunched over, rocking slightly in place, mumbling his answers. As the MHTA he straightened up, looked into the camera and spoke distinctly.

There are many different role play activities scattered among the 48 units of this curriculum guide, and we found that the participants were sometimes uncomfortable about them and resistant to performing in front of classmates. You will discover whether this is true with the students in your class, but I would suggest that you postpone role plays until the class has settled down and the students are familiar with each other. Explain that the role plays are designed to help them practice the team work and patient assessment techniques which

5

are used in the psych rehab approach to patient treatment. Choose an outgoing student with a sense of humor for the first role play dialogue and play the second part yourself. Make it an enjoyable experience. Gradually involve other students. This activity could be one way of helping the employees feel more confident about their ability to speak in front of others, a skill many of them need, for example in psychiatric rehabilitation team meetings.

I said earlier in several different ways that this program can make a difference in the lives of your students. One concrete method of demonstrating that you are interested in their personal and job related goals is to ask them to express these goals on the first day of class, or very early in the course. Hand out a single sheet of paper with a place for them to write their goals in reading, writing, oral communication and other goals for the program. This could be referred to as the Individual Learning Plan. Periodically (at four, eight and twelve weeks, for example) during the course ask the students to take it out. Ask them if they are achieving the goals they wrote down. Ask if their goals have changed and how you can help them to achieve these new goals.

Consistent with this focus on student goals and workplace resources is the techniques you use to make the instruction relevant to the participants' lives. You will find that the MHTAS have a richness of experience to share: stories about patients, about their working lives, about families and friends. Use these stories to personalize your instruction. Have them write the stories, read them to each other, act them out. They will be true-to-life, moving, even horrifying.

Another way to involve students in the life of the classroom is to develop a student delegate system. Sometimes the students have comments about the class (positive or negative) that they are reluctant to share with you but may share with a fellow student. The delegate system gives you access to this information. Tell the class that you will give them fifteen minutes to elect a class representative. Say that this person will have an opportunity to meet with them to find out what they think about the class. Set aside this

6

time in your class schedule early enough in the course so that there will be time to act on class suggestions, but not until the students have an opportunity to get to know one another. Leave the room.

After the class has met and selected the "delegate" give this delegate a brief form asking for opinions, suggestions and other comments about the class. The delegate will meet with the class (again without you in the room), fill out the form indicating student comments and return it to you. It is very important that you act on these comments. In one class the students wanted more small group tutoring. The teacher and I worked to reorganize his class schedule so that there would be time for these tutoring groups set up so that students are grouped with those who share similar writing problems.

Portfolio assessment is another means by which students can be involved in their own learning. It gives the student access to the evaluation process. Unlike standardized testing, the portfolio system is ongoing and gives the students an opportunity to think about progress and areas to work on. Early in the program hand out pocket folders to all the students. Ask them to keep all written work in these "working portfolios." Near the end of class sessions (as close to the last day of classes as is practicable) meet with each student individually. Ask them to choose seven representative pieces of writing for a "showcase portfolio" which they can take home.

Some questions that you may want to ask are: "What qualities made you choose this piece for the showcase portfolio?" "How does it compare with other writings you did in this program?" "At present, what do you feel are your strengths in writing?" "Does this piece reflect any of your strengths?" "At present what areas of writing give you difficulty?" "Are any of these difficulties reflected in this piece?" "Would you make any changes if you were writing this now?" "Has your writing improved in this program?" "How?" You may want to ask the students to answer some of these questions in writing to include in the portfolio as a permanent record of their achievement.

Finally, the last class session can be planned to acknowledge students' participation in a demanding program and celebrate their

7

achievements. Get the permission of the Education and Training
Department to award <u>certificates</u>. Copies of these certificates and
successful completion of class should be sent to the Personnel
Department so that they can be noted in personnel files.

These "graduation" ceremonies can be memorable occasions. We
often arranged that they be held in the facility auditorium, invited
officials from hospital administration, and handed out certificates
formally. Students dressed formally. They read poems, stories,
essays and letters of appreciation to their teachers. One group
prepared a skit of a Psychiatric Rehabilitation Treatment Team that
brought down the house. At another graduation we showed videotapes of
student role plays.

I hope that these suggestions will prove useful to you and that
you enjoy working in this program as much as I have. Good luck!

<div align="right">

Sincerely yours,

Lora Kahn
</div>

MHTA Communication Skills Program for Psychiatric Rehabilitation

March 26, 1993

To: Dolores Perin

From: Lora Kahn

Re: March 26 Staff Development Meeting

This is a report on the Staff Development Meeting of March 26, 1993 which was held at the main building of the Graduate Center in Room 1223. Thirteen staff members (two counselors, six teachers, and five tutors) along with Kate Walter (curriculum developer), and I were present at the meeting.   You came to welcome the staff members and report on the interim student evaluations.

After your report, we concentrated on addressing the agenda items. I started the discussion on teacher-tutor instruction by emphasizing the collaborative nature of the instruction.   I also said something about "strong personalities."   Agnes feels that there is a problem because the tutoring happens as the same time as the class.   She said that if the tutoring focuses on the slower students, then they miss out on the classroom lessons.   Marilyn said that she and JoHolley rotate the students who go into the tutoring sessions.

Victoria   is   also   experiencing   difficulties   with   the "collaboration."   She said that Veronica depletes her class when she takes a group out.   She also said that she has a problem coordinating her lessons with those of the tutor.   JoHolley says that she works differently with Marilyn and Maxine.   She takes a group of students out to another classroom when she works with Marilyn.   She stays in Maxine's class and reinforces the instruction.

Kate Walter said that she felt that it was important for the tutor to work on the same materials in the tutoring sessions as were used in the classroom.   Jo Holley said that she does utilize the same materials, along with supplemental exercise sheets.   She said that she combines basic skills with writing instruction.

Victoria had some suggestions for alternative reading comprehension texts.   I aked her to give me a list.   She also wants answer keys to the reading comprehension assignments in the curriculum guide.   Both Kate

1

and I put in a plug for Errors and Expectations which was handed out at the meeting. Kate said that it addressed the basic errors students make in writing. She said that it is important to understand why the students make these errors, which the book discusses.

Fred talked about the way that he and Juanita cooperated. He said that Juanita does a grammar lesson in the first fifteen minutes of the class. He also said that he believes the students who are removed from the class for tutoring feel stigmatized. I said that my experiences teaching homebound students (a long time ago) taught me the effectiveness of the one-to-one interaction. I said that the students on home instruction missed interacting with their peers but improved educationally from this kind of teaching.

Hugh said that he is flexible in the number of students that he deals with at one time. Sometimes he works with two, sometimes a whole group, sometimes the entire class. He said that the students come to him asking for specific lessons. Alice said that the students she works with enjoy the one-to-one instruction.

John said that he and Veronica have now worked out an arrangement. He said that the teaching and tutoring happen at the same time, and there is no way to solve this. Veronica is responsible for grammar instruction. He teaches the curriculum units. He has one group, she one group; then they reverse. Often he teaches the same thing twice to see that everyone gets the instruction. He said, "The groups find their own level of competence." Sometimes he points out an area of need for Veronica to address.

Agnes suggested that the grant find money to pay teachers and tutors for planning sessions.

I told the teachers that we were arranging for representatives from the Psychiatric Rehabilitation teams to come to address the classes. Marilyn said that the students would benefit if these presentations occur early in the cycle.

I introduced the counseling by emphasizing the importance of counseling in this program. Then the counselors, John Kennedy and Emily Marcus, reported on their work with the students. John said that he was sending in four Kennedy applications from Creedmoor P.C. and Bronx P. C.

2

Emily spoke about her class at Manhattan P.C. She said these students were not ready for Kennedy Fellowships. Many are ESL and need basic communication skills instruction. She said that she encouraged one student to study for the LPN exam.

I gave a report on the March 6 Delegates' Meeting. I read the students' suggestions from my report and told them how much the students liked the teaching, tutoring and counseling.

The last part of the meeting was devoted to teaching strategies. We discussed grading procedures. Agnes felt that putting a grade on a paper was important for the students. She said that marking a paper cements a bond with the student. It shows that you are giving the student's work "serious attention." John asked whether the teacher should let some errors go. Agnes said sometimes you should. If there are ten sentence skill errors in a paper, she may mark the paper for just one error. She said that she uses a highlighter on a students' paper to indicate run-on sentences or sentence fragments. I said that I thought this was an excellent idea.

Marilyn said she often keeps papers until she can have individual feedback sessions with the students. John said that he did this also. Agnes said that we are not doing this students a favor if we "remove any sense of evaluation."

Victoria wants her students to strive for excellence. She said that she will give an A, B, or C but no D. If she gives an R for rewrite, she will want to discuss the paper with the student and help him or her to improve it. Fred emphasizes that each student compete with him or herself, and not with anyone else. He said that the student who works hard gets the better grade. He said that he likes to red-pencil a paper. "The red helps me." The students in his class like the writing instruction. They want more supplementary material. I said that the students will accept a teacher's grading procedures if the classroom atmosphere is positive, and a relationship has been established between student and teacher.

I asked David, who had not yet spoken, if he had a contribution to make. He said that in a class he taught last semester, out of 20 students who took the CUNY Writing Assessment Test, 18 passed the test.

3

In reference to grading David said that he will put a check next to the sentence in which there is an error. This requires the students to discover the error themselves, which they do.

Juanita said that she gives out problem solving sheets. Many students have the same types of problems. She circles the problems on their papers.

Mary, who has mainly ESL students in her class, thinks that basic literacy instruction should come before the Psychiatric Rehabilitation material is presented in the curriculum.

We talked about the pre and post tests. I explained that we need the standardized TALS tests, which some of the teachers felt were irrelevant, because we need a normed test to determine student progress. I reminded teachers that two sessions (different dates for each class) would be devoted to post testing before the end of the cycle.

We discussed how the computers are used at Creedmoor. Marilyn said that she now lets her students go up to the computer room and work independently while she and JoHolley are involved in other activities. She asks the students to write on "whatever they want." (I wanted the Fred and Juanita to hear how a supplementary computer program is working.) Fred said that he read his poetry to the students, helping them to realize that they, too, could write poetry.

We also discussed the library lesson (Units 16 and 17). Marilyn said that her students took out library cards as a result of these lessons. She said the students used the Creedmoor library and that these were exciting lessons. Agnes said that she asked her students to make individual reports in class. Some had not yet done this. She opened up these lessons and asked her students to write personal essays.

A participant at Manhattan P.C. had a suggestion that Agnes shared with us. The student said that attendance in the classes may improve if the administrative staff received monthly reports on student progress.

At the end of the meeting, I went through my own list of reminders. I asked the teachers who got them to remember to hand out the registration forms. I reiterated how important it is to start classes on time, even though all of the students are not there. I discussed the IEPs as a way of following up on students self assessments, and outlined

4

what the Portfolio Assessment process will be. I mentioned the ABE
Conference on April 24 and said that representatives from our classes
will serve on a panel at this meeting. Victoria Robertson expressed
interest.

MHTA Communication Skills Program for Psychiatric Rehabilitation

Report on Staff Development Meeting: October 22, 1993
Lora Kahn, Educational Coordinator

This is a report on the Staff Development Meeting of the MHTA Communication Skills Program which was held in the CASE Conference Room on October 22, 1993. Fourteen staff members, teachers, tutors, and educational counselors, attended the meeting which was facilitated by Lora Kahn.

Dolores Perin opened the meeting and introduced Harvey Huth, a representative of CSEA's statewide labor-education program (LEAP), who came to acquaint the counselors with the many opportunities for educational financial aid available to the MHTAs from CSEA. Harvey gave the staff members information about the amount of income a CSEA member must make before he or she is eligible for financial aid. He also gave everyone the CSEA information hotline number. Harvey then took the counselors to another room in order to give them additional information about CSEA opportunities to use in their counseling sessions.

Dolores presented results from the pre-post assessment given in the first cycle of classes and characteristics of students in the first cycle derived from the registration forms which were handed out on the first day of classes.

Dolores also played a five minute segment of a video showing students practising role playing which was taken in Cheryl Formisano's class at Kingsboro Psychiatric Center. Jacqueline Hopkins, the tutor, did the videotaping.

Lora Kahn took over the meeting and dealt with some "housekeeping" information for the educational staff. She gave out the post-test dates for each cycle, mentioned the Portfolio Assessment that tutors are responsible for, and reminded the staff about the graduation ceremonies at each site on the 15th or 16th of December.

Then, Lora Kahn talked about some issues raised by her recent teacher observations. She discussed the teacher-tutor collaborations

1

that she had witnessed, saying that on the whole the teachers and tutors were working very well together, and were using a variety of strategies to maximize the time spent in the classroom for the benefit of the students. In one case where the tutor was not always working with students, she said that she had intervened to suggest ways that both teacher and tutor could be working more effectively.

She discussed the integration of reading and writing activities, saying that they should be considered together in the teacher's plan, generally a reading activity followed by a writing activity.

Lora also said that some teachers were working with very small classes and that although small numbers of students caused some difficulties (having enough people for every actor in a role play, for example), she saw that most teachers and tutors were adapting to this situation and creating positive learning environments in these classes.

She talked about the fact that these MHTA Communication Skills classes are in workplaces, and the workplaces offer many resources. For example, one teacher borrowed the facility van to go to the library. Others are using actual forms, and hospital newsletters to teach a variety of different communication skills.

Finally, Lora Kahn mentioned that a few students are complaining about "interruptions," e.g. counselors' visits or guest presentations by psychiatric rehabilitation staff. She suggested that the staff prepare the students for the interruptions, explaining to them why they are happening and how they relate to the educational and counseling goals of the program.

The educational staff then shared instructional activities and teaching and tutoring techniques which were effective in their classrooms. They also spoke about the problems which they encountered in individual classrooms.

Hugh Drummond thought that perhaps he was giving too many writing assignments and that the class was "overloaded with writing." He said that he was planning to incorporate more reading materials into his tutoring.

Cheryl Formisano said that a student from the first cycle had

2

returned to the class and said how well she was doing. Cheryl asked, "Can this happen in other classes?"

Juanita Garcia discussed the situation she has had to deal with in her classroom: an influx of twelve new students in the middle of the semester. In order to give the new students an overview of curriculum units already taught, while maintaining the interest of the old students, Juanita and Michele Carrier, the tutor, split the class. Michele went on with new work, and Juanita taught the new group.

Mary Bersin brought up the issue of teaching a very advanced class. She said that some of the students in her morning class know their jobs and know how to write. They object to some of the activities in the curriculum which they feel are too easy for them. Mary is using an article from the New York Times with this class on the close relationship between genius and madness.

Cheryl Formisano discussed possible reasons why role playing is working so well in her class. She said that she prepared her students for role playing. During the first sessions she introduced an ice breaking activity, the Name Game. The students sat in a circle. The first student said her name with an alliterative adjective, "Lovely Linda." Each subsequent student had to say her own name along with all the other names stated before hers. Cheryl did other listening activities, as well. She gave each student a partner and asked one member of the pair to give a two minute talk about her life goals to the other member. In this activity, Cheryl emphasized the importance of eye contact. The second student was required to restate what she had heard. Then they switched. The second student talked about her goals and the first restated them.

Cheryl told the teachers and tutors about an excellent study skills video put out by the Marine Corps. It contains separate lessons on how to use a library, how to takes notes, and how to skim a text.

John Grabowski is teaching his students "how to resolve a contradiction they feel on the job or in the curriculum." Many of students were bored with the presentation of the representative from the Psychiatric Rehabilitation department. John asked them

3

72

"to sort through what the psychiatric rehabilitation person said and find what is valuable." The students were complaining that the curriculum deals with situations, like teaching a patient to do laundry, which is not relevant to the patients' lives now. John said that they may not need to do this now but it may be relevant sometime in the future. In this example, also, the principle of selecting "what is valuable" works.

Marilyn Gelfand spoke about creating an atmosphere in the classroom which helps the students to "live" the Psychiatric Rehabilitation approach. She says the students work in "loving" groups and learn better because they like each other. She said that the library lesson (units 16 and 17) teams worked so well because the students like each other so much. Marilyn spoke about the different activities going on in her classroom. "There is so much going on." In one class teams are working on an assignment, some people are working with the educational counselor. Someone is using the computers in the resource room.

Kevin Gallagher asked how other staff members handled student complaints about the curriculum. John Grabowski reiterated his point about taking what is valuable from material given. Kevin mentioned that he had asked his students to bring in the actual forms that they used on the wards. He was teaching them to be more concise when filling out the DAP forms.

Madeleine Mitchell discussed the work that she and Tom Hughes are doing with their classes. They are teaching resume writing and how to apply for a job, skills that are relevant to the goals of psychiatric rehabilitation, as well.

Juanita Garcia spoke about the recent Office of Mental Health newsletter on Psychiatric Rehabilitation which she had used in her class. She also raised a question about the role plays that she had observed in her class. She felt that some of the students who were acting as MHTAs in the role plays were treating the mock patients in an unprofessional manner. Marilyn said that the way the MHTAs playing MHTAs in the role play treated the MHTAs playing patients reflects the way the MHTAs are treated in the system.

4

Hugh Drummond mentioned his one-on-one tutoring. He finds this technique to be very effective. The students like the individual attention. They find it "not too harsh." They also do more.

Madeleine is assigning a research project to her students. They are to investigate a job that they are interested in. She likes to read student papers in class, but always asks permission of the student before she does this.

Marilyn xeroxes papers written for her class and hands out copies to her students.

Musisi Kakumba assigns one essay per week to his class. He asks the students to read these essays out loud. He is also encouraging his students to read the newspaper regularly.

**MHTA Communication Skills Program
for Psychiatric Rehabilitation**

TEACHER OBSERVATION CHECKLIST

_____ 1.   Teaching reflects overall goals of the MHTA Communication Skills Program.

_____ 2.   Contextualizes concepts of psychiatric rehabilitation.

_____ 3.   Organizes lesson around specific objectives of unit.

_____ 4.   Utilizes student handouts from curriculum (or appropriate materials prepared by teacher)

_____ 5.   Supports learning objectives with activities suggested in (or appropriate activities prepared by teacher).

_____ 6.   Employs more than one modality (for example, integrates speaking and listening) in delivering the objectives of the lesson.

_____ 7.   Brings an enthusiastic attitude into classroom.

_____ 8.   Relates to students as individuals.

_____ 9.　　Addresses individual learning styles.

_____ 10.　　Groups students in learning teams.

_____ 　　　　　a.　　reinforces lesson objectives

_____ 　　　　　b.　　encourages student interaction

_____ 11.　　Uses tutor effectively.

Observation Narrative:

　　　This discussion of the lesson should include the lesson objective(s), materials used, the activities which supported the lesson objective(s), how the teacher related to the students, how group work was used and what was the role of the tutor.

MHTA Communication Skills Program for Psychiatric Rehabilitation

March 8, 1993

To: Delores Perin

From: Lora Kahn

Re: March 6 Delegates' Meeting

This is a report on the delegates' meeting of March 6, 1993 which was held at C.A.S.E from 12:00 noon to 3:00 p. m.   Six student representatives were present for most of the meeting.

To start, I thanked them for taking the time and making the effort to come to this meeting.   I introduced myself and the purpose of the meeting which I said was to help us make the MHTA Communication Skills Program better.   I said that they were representing the members of their classes, and that what they said would be taken seriously by us.   I said that their classes were being held for the first time, so that we were developing the model for these classes which would possibly be disseminated throughout New York State, and perhaps even the rest of the country.   I said that a more immediate concern was improving the next cycle of classes.

I gave them the agenda for the meeting.   They said that they would discuss each item, and appointed L. R. to take notes on the discussion.   I said that this was their meeting, and that I was not going to take part in the discussion but that I would like to be briefed at the end of the meeting.

The following is a combination of L. R.'s and my notes.

First, they all said that they liked the classes very much and found them very beneficial. They said that this was one of the only programs that the hospital set up for MHTAs.

About recruiting, they said that the best kind of recruiting is word of mouth. They said that people will be sceptical until someone else goes and reports that the classes are interesting and beneficial. The attitude is, "Why should I? What's in it for me?" Posters advertising the classes are a good idea. They said that MHTAs needed an incentive to come to class: paid overtime, as well as getting off the wards. They said that the hospital should schedule an extra person on the wards to cover for the student if the class is mandatory. E. S. said that recruitment should be easier for the next cycle because of the success of the classes. Apparently there are inequities in compensation for class time. Some students are not being compensated for coming in on pass days (days off). L. R. indicated that Creedmoor was very fair in this regard.

Concerning the selection process, there was the question of fairness. They said that the MHTAs should know how the students for the next cycle are selected--that it should be on a seniority or first come, first served basis. They suggested that a letter with the names of selected students be sent to each NAP (Nurse Administrator) Ward Supervisor and Unit Chief when the selection process is finished.

Concerning the lessons, they said that they wanted more of everything: more lessons in reading comprehension, writing skills,

78

and grammar. Leon emphasized the need for technical vocabulary, medical terminology. They wanted more information on how to write notes for the treatment plan. They wanted the treatment plan to reflect how the patient improved or did not improve. Most said that they were not participating in team meetings and not included in discussions on treatment plans. They said that they needed to be part of the patients' treatment plans.

We had a discussion about the order in which the curriculum units were being used in class. E. S. objected to the way in which the lessons were "not in order." I explained that the curriculum was not finished when classes started so the teachers did not have an overview of all the lessons, but that they would for the second cycle. I also said that they teachers would be able to pick and choose lessons from the entire curriculum for the second cycle. Everyone liked the tutoring.

All approved of the counseling. They said that the counselors were excellent and gave the students an incentive to return to school.

Other topics covered included the benefits of the classes. The delegates said that they were glad that they took these classes, and believed that the classes would be mandatory in the future, so they were happy to be in on them in the beginning.

L. wanted to know who to contact when there were problems. She also spoke about the research project which required library work, and asked that the class members (in Manhattan P. C.) have permission to use the Patients' Library for this project.

Finally, the last comment in L. R.'s notes says: "You have to

ask for what you want or need and take responsibility for your
actions."

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

Class Delegates' Meeting

March 6, 1993

Thank you for taking time out of your busy schedule to attend this meeting. You represent your fellow students. We are asking you to discuss the students' feelings and opinions about the program and to make recommendations for future programs of this type. Please discuss the questions below. Appoint someone in the group to write the answers, as decided by the whole group.

1. What do the students like most about the Communication Skills Program?

2. Are any changes needed?

   - Recruiting students for the class

   - The selection process

   - The lessons

   - The teaching

- The tutoring

- The counseling

- Other

MHTA Communication Skills Program for Psychiatric Rehabilitation

Report on Class Delegates' Meeting, October 9, 1993

Dr. Lora Kahn, Educational Coordinator

This is a report on the meeting of the Class Delegates of the MHTA Communications Skills classes which was held in the CASE Conference Room on October 9, 1993. The purpose of the meeting was give the representatives (delegates) of each of the eleven classes in the program an opportunity to meet one another and discuss their classes, with the intention of representing their classmates' views. The meeting would be held without any educational staff (including myself) present so that frank discussion could take place.

Two weeks prior to the meeting the delegates had been mailed a letter and form. The letter asked them to meet with their classes for fifteen minutes without their teachers and tutors so that they could indicate the class feelings and opinions on a Delegate Form. This form was to be given to the Educational Coordinator so that the program administrators would be able to act on the classes' suggestions. The discussions with their classes would give the delegates a clearer idea of the kinds of discuss at the meeting.

Ten delegates from eight classes came to the meeting. Each of the five sites was represented. The meeting agenda asked the delegates to talk about what their classmates liked most about the Communication Skills Program and any changes which are needed. The agenda then detailed aspects of the program to be discussed: recruiting students for the class, the selection process, the lessons, the teaching, the tutoring, the counseling and other concerns.

Since I was not present at the meeting but was briefed by the delegates after they met as a group, this report is an account of what J.R., who the group appointed as recorder, wrote, combined with my notes on what the delegates told me. The meeting began at 12:00 noon and was scheduled for two hours. I came at 1:45 p.m. to be briefed on the proceedings. However, everyone was so involved in discussion that I found it difficult to get them to talk to me. I knew that a few,

1

including J., were eager to leave, so I asked him to tell me what he had written. This encouraged the other delegates to relay information.

Almost everyone agreed that the classes were informative They liked the essay writing. They agreed that the classes "show your shortcomings so that you can improve." T.J. said that he had gotten away from writing. Others said that the professionals who work in their hospitals should take the course.

On the issue of recruiting students for the classes, J. wrote, "Maybe Education and Training can make more effort to give information to MHTAs in the facility. More effort needs to be made to get educational information out." He also wrote, "Discussed need to be able to present information as a professional to professional," which reflects the MHTAs feelings about their status in the OMH system. It was suggested that a flier advertising the classes be placed in the pay envelopes of the MHTAs as an effective way of informing them about the classes.

Another suggestion was that a committee of former graduates of the program come into the wards to recruit for the program. They thought that class members be selected on the basis of a competitive essay. They also suggested tracking dropouts and finding out why they left the classes.

Y.B. felt very strongly that the title of the program was patronizing. She said that the title makes some feel that the class is for illiterates. B.K. suggested that the title be changed to "Learning Skills." V. said that they originally thought that they would be getting "baby work." Most of the delegates felt that they were not given information about the opportunities available to them in their facilities, although one said, "Our union administration fights for us."

On the issue of instructors, the delegates singled out one instructor who seemed overwhelmed with the curriculum and was not providing "pertinent information." They also said that they felt the instructors should be more in touch with real life situations, what really happens in the facilities. They suggested tours of the wards and sitting in on team meetings as ways of helping the instructors learn

2

"what really goes on." J.C. suggested the actual forms used on the wards should be incorporated into the lessons, for example the DAP format. He said that he would bring another form on how to monitor a patient in seclusion into his class. He also talked about including resume writing in the curriculum. He said that his tutor taught him to write a resume, something that he had never done before. He thought resume writing would be a useful skill to teach the patients, "from the point of view of the patient trying to get a job." V. thought that memo writing was important and wanted to learn more about it.

A.H. liked the role playing. He said, "This course is really teaching you. I realized that I did not have the skills to interview anyone." L.H. felt that the experience of standing up and giving presentations was an important one. A.H. talked about becoming a part of a team, and writing charts. "Something is happening here," he said, "I'm not going to be a taker anymore."

Indirectly, they talked about the importance of learning the Psychiatric Rehabilitation approach when they said that in the this approach, "The forms are different, expectations are different, the needs of the patients are different." V.F. said, "If the MHTA is not prepared, they will fall by the wayside." Everyone liked the counseling.

T.J., speaking to me after the meeting was very positive about his experience in the class. He said that the class "opened a window of opportunity for me," and "the class gives us an excellent opportunity to move ahead, to better our skills, and get an advanced education. It built up my desire to move ahead, and [reminded me] of a part of me that I had lost. Everyone in the class wants to sign up for school."

One positive result of the meeting was the follow up reports that the delegates made to their respective classes. I sat in on one of those sessions in a class at Manhattan Psychiatric Center. V.F. was reading from J.R.'s note which I had reproduced for all the delegates. She discussed the issues raised at the meeting and asked for responses from the class. I felt that this was student-centered learning in action.

3

MHTA Communication Skills Program for Psychiatric Rehabilitation

DELEGATE FORM

Delegate's Name: _____   Date: _____

Teacher's Name: _____   Name of Facility: _____

The delegate's responsibility is to:

1. Lead a class discussion so that students can express opinions and feelings about MHTA Communication Skills Classes.

2. Ask the class which suggestions should be communicated to Lora Kahn.

3. Write these suggestions down on this form and give the form to Lora Kahn.

Class' Feedback

_____ No suggestions at this time.

_____ Suggestions

       1. _____

       2. _____

       3. _____

Other Comments: _____

                   _____

                   _____

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

CONFIDENTIAL REGISTRATION FORM

THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE GIVEN TO YOUR EMPLOYER, SUPERVISOR, UNION REPRESENTATIVE, OR OTHER AGENCY PERSONNEL. THIS INFORMATION IS FOR THE EXCLUSIVE USE OF THE EDUCATIONAL PROVIDER (CUNY).

PLEASE PRINT THE ANSWERS TO ALL QUESTIONS BELOW.

Name _____ Soc. Sec. or Item #_____

Facility _____ Time of class _____

Home Address _____ Apt._____

City _____ Zip _____ Home Phone (   ) _____

1. Number of years in current job title at this Center ____

2. Age: 21-30 ___   31-40 ___   41-50 ___   51-60 ___

3. Sex: Female ___   Male ___

4. When you were growing up, what language was spoken most often in your

   home? _____

5. What language do you speak most often now? _____

6. Highest grade completed in school by age 21 _____

7. Do you have (check): High school diploma ___   GED ___

   College credits ___ (specify number) ___ College degree (specify) ____

8. Have you attended non-credit college course(s) in basic skills including

   reading and writing Yes ___   No ___

9. Have you attended another education or training program besides a GED or

   college program? If yes, specify _____

GO TO NEXT PAGE

1

87

10. Are you a single head of household or sole provider? Yes ___   No ___

11. Number of dependents: Aged 21 years or below ___   22-64 ___   65+ ___

12. How often do you read a newspaper in the English language?   (CHECK ONE)

    Every day __   A few times a week ___   Once a week ___

            Less than once a week ___   Never ___

13. What is your favorite section of the newspaper? _____

14. Would you say that you follow what's going on in government and public

    affairs? (CHECK ONE): Most of the time ___   Some of the time ___

                        Only now and then ___   Hardly at all ___

15. What would you like to get out of this course? (CHECK ALL THAT APPLY)

    Improve ability to:

            a. work on a psychiatric rehabilitation team in the future ___

            b. communicate in current job (reading, writing, speaking) ___

            c. read and/or write in everyday life ___

            d. help child/children with homework ___

            e. go on to further studies ___

            f. develop career ___

            g. other (specify) _____

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

INDIVIDUALIZED EDUCATIONAL PLAN

Student's Name _____ Facility _____

Tutor's Name _____ Time of class _____

PERSONAL COMMUNICATION SKILLS GOALS

For each topic below, name two areas in which you would like to improve.
Base your choices on what you are expecting to learn in the Communicatins
Skills course.

1. **Oral Communication** (speaking and listening)

   _____

   _____

   _____

2. **Writing**

   _____

   _____

   _____

3. **Reading**

   _____

   _____

   _____

4. **Other communication skills you would like to improve**

   _____

   _____

   _____

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

INDIVIDUALIZED EDUCATIONAL PLAN

<u>Guidelines for Tutors</u>

The I.E.P. will help you and the student to define and implement personal communication skill goals.

In order to do this you will:

o   need to know the learning objectives stated in the Curriculum Guide before developing the I.E.P.

o   meet with each MHTA individually, elicit personal communication skills goals in the four areas and ask MHTA to write them down on the form.

o   inform the teacher of these goals.

o   try to key individualized tutoring to these goals.

o   note that the I.E.P. may change along the way. You will need to ask MHTA (about every 8 weeks):

      a)   if goals are being met

      b)   if goals are changing in any way

o   note that there will be a self assessment form provided to record changes.

o   consult Lora Kahn if you have any questions.

Portfolio Guidelines

1. What qualities made you choose this piece for the showcase portfolio?

2. How does it compare with other writings you did in this program?

3. At present, what do you feel are your strengths in writing?
    Does this piece reflect any of your strengths?

4. At present what areas of writing give you difficulty? Are any of these difficulties reflected in this piece?

5. Would you make any changes if you were writing this now?

6. Has your writing improved in this program? How?

MHTA Communication Skills Program for Psychiatric Rehabilitation

Writing Portfolio Checklist

Student's Name _____ Tutor's Name _____

Facility _____ Time of class _____ Date _____

<u>Instructions</u>: Please check all items that have been selected to appear in the writing portfolio of the student named above.

___ Description of patient

___ Progress notes

___ Notes from role-playing interviews

___ Goal statement relating to patient

___ Library assignment

___ Other assignment(s) from the curriculum

    (Specify) _____

                   _____

                   _____

___ Description of student's own job

___ Grammar exercise (e.g. from a workbook)

___ Vocabulary exercise (e.g. list, quiz)

___ Poem

___ Personal essay

___ Letter to government official

___ Other

    (Specify) _____

                   _____

                   _____

                   _____

MHTA Communication Skills Program for Psychiatric Rehabiliation

COUNSELOR'S INTAKE FORM

Name_____   Date_____

Item or Social Security Number_____

Facility_____   Time of Class_____

We are asking you for information relating to your educational plans. This will help us provide educational counseling to you.

The following is true of me (CHECK ONE):

I want to continue with my education ___

    I <u>know</u> what I want to do next regarding education ___

    I <u>have some ideas but I'm not really sure</u> what I want to do next ___

    I <u>do not know</u> what I want to do next ___

I am not interested in continuing my education ___

I am interested in receiving information on: (CHECK ONE):

    GED ___   English as a Second Language (ESL) ___

    Entering College for the first time ___

    Continuing in College ___   Returning to College ___

    Other (be specific)_____

    None of these ___

College programs that I may be interested in:

    Nursing_____   Allied Health_____   Social Work_____

    Psychology_____   Other (be specific)_____

I would be interested in getting information about (CHECK ALL THAT APPLY)

    Available educational programs ___

    Application procedures ___

    Entrance requirements ___

    Financial aid procedures ___

    CSEA educational support ___

    Other (be specific) _____

    _____

    _____

COMMENTS: (Provide any information regarding your educational background or plans that you would like your counselor to know, or any other comments.)

MHTA Communication Skills Program for Psychiatric Rehabilitation

Educational Counseling Summary

Name of Counselor_____   Interim ___   Final ___

Facility _____   Time of Class _____

Student's Name	Educational Goal	Steps Taken to Date

MHTA Communication Skills Program for Psychiatric Rehabilitation

INTERIM EVALUATION

Please fill in this ANONYMOUS evaluation in order to tell us how you feel about the program. In particular, please describe your opinions of the class, the tutoring, and the counseling.

Facility _____ Time of class _____ Date _____

1. Describe three things you like about the program (be specific).

     _____

     _____

     _____

2. Is there anything you do not like about the program? If so, describe.

     _____

     _____

3. In what ways are the class and the counseling helping you define your

     educational goals? _____

     _____

4. Is this class making any difference in the way you do your job?

     (please describe) _____

     _____

5. At this point, would you recommend this program to others? _____

6. Other comments: _____

     _____

     _____

     _____

     Thank you for your cooperation.

MHTA Communication Skills Program for Psychiatric Rehabilitation

Interim Evaluation - First Cycle

(Anonymous Evaluation of Program by Students)

N=96 Respondents

Summary of responses to 4 of the 6 questions asked

Question 1: Describe 3 things you like about the program.

Total number of items mentioned: 271. Percentages shown below are percent of the total N=271 items mentioned.

English and communication skills 34%
    Examples: techical terms, spelling, writing, confidence in writing, listening, grammar, reading, skimming, relearning forgotten skills
The teaching 14%
Relevance to job functions 10%
    Examples: understand criteria for assessing patients, communicate better with patients and coworkers, analyze various job situations
Classroom activities 10%
    Working in groups, role play exercises, writing on computer
The tutoring 8%
The counseling, and information about education 8%
General positive comments 6%
    Examples: stimulates thinking, helpful, interesting, more confidence in self, enjoyable, class atmosphere
Communicating, participating in class 5%
Course content 4%
    Examples: the lessons, the materials, the handouts
The schedule 1%
No response 1%

Question 2: Is there anything you do not like about the program?

Total number of items mentioned: 110. Percentages shown below are percent of the total N=110 items mentioned.

Nothing 45%
Too little time for the course 19%
Conflict between work and the class schedule 8%
Too much or too little time on a topic 7%
Miscellaneous 8%
    (Scheduling of tutoring, need more teachers and more classes, classes too long, no promotion after class to better facility, object to being tested, object to role playing, title of program confusing regarding content)
No response 12%

Question 4: Is this class making any difference to the way you do your job?

Total number of items mentioned: 131. Percentages shown below are percent of the total N=131 items mentioned.

Writing 50%
        Examples: progress notes, in communications or log book
Communicating, expressing oneself 18%
        (In interacting with patients and staff)
Miscellaneous 13%
        Reading charts and progress notes, stopped abbreviating
        words, general job knowledge, general improvement, more
        interested in patient outcomes, more responsible in job
        duties, more consistent on the job, setting goals with
        patients, learning about clients, listening to
        patients, doing research on patients
No 7%
Understanding technical terms 5%
Work better with patients 4%
Yes 2%
No response 2%

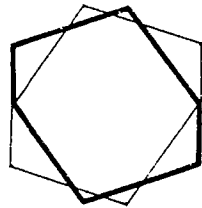Question 5: At this point, would you recommend this program to others?

Total number of respondents: 96

Yes: 89%
Probably: 1%
No: 1%
No response: 9%

The Graduate School and University Center
of The City University of New York

Center for Advanced Study in Education
Institute for Research and Development in Occupational Education
33 West 42 Street, New York, N.Y. 10036
212 642-2942 FAX 212 719-2488

MHTA COMMUNICATION SKILLS PROGRAM
FOR PSYCHIATRIC REHABILITATION

CERTIFICATE OF COMPLETION

This is to certify that _____

has completed the 1992-1993 MHTA Communication Skills

Program for Psychiatric Rehabilitation.

The MHTA Communication Skills Program for Psychiatric Rehabilitation is a cooperative, joint project of CASE, the City University of New York; NYS/CSEA Project REACH; and the New York State Office of Mental Health. The program provided 96 hours of instruction in basic communication skills to prepare therapy aides for work in the psychiatric rehabilitation area.

The program was provided in a workplace education partnership between CASE/CUNY and the Civil Service Employees Association (CSEA/LEAP), with funding from the U.S. Department of Education.

_____
Dolores Perin, Ph.D.
Project Director

_____
Ira Baumgarten, M.A.
Director, CSEA/LEAP

99

100

The Graduate School and University Center
of The City University of New York

Center for Advanced Study in Education
Institute for Research and Development in Occupational Education
33 West 42 Street, New York, N.Y. 10036
212 642-2942 FAX 212 719-2488

MHTA Communication Skills Program for Psychiatric Rehabilitation

Date _____

Dear _____

We would like to thank you for participating in the assessment of
communication skills. The purpose of the assessment is to give us and you
an idea of how much improvement has been made in communication skills.
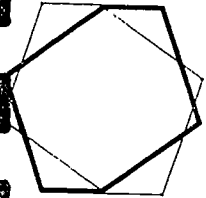
Below are your scores. They are totally confidential and are not being
given to your employer, supervisor, union representative, or anyone else in
the workplace. Only CUNY staff have seen these scores.

As you may remember, there were questions on the tests that were easy and
some that were harder. We recognize that some participants have been out
of school and have not taken tests for a long time.   We hope that the
information below is helpful to you as a lifelong learner.

The tests were as follows:

1. __MHTA Reading Assessment__ - custom-made for this program.   This is a
test of reading comprehension related to psychiatric rehabilitation. The
students read a treatment plan and answered questions about it. The
highest possible score is 20 points.

2. __MHTA Writing Assessment__ - custom-made for this program. The students
were asked to write a description of a patient. The essays were scored for
content, organization, vocabulary, language use, and mechanics. The
highest possible score is 20.

3. __Prose Test__ - a published test of how well people understand information
in newspapers, magazines and books. The test is being used across the
country to measure adults' reading abilities. Many find it difficult and
not everyone can answer all the questions in the time allowed. The highest
possible score is 400.

--OVER--

101

4. **MHTA Self-Efficacy Scale** - custom-made for this program. This scale asks the students for their opinions about their own communication skills. The term "efficacy" means the ability to do things well. Self-efficacy refers to a person's confidence in being able to do something well. The highest possible score is 105.

5. **Tennessee Self-Concept Scale** - a published scale that asks you to describe yourself as you see yourself.   When people have high self-concept, they feel good about themselves. Some of the questions were very personal.   The highest possible score is 450.

Your scores are as follows (blanks indicate that you did not take the test):

	Highest Possible Score	Your Score	
		Beginning	End
MHTA Reading Test	20	___	___
MHTA Writing Test	20	___	___
TALS Prose Test	400	___	___
MHTA Self-Efficacy Scale	105	___	___
Tennessee Self-Concept Scale	450	___	___

We appreciate the effort you made in coming to class. We know how difficult it was. Your involvement showed your commitment and dedication not only to your job but to your own personal growth.

We congratulate you on your success in the program, and wish you the very best in your future endeavors.

Sincerely yours,

Dolores Perin, Ph.D.

Dolores Perin, Ph.D.
Project Director

Lora Kahn, Ph.D.

Lora Kahn, Ph.D.
Educational Coordinator

The Graduate School and University Center
of The City University of New York

Center for Advanced Study in Education
Institute for Research and Development in Occupational Education
33 West 42 Street, New York, N.Y. 10036
212 642-2942 FAX 212 719-2488

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

Date _____

Dear _____

     We would like to offer our sincere thanks to you for serving as class delegate in the 1992-1993 MHTA Communication Skills Program for Psychiatric Rehabilitation. We greatly appreciate the extraordinary effort made by the delegates in helping us plan and run the program.

     The delegates were elected by the classes to provide anonymous feedback from the participants to the program administrators. The delegates ran brief meetings in class to obtain their fellow students' reactions and suggestions, and then forwarded these to the administrators. Further, the delegates attended a meeting at CUNY, on their own (unpaid) time, which indicated a very high level of commitment. In addition, delegates made a panel presentation, again on their own time, to a city-wide adult education conference.

     Your assistance in representing your class has been invaluable to us as we implement this demonstration program. We are deeply grateful for your generous contribution of effort and time.

               Sincerely yours,

Lora Kahn, Ph.D.
Educational Coordinator

Dolores Perin, Ph.D.
Project Director

cc   Personnel Department

103

The Graduate School and University Center
of The City University of New York

Center for Advanced Study in Education
Institute for Research and Development in Occupational Education
33 West 42 Street, New York, N.Y. 10036
212 642-2942 FAX 212 719-2488

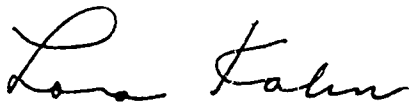## MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

Date ___December 16, 1993___

Dear _____

Congratulations on completing the 1992-1993 MHTA Communication Skills Program for Psychiatric Rehabilitation. We appreciate the effort you made in attending and participating in this program.

The program provided 96 hours of communication skills classes, including writing, reading, and oral communication, based on psychiatric rehabilitation tasks. In the classroom, participants worked in learning teams in order to practice and improve skills. In each class, tutoring was provided to individualize and deepen the instruction. Also, educational counselors assisted participants in clarifying and taking steps towards their educational goals.

The program was provided in a workplace education partnership between CASE/CUNY and the Civil Service Employees Association (CSEA/LEAP), with funding from the U.S. Department of Education. Participants attended classes in a release time arrangement with the New York State Office of Mental Health.

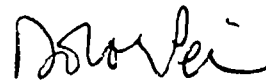You showed superb effort in coming to class, even though this was sometimes difficult. Your involvement indicated great commitment and dedication both to your job and to your own personal growth.

We congratulate you on your success in the program, and wish you the very best in your future endeavors.

Sincerely yours,

Lora Kahn, Ph.D.
Educational Coordinator

Dolores Perin, Ph.D.
Project Director

cc   Personnel Department

104

Newly trained, a therapy aide looks to the future

"I FEEL MORE SURE and more confident. I know exactly what to look for in a chart that's my responsibility," says Patricia Boynton, a mental hygiene therapy aide II at Creedmoor Psychiatric Center. "I can write my patient notes more effectively too."

She is among 150 therapy aides in five New York City locations who have completed the Mental Hygiene Communication Skills Program, with its emphasis on the language of psychiatric rehabilitation. A second cycle of classes will begin in late August.

As psychiatric rehabilitation becomes part of the bedrock of the state psychiatric system, people who have taken the course will already be familiar with terminology of the treatment.

Is the project worth the money spent on it from a $372,700 National Workplace Literacy Grant from the U. S. Department of Education?

"Yes, it's really worth it. The MHTA staff are more aware of what's going on and its importance, and can carry through more effectively," says Boynton.

"We should be in the treatment meetings. A lot of times we know more because the patients confide in us—

Boynton

we're with them a lot more," she adds.

From November to May, her class of about 20 people met twice a week for two hours. Similar classes were meeting in other adult psychiatric centers in New York City during that time span, thanks to a partnership of the Civil Service Employees Association, City University of New York Center for Advanced Study in Education, OMH and the Governor's Office of Employee Relations.

Evaluation is an ongoing procedure to fine-tune the material presented to aides on the language pertaining to psychiatric rehabilitation—where clients set goals for where they would like to live, learn, work and socialize.

As she looks ahead at her work five to 10 years from now, Boynton believes patients will have shorter hospital stays.

"This training will be useful because therapy aides will be taking people out to look at housing and helping them decide what kind of housing would be best for them. MHTAs will also help them figure out what they're going to do as far as education and work."

105

WORKPLACE LITERACY

FOR PSYCHIATRIC HEALTH CARE WORKERS:

EXTERNAL EVALUATION REPORT

Part I: Formative Evaluation Report
by Elizabeth B. Langan, Ph.D.

Part II: Summative Evaluation Report
by Alan L. Gross, Ph.D.

September 1994

Project Partners
- *Center for Advanced Study in Education, Graduate School
  and University Center, City University of New York*
- *Civil Service Employees Association, Inc.*

Helping Organizations
- *New York State Office of Mental Health*
- *New York State Governor's Office of Employee Relations*

Project Director: Dolores Perin, Ph.D.

Workplace Literacy for Psychiatric Health Care Workers: External Formative Evaluation Report

Elizabeth B. Langan, Ph.D.
Academic Skills Program
College of Staten Island

June 1994

Report Prepared under Grant Award #V198A20004
from the U.S. Department of Education
National Workplace Literacy Program

Project Partners

- Center for Advanced Study in Education, Graduate School and University Center of the City University of New York
- Civil Service Employees Association, Inc.

Helping Organizations

- New York State Office of Mental Health
- New York State Governor's Office of Employee Relations

Project Director: Dolores Perin, Ph.D.

TABLE OF CONTENTS

WORKPLACE LITERACY FOR PSYCHIATRIC HEALTH CARE WORKERS EXTERNAL FORMATIVE EVALUATION REPORT: CURRICULUM

INTRODUCTION

This report summarizes the external formative evaluation of the project "Workplace Literacy for Psychiatric Health Care Workers," conducted by a partnership between the Center for Advanced Study in Education of the City University of New York Graduate School, and a labor organization, the Civil Service Employees' Association, Inc. In this project, Mental Hygiene Therapy Aides (MHTAs) received workplace literacy instruction at their worksites, five state-operated psychiatric centers in New York City. The NYS Governor's Office of Employee Relations, and the NYS Office of Mental Health also played a major role.

The project participants received classroom instruction, supportive tutoring, and educational counseling. A job-specific literacy curriculum was used. There were two six-month instructional cycles.

The formative evaluation focused on four major areas: the project curriculum, provision of instruction, assessment instruments and staff development. This report addresses each area, and provides specific recommendations.

CURRICULUM

Curriculum Strengths

The project's workplace literacy curriculum demonstrated several significant strengths:

A. The 48 two-hour lesson units in this curriculum address every skill identified as an objective in the Curriculum Guide. This was accomplished through the use of a format that frames each unit in terms of its utility for the workplace ("job area"), identifying in each unit the basic communication skills that become, within the context of the curriculum, "job" skills. Each unit concludes with a section of "Suggested Activities" that provides instructors with a detailed description of the entire two hours of class. This description, organized into a numbered, step-by-

step set of instructions, provides a clear procedure by which each unit's basic skills can best be taught.

B.   The curriculum succeeds in teaching basic literacy skills as job-skills. That is, the basic skills students develop within the context of job-specific tasks are always located within the larger framework of psychiatric rehabilitation.

This is a model worker education curriculum. In every unit, the curriculum is successful in teaching basic skills as job-specific skills. The literature on worker education programs and curricula offers countless examples of the failure of educators to relate basic skills to the requirements of the workplace, and the tendency to teach skills so narrowly restricted to the workplace context that they are irrelevant to the worker's non-job-related life situations and goals. This curriculum avoids these two extremes; it achieves a practical balance between job skills and basic skills, between the workplace's demands for efficacy and productivity and the workers' desire for improved skills, between employers' desire for skilled workers and the university's commitment to teach students to function effectively, not merely in their work, but in the world.

This curriculum is successful in its presentation of basic skills instruction not merely within the theoretical framework of psychiatric rehabilitation, but as job-specific skills that will enable MHTAs to function more efficiently both as direct care providers (i.e. as individual workers performing a variety of discrete job tasks), and in their role as members of a psychiatric rehabilitation team (i.e. as team members who perceive and perform their work as an important aspect of an overall, institutional mission and methodology: psychiatric rehabilitation).

Factors critical to this success include:

1.   The use of a format that ensures that each unit presents basic communication skills as job skills. These job skills are, in turn, presented as strategies applicable to specific job areas, which are themselves presented in the context of psychiatric rehabilitation.

2.   The use of workplace materials, including charts, forms, case histories, treatment plans, progress notes, etc., as curriculum text (e.g., the chart used to teach job-related reading comprehension skills is a chart they will use at work) and as curriculum objectives (e.g. students develop the basic writing skills they will use to write progress notes by studying and writing progress notes in class, in groups and individually.)

-2-

110

3. The replication not only of job skills and workplace goals (e.g., writing progress notes) but also of the context (i.e., the worksite) in which these skills will be employed. This is accomplished through the use of pedagogical methods that prepare students to function effectively in the institutional structures essential to psychiatric rehabilitation (such as: the curriculum's emphasis on collaborative learning methods and frequent use of role-playing · exercises that simulate the situations in which workers/students will interview patients and their families, as well as the team meetings that are a central structure in the psychiatric rehabilitation treatment model).

C. This curriculum is appropriate for the workers/students for whom it has been designed. The "appropriateness" of the curriculum can be seen in the ways it addresses the educational needs of MHTAs, both as an homogeneous student population having common characteristics and needs and as a student population characterized by diversity of educational and cultural backgrounds, as well as learning styles and goals.

Considered as an homogenous group, MHTAs enter this program as adult, full-time workers who provide direct care to the residents in psychiatric facilities. In spite of the skills and commitment they bring to their work, and their uniquely-detailed knowledge of their patients, MHTAs' ability to adequately document and communicate their observations of, and work with, clients to professional staff is limited by their generally low level of literacy skills. MHTAs end up doubly frustrated by what many of them (including every student interviewed) know to be inadequate communication skills and by their perception of the professional staff as lacking respect for MHTAs' knowledge of their patients. To the extent that MHTAs are excluded from working collaboratively with professional staff, their unique expertise goes unheeded, to the loss of the facility and patients. Further, MHTAs' awareness of the inadequacy of their communication skills, an awareness reinforced by institutional structures (and individual staff members) that dismiss MHTAs' expertise and input, culminates in a loss of self-esteem among MHTAs which feeds into a cycle of wasted skills. Given this situation, MHTAs' developmental needs cannot be limited to improved communication skills, but must also include building their battered sense of self-esteem and self-confidence. There are a number of ways in which the curriculum works to interrupt this cycle.

111

1. By using workplace materials as both texts and tasks students develop skills that, though identified as "basic skills," are clearly and invariably presented as "job-skills." Thus, this curriculum both asserts and acknowledges its students to be adults and workers, and in doing so defines its mission and contents as mature rather than juvenile, as professional (work-related) rather than remedial.

2. In its consistent assertion and use of MHTAs' knowledge of their patients, this curriculum embodies and encourages a respect for MHTAs' work and worth in their role as direct-care providers.

3. By helping students develop communication skills that will enable them to successfully participate in the psychiatric rehabilitation mission of their facility, to create and implement psychiatric rehabilitation goals for individual patients in their role as psychiatric rehabilitation team members and Therapy Aides, this curriculum builds on the skills and knowledge MHTAs bring to this class and to their work. Simultaneously, its very existence underscores MHTAs' potential and importance as workers capable of contributing to and fostering psychiatric rehabilitation goals for their patients.

   While MHTAs can be viewed as an homogenous student body in the ways described above, they also bring diverse cultural and educational backgrounds, learning styles, and educational and career goals to the class. The variety of instructional methods employed throughout this curriculum meet the needs of students' individual learning styles. In addition, the curriculum's emphasis on collaborative learning methods gives instructors the opportunity to use students' diversity to enrich rather than divide the class. Finally, individualized instruction is facilitated through the Individual Education Plan (IEP) each student develops with the aid of the tutor. While the IEP needs to be better integrated into the class' work (a topic addressed later), it greatly increases the extent to which this class can be shaped to the individual educational needs and goals of students.

Recommendations for Curriculum Revision

A. Include the creation of a "Psychiatric Rehabilitation Handbook for MHTAs," complete with an index and a glossary, as a goal and activity for this class. Each student would create

his/her own textbook, comprised of class notes and handouts, class work, and a separate glossary for vocabulary.

1.   Note-taking skills need more attention, particularly in Unit 1

2.   Students should be encouraged to use index cards to create an individual dictionary/glossary, adding words throughout the course. From this, they would create their Handbook "Glossary" near the end of the class. They should also be provided with, or asked to purchase, an inexpensive paperback dictionary to use throughout this class.

3.   The writing portfolio could either be replaced by this handbook, or be used to showcase a few chapters of the handbook. It seems that the portfolio's objectives could be better · served by this handbook (both as individual student's "objective correlative" to the class, and as a means by which work instructors, tutors, and students could assess students' progress regularly, thus allowing them to set or revise students' immediate educational goals.

B.   Incorporate into the curriculum at least one published book, preferably a prose narrative relevant to MHTAs' work.

1.   Either assign this as extracurricular reading and have the tutor work with students on reading comprehension and/or writing exercises based on this reading, or

2.   Incorporate it into some of the reading comprehension activities already included in the curriculum (e.g. Unit 5: Using Context to Determine Vocabulary Definitions).

Discussion. One of the most striking characteristics of this curriculum is the dearth of printed text and the relatively slight role and amount of reading required of students. The curriculum itself, of course, comprises a "textbook" for this course, but it is an instructor's edition distributed, accordingly, only to the instructors. (Tutors should also be provided with a complete copy of the curriculum, a point developed in the section on tutors and the curriculum below.) The only printed "text" students necessarily encounter are the reference sheets (including charts, forms, case histories, etc.) and worksheets which are handed out and used with a number of the curriculum units. As has already been pointed out, these handouts are work texts that have been adopted or, in some cases, adapted for students' use in developing reading comprehension and writing skills. Like most work texts, they were designed to facilitate, systematize, and make uniform the

-5-

paperwork in which patients' treatment is planned and documented. As such, they are designed to compress as much information in as little space as is possible, and thus often use phrases rather than complete sentences. They require as little reading and writing as is feasible.

Although most of the instructors I have interviewed suggested that students purchase inexpensive paperback dictionaries, no reference books (e.g., dictionaries, writing handbooks, thesauruses) are assigned or required for this class; indeed, the curriculum does not even recommend such references to students in any but an episodic way. In short, students may well complete this course without once opening a book. (This assertion does an injustice to the two units that send students to a library; while not impossible, it is unlikely students will complete the research required in these units without opening a book.)

In the absence of a textbook, and accompanying index and glossary, students have to rely on their class notes, supplemented with the handouts described above, to review the material covered in the class. When asked how they thought this program could be improved, every single student interviewed brought up the need for a glossary of "technical vocabulary" included in this program. Clearly, this request embodies students' sense that printed text would increase their ability to master the content of this curriculum. One student I interviewed articulated this need at greater length, and persuasively: "We need more written explanation," she said. "If I were to go . back a month from now, I wouldn't know what units 1 through 10 were about. Even a fact sheet saying, for example, what units 1-10 are about would help . . . [We need] a review sheet-- something we can go back over."

I believe the students' desire for more printed information could be better met by the activity of creating their own handbook, and by the use of a regular dictionary (since a good deal of the vocabulary in the curriculum, though used in psychiatric rehabilitation, is not actually "technical vocabulary"). Students need and want to develop a more sophisticated, larger vocabulary. A dictionary would be key for this purpose.

Instructors and tutors, too, felt they could do a better job had they been provided with more printed material in the form of a psychiatric rehabilitation textbook. As one instructor explained, he could have used such a text to "look up some things on my own, and understand them in a wider context than just what's presented in the unit." Using a borrowed textbook, one

-6-

114

tutor typed up a list of psychiatric terms with definitions to xerox and distribute to students. "We need reference material for psychiatric terms relevant to their jobs," she explained. While providing instructors with a psychiatric rehabilitation text would not necessarily dramatically improve their ability to teach in this program, a brief, annotated bibliography of such texts should be provided to instructors, either in a "Instructor's Guide to the MHTA Communication Skills Curriculum," or simply as a handout distributed before the first class. Several instructors expressed frustration at not having access to psychiatric rehabilitation materials. This bibliography would give instructor more access to psychiatric rehabilitation concepts yet would avoid implying that they are supposed to teach psychiatric rehabilitation instead of basic skills.

While the above revisions would adequately address the absence of a text for this curriculum, they do not address the dearth of reading involved in this course. True, this curriculum teaches the job-specific reading comprehension skills included in the curriculum guide and addressed in a number of units. The reading comprehension skills critical to MHTAs' work are apparently limited, both in range and frequency of skills involved. Thus, the extensive attention to writing and oral communication skills in this curriculum, and the relatively slight focus on reading and reading comprehension skills, reflect the relative roses of these skills in MHTAs' work. While it is acknowledged that MHTAs will not be required to read prose narratives of any significant length in performing their work, the inclusion of more substantial reading in this curriculum would facilitate their development of a greater linguistic sophistication, and therefore could benefit their job performance.

There are two specific ways in which reading could be emphasized throughout this curriculum. The first is simply to teach students, from the first, to read their written work aloud so as to use their ear to edit their writing. This step should be included in most, if not all exercises, that culminate in a written product, and would be especially useful in the units that stress the use of complete sentences. The second is to incorporate a book (fiction or non-fiction perhaps even a play) which could be connected in interesting ways to the introduction and use of role-playing into the curriculum. A few suggestions: Is There No Place on Earth for me?, I Never Promised You a Rosegarden, Equus.

-7-

C.   Recommendations for collaborative learning strategies

1.   Include a section on collaborative learning strategies and role-playing in the "Instructor's Guide" to this curriculum, or a pre-class staff-development workshop. Include instruction on why and how such techniques should by introduced and used in the classroom as well as ways of maximizing their productivity.

2.   Review and revise directions for collaborative learning activities throughout the curriculum

3.   Omit the use of collaborative learning techniques except when they comprise the best pedagogical approach to a unit's objectives.

4.   Include a brief, written student evaluation as the final step in <u>every</u> learning activity.

<u>Discussion</u>. The usefulness of collaborative learning techniques in teaching basic skills, and in simulating the worksite context in which these skills will be used, support the predominance of collaborative learning strategies in this curriculum. Nonetheless, these strategies demand some care and a surprising amount of structure if they are to be used efficiently. Moreover, there are disadvantages to their use that should be considered when basing lessons on these techniques. Above all, they are time-consuming; given the ambitious amount of material this curriculum attempts to cover, it seems that the benefits of these strategies do not always merit the time they take. The value of this curriculum could be enhanced by omitting collaborative learning approaches in several units, especially those units that require students to come up with interview questions in groups.

In addition, the collaborative learning exercises need to be more carefully structured. It is assumed that the refusal to dictate a structure ("ask students to form groups of three or four"; "ask each group to choose a recorder"; etc.) reflected the curriculum developer's attempt to give instructors and students a hand in the creation of these activities. Nonetheless, instructors' comments on group work have supported the idea that these exercises need to be more carefully and consistently structured, especially while students are still learning to work in groups (e.g., "When they get in groups, they tend to want to talk about work, or wha. ʋ on their mind . . . not to accomplish very much," observed one instructor. Another noted that students finally began to work well in groups about half-way through the curriculum.) It is recommended that every collaborative learning activity should meet the following criteria:

-8-

1. The groups should stay constant through a series of exercises until each group member takes one turn as the group leader, after which students should regroup and again stay in their new group until each has served as team leader. This should be done whether students arrange themselves into groups or are assigned to groups by the instructor for the first exercise.

2. Every exercise should require that each student in the group contributes to the group's work. For example, if the group's goal is to come up with interview questions, each group member should be responsible for suggesting two questions.

3. Each step of the group activity should be clearly stated, e.g. written on the board or on a handout and given a time limit for its completion. Instructors should check with students to be sure the time allocated for each task is sufficient, and of course be flexible when it is not.

4. Each group activity should culminate in a written evaluation, which could consist of only three sentences, and which should be included in each student's notes or "handbook." A list of evaluative questions (e.g., describe the activity you just completed--list each step; what did you learn from this activity?; how could this activity/exercise be improved--or what did you find hardest in this activity? what did you find easiest? etc.) could be included in the "Instructor's Guide" or distributed to instructors, so that they could select the questions they felt most useful for a given activity.

    There are several benefits of an informal evaluation of all class activities. First, it would serve to reinforce students' grasp of the unit's objectives by requiring them to review their work. Second, it would offer students and teachers alike a means of identifying the learning methods that worked well, and those that did not, for individual students. In addition, it would provide instructors with a rich and consistent source of feedback about the class, which would include students' suggestions for improvement. Finally, this regular evaluative activity would create yet another avenue of ongoing and participatory program planning guided by evaluation, which is a project goal.

D.   Postpone the introduction of role-playing from Unit 3 to Unit 7.

Role-playing places considerable demands on instructors and students. Indeed, for these particular students, who are taking this class to prepare for an expansion of their job responsibilities that many of them feel will not actually come to pass, role-playing presents particularly difficult issues. It asks them to "pretend" to be in a situation that they actually believe is a pretense since they do not believe that psychiatric rehabilitation will come to pass.

While role-playing may be a useful as a methodology, in that it enables students to develop and practice a number of communication skills, it also requires students to act, to pretend to be someone they are not, be this a patient or a professional. For many students, this is not only difficult, it is also ridiculous. For this reason, I have several suggestions regarding role-playing:

1.   Rather than introducing it in Unit 3 and using it so frequently during the first part of the curriculum, introduce it a bit later in the curriculum, after students have had the necessary time to develop confidence in the class (i.e. that it is useful and worth their time), and in themselves (that they can both learn from and contribute to this class). In my interviews with instructors, tutors, and students, several interviewees speculated that the substantial use of role-playing at the beginning of the classes may have been one reason some students dropped out.

2.   Role-playing needs to be introduced to the students as a method of developing and practicing the skills they will need as members of a psychiatric rehabilitation team. Moreover, the fact that role-playing is acting needs to be acknowledged and discussed. Ask students what the benefits of "pretending" to be a patient or a professional staff member might be. Ask them whether or not they find it more difficult to role-play a patient than a MHTA.

3.   Because this unit contains the first role-playing exercise (an orientation interview between MHTA and patient), some time should be spent discussing the benefits of role-playing as a learning strategy. The suggestion that, "If necessary, discuss the nature of role-playing before beginning the activity," found in step #6 convinces me that the curriculum radically underestimates the challenges role-playing presents to students and instructors alike. Several steps could be taken to better prepare students for, and interest them in, an activity

-10-

118

that surely seemed frivolous ("play-acting" = play = unproductive, a waste of time) and intimidating to these students, at least at first.

The role of intimidation is perhaps the most important to consider when using role-playing in a basic skills class for adults, because such a class requires students to speak out. While the feelings and fears that result in students' initial silence (including, but not limited to, lack of self-confidence and self-esteem, wariness of strangers, shyness, fear of failure, fear of public humiliation and of being laughed at) can be found in any group of students, the students for whom this curriculum has been designed may be particularly susceptible to such feelings and fears. They may find role-playing, which requires them not only to speak out, but in fact, to "perform," profoundly intimidating.

Students' initial reluctance to speak out is both normal and, usually, short-lived. A few classes usually suffice to establish the relatively small amount of trust and familiarity with their peers and their instructor necessary to replace students' initial wariness with a willingness to contribute to the class by volunteering answers, even venturing questions.

Adult students, many of whom have been out of school for many years, the majority of whom did not excel in school, many of whom registered for this class because they felt their reading, writing, and/or speaking skills were poor, naturally are going to be reluctant to speak out in the early classes. Yet students are being asked in the third unit not merely to speak out but to perform before the class has had time to cohere as a group. Students have not yet worked together long enough to develop confidence in themselves as capable students, in their instructors and tutors as competent and caring professionals, and in the curriculum itself as a reasonable and useful course of study. Given these concerns, the benefits of locating this unit so early in the curriculum should be weighed carefully against the danger of losing students who find role-playing too intimidating, embarrassing, or frivolous.

Thus, the recommendation is to revise unit 3 so as to omit role-playing. The next unit that requires role-playing is Unit 7. By this time, the instructor, tutor and students will have had time to come together as a group united not only by their commitment to the class, but also by the bonds of knowledge and respect created when people work together with a common purpose, so

-11-

that their initial fears of speaking in class have been dispelled. Additionally, the instructor's and tutor's anxiety at facing a room of strangers will have also diminished.

The inclusion of collaborative learning activities that have students work together in small groups in all but one (Unit 4) of the first six units (it is assumed that the role-playing currently described in Unit 3 has been replaced with a collaborative learning activity) should work both to promote and hasten this transformation from a collection of strangers to a group of learners, and should enable students to develop both the confidence and the interpersonal skills that will make role-playing both less intimidating and more productive.

Given the potential benefits that will result from postponing the introduction of role-playing from Unit 3 to Unit 7, the question of whether or not a few more classes would even better prepare the students for role-playing arises. While the answer is probably yes, it is believed that students will be adequately prepared to embark on role-playing by the 7th class. As seven of the nine units following Unit 7 employ role-playing (Units 7, 8, 9, 12, 13, 14, and 15), further postponing its introduction would require major revisions (of the sequence of units as well as of individual units) for minimal rewards. In fact, the role-playing involved in these units (7 through 15) comprises a superb method of developing and practicing the interviewing skills addressed in these units.

Because of the considerable challenges role-playing poses, the directions for role-playing included in Unit 7, #4 ("Explain that the student playing the patient will be making up the answers, but should try to act like a real patient,") should be supplemented by those currently located in Unit 17, #3, which begins "Review with the class some important aspects of role-play activities." While this review should remain in Unit 15, the questions and activities that complete #3 should be included in Unit 7, #5.

E.   Tutor: Systematization of Developmental Writing in the Curriculum

Ideally, in addition to working individually with students to develop an I.E.P. for each student, the tutor could work with the instructor to develop a C.E.P. (a curriculum education plan). This plan would begin with the tutor's objectives for the class, based on those skills and/or topics that are either explicitly or implicitly included in the Curriculum Guide, stated in a general way rather than specifically in the curriculum on the assumption that the tutor will work with

-12-

students, individually or in small groups, to help them develop specific skills. In other words, working on the assumption that in any one class the level of students' writing skills will vary significantly, the curriculum does not allocate significant class time to basic writing skills such as subject-verb agreement; instead, the curriculum will tell instructors to "review sentence structure."

The I.E.P. will serve ideally as a `tutoring curriculum' so that each student essentially has an individual writing diagnosis and a treatment plan designed to the student's individual needs. It is acknowledged that the work on grammar and syntax suggested in Unit 2, #10 is intentionally general because the tutors are supposed to work with each student individually to develop an I.E.P. However, more specific, more structured, and more limited treatment of writing skills in the curriculum itself would in increase the efficacy of this curriculum. #10's focus on sentences provides an excellent and appropriate starting place for the development of writing skills.

F.   Regular homework and/or tests should be given.

Both homework and tests have a clearly established pedagogical value. Both can function as cognitive strategies capable of furthering students' development of communication skills and mastery of psychiatric rehabilitation concepts. They can also be invaluable aids in students' development of metacognitive awareness. Naturally, the inclusion of either or both homework and tests in such a program would require careful consideration and adaptation to the desires and dictates of the workers/students themselves given the fact that they are taking this class on a voluntary basis.

INSTRUCTION

A series of interviews and class observations (see Appendix for interview questions and observation form) was completed over the winter and spring of 1993. Interviewees included Project Director Dolores Perin; Educational Coordinator Lora Kahn; Curriculum Developer Kate Walter, three Instructors, three Tutors, six Students, and one Counselor.

Most of the interviews with instructors, tutors, and students took place during site visits, usually immediately before or after a class was observed. The instructor, the tutor, and two students from each of the classes observed were interviewed. Although most of these interviews were completed either just before or immediately after a class observation, follow-up phone calls to complete several interviews begun at the class site were made, and some interviews (two of the student interviews, in particular) were conducted by phone at a time the interviewees had suggested would be more convenient for them.

The instructors, tutors, and students interviewed during the early weeks of this program's inaugural semester represent a highly diverse group of people. The eight program participants I had interviewed at that point included men and women, ranging in age from 21 to 58 years old, of a variety of ethnic groups including European-American, African-American, and Jamaican. Educational background and aspirations were also diverse (one interviewee had never entered high school and was determined to earn a G.E.D., another had a Master's degree and was thinking of working toward a Ph.D.). The students also varied in the extent to which they felt their communication skills to be adequate or inadequate to the challenges of their work and personal lives. To a person, the students described their skills as inadequate, though not so much in terms of the levels of skills demanded by their current jobs as in terms of the proficiency they believed would improve the quality of their lives. Also, there were variations in the level of the commitment they brought to their work, and the career advancement or career change they envisioned.

From the time of the initial interviews in January 1993, the Project Director and the Educational Coordinator were easily available to answer questions, confer about responses to classroom observations, and discuss recommendations.

At the time of this writing, the second cycle of classes was about to begin at four sites, and had already begun at the fifth. As is documented below, the concerns that emerged during the evaluation of the first cycle were successfully addressed either before, or in the implementation of, the second part of this program.

As a demonstration model, the Workplace Literacy for Psychiatric Health Care Workers program is a strong worker education program that warrants replication both throughout New York State psychiatric facilities, and in any psychiatric facility interested in psychiatric rehabilitation. Therefore, knowledge of the challenges that emerged as this program was first implemented, and the ways in which program developers met these challenges, should be useful to those who will be using this model in the future. Further, the consistency and creativity with which program planners elicited constructive criticism, used this criticism as a basis for continual program revision, and in the process constantly refined and improved the program, offers an exemplary model for other education programs.

In the first six-month cycle of this program, a total of eleven classes met at five different worksites, one in each of New York's five boroughs. Each of these classes met for two hours a day, twice a week, over a six-month period, for a total of 96 hours of instruction. Each class was taught by an instructor-tutor team. The instructor's primary responsibility was for teaching the 48-unit <u>MHTA Communication Skills for Psychiatric Rehabilitation Curriculum</u>. The tutor's primary responsibility was to work with students, both individually and in small groups, on extra-curricular projects: specifically, on the personal skills goals each student articulated in a written Individual Educational Plan (IEP), and on producing a writing portfolio that students would use both in developing their abilities to assess their own work, and in showcasing their development of communication skills through this class. In addition, tutors took attendance and supported the instructor's goals in a variety of ways.

An educational counselor was also available to work with students in each class in seven visits spread throughout the six-month session.

Classes culminated in students' assessment and presentation of their writing portfolios. End-of-program assessment included nationally-normed, standardized tests as well as locally-developed, occupationally-specific measures, and a measure, completed by students and their

-16-

supervisors, designed to assess participants' educational gains as demonstrated in their job performance (see Assessment section below). In addition, a letter commending the MHTA for completing this class was placed in each student's personnel file, and students participated in a graduation ceremony.

Instructional Staff. Initially, there was discussion of whether to use existing hospital personnel ("insiders") such as education and training staff, or "outside" staff to teach the project classes. Based on the suggestions of project advisory committees, the Project Director decided to hire outsiders (with the exception of one insider, a part-time librarian/teacher at one of the facilities who lacked any knowledge of the wards) to staff most of the classes in this program. This decision resulted in an instructional staff who were experienced adult basic skills instructors but knew little about mental health care facilities or MHTAs' occupational responsibilities.

Yet the decision to hire outsiders resulted in a number of benefits to this program. The participants viewed the "outsiders" as experts interested in educating them rather than as representatives of their employer who must be watched for any tendency to exploit them. Each of the six students I interviewed expressed some version of this view; as one student succinctly declared, "These instructors care about us; and they know their stuff!" Moreover, because the decision to employ outsiders was made early in the program's planning process, both the curriculum and staff development were designed to meet the needs of a staff unfamiliar with their students' work. As the Educational Coordinator explained, and instructors affirmed, "Instructor's knowledge of the job grows out of the curriculum itself--and they learn from their students the frustrations of the job."

Certain unanticipated benefits of the decision to hire outsiders for the instructional staff became evident in retrospect. The staff's relatively meager knowledge of the workplace facilitated staff-student collaboration. This program was designed to bring about a collaboration between instructors, who brought to the class an expertise in communication skills, and students, who brought to the class an institutional and occupational expertise. Instructors and tutors in this program actively sought to learn from their students as well as to teach them. As the instructors interviewed made clear, their manifest respect for their students was as much professional as it was personal. Repeatedly, instructors described the MHTAs in their classes not merely as

-17-

124

students, but also as collaborators, and described how they elicited this occupational expertise so as to provide and shape the basic skills instruction.

The reputation and contacts brought to this program by the Project Director and the Educational Coordinator were instrumental to the high calibre of the instructional staff hired. Future program planners will want to replicate the networking with local labor and educational institutions that resulted in an instructional staff with recommendations from institutions such as Hunter College's Writing Center and the Consortium for Worker Education.

While the urgency and complexity of hiring instructional staff for the first cycle resulted in some teacher-tutor-counselor teams that were less effective than others, hiring practices for the second session of classes placed an increased emphasis on potential employees' interest in, and capacity for, team work, as well as on their possible "fit" into an instructional team.

On the basis of teaching suggestions in the curriculum units, the instructors and tutors engaged in a collaborative relationship with their students. This collaborative approach could be expanded in the second cycle if the Educational Coordinator invites several graduates of the first cycle to make guest appearances as peer teachers.

In September 1993, the Project Director, Dolores Perin, selected an Educational Coordinator, Lora Kahn, with a strong background in teaching developmental writing, in staff development, and in alternative, qualitative skills evaluation. Working under the supervision of the Project Director, the Educational Coordinator hired the instructional staff. Both the Project Director and the Educational Coordinator brought to this program strong backgrounds and numerous contacts in worker basic education circles, which they used to locate the strongest possible instructional staff. One of the most effective instructors in the first cycle was also the only instructor who did not have extensive experience in adult education. Strongly recommended to the Educational Coordinator by a colleague at the Consortium for Worker Education, and . impressive when interviewed, this instructor excelled in the project. When his students balked at role-playing, he drew on acting experience to ease their transition to this type of learning activity; he wrote a play based on a role-playing exercise in the curriculum. He showed his students how to imagine themselves as team members, to help them practice the skills they would need as they join psychiatric rehabilitation teams.

Instructional staff were diverse, comprised of men and women, a variety of races and ethnicities, college students (who served as tutors), and a recently-retired Ph.D., an actor/director, a former lawyer, and a minister-in-training. Further, almost all staff brought professional expertise and extraordinary commitment to the project. The exceptional quality of the instructional staff can be gauged from the following comments.

1. Several staff members who worked as tutors in the first cycle are working as instructors in the second cycle.

2. The classes observed revealed a remarkable diversity of style and pedagogical methods, yet each of the instructors observed accomplished the objectives established in the curriculum unit being taught that day.

3. In each of the three classrooms observed, every student volunteered information and comments at least once during the class, and in general displayed an considerable interest and engagement in the class.

4. The bond of respect and commitment to a common cause between students, tutors, instructors, and counselors in each of these classes was marked. This was observed despite differences in relationships between students and instructional staff members from class to class. One class, for example, the relationship of (predominantly African-American, female) students with the (Caucasian, male) instructor was one of manifest warmth and affection, while students' relationship with the (African-American, female) tutor was equally collaborative but notably more formal. The mutual respect and common commitment observed in these classes was confirmed · in my interviews of students, instructors, and tutors.

While many of the first cycle staff returned for the second cycle, there was some turnover (e.g., several staff members moved on to full-time employment). Every staff member who was unable to participate in the second cycle expressed regret over this fact. In hiring staff members for the second session, Educational Coordinator Lora Kahn emphasized the collaborative nature of the instruction (i.e. between instructors and tutors), and sought not merely to "fill slots," out to create successful teacher-tutor teams whose skills and personalities would be complimentary. Future program planners should replicate this concern with creating instructional teams and emulate the Educational Coordinator's approach to hiring, in which she not only merely

-19-

interviewed for, but in the course of the interview, modelled team work strategies, thus beginning staff development in the employee's initial encounter with the program.

Scheduling. Because MHTAs attended class at the workplace during their work day, the classes were perceived as part of their work. Holding classes at the workplace during work hours lent these classes credibility as a professional activity that represented the agency's commitment to MHTAs. The fact that participants attended class during working hours was important to the students. Every student I interviewed mentioned this as a plus of the program; future replications of this program should ensure the continuance of this aspect of the program.

"Scheduling could sabotage this program," the Project Director noted in the course of an interview. That it did not sabotage this program is evidence of the effective involvement of program partners via each facility's Advisory Committee. Classes were scheduled to fit with one or more of the three MHTA shifts. Times were choosen by facility administrators. Classes ran on consecutive days, e.g. Tuesdays and Wednesdays to fit in with work schedules. In future implementations of this program, classes should be scheduled at the beginning rather than at the end of participants' work shift whenever possible, both so participants will arrive at class fresh, and so that they will not have to extricate themselves from the thicket of a not-yet-completed day's work to attend class. In addition, future program planners should try to schedule classes on staggered, not consecutive, days (e.g. Tuesday and Thursday, not Tuesday and Wednesday) to allow participants a day to absorb material covered in the first class of the week.

Some attendance problems were caused by the conflict of "pass days" (which constituted weekends in these facilities, which operated on a seven-day schedule) with class days, and the conflict between the times set for MHTAs to pick up their paychecks and class times. The potential for such conflicts should be explored so as to avert it as much as possible in future programs.

The program was vulnerable to certain exigencies of the workplace. Many students encountered difficulty in release from the wards to attend classes due to short-staffing, attending accreditation inspections, and the pressures exerted by fellow workers to not leave them given their already stretched responsibilities. A change in "pass-days" the week before the first cycle of classes began made it necessary for some students to attend classes on their days off. Though

-20-

these students were supposed to be reimbursed via overtime funds for this time, this was not always done. The coincidence of class time and check distribution time in some cases caused further attendance problems, as workers could only pick up their checks during very limited time periods.

Nonetheless, the benefits of scheduling classes at the workplace during work hours were considerable. Because this program used a functional approach to literacy, that is, offered skills instruction in the context of job-specific tasks, the linkage of work-day and class-work was both appropriate and beneficial. Furthermore, given the serious and myriad demands these workers face in their daily lives (family responsibilities, church and community activities, etc.), and the fact that many of them spend a fair amount of every day in commuting via public transportation to and from their full-time jobs, it is unlikely they would have been able and/or willing to take time from their already overextended days to attend class outside work time. Furthermore, holding classes at the workplace during work hours lent these classes credibility as a professional activity that represented the agency's commitment to MHTAs and their work, conveying that MHTAs warranted the same investment in training as professional staff, who frequently attend professional development activities during work hours.

Learning Environment. The physical facilities made available for these classes ranged from a dingy and dimly-lit classroom in a condemned building at one facility, to a modern, spacious, well-lit, efficiently furnished (plenty of chalkboard space, tables for group work, and desks for individual work) classroom conveniently-located near the library and computer lab at another facility. While the efficacy of these classes does not appear to be predicated upon niceties of the physical spaces in which they were conducted (three of the six students who earned Kennedy Fellowships to support college study at the end of this program attended class in the condemned building), student morale cannot help but be affected by the surroundings in which they prepare and practice their occupational future.

At one facility, the instructor was able to add work in the computer lab to the curriculum. Overseen by the tutor, this component of the class met with enormous enthusiasm among the students. Whenever possible, it should be incorporated into future implementations of this

program. In particular, students seemed to be far more easily motivated to develop their writing skills when they could do so at a computer.

While classes at each facility suffered the occasional and perhaps unavoidable disruptions of occasionally being relocated for a day, overall, the classrooms provided were at least adequate and, in a few cases, luxurious.

The problems that emerged in terms of inadequate facilities or disruptions of class time and space occasioned by the priorities and pressures of the workplace were immediately brought to the attention of the advisory committee established at each facility. The advisory committee was frequently able to address these problems so as to facilitate the program's success. Recommendations are as follows:

1. During the first six-month session, each class met for two two-hour sessions, in almost every case on either Tuesdays and Wednesdays or on Wednesdays and Thursdays (with a mid-term break as mid-semester respite), for a total of 96 hours of instruction.

   Try to schedule classes on staggered, not consecutive, days (i.e. Tuesday and Thursday, not Tuesday and Wednesday or Wednesday and Thursday) so as to allow participants a day to absorb material covered in the first class of the week.

2. A total of 11 classes were scheduled; classes were offered at five different work-sites, one in each of the five boroughs of New York. Class times were scheduled by facilities to fit MHTA shifts; they ranged from an early (6-8 a.m.) class attended by workers as they ended their graveyard shift, to a 6-8 p.m. class attended by workers at the beginning of their night shift.

   In the future, program directors should push for classes to be scheduled at the start, not at the end, of shifts so that they arrive fresh to the class. This may also prevent some of the problems workers encounter when they have to leave their wards "in the middle" of their shift.

3. The fact that participants attended class during working hours or, for those who came in on their "pass" days, the fact that they theoretically were to receive overtime pay for attending this class was important to every student I interviewed. Future replications of this program should ensure the continuance of this aspect of the program.

-22-

Teaching Strategies. The 48 units of the functional context curriculum developed for this program, supplemented by work on individual participants' skills goals articulated via the · Individual Educational Plans (filled out by each student early in the program and revised half-way through the six-month session of classes), and culminating in a Writing Portfolio in which students showcase their work and assess their development during the program, make this program exemplary. The program provides curriculum and instruction that meets the dual, and potentially conflicting, skills requirements of MHTAs' expanding work roles and their personal skills goals (which range from being able to help grandchildren with their homework to returning to college to work toward a degree). Participants' feedback to program planners, via the student delegate system, confirmed the program's success in providing occupationally-based skills instructions that affected not only MHTAs' job performance, but also their personal lives. In the words of one woman who has been a MHTA for 14 years, "This class has helped me in my job, but it's made me grow in my life, too."

Crucial to ensuring this program's ability to shape instruction to the dictates of students' individual learning styles, the tutoring component of this program also enriches the program's offering to the MHTAs themselves. In a program that does not emphasize, and indeed, does not necessarily require either tests or homework of students, the tutoring component also allows students who desire a more ambitious and/or rigorous class to create these conditions for themselves with the tutor's aid. "Tutoring and counseling are payback to MHTAs for learning the curriculum," the Project Director noted. "The students structure the tutoring themselves," she added.

The immediate and innovative ways in which this program's director and educational coordinator responded to, and resolved, the problems that emerged as the tutor/instructor team confronted the practical and physical constraints of space and time during the first six-month cycle illustrate the importance of eliciting and responding to the concerns of program participants · (e.g., conflicting desires to work with the tutor without missing out on classwork were identified as a problem by almost every class delegate in their first report to program planners). In order · to help clarify and coordinate the several and different responsibilities of the instructor and tutor, more attention to the development of a linear and sequential approach to writing mechanics has

-23-

been included via curriculum revisions, staff development efforts, and the provision of supplemental materials, such as developmental writing texts, to instructional staff for the second session of classes. This illustrates the benefits to be gained from this program's several-tiered, ongoing, evaluative structure.

The team-teaching approach adopted by this program, especially with the revisions and improvements brought to bear on this approach in the second cycle, ensures this program's ability to provide participants with adequately individualized instruction while meeting occupationally-uniform skills objectives.

The range of instructional strategies--from direct instruction to collaborative activities, with an emphasis on role-playing--ensure the accommodation of students' different learning styles. Collaborative learning strategies predominated in the "Suggested Activities" detailed in each curriculum unit. Also, the Educational Coordinator focused on collaborative learning in staff development, in order to use students' diversity (educational background, skills, ethnicity, interests, experience, and temperament) as a resource for the class.

The team-teaching approach in which the instructor's primary responsibility is covering the curriculum's content, while the tutor's is helping students articulate and work toward their individual educational goals for this class, meant that individualized instruction could be provided while meeting occupationally uniform skills objectives. One instructor described this aspect of the curriculum especially clearly: "Some parts of [the curriculum] are really ingenious," he noted. "It's written from the point of view of treating a patient, or doing something for a patient, helping a patient achieve a goal, but it's also applicable to their own lives and their own goals. Sometimes, I really work to underline this for [the students]." Thus, it appears that the contextual learning as skills instruction can improve MHTAs' job performance and also transfer to MHTAs' personal lives.

An innovative approach to worker education classes, the staffing of each class with an instructor-tutor team proved, in itself, insufficient to achieve the ends for which it was designed. The potential for problems in such instructional teams first emerged in comments made by a number of interviewees. While the general tone of interviews with the instructional staff and students was extremely complimentary to the program, certain issues and concerns emerged in

interview after interview. Moreover, in reviewing the classes observed, I realized that the central dissatisfaction that emerged in a variety of ways throughout these interviews and class observations had a common source. The tutor and the instructor, originally envisioned as an instructional team, each of whom had specific and discrete responsibilities, needed more structure and clarity about how they could/should work together, and how each could fulfill their responsibilities without encroaching on the other's ability to accomplish the work with students for which they were responsible. Because these problems threatened the efficacy of the IEPs, the major way of offering individualized instruction to participants and addressing participants' personal skills goals, it merited serious consideration and prompt action.

Perhaps the clearest articulation of this problem took the form of students' and instructional staff's insistence that there was "not enough time." The unanimity and, in some cases, the manifest frustration with which this comment was voiced led me to question whether or not this project's instructional objectives were not merely ambitious, but actually so unrealistic as to be self-defeating. This, however, did not prove to be the case. In follow-up phone calls with instructors, tutors, and students, I tracked down the problem. It was significant, but remediable, and centered on the ambiguities and problems attached to the tutor's role and responsibilities. The problem can be stated quite simply: the tutoring component was designed to enable this program to provide two kinds of individualized instruction: the tutor was to work with participants in need of extra help with any aspect of their classwork, and the tutor was to play a leading role in helping students articulate their individual educational goals and developmental skills needs on the I.E.P. and was to guide each student's work toward individual goals and developmental needs. In reality, however, because the tutor is available for precisely the same hours the instructor is available, the second of these responsibilities was proving impossible for the tutor to fulfill. As one tutor explained, "In the beginning, I had individual plans for each student in each class--but this didn't prove to be feasible given the fact that students had to miss class to attend tutoring." Or, as one student put it, "if you want to work with the tutor, you have to miss some of the class, but if you stay in the class, you don't get to work with the tutor."

A third responsibility allocated to the tutor as the program took shape during the first cycle was the supervision of and assessment of students' writing portfolios. Suffice it to say that tutors'

-25-

ability to support, supervise, and, ultimately, assess students' development of their portfolios necessitated some structural and systematic allocation of in-class time to this project; consequently, the portfolio, like the IEP, could be successful only if students and tutor had time to work on these projects.

The best solution, and the one suggested by most students, would be to have tutors available to work with students either in the hour before or in the hour after class. Given the current short-staffing of wards, and the consequent problems participants have faced in being released to attend this class for the 96 hours allocated for it, the possibility of increasing the number of hours for which MHTAs would be released to attend classes was non-existent. Consequently, other approaches were suggested.

I recommended that the roles of tutor and instructor be clarified in one of two ways:

a.   Either include as a formal part of each class some division of time between the instructor and the tutor (ideally, the tutor would support the teacher's work for three-quarters of the class, while the instructor would support the tutor's work for either the first or the last half-hour of the · class), or

b.   Have the tutor and instructor share the work involved in the IEPs, which would be accomplished best perhaps by simply giving the tutor responsibility for half of the students' IEPs with the instructor taking responsibility for the other half. This would ensure the inclusion of individualized instruction as part of each class.

Either of these approaches should resolve the major weakness of this project, and neither should seriously diminish the instructor's ability to complete the curriculum. Future program planners might want to consider both.

My concerns about this aspect of the program, which I discussed with the Project Director and with the Educational Coordinator, were taken very seriously. A number cf steps were taken to resolve these problems, and thus to improve this program during the second-session of classes. These steps included:

a.   several staff-development efforts shaped to enable instructors and tutors to work together as a team to accomplish the programs' goals and to support one another in their particular areas of responsibility (see "Staff Development"), and

-26-

133

b.   each instructor/tutor team developed its own plan for ensuring the inclusion of work on the IEPs, the portfolio, and student's individual developmental needs as the class as a whole moved toward mastery of the job-specific basic skills targeted by the curriculum.

In short, the problems that emerged as the tutor/instructor team confronted the practical and physical constraints of space and time during the first cycle, themselves generated a quick, comprehensive, and innovative response by program staff. The importance of eliciting and responding to the concerns of program participants, which culminated in the successful use of tutor/instructor teams to ensure program participants' access to individualized instruction, cannot be overestimated.

In concluding this review of this program's provision of instruction, I want to underscore the success with which this program has provided first-cycle participants with superb and successful instruction that promises to be even better in the second session. Clearly, this component of the MHTA Communications Skills Program for Psychiatric Rehabilitation warrants replication. In particular, instruction in this program:

1.   is based on a model of functional context curriculum that guides participants' development of job-specific communication skills.

2.   incorporates students' personal needs and goals concerning communication skills into their classwork via the tutoring and the counseling components

3.   employs a wide range of instructional methodologies so as to ensure that every student's instructional needs (based on the unique learning habits and diverse educational backgrounds MHTAs bring to this program) are met, and

4.   consistently emphasizes participatory learning and structures so as to simulate the workplace in which students will use the communications skills covered in this curriculum as they make the transition to their expanded role and new responsibilities as members of a psychiatric rehabilitation team.

The instructional component of the Workplace Literacy for Psychiatric Health Care Workers program, both in its overall structure and in the details of its implementation, has been extremely successful in its initial implementation, and promises to be even more effective in the second session of this program. Its success in this demonstration project should ensure this model

receives a warm welcome by educators, mental health care workers, and mental health care facilities. More importantly, the success of this demonstration program should lead to its use nationwide, both as a model suitable for other mental health care workers, and as an innovative pilot program many components of which can (and should) be adapted in all workforce literacy programs.

ASSESSMENT INSTRUMENTS

Assessment is an important aspect of this project. Of the nine objectives identified in the funding proposal, three dealt with the development and/or selection, administration, and function of assessment measures. The first of these three objectives called for the development of "a workplace literacy diagnostic measure" that would be used both to "inform instruction," and "as the basis for Individualized Educational Plans." The second and third objectives detailed the role of assessment instruments in project evaluation: "workplace literacy assessment measures" developed for this program were to be supplemented by standardized literacy tests, both of which would be administered so as to yield quantitative data for use in examining and documenting the effects of this program.

In this section, the assessment measures developed and used in the workplace task analysis are discussed. Then, the standardized and locally-developed tests selected to provide quantitative data for program evaluation are reviewed.

Diagnostic Measures for Workplace Literacy Task Analysis

In collaboration with Project Director Dolores Perin, Curriculum Developer Kate Walter designed a diagnostic session of four components, which was part of a preliminary workplace literacy task analysis over the Summer of 1992. The first component of the diagnostic session consisted of an interview to ascertain the potential program participants' educational background. The other components consisted of assessment instruments, each of which contextualized the use of a basic skill (reading, oral communication, and writing, in order of administration) in the performance of a job-related task.

The Preliminary Interview utilized a one-page questionnaire which includes questions about the MHTA's linguistic, educational, and occupational history (native language, language spoken at home, level of education or training, length of employment as MHTA), continues with questions about the MHTA's current life and the role of literacy in it (age, free time activities, skills, amount of reading and writing in "everyday life"), and concludes with a question designed to elicit the interviewee's interests in developing his or her communication skills ("What

suggestions do you have for what could be taught in Speaking Skills? in Reading Skills? in Writing Skills?).

After the Preliminary Interview, the reading, oral communication, and writing skills measures were administered. The reading measure consists of a written paragraph reproduced from the workplace text for psychiatric rehabilitation (Setting an Overall Rehabilitation Goal. Reference Handbook. Book VI: Describing Alternative Environments). Ms. Walter recorded the interviewee's answers to questions related to the main idea of the paragraph, an inference, and a detail.

The Oral Communication Skills measure asks MHTAs to "think of one particular patient who is difficult to work with" and then to describe this patient to the interviewer. The MHTA's response is scored on a scale from 1 to 5 (1 the lowest, 5 the highest score) in four areas: fluency, structure, vocabulary usage, and clarity of ideas.

Finally, in the Writing Assessment, MHTAs are given a copy of the question they just answered orally and are given ten minutes to write an answer. The resulting written sample is then informally assessed according to the scale used with the CUNY Writing Assessment Test (for more on this scale, see description of the MHTA Writing Assessment Test in Section 2 below). Each of the preliminary interviews, then, yielded four documents: an interview form on which MHTA's responses were recorded, a record of the MHTA's responses to the three reading comprehension questions, an oral communications skills score, and a writing sample.

Individual, on-site sessions lasting half an hour were conducted with each of ten MHTAs (five MHTAs employed at Manhattan Psychiatric Center; five employed at Creedmoor Psychiatric Center). Although Ms. Walter described these ten as "selected at random," she enlisted the help of professional staff to ensure that this "random" sample of MHTAs was, as a group, representative of the range of a basic skills levels found in a cross-section of MHTAs.

Ms. Walter introduced each session with a description of her work that acknowledged the importance of the MHTA interviewee's contribution to this program's development ("I'm seeing some MHTAs to find out about their educational background so that we can know how we should teach the classes"). The introduction also demonstrated a respect for MHTAs' occupational expertise a pronounced interest in their occupational well-being. Confidentiality was assured ("I

really appreciate your talking to me. Everything you tell me will be confidential--I don't even need to know (write down) your name.")

<u>Highlights</u>

1.   These skills assessment instruments are contextualized skills measures. Consequently, two of the three measures (the oral communication and the writing assessment instruments) comprise job performance measures which can be analyzed for basic skills proficiencies and deficits. Thus contextualized, these skills assessment measures negate the issue of skills transfer because basic skills proficiency translates into job-skills proficiency in this program.

2.   Similarly, because these assessment measures elicit samples of worker's occupational proficiencies, they avoid focussing solely on worker deficits. As Ms. Walter noted in an interview, MHTA's oral and written responses to the "difficult patient" question, both individually and considered together, provided not only a sense of the MHTAs' abilities and developmental needs as speakers and writers, but also a gauge of their occupational expertise. A significant discrepancy emerged between their detailed, comprehensive knowledge of their clients and their ability to make this knowledge productive. Their responses, she declared, "made it clear that MHTAs do have a lot of knowledge about their patients, more than anyone else," but are hampered by limited communication skills.

3.   Although the reading assessment instrument examines MHTAs' comprehension of a work text, the text is related to MHTAs' future role in psychiatric rehabilitation rather than to their current job. Given its brevity, this instrument cannot, nor was it designed to, provide a detailed assessment of MHTAs' reading skills. In fact, this instrument may provide more information about the MHTA's oral communication skills than about reading comprehension skills. This measure's ability to provide even a rough gauge of MHTAs' reading skill is extremely limited and its contribution to the overall assessment is similarly limited.

-31-

138

Recommendations

1.   Asking the MHTA to read the paragraph aloud might increase the efficacy of this reading assessment instrument. This would allow the interviewer to assess the MHTA's grasp of mechanical cues to meaning (e.g. syntactical units, vocabulary, and reading fluency) and arrive at a richer assessment of the MHTA's reading skills.

2.   The use of a different text that corresponds to the communication and writing skills measures (e.g., a progress report about a difficult patient) for the reading assessment might extend the coherence and cross-benefits that already characterize the oral communication and writing skills assessment instruments.

3.   The end result of this assessment session is far greater than the sum of its parts. The myriad ways in which these four components are linked to each other serve to render this assessment coherent to the MHTA, as well as to maximize the information elicited by the interviewer. For example:

a.   By requiring MHTAs to describe, first orally and then in writing, a difficult patient, these assessment measures elicit a rounded profile of the worker. Rather than merely providing a measure of the MHTA's basic skills deficits, these instruments offer a gauge of MHTA's occupational expertise (a detailed knowledge of the patient) as well as a measure of the MHTA's ability to express this knowledge via two different skills.

b.   The sequence in which these instruments are administered prepares the interviewer to assess the interviewee's oral skills by locating the oral communications skills assessment as the third component of this dialogue-rich assessment session.

c.   The use of the same question in the oral communications and in the writing assessment works to maximize the effectiveness and multiply the benefits of both assessment instruments. The oral communications assessment instrument serves not only as a measure of this skill, but also as preparation for the writing assessment. This, in part, compensates for the otherwise severe time limit (ten minutes) MHTAs are given to complete the writing assessment.

d.   By asking MHTAs to respond orally, then in writing, to the same question, these instruments take on a pedagogical function in addition to their primary function of

diagnosis. Confronted with tasks that are fundamentally the same but require the use of two different skills, the interviewee may well gain insight into the different challenges involved in oral and written expression.

4.   The Preliminary Interview is key to the rich, qualitative data this assessment session provided. While the rich and critical information Ms. Walter obtained in these interviews was at least in some part a mark of her skills as an interviewer, the crucial contribution of · this interview to the overall results of this assessment are ensured by the design of the interview itself and by its role in the assessment session as a whole:

a.   As the first component of this assessment session, the interview establishes the MHTA's position and importance as a collaborator capable of making a significant contribution to this project's development.

b.   By eliciting the interviewee's suggestions for "what could be taught" in a communication skills course, this instrument allows the interviewer to obtain critical information about MHTAs' perceptions of their strengths and needs regarding communication skills. Personal goals involving skills development, important to MHTAs motivation to participate in a program designed to facilitate basic skills development in the performance of job tasks, are also elicited.

Conclusion

While the diagnostic session was effective as a part of a workplace literacy task analysis, it is undeniably labor-intensive and time-consuming; the number of workers that even the most amply-funded of programs could sample via this diagnostic session will undoubtedly by small. In view of these restrictions, program planners may be reluctant to consider adopting this diagnostic assessment model.

However, the impressive efficacy of this assessment session cannot be overemphasized. The benefits gained by employing this model assessment session amply warrant the time required for its administration. The information obtained via this diagnostic assessment session influenced the development of the curriculum, and the program as a whole. Even the strikingly small number of MHTAs sampled does not undermine the value of the information obtained via this assessment session.

-33-

140

Assessment Instruments for Evaluation

Only thorough and precise assessment of program outcomes will establish whether or not, · or to what extent, the program accomplished its goals of establishing a feasible model. In response to the magnitude of resources invested in this program, and the urgency of the needs it seeks to meet, thorough and convincing evidence of this program's effectiveness are essential. This is all the more true as this project is being considered for institutionalization in psychiatric health facilities. Producing such evidence, however, is no easy matter.

Faced with the limitations inherent in standardized skills assessment instruments, project planners supplemented standardized tests with locally-developed measures. Three published, standardized, and nationally normed assessment instruments were selected for pre- and postprogram administration: the ETSc Test of Adult Literacy Skills (TALS) prose and document subtests and the Tennessee Self-Concept Sale (TSCS). These measures yielded quantitative data on participants' skills development and educational gains as a result of this program.

A test specialist, Laura Bell, was hired to develop measures modelled directly as work skills. Working closely with Project Director Dolores Perin, Ms. Bell developed 3 MHTA assessment instruments geared to job-specific tasks and texts. The result was a MHTA Reading Assessment Instrument, a MHTA Writing Assessment Instrument, and a MHTA Oral Communication Skills Assessment Instrument. These job-based skills assessment instruments were supplemented by a MHTA Self-Efficacy Test developed by Dr. Perin in collaboration with Ms. Bell, and with the assistance of Professor Barrʸ Zimmerman of the CUNY Educational Psychology Doctoral Program.

These instruments, except for the MHTA Oral Communications Assessment Test which was not administered (see Highlights and Recommendations, below), were administered to students over two class sessions at the beginning and end of the program. Both in the pre- and in the post-program administration of these assessment instruments, students were assured that the test results would be held confidential.

The difficulties of developing and administering a job-performance assessment instrument · in the workplace are many. The Project Director's determined efforts to produce a comprehensive and convincing assessment of this program's outcomes in terms of worker productivity and quality

-34-

141

resulted in two additional measures designed to assess on-the-job-effects of the workplace literacy training. The Improvement Self-Report, a participant self-report measure filled out by MHTAs in the last class meeting, and the Improvement Report: Line Supervisor, distributed to, and filled out by the line supervisors of all participants who completed the first session provided job-performance data.

These Improvement Reports asked participants and their supervisors to indicate the extent of changes they felt had taken place in the participant's performance of basic-skills on the job over "the last six months," that is, since the MHTA entered this program. Five occupationally-contextualized basic skills were emphasized: "Reading on the job," "Writing on the job," "Speaking and listening to patients and co-workers on the job," "Use of technical vocabulary on the job," and "Team work on the job." The precision and quality of this measure lies in its two-fold inquiry about each of these skills; the reporter is asked to provide a numerical measure of the participant's improvement in performance due to his/her increased skills proficiency over the past six months, and to describe the occupational context and/or work-specific task that had improved as a result of the MHTA's participation in this program. Thus, the reporter is asked to document the effect of this program on the participant's job performance in the following two ways:

1. by scoring (on a scale of 1 to 4: 1=no change, 2=a little better, 3=much better, 4=very much better) the extent (or absence) of change in the participant's use of a specific skill in performing a job-task, and

2. by describing the specific aspect of the participant's job performance that has improved as a result of this program.

The design of an overall assessment plan, the development of program-specific measures geared to the occupational imperatives and instructional objectives addressed in this program, and the implementation of this program's assessment plan having been addressed, the outcomes evidenced via these assessment instruments will emerge in the summary evaluation.

Highlights and Recommendations

Program planners and staff made diligent efforts, and brought expertise, creativity, and thoroughness to bear on the many obstacles to, and difficulties in, assessing the efficacy of

workplace literacy programs. This assessment component demonstrates the "model" quality for which its planners aimed.

1. Alternative Assessment Measures: In addition to the assessment instruments already discussed, two major kinds of assessment were to accompany students' progress through the MHTA Communication Skills for Psychiatric Rehabilitation Curriculum: the Individualized Education Plan and portfolio assessment. These measures are considered in the sections on "Provision of Instructional Services" and "Curriculum".

2. Variety of Assessment Instruments and Methodologies. The variety of assessment techniques including standardized and locally-developed assessment instruments for contextualized skills assessment, job-performance measures, and alternative assessment techniques implemented in this program reveal it as a quality program.

3. Potential usefulness of participants' scores on standardized tests administered pre-program. Because students' scores on these tests can be interpreted in the context of national norms, the information about students' skills levels obtained might be useful to instructors and program planners.

4. The wide-spread use of the TALS and of the TSCS make comparisons between the outcomes of this program and those of other workplace literacy program possible.

5. The MHTA Self-Efficacy Scale is notable in its successful contextualization of issues in which skills and self-esteem exist in a dynamic relationship, a relationship that takes shape in, and affects, job performance.

Recommendations

1. Explore the possibilities for useful information that could be obtained from pre- and post-scores on the published, standardized instruments as well as on the locally-developed, occupationally-contextualized assessment instruments. It might be possible to compare or match participants' pre-program scores on standardized tests to their scores on the locally-developed assessment instruments.

2. Explore these scores as possible sources of information about the extent of interchange between basic skills proficiencies.

3. The MHTA Improvement Self-Report and Improvement Report: Line Supervisor might be made more objective, less subject to biased scores. The title could be changed to neutral MHTA Report Form. In addition, if supervisors are unaware of which MHTAs are participating in the program, they should be asked to evaluate both participants and a non-participant control group.

4. MHTA Writing Assessment Test (WAT) 10 Minute Time Limit. Formatted and scored similarly to the CUNY Writing Assessment Test, the MHTA WAT's main difference from the CUNY WAT consists of time: students are given 50 minutes to complete the CUNY WAT; surely students should have 30 minutes to complete the MHTA WAT. While the 10-minute time limit of the Writing Instrument developed by Kate Walter for the preliminary diagnostic assessment session is realistic, it is realistic only because this assessment measure is immediately preceded by the oral communication skills measure that acts as a "pre-writing" preparation for the writing assessment test. In the MHTA Writing Assessment Instrument used pre- and post-program, the MHTA arrives at the essay question without such preparation.

5. The MHTA Oral Communication Skills Assessment Instrument (OCST) (worth noting in relationship to the previous recommendation) was to be administered as part of the pre- and post-program testing. The MHTA OCST and MHTA WAT are close siblings--essentially slightly polished and slightly expanded versions--of the oral skills and the writing assessment instruments designed and administered in the workplace literacy task analysis. However, the time required to administer the MHTA OCST led the Project Director to exclude this instrument from the pre- and post-program assessments. A few comments and recommendations for future programs vis-a-vis this instrument:

   a) Had this test preceded the MHTA WAT, whether immediately or by one class session, the 20-minute time limit would in no way threaten the WAT's integrity.

   b) The difficulty of administering this instrument as part of the pre-program testing is disappointing, given the predominance of oral skills in this program's curricular objectives, the amount of class hours devoted to the development of oral skills, and the ratio of MHTAs' use of oral as compared to reading and writing skills in their

-37-

144

current and future roles (a ratio estimated to be 75 to 25 percent). It seems possible, even likely, that participants' extension, refinements, and professionalization of their oral communications skills may be an area in which they make significant progress during this program. It seems imperative to have some way to assess such progress.

d)   Given the manifest impossibility of administering this instrument to all program participants, its inclusion in the workplace literacy task analysis is all the more important.

6.   An alternative measure of participant's oral communication skills should be developed for replications of this model. Possibilities include taping (using audio- or videotape) a role-playing exercise in the beginning and ending weeks of the program. Such a measure is needed to fulfil a diagnostic function critical to the development of student's IEPs, and would be a positive addition to the pre- and post-program assessment of participants' gains.

7.   Explore the meaning of pre- and post-program assessment measures. Are the scores, both those from the published and those from the MHTA instruments, correlated to anything (e.g., to grade or functional levels)? And, if they are not, can they be?

8   The amount of reading involved in the MHTA RAT seems exaggerated given the slight role of reading in MHTA's current and future workdays, and in the curriculum for this program. In practice, this test also proved to underestimate MHTAs' reading skills; the test revealed a ceiling-effect when administered at the beginning of the program. So as to shape it to the higher reading levels revealed in pre-program assessment, Laura Bell both increased the reading grade level of the test from the 6th to the 11th grade, and randomized the order of the test questions. In the future, further changes in this assessment instrument might be considered, for example using a work-related chart rather than prose for the text, and/or including reading aloud as part of this assessment.

9.   The absence of formal assessment of participants' progress by their instructors is striking, and easily remedied. The use of homework and class tests should be considered.

145

10. Program planners should consider designing and implementing an additional job-performance measure that compares pre- and post-program job performance motivation. Participants' pre- and post-program work records (attendance, job evaluations, etc.) could be compared to a similar set of non-program participants' records.

STAFF DEVELOPMENT

Formal staff development during the first cycle of classes included three group meetings of the instructional staff, class observations followed by individual post-observation conferences between the Educational Coordinator and each instructor-tutor team, and informational mailings. These formal staff development efforts were supplemented by what the Educational Coordinator described as her "ongoing consultation with everybody on the staff."

The curriculum served to educate the instructional staff about psychiatric rehabilitation. In response to instructors' desire for more material on this topic, instructors for the second cycle are receiving copies of the two Boston University Psychiatric Rehabilitation Training Booklets (Alternative Environments and Describing Personal Criteria) that the Curriculum Developer had used extensively in contextualizing communication skills instruction.

Program planners and instructional staff alike expressed dissatisfaction with the lack of staff development prior to the first session of classes. To some extent, this reflects the unavoidable difficulties attendant to pilot programs such as this one. There was simply not enough time to complete the curriculum, hire the staff, and do thorough staff development prior to the beginning of classes. It should also be noted that funding was not available to pay the instructional staff for attending staff development meetings. Staff development has traditionally been, and continues to be, an under-funded component of worker education programs in general.

At the time of this writing, the second cycle of classes is about to begin. While most of the instructional staff approach this session with the invaluable "development" of having participated in the first session of classes, even the staff members newly-hired for this session have benefitted from the fact that this is not the program's first incarnation. For example, Educational Coordinator Lora Kahn has incorporated modelling of team work into her hiring interviews. She has also brought most instructor-tutor teams together to collaborate on the approach they will take to team teaching in this program. Another benefit of first-cycle staff development has been the emergence of an internal "training ladder" in this program; some first-cycle tutors have become second-cycle instructors.

Program planners may want to expand the staff development component to include sufficient pre-program introduction of the instructional staff to the worksite. Opinions varied about the ideal pre-program staff development future program planners should consider adding to this program. Project Director Dolores Perin suggested that three months of staff development prior to the program would enable the staff to become familiar with the working environment, the program's goals and methodologies, and workplace literacy issues in general. One instructor spoke for her peers as she addressed this issue. "Everybody felt they needed a half day workshop on the forms and concepts of psychiatric rehabilitation," she declared. Clearly, the amount of pre-program staff development provided in future replications of this program will depend on the context of the specific program, for example, whether or not the instructional staff is familiar with psychiatric rehabilitation, and with psychiatric facilities.

Program planners should also increase the number of group meetings devoted to staff development throughout the program. During the first session of this program, much information and training that could have been delivered effectively at a group meeting had to be conveyed, instead, in an incredibly time-consuming round of phone calls and site visits by the Educational · Coordinator. Future replications of this program would be improved by the addition of sufficient funding to pay the instructional staff to attend regular (ideally monthly) staff development meetings both prior to, and during, the program.

Despite the fact that they were not paid for attending staff development meetings, staff attendance was good, and the response was enthusiastic. Not a single instructor, tutor, or counselor mentioned that they were not paid to attend these meetings. The instructional staff members who had attended these meetings had only positive things to say about them. Moreover, one tutor who was unable to attend these meetings described missing them as "a real loss."

The first of these meetings, held just before classes began, dealt primarily with administrative matters. Instructors received the initial curriculum units and reviewed tasks to be completed in the first class (i.e., take attendance, present program information detailed in Curriculum Unit One, and have the class elect a class delegate).

The second and third group meetings were held on January 22nd and March 26. The January 22nd meeting was attended by the Curriculum Developer and representatives from the

-42-

union, as well as instructors, tutors, and counselors. Topics addressed included the curriculum itself ("What experiences are you having in using the curriculum? How are the units working out? What is working well? What suggestions do you have for revisions?"), IEPs, counseling ("What has been accomplished in counseling so far?"), portfolio assessment, and strategies for vocabulary development. The meeting concluded with a general discussion in which each staff member described "One thing that happened in the classroom or counseling interaction that was very effective." Instructors found this sharing of peer expertise especially useful. As one instructor commented, "that was good because everybody's so removed, and we got to share experiences, and find out what was happening at other facilities."

Thirteen staff members (two counselors, six teachers, and five tutors) attended the third and final staff development meeting (March 26) of the first session. At this meeting, Project Director Dolores Perin reported the results of the interim student evaluations. Educational Coordinator Lora Kahn then led discussion on the topics identified in the agenda, including a) teacher-tutor cooperation as a collaborative approach to instruction, b) suggestions on using Errors and Expectations (copies of which were handed out) as a developmental writing text, and c) the role and importance of counseling in the program. Lora Kahn went on to report on the March 6th Delegates' Meeting, during which student delegates passed on their peers' very positive responses to the teaching, tutoring, and counseling. The remainder of the meeting was devoted to teaching strategies, including marking and/or grading procedures, and various approaches to the library lesson (Units 16 and 17).

Without exception, instructors, tutors, and counselors felt that more such meetings would be beneficial. In the future, whether or not program planners are able to acquire additional staff development funds, more group meetings should be scheduled during which instructors, tutors, and counselors can share problems and explore solutions and strategies. Given the enthusiasm expressed by staff members for the staff development meetings described above, it seems worthwhile to at least explore the possibility of holding monthly meetings during the second instructional session of this program. Because scheduling conflicts (travel time, personal time schedules) rather than the absence of pay was given as the reason some staff members missed these

meetings, the staff development schedule should be drawn up and made available to the instructional staff as early as possible, at the initial interview if possible.

In addition to the group meetings, class observations, and individual conferences described above, much, indeed, most of Dr. Kahn's daily work consists of de facto "staff development." Dr. Kahn served as a significant liaison between program planners and the instructional staff. In a routine week, she commuted between the mid-town Manhattan offices of CASE/IRDOE (where she worked in physical proximity to, and frequently with, the Project Director), and the five New York psychiatric facilities at which classes were held (which she visited on a pre-arranged, rotating schedule). Much of the success of this program's implementation must be attributed to the structuring of the Educational Coordinator's job to maximize her on-site accessibility to students and staff, without compromising her critical role in program planning and development. Her constant commuting and consequent accessibility to staff and students made it possible to identify quickly and respond immediately to any glitches in this program's implementation. Dr. Kahn's "floating office" proved to be an ideal site from which to conduct her work in staff development, for which she took primary responsibility.

The efficacy of much of the staff development during the first session hinged upon Dr. Kahn's keeping in constant touch with the instructional staff. She and Project Director Dolores Perin took the "pilot" character of this program seriously; they devoted substantial energies to developing, expanding, and refining program components not only throughout the planning stages, but also as the program was taking shape in the classrooms. Consequently, "new things" were being developed throughout the first semester of this program. Dr. Kahn kept in constant contact with the teachers and the tutors who were to implement program developments. The tendency to diminish the importance of this "informal" staff development work should be stanched. Though described by Dr. Kahn herself as "informal" and not even identified as staff development by instructional staff, significant staff development it was. If only in this report, then, much credit should be given to Dr. Kahn's patience, perseverance, and genuine talent for working closely and individually with the heterogeneous instructional staff of this program.

While the instructional staff hired for the first session of this program had, for the most part, expertise in communication skills and adult education experience, some of them were

newcomers to the issues critical to worker education, and all of them (to varying degrees) lacked knowledge of their students' workplace and occupational concerns. Well aware of the importance of such training for the instructional staff, program planners addressed this need in a number of ways in addition to the formal and substantial informal staff development already noted. The curriculum developed for this program trained the instructional staff in their students' occupational needs and concerns. As Dr. Kahn explained and several instructors confirmed, this curriculum served not only to guide the students' development of communication skills but also to provide the instructors with occupational literacy. Holding the classes at the worksite also benefitted the instructional staff, for it ensured their regular exposure to, and thus increasing familiarity with, the worksite and its issues.

Future staff development efforts may want to focus on teaching staff how to effectively implement collaborative learning strategies in the classroom. While the instructional methodologies called for in the curriculum range from direct instruction to role-playing, collaborative learning strategies dominate the curriculum. First-session instructors and tutors encountered some difficulties with various levels and aspects of collaborative work, from difficulties in team-teaching to difficulties in making collaborative learning activities (especially role-playing) productive. Consequently, the Educational Coordinator used both the two scheduled group meetings of the instructional staff, as well as her individual post-observation conferences with instructors and tutors, as opportunities to strengthen this aspect of the program. In one class that she observed, for example, the teacher did "deliver the curriculum," but "was not modeling team-work methodology." In her post-observation conference with this instructor, the Educational Coordinator explained that modelling team work was an important part of this program, and together the two of them came up with a method of including this as part of his work in the classroom. The emphasis on collaborative learning techniques, team-work, and role-playing that pervades this program requires attention as an issue in staff development.

RECOMMENDATIONS

Curriculum

A. Include the creation of a "Psychiatric Rehabilitation Handbook for MHTAs," complete with an index and a glossary, as a goal and activity for this class.

    1) Note-taking skills need more attention, particularly in Unit 1.

    2) Students should be encouraged to use index cards to create an individual dictionary/glossary, adding words throughout the course.

    3) They should also be provided with, or asked to purchase, an inexpensive paperback dictionary to use throughout this class.

    4) The portfolio could either be replaced by this handbook, or be used to "showcase" a few chapters of the handbook.

B. Incorporate into the curriculum at least one published book, preferably a prose narrative relevant to MHTAs' work.

C. Provide instructors and tutors with a bibliography of psychiatric rehabilitation texts and references.

D. Recommendations for collaborative learning strategies

    1) Include a section on collaborative learning strategies and role-playing in the "Instructor's Guide" to this curriculum, or as workshops in a pre-class staff-development meeting. Include instruction on why and how they should by introduced and used in the classroom as well as ways of maximizing their productivity.

    2) Review and revise directions for collaborative learning activities throughout the curriculum.

        a. The groups should stay constant through a series of exercises until each group member takes one turn as the group leader, after which students should regroup and again stay in their new group until each has served as team leader.

b. Every such exercise should require and ensure that each student in the group contributes to the group's work (e.g., if the group's goal is to come up with interview questions, each group member should be responsible for suggesting two questions to the group).

c. each step of the group activity should be clearly stated (better yet, written on the board or on a handout) and given a time limit for its completion.

3) Omit the use of collaborative learning techniques except when they comprise the best pedagogical approach to a unit's objectives.

4) Include a brief, written student evaluation as the final step in every exercise/activity.

E. Postpone the introduction of role-playing from Unit 3 to Unit 7.

1) Role-playing needs to be introduced to the students as a method of developing and practicing the skills they will need as members of a psychiatric rehabilitation team.

2) Some time should be spent explaining/eliciting the benefits of role-playing as a learning strategy. The directions for role-playing included in Unit 7, #4 ("Explain that the student playing the patient will be making up the answers, but should try to act like a real patient") should be supplemented by those currently located in Unit 17, #3, which begins "Review with the class some important aspects of role-play activities." While this review should remain in Unit 15, the questions and activities that complete #3 should be included in Unit 7, #5.

F. Tutor: Systematization of Developmental Writing in the Curriculum

1) Ideally, in addition to working individually with students to develop an I.E.P. for each student, the tutor could work with the instructor to develop a C.E.P. (a curriculum education plan). This plan would begin with the tutor's objectives for the class with the IEP serving as a `tutoring

-48-

curriculum' so that each student essentially has an individual writing diagnosis and a treatment plan designed to the student's individual needs.

2) More specific, more structured, and more limited treatment of writing skills in the curriculum itself would increase the efficacy of this curriculum.

Instruction

A. Try to schedule classes on staggered, not consecutive, days (e.g. Tuesday and Thursday, not Tuesday and Wednesday or Wednesday and Thursday).

B. In the future, program directors should push for classes to be scheduled at the start, not at the end, of shifts.

C. Continue to schedule classes within working hours.

D. The roles of tutor and instructor need to be clarified in order to ensure the inclusion of individualized instruction and to reduce teacher-tutor conflict (changes were implemented for second session):

1) Either include as a formal part of each class some division of time between the instructor and the tutor (ideally, the tutor would support the teacher's work for three-quarters of the class, while the instructor would support the tutor's work for either the first or the last half-hour of the class), or

2) have the tutor and instructor share the work involved in the IEPs, which would be accomplished best perhaps by simply giving the tutor responsibility for half of the students' IEPs with the instructor taking responsibility for the other half.

E. Program planners and/or instructional staff should at least consider including regular homework and/or tests as part of this program.

Assessment

A. The efficacy of the MHTA reading assessment instrument might be increased if the MHTA was asked to read the paragraph aloud so as to allow the interviewer to arrive at a richer assessment of the MHTA's reading skills.

B.   The use of a different text (e.g., a progress report about a difficult patient) for the MHTA reading assessment instrument might extend the coherence and cross-benefits of MHTA oral communication and writing skills assessment instruments.

C.   It might be possible to compare or match participants' pre-program scores on standardized tests to their scores on the locally-developed assessment instruments. Explore the possibilities of obtaining useful information from such comparisons, including the extent of interchange or `travel' between basic skills proficiencies and job-skills proficiencies, and vice versa.

D.   The MHTA Improvement Self-Report and Improvement Report: Line Suvervisor might be made more objective, less subject to biased scores by the title changing to the more neutral 'MHTA' Report Form. In addition, if supervisors are unaware of which MHTAs are participating in the program, they should be asked to evaluate both participants and a non-participant control group.

E.   MHTA Writing Assessment Test 10 Minute Time Limit. Students should have more time, ideally 30 minutes, to complete the MHTA WAT during pre- and post-program assessment, as they arrive at the essay question without the preparation of the Oral Assessment Instrument used during the preliminary interview.

F.   The MHTA Oral Communication Skills Assessment Instrument (OCST) (worth noting in relationship to the previous recommendation) was to be administered as part of the pre- and post-program testing. However, the time required to administer the MHTA OCST led the project director to exclude this instrument from the pre- and post- program assessments. Had this test preceded, whether immediately or by one class session, the MHTA WAT, the 20-minute time limit would in no way threaten the WAT's integrity.

G.   An alternative m   sure of participant's oral communication skills should be developed for replications of this model. Possibilities include taping (using audio- or videotape) a role-playing exercise in the beginning and ending weeks of the program. Such a measure is needed to fulfil a diagnostic function critical to the development of student's IEPs, and would be a positive addition to the pre- and post-program assessment of participants' gains.

-50-

155

H. Explore the meaning of pre- and post-program assessments. Are the scores, both those from the published and those from the MHTA instruments, correlated to anything (e.g., to grade or functional levels)? And, if they are not, can they be?

I. The amount of reading involved in the MHTA RAT seems exaggerated given the slight role of reading in MHTA's current and future workdays, and in the curriculum for this program. Future changes in this assessment instrument might be considered, for example, using a work-related chart rather than prose for the text, and/or including reading aloud as part of this assessment.

J. The absence of formal assessment of participants' skills by their instructors is striking, and easily remedied. The above instructional recommendation in regard to homework and tests should be considered.

K. Program planners should consider designing and implementing an additional job-performance measure that compares pre- and post-program job performance motivation. Participants' pre- and post-program work records (attendance, job evaluations, etc.) could be compared to a similar set of non-program participants' records.

Staff Development

A. Program planners will want to expand the staff development component of this program to include sufficient pre-program introduction of the instructional staff to the worksite.

B. Program planners should also increase the number of group meetings devoted to staff development throughout the program.

C. The addition of sufficient funding to pay the instructional staff to attend regular (ideally monthly) staff development meetings both prior to, and during, the program would improve future replications of this program.

D. Whether or not program planners are able to acquire additional staff development funds, more group meetings should be scheduled during which instructors, tutors, and counselors can share problems and explore solutions and strategies.

E. The staff development schedule should be drawn up and made available to the instructional staff as early as possible, at the initial interview if possible.

F.   Collaborative learning techniques, team-work, and role-playing require attention as an issue in staff development.

157

APPENDIX

INSTRUCTOR INTERVIEW

I appreciate your taking the time to talk with me about the MHTA Communication Skills Program. I am interviewing program staff and participants to learn what this program is accomplishing, and how it might be improved. This interview is confidential. In my final report on the program, I will not use your name; instead, I will include your comments, and especially your concerns and/or suggestions about ways in which this program could be improved, in a section describing the views of the instructional staff, none of whom will be identified by name or site. So please feel free to speak frankly.

Date of Site Visit: _____   Instructor: _____

Site Address:_____

1. What were your main objectives--both curricular and methodological--for today's class? (When possible, ask before class observation, pre-interview.)

2. What would you identify as the strengths and or successes of today's class? Of the main objectives you described above, which one or ones do you feel today's class best met?

3. If you had a chance to teach this class--same students, same unit of the curriculum--again, what changes would you make? What do you feel could be improved? Of the main objectives set for today's class, which, if any, remain to be met?

4. Would you say that today's class is a typical, a usefully representative class? Were you surprised by any of the things that worked well, or by anything that you feel didn't work well? Do the successes and/or difficulties you encountered in today's class repeat or echo your experience in previous classes? If your answer to this last question is yes, do you feel these patterns point to any strengths and/or weaknesses of the program as a whole?

5. Please describe the curriculum you are using, and the extent to which you are using it (do you follow the curriculum scrupulously? do you find it necessary and/or desirable to abridge/adapt/supplement the curriculum? do you expect to be able to complete the curriculum?)

6. What do you see as the strengths of the curriculum (for yourself as an instructor, and for the students you teach)? Could you point to 2 units in the curriculum that you feel are particularly effective, and/or illustrate strengths of the curriculum as a whole?

7. What do you see as the challenges and/or weaknesses of the curriculum (these--challenges and weaknesses--may be very different--please discuss each separately if you prefer). Are you doing anything--and, if so, what--to address said challenges and/or weaknesses in the

-55-

curriculum? Could you point to one or two curriculum units that, in your opinion, illustrate and/or embody significant challenges and/or weaknesses of the curriculum as a whole?

8.   Please describe the role of your tutor. (Was the tutor's role in today's class representative of his/her role in general?)
How did you and the tutor establish your respective responsibilities and roles in the classroom? Has the way in which the two of you work together changed as the semester progressed?

9.   Overall, what is your opinion of the tutorial component of this program? (How, and to what extent, do you feel it contributes to the program's effectiveness? What, if any, changes would you suggest to improve the tutorial component of this program?)

10. Describe the role/contribution of the counselor to your class. Do you feel the counseling component of this program could be improved? If so, how?

11. [Ascertain the extent to which the instructor has incorporated the program's overall goals as his/her goals--the stated overall goals of the program being: a) to develop and upgrade students' reading, writing, and oral communication skills so as to enable MHTAs to work effectively in their expanded jobs as psychiatric rehabilitation team members, and b) to enable students to achieve the required proficiency in literacy skills that would make them eligible for tuition-free educational programs sponsored by their union, CSEA-LEAP, so as to provide students with greater career mobility and promotional opportunity.] Please describe your goals for this class, and comment on your students' progress toward these goals thus far.
(In other words, what do you feel students could/should get out of this program, and what do you feel they have gotten out of it thus far?)

12. How are you assessing students' progress (tests, portfolios, your own observations, etc.)?

13. How do you think your students assess both their needs/goals, and their progress thus far? Do you perceive any discrepancies between what your students want to get out of this class, and what they are getting from it? Please describe any such discrepancies you perceive, and comment on the consequences you ascribe to these differences.

14. Describe what this program has done in terms of staff development (meetings, materials, class observations &/or evaluations by project staff and/or by students, etc.).

15. Of the ` ` ve activities and materials, what have you found particularly useful?

16. Ideally, what, if anything, would you add to (or expand in) the staff development component of this program? (Can you suggest ways in which this program could better prepare you to and support you as you teach this curriculum?)

17. What/how has teaching in this program contributed to your skills, interests, experience as a teacher?

18. What have you found hardest, &/or liked least about this program?

19. What have you most enjoyed in this program?

20. Are there any additional comments you would like to make about this program?

TUTOR INTERVIEW

Site: _____   Date: _____

Tutor: _____

I appreciate your taking the time to talk with me about the MHTA Communication Skills Program. I am interviewing project staff and participants in an attempt to learn both what the program is accomplishing, and how this program could be improved. This interview is confidential. In my final report on the program, I will not use your name; instead, I will include your comments, and especially your concerns and/or suggestions about ways in which this program could be improved, in a section describing the views of the instructional staff, none of whom will be identified by name or site. So please feel free to speak frankly.

1   Please describe your responsibilities as a tutor in this program.

2.   How, or to what extant, do you and the instructor in your classes work collaboratively and separately in the classroom. (How did you and the instructor arrive at the your pedagogical methodology? Has the way in which the two of you work together changed as the semester progressed?)

3.   What were your main objectives for today's class? How did you try to accomplish these goals? Did you accomplish them?

4.   Please describe the curriculum you are using. What do you see as its strengths? Do you see any units in particular, or general areas of the curriculum, that you feel could be improved?

5.   To what extent are the IEPs and the writing portfolios integrated into the curriculum?

6.   What criterion are you using in assessing the writing portfolio? Are you assessing—and if so, how?—students' progress toward the goals articulated in their I.E.P.s? How do you feel students are doing so far in their work with you in particular?

7.   Please describe any materials you are using to supplement the curriculum, and explain why you chose these materials.

8.   What staff development activities have you participated in?
        Of these activities/materials, what have you found most useful?

9. Can you suggest way in which this program could better prepare you for, and support you in, your work as a tutor? In other words, what kinds of staff development activities would you find particularly useful?

10. What changes would you like to see made in this program? What aspects of this program do you feel could/should be improved (why--and how)?

11. What have you enjoyed most about this program thus far?

163

COUNSELOR INTERVIEW

I appreciate your taking the time to talk with me. I am interviewing program staff and participants to learn what this program is accomplishing, and how it might be improved. This interview is confidential. In my final report on the program, I will not use your name; instead, I will include your comments, and especially your concerns and/or suggestions about ways in which this program could be improved, in a section describing the views of the instructional staff, none of whom will be identified by name or site--so please feel free to speak frankly.

Date: _____   Class(es): _____

_____

1. Please describe your role--your responsibilities and activities--as a counselor in this program.

2. To what extent, if any, did you work collaboratively with the instructor/tutor team? If you did function as a team member, please comment on the ways in which this approach affected your work with students. If you did not function as a member of an instructional team, please discuss the potential benefits and/or difficulties inherent in such an approach to counseling.

3. What did this program do in terms of staff development (materials, meetings, etc.) both in preparation for and during the program?

4. What kinds of educational and/or career goals emerged in your work with program participants? (Please give a few examples that illustrate the range of MHTAs' educational goals.)

5. Can you give me a thumbnail sketch of the opportunities (for continuing their education and/or for career mobility) available to MHTAs working in New York State psychiatric facilities, as a prelude to describing the extent to which you feel you were successful in your work with program participants?

6. How effective do you feel the counseling component of this program was? In responding to this question, please address the following issues:
    - accessibility (did you hold at least one conference with every student in the classes with which you worked? did program participants have `equal access' to you?)
    - feasibility (what kinds of obstacles and/or barriers--personal and/or institutional--stood between program participants and their goals?)
    - accomplishments (please give a few specific examples of program participants' progress toward their personal educational and/or career goals).

7. Ideally, what, if anything, would you add to (or expand in) the staff development component of this program? (Can you suggest ways in which this program could better prepare you to and support you as you teach this curriculum?)

8. Do you feel that any aspect of this program in general, and the counseling component in particular, is problematic--i.e. not working, or simply capable of improvement? What suggestions and recommendations would you like to see made in future implementations of this program?

9. What do you see as the major strengths of this program? What did you enjoy most in your work with this program?

10. Are there any additional comments you would like to make?

165

STUDENT INTERVIEW

I would appreciate it if you would spend about 15 minutes with me to talk about this program. I am interested in knowing what you think about the program, especially what you like about it and also anything you think could be improved, so as to make the classes even more useful to you and your fellow students. This interview is confidential. I will not use your name at all. I will include a summary of our discussion in the appendix of my final evaluation, and may even include some of your exact words in quotation marks in these summaries. Your name will not appear in this summary; I will call you Mr. B or Ms. A. I may also include your comments and suggestions about the program in a section that reports "students' views of the program" without naming any of the students I interviewed. In short, anything you say to me in this interview will be used to help ensure this program is as strong as it can possibly be, and your name will never be attached to the opinions &/or suggestions &/or criticisms &/or compliments you utter in the course of this interview!

Date of Interview: _____   Class Site: _____

Student Information: M F   ESL/EPL _____ HS/GED _____

                                                Academic/Career Goal: _____

1.   How long have you worked in your present position? Why/how did you choose to work as a MHTA? Could you name 2/3 things you like about your job, and 2/3 things you find frustrating or simply dislike?

2.   How did you learn about and apply to participate in this class?

3.   What is the main reason you decided to enter, and have stayed with, this class?

4.   What have you learned so far in this class?

5.   What do you think of your instructor?

6.   What do you think of your tutor? (How often, and on what, do you work with the tutor?)

7.   What do you think of your counselor? Have you met individually with your counselor? Have you followed up on any academic/career possibilities the counselor has helped you identify?

8.   Could you pick out one class as your favorite, one in which you learned a lot and enjoyed the class? What was the class about?

9.   If you had to pick one class you liked least so far in this program, which one would it be? Try to think of a class when you left feeling frustrated or disappointed. What was that class about?

10. Have you made any suggestions to the class delegate? What did the delegate do with your suggestions? (Or, if you have not, have other students?)

11. Have you been able to use anything you have learned in this program in your job? in your life? (If yes, please give me a few specific examples--if no, ask student why she/he thinks this is the case, and whether or not the student thinks things learned in class will be useful in the future on the job . . . or in their personal lives.)

12. What do you like MOST about this program?

13. What do you like LEAST about the program? (What do you think could be improved about the program? What, if any changes, would you like to see made in this program?)

14. What do you think you will gain from completing this program?

15. Do you have any additional comments you would like to make--any suggestions or observations about anything concerning this program?

167

CLASS OBSERVATION REPORT

Date/Time of Class Observed: # of Students: _____

Curriculum Unit for today's class (Unit #, job area, class objectives):

_____

_____

_____

Site (Include brief description of room(s) in which class meets, i.e. space, light, desks, · chalkboard, etc.): _____

_____

_____

Class meets on _____ at _____, at the end / beginning of the _____ shift.

INSTRUCTIONAL STAFF (Profile of Instructor/Tutor/Counselor Team assigned to this class):

_____

_____

_____

_____

1.   Describe the class, with emphasis on the following criteria:

   ●   match between the class as described in the curriculum unit and that created by the instructor; material and/or activities used by instructor or tutor to supplement curriculum unit:

   ●   instructional methods used (direct instruction,; collaborative learning exercises, role-playing, etc.);

   ●   class format (i.e. traditional & hierarchical, student-centered, participatory, etc.);

   ●   modeling of team work by instructor/tutor team, by instructional staff and students, by students working in groups;

   ●   use of (or failure to draw on) students' occupational expertise to enrich/clarify use(s) of communication skill(s) on the job;

- ways in which and extent to which instruction was individualized--was shaped to accommodate class' diversity--differences in students' learning styles as well as in their individual levels of skills proficiency and/or specific problems in mastering the skill(s) employed to perform the job-task within which this skill is contextualized in the curriculum and in MHTAs' work;

- use of writing as review of material covered in previous class(es) or of material covered in today's class; use of writing to provide instructors with information on students' progress and/or instructional effectiveness; and/or use of writing in evaluative activity for purposes of program revision/improvement, and/or for purposes of students' development of metacognitive awareness.

2. . Describe the tutor's role in today's class. (Comment on inclusion of student's personal educational goals in classwork via I.E.P.s and/or work with tutor.)

3. Describe the counselor's role in today's class.

4. Did the delegate system come up in any way in today's class? If it did, how and to what effect?

5. What seemed to work especially well in this class (learning methodology, tutor's contribution, specific activity in curriculum unit, class format, etc.).

6. What, if anything, seemed capable of improvement in today's class?

7. Additional Comments:

169

WORKPLACE LITERACY FOR PSYCHIATRIC HEALTH CARE WORKERS:

EXTERNAL SUMMATIVE EVALUATION REPORT

Alan L. Gross, Ph.D
Educational Psychology Doctoral Program
Graduate School and University Center
City University of New York

June, 1994

Project Partners
Center for Advanced Study in Education, Graduate School
and University Center of the City University of New
York.
Civil Service Employees Association, Inc.

Helping Organizations
New York State Office of Mental Health
New York State Governor's Office of Employee Relations

Project Director: Dolores Perin, PhD.

170

- 2 -
Acknowledgements

171

Abstract

The major goal of this summative evaluation was to assess the effectiveness of a 24 week (96 hours of instruction) literacy training program that was administered to 454 New York State Mental Hygiene Therapy Aids (MHTAs). Background data collected on all trainees provided the following description of the cohort: 75 percent female; a median age of 40, predominantly (90 percent) English speaking; only 10 percent not having a high school or GED diploma; having a median value of 10 years working as a MHTA; predominantly (75 percent) single heads of household or single providers. A statistical analysis of improvements in Reading, Writing, Self-Concept, and Self-Efficacy scores showed that there were statistically significant gains (i.e., increases from pre to post scores) for all these measures. In addition, the percentage of trainees showing increases on these measures varied from 61 to 76 percent. An analysis of both the number of classroom hours of instruction showed that the training was somewhat under utilized by the participants with the median value being 68 hours of instruction as compared to a maximum value of 96 hours if all training sessions were attended. Various reasons for this result were explored. The positive results found for the increases in test scores were corroborated by the finding that self and supervisor ratings of various work related literacy skills showed improvement.

172

1. Introduction

The major goal of this evaluation is to assess the effectiveness of a 24 week (96 hours of instruction) literacy training program that was administered to 454 New York State Mental Hygiene Therapy Aids (MHTAs). These trainees were drawn from a larger pool of 2024 workers. Although participation was voluntary, trainees were selected in terms of expressed interest in workplace literacy improvement and motivation to attend classes for the 24 week period. Training was conducted at five different sites within New York State.

The program was conducted in a workplace literacy partnership between the Center for the Advanced Study in Education of the City University of New York Graduate School (CASE/CUNY), and a labor union, Civil Service Employees' Association (CSEA). Two other agencies were actively involved: the New York State Office of Mental Health (OMH), and the New York State Governor's Office of Employee Relations (GOER).

The purpose of the project was to provide workplace literacy instruction to MHTAs who needed to upgrade their skills in order to participate in a new mission being implemented by OMH, referred to as psychiatric rehabilitation. The project developed an instructional

173

course focusing on improved reading, writing and oral communication, which was formally referred to as the MHTA Communication Skills Program for Psychiatric Rehabilitation.

CASE/CUNY conducted a preliminary workplace literacy task analysis and then developed a 96-hour basic skills curriculum focusing on workplace practices. An assessment battery consisting of two published and three locally-developed tests was assembled. In addition, performance ratings were developed by project staff to study perceptions of progress by the participants and their supervisors.

The program ran in three cycles. Twenty-two class sections were provided in the first two cycles (11 in each), and 2 class sections were provided in the third cycle. Thus, the project consisted of a total of 24 classes, each class providing 96 hours of instruction. In cycle 1, classes met biweekly (two hours per session) for a total of 24 weeks. The beginning of the second cycle was delayed from the summer of 1993 to September of that year due to the recommendation of local advisory committees that a summer schedule would conflict with summer vacations. As a result, the 96 hours of instruction in the second cycle were provided in biweekly classes (3 hours each) over a 16 week period. The third cycle, consisting of two class sections that were conducted in a no-cost time extension, also followed the 16 week schedule. Classes were held at OMH operated psychiatric hospitals in each of the five boroughs

of New York City: Kingsboro, Manhattan, Creedmoor, Bronx,
and South Beach Psychiatric Centers.

The program served 232 participants in Cycle I, 181 in
Cycle II, and 41 in Cycle III, for a total of 454
participants. A total of 307 MHTAs completed the program,
for a retention rate of 68 percent. Statistical analyses
for this evaluation are based only on the data gathered
during the first two cycles because the two Cycle III class
sections were still in progress as the report was being
prepared. It should further be noted that while 413
individuals participated in cycles I and II, data were
available for only 388 trainees due to uneven attendance
patterns. If a student was absent during the particular
class session at which a measure was administered, these
data could not be obtained.

2. Measures

Demographic Data

Demographic data were obtained on variables such as
age, gender, work experience, educational background, and
primary language. A copy of the background questionnaire
can be found in the Appendix. In addition, a measure of
attendance in terms of the number of hours of classroom
instruction was obtained for each trainee. These data came

from roll books kept by the teachers under the supervision of the educational coordinator.

Pre and Post Measures

All participants were pre and post-tested on the following measures of reading ability, writing ability, self concept, and self efficacy:

(a) The Prose Literacy section of the "Test of Applied Literacy Skills" (TALS Prose Test), Kirsch, Jungeblut, & Campbell (1991). This measure yields scale scores in the range from 0 to 500.

(b) A job-specific criterion-referenced reading comprehension test (MHTA Reading Test). This measure is based on 15 reading comprehension questions which afford a total 20 points. A complete copy of this measure can be found in the appendix.

(c) A job-related writing test. (MHTA Writing Test) The score range on this measure (0 - 20) is based on a holistic writing scale. A complete copy of this measure can be found in the appendix.

176

(d) The Tennessee Self-Concept Scale (A measure of self esteem), (Roid & Fitts, 1991). Scores are based on 90 questions each utilizing a 5 point scale. Thus, the possible score range is from 0 to 450.

(e) A job specific measure of self-efficacy. (MHTA Self-Efficacy Scale). This measure is based on 15 questions, each utilizing a 7 point scale. The possible score range is from 0 to 105. A complete copy can be found in the Appendix.

The three MHTA measures (reading, writing, self-efficacy) were developed by a test specialist, Dr. Laura Bell, in collaboration with the project director (Dr. Dolores Perin). Dr. Bell relied heavily on the findings of the preliminary workplace literacy task analysis which was conducted by curriculum developer Kate Walter.

It should be noted that two different versions of the MHTA Reading Test were used in Cycles I and II. A statistical analysis of the Cycle I scores showed suggested that the test was too easy. It was subsequently revised for Cycle II by increasing the length and complexity of short sentences and changing the order of the comprehension questions. Since the revised measure was found to be more difficult, the MHTA Reading Test scores were analyzed separately for Cycle I and II.

Ratings of Improvement

Job-related literacy self-ratings were obtained from both the workers (**Improvement Self Report**) as well as from their supervisors (**Improvement Report: Line Supervisor**). Each of these measures consisted of 5 questions (rated on a 4 point scale from no change to very much better) pertaining to job related reading, writing, speaking, use of technical vocabulary, and team work.

3. Statistical Analyses

Three different statistical analyses are presented in the current evaluation report. The first analysis is descriptive and provides a statistical summary of all demographic variables and hours of instruction in terms of sample sizes and percentages. The second analysis considered the effectiveness of the literacy training in terms of comparisons of the pre and post-test means for the MHTA Reading Test, the TALS Prose Test, the MHTA Writing Test, the MHTA Self-Efficacy Scale, and the Tennessee Self-Concept Scale. These analyses are based on paired t-tests. The third analysis provides a summary of worker self-ratings as well as ratings provided by the supervisors. These results are presented in terms of the mean responses to each of five questions that were answered following the training.

Statistical Analysis of Demographic Variables and Hours of Instruction

Table 1 presents summary information in terms of percentages for all of the demographic variables as well as the number of hours of program participation.

Table 1. Summary of Demographic Data

Variable	N	PERCENTAGE
Gender	376	
Female	282	75.0
Male	94	25.0
Age	369	
21-30	46	12.5
31-40	129	35.0
41-50	135	36.6
51-60	59	16.0
Childhood Primary Language	379	
English	333	87.9
Spanish	27	7.0
Other	19	5.0
Current Primary Language	374	
English	360	96.3
Spanish	9	2.4
Other	5	1.3

Variable	N	PERCENTAGE
Highest Grade Completed by Age 21	339	
≤ 8	11	3.2
9-12	307	90.6
≥ 12	21	6.2
Education	344	
No H.S. Diploma or GED	36	10.3
H.S. Diploma	112	32.6
GED	60	17.4
Some Coll.	129	37.5
Coll. Degree	7	2.0
Previous Non-Credit College Basic Skills Training?	356	
Yes	127	64.3
No	229	35.7

Variable	N	PERCENTAGE
Number of Years in Current Job	305	
≤ 1	17	5.6
2-5	72	23.6
6-10	81	26.6
> 10	135	44.3
Is the Trainee a Sole Family Provider	371	
Yes	268	72.2
No	103	27.8
Number of Hours of Training	330	
2-40	83	25.2
41-68	81	24.5
69-80	85	25.8
81-96	81	24.5

The results in Table 1 can be used to summarize the background characteristics of the trainee cohort. The group can be described as follows:

(a) Predominantly female (75%).

(b) The median age is approximately 40.

(c) English is clearly the predominant language with approximately 90 percent reporting English spoken while growing up and at present.

(d) Only 10 percent of the group report not having received a high school diploma or GED and 38 percent report having attended some college courses.

(e) Approximately two thirds of the group report having previously attended non-credit college courses in basic skills training.

(f) The median number of years on the current job is reported to be approximately 9. Nearly 25 percent of the trainees have been on the job for 16 years or more.

(g) Approximately 75 percent of the trainees report being a single head of household or sole provider.

(h) The median number of hours of classroom instruction is 68 hours. The lowest 25 percent attended 40 hours or less, whereas the highest 25 percent attended between 81 and 96 hours.

With respect to the attendance data, it should be noted
that sporadic attendance was a constant concern of program
administrators. It appeared that there was a core that
attended regularly and another group that attended
sporadically. This was a topic of numerous local advisory
committee meetings. Reasons for sporadic attendance
included the following: limited release time was available
due to short staffing on the wards; some trainees exhibited
poor attendance records at work and consequently poor class
attendance; for some trainees, there may have been problems
in maintaining motivation over a nearly 6 month program.

The Statistical Analysis of Post-Pre Scores Gains

The analysis of gains from pre scores to post scores is
presented in Table 2. Paired t-tests are presented for each
of the five measures: MHTA Reading, TALS Prose, MHTA
Writing, MHTA Self Efficacy, and Self Esteem (Tennessee
Self-Concept Scale). It should be noted that as previously
described, two separate analyses are presented for the MHTA
Reading scales to control for discrepancies in difficulty
levels.

Table 2.   The Analysis of Pre to Post Test Gains

Variable	N	Pre Mean	Pre Sdev	Post Mean	Post Sdev	Gain	t
Reading(1)	107	15.5	3.9	17.1	3.0	1.6	4.3*
Reading(2)	69	13.7	4.4	14.1	3.9	.4	.7
TALS Prose	181	293.3	37.9	290.9	37.2	-2.4	-1.1
Writing	181	11.1	3.6	13.5	3.3	2.4	13.6*
Tenn Self Concept	189	344.4	34.3	353.3	33.8	8.9	3.5*
Self Efficacy	188	76.7	12.5	83.4	29.1	6.7	3.2*

* significant result, p < .05.

Note: Reading(1) and Reading(2) refer to the pre post analysis for the
Reading Test for cycles 1 and 2 respectively.

An inspection of Table 2. shows that significant gains
(i.e., increases from pre to post scores) were obtained for
all measures except Prose. In other words, on average, the
post scores exceeded the pre scores by amounts that could
not merely be attributed to chance fluctuations. It should
further be noted that the Reading scale showed a significant
increase only for the Cycle 1 data. To further understand
the meaning of these significant findings, it is useful to
consider percentages of gain rather then simply the mean
gain. For example, consider the significant mean gain of
2.4 points (post mean - pre mean = 13.5 - 11.1 = 2.4)
achieved for the Writing measure. If one constructs a
frequency distribution of the individual Writing gain (post-
pre) scores, it is found that 75 percent of the trainees
showed a positive gain, i.e., for 75 percent the post scores
were higher than the pre scores. This percentage can be
compared to a percentage of 50 percent which would be
expected if the training had no effect, i.e. if the mean
gain had been zero rather than 2.4. In Table 3, the
percentage of positive gains for all measures shown to have
a significant mean gain, are presented.

Table 3. Percentage of Cases Showing a Positive Gain

Variable	N	Percentage
Reading(1)	107	66.4
Writing	181	75.7
Tenn Self-Concept	189	61.4
Self Efficacy	188	63.3

The results in Table 3 clearly suggest that the significant average gains are of practical importance.

The Statistical Analysis of Self and Supervisor Ratings

A five question rating scale was filled out by a sample of trainees and their supervisors. The five questions measured the degree of perceived change in performance from pre to post test periods for the following areas: reading on the job, writing on the job, speaking and listening on the job, the use of technical vocabulary on the job, and team work on the job. Each of the five questions was rated on a four point scale: 1=no change, 2=a little better, 3=much better, 4=very much better. Table 4 presents the mean ratings for each of the five areas.

Table 4. Self and Supervisor Ratings of Improvement

	Self-Rating		Supervisor-Rating	
Question	N	Mean	N	Mean
Reading	154	2.97	88	2.55
Writing	155	3.18	92	2.62
Speaking/ Listening	157	3.42	93	2.86
Use of Tech- nical Vocab	154	2.89	94	2.68
Team Work	154	2.97	92	2.93

It is clear that there was perceived improvement with
respect to all five questions for both the individual
trainees as well as their supervisors. The self ratings for
all five questions are nearly in the "much better" category.
The supervisor ratings are lower and fall approximately
midway between the "little better" and "much better"

categories.   Although one may speculate that the supervisor
ratings are more objective and possibly more accurate than
the self ratings, both sets of ratings still suggest that
there is meaningful improvement in the perception of job
related literacy skills.

4. Summary of Findings

The major finding of the present evaluation is that there are significant improvements in Reading, Writing, Self-Concept, and Self-Efficacy for the workers who participated in the workplace literacy program. Statistically significant gains (i.e., increases from pre to post scores) were found for all these measures. In addition the percentage of trainees showing positive gains on these measures varied from 61 to 76 percent. An analysis of both the number of classroom hours of instruction showed that the training was somewhat under utilized by the participants with the median value being 68 hours of instruction as compared to a maximum value of 96 hours if all training sessions were attended. Various reasons for this result were explored. The positive findings found for the increases in test scores were further corroborated by a descriptive analysis of both self and supervisor of ratings of perceived improvement in various work related literacy skills. For both sets of ratings, there was clearly perceived improvement.

- 23 -
References

Kirsh, I.W. Jungeblut, A, & Campbell, A. (1991). <u>ETS Tests of Applied LIteracy Skills</u>. Old Tappan, NJ: Prentice Hall Publishers.

Rois, G.H. & Fitts, W.H. (1991). <u>Tennessee Self-Concept Scale</u>. Los Angeles, CA: Western Psychological Services.

Appendix

BACKGROUND QUESTIONNAIRE

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

CONFIDENTIAL REGISTRATION FORM

THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE GIVEN TO YOUR EMPLOYER, SUPERVISOR, UNION REPRESENTATIVE, OR OTHER AGENCY PERSONNEL. THIS INFORMATION IS FOR THE EXCLUSIVE USE OF THE EDUCATIONAL PROVIDER (CUNY).

PLEASE PRINT THE ANSWERS TO ALL QUESTIONS BELOW.

Name _____ Soc. Sec. or Item #_____

Facility _____ Time of class _____

Home Address _____ Apt._____

City _____ Zip _____ Home Phone (   ) _____

1. Number of years in current job title at this Center ____

2. Age: 21-30 ____ 31-40 ____ 41-50 ____ 51-60 ____

3. Sex: Female ____ Male ____

4. When you were growing up, what language was spoken most often in your

   home? _____

5. What language do you speak most often now? _____

6. Highest grade completed in school by age 21 _____

7. Do you have (check): High school diploma ____ GED ____

   College credits ____ (specify number) ____ College degree (specify) ____

8. Have you attended non-credit college course(s) in basic skills including

   reading and writing Yes ____ No ____

9. Have you attended another education or training program <u>besides</u> a GED or

   college program? If yes, specify _____

_____

GO TO NEXT PAGE

1

10. Are you a single head of household or sole provider? Yes ___ No ___

11. Number of dependents: Aged 21 years or below ___ 22-64 ___ 65+ ___

12. How often do you read a newspaper in the English language? (CHECK ONE)

   Every day ___ A few times a week ___ Once a week ___

   Less than once a week ___ Never ___

13. What is your favorite section of the newspaper? _____

14. Would you say that you follow what's going on in government and public

   affairs? (CHECK ONE): Most of the time ___ Some of the time ___

   Only now and then ___ Hardly at all ___

15. What would you like to get out of this course? (CHECK ALL THAT APPLY)

   <u>Improve ability to:</u>

      a. work on a psychiatric rehabilitation team in the future ___

      b. communicate in current job (reading, writing, speaking) ___

      c. read and/or write in everyday life ___

      d. help child/children with homework ___

      e. go on to further studies ___

      f. develop career ___

      g. other (specify) _____

MHTA READING TEST

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

MHTA Reading Assessment: History and Treatment Plan

<u>Directions for Administration</u>

Hand out the reading passsage.

<u>Say</u>

Please read this. You will have ten minutes. After that I will hand out the questions. You will be able to refer to the reading passage when you answer the questions.

<u>Allow 10 minutes for reading</u>.

Hand out question sheets - discourage conversation as you are doing this.

<u>Say</u>

Please write your answers in clear handwriting. It is <u>not</u> necessary to write in complete sentences - a phrase or word would be enough. Write your name and other information on the question sheet.

(Allow 2 minutes for writing of information at top of sheet.)

<u>Say</u>

Please answer the questions. You have 20 minutes. If you finish before this point, turn your paper over and please sit quietly.

Tell students at the 15 minute point that they have 5 minutes left. <u>At the end of exactly 20 minutes, tell students to stop</u>. Collect all materials - reading passages and answer sheets. Do not discuss the test. Move quickly to the next assessment.

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

READING ASSESSMENT: FORM A

History and Treatment Plan

John is a 46-year-old male who suffers from chronic schizophrenia, undifferentiated type. He has a long history of psychiatric hospitalization. His last admission to the psychiatric unit was in September of 1990. His admissions to the unit have usually coincided with his ceasing medication and the resultant symptomatology. At these times he acts upon his delusions. He thinks he is a police officer and that people are shooting at him. He has been picked up in the streets trying to direct ongoing traffic. His communication with the hospital staff is often interrupted by claims that he has bullets in his brain and he has made threatening gestures to the staff when his demands are not met. He can verbalize his thoughts and feelings, however, and enjoys discussing sports and music with the staff.

Treatment goals have been set for John. It is expected that he will be able to return to the community within three months. Rehabilitation objectives to begin at that time are (1) that he will be able to perform the activities of daily living within the community setting regardless of his delusions and (2) that he will continue to take his prescribed medication upon discharge without prompting from clinic or family members.

Regarding the first goal, John is expected to return to family care. He will receive supportive counseling from the Family Care Counselor to help him adjust to the demands of family living. He is expected to benefit from the reducing diet given to him by Dr.

-- OVER --

199

Alcorn. He will also be provided a yearly physical by the community-based physician. He is expected to apply for continued social security funding upon leaving the hospital and will return to work at the Goodwill Workshop. He is able to travel by public transportation and no aftercare is anticipated in this respect. He will live with his sister, with whom he has a good relationship and interacts well. The Family Care Counselor will help him build better interactional skills with non-family members, however, before leaving the hospital. His self-care is relatively good although he needs some supervision from the Health Care Provider.

As for the second goal, the treatment team has decided to focus on the patient's propensity to discontinue medication at will. This is particularly problematic when he is not living in a structured environment. Without supportive therapy, John would discontinue his medication due to the fact that he does not understand the relationship between medication and the reduction of his delusions. Individual counseling sessions with the psychiatrist will help the patient to learn that the benefits of medication compliance far outweigh the side effects. In addition, the psychiatrist will teach the patient what is likely to happen should the patient stop taking medications (readmission to the hospital). Upon release, the patient's medication and supportive therapy will be provided by the neighborhood Outpatient Clinic.

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

READING ASSESSMENT: FORM B

History and Treatment Plan

Richard, a 25-year-old single, white male was referred to the clinic for evaluation. He expressed feelings of sadness and difficulty motivating himself at work. He was employed full-time as a stock clerk. He was living at home with his parents and also attended the evening program of the Day Treatment Center. Approximately one month before his referral to the clinic, Richard's work supervisor told him that his work productivity was declining. Around this same time, Richard began spending more time in bed on weekends and was told by the Day Treatment Center staff that he seemed lethargic.

Richard had completed high school and attended community college part-time, majoring in accounting and business. After completing the college program and obtaining his first job, he experienced his first psychotic break. He quit that job and was employed irregularly as a day laborer and a stock boy. Richard's psychiatric treatment began at the age of twenty-two. He was seen privately by a psychiatrist for delusions and was stabilized with medication. A few years later he began attending the day treatment program at the local community mental health center. After six months, Richard obtained his current job with the assistance of the state Division of Vocational Rehabilitation.

Richard presents a neat and appropriate appearance. His behavior is socially acceptable. He appears to be slightly above average in intelligence, although psychological testing places him

201

within the average range. Some impairment in thought process is
evident--some idiosyncratic word usage, difficulty in
concentration, and overattention to detail. Richard denies any
current delusions, hallucinations, suicidal or homicidal thoughts.
No evidence of mania or hypomania is apparent at this time. In
view of his dependence on others, tendency toward rebelliousness,
and an inclination to procrastinate, passive aggressive personality
disorder is suggested.

Richard's overall rehabilitation goal is to continue at the
present full-time job as an inventory clerk for at least the next
year. He reports some need for improvement in his job performance,
in agreement with his supervisor who indicates that Richard's work
productivity has declined. Based on discussion and self-evaluation
at work, a number of skill and resource strengths and deficits have
been identified. He needs improvement both in organizing work
tasks and in requesting and receiving assignments from his
supervisor. He also needs help in social skills such as conversing
about subjects other than himself in informal conversations with
his co-workers. His strengths include stocking supplies that have
been requisitioned on the loading dock in the morning and preparing
inventory (counting items on the shelves before leaving work).
Resource strengths include transportation (his sister drives him to
and from work) and psychological support (the Day Treatment program
is open for Richard to drop in every day after work). A resource
weakness is work counselling. He needs to meet more than the
current one day a month with his counsellor.

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

READING ASSESSMENT: FORM A

<u>QUESTIONS - History & Treatment Plan</u>

Name _____ Date _____

Item or Soc. Sec. # _____ Facility_____ Time of Class_____

All of the questions below can be answered in a few words. You
should use the information <u>in the history and treatment plan</u> to
answer the questions. PLEASE WRITE AS CLEARLY AS YOU CAN.

1. Name two sources of financial support for John:

   1)_____

   2)_____

2. Name <u>two</u> important things John needs to learn about his
   medication:

   1)_____

   2)_____

3. Who will give John his medication every day?

   _____

4. Give a very brief description of John's <u>two</u> rehabilitation
   objectives:

   1)_____

   2)_____

5. Can John go back to the community if he is still delusional?

   _____

6. What physical problem does the history and treatment plan say
   John has?

   _____

-- OVER --

7. How long will John stay in the hospital?

_____

8. Name <u>two</u> ways John's delusional behavior interferes with his interactions at the hospital:

    1)_____

    2)_____

9. What is John's major delusion?

_____

10. Name one good thing about John's communication with others at the hospital:

_____

11. What is John's diagnosis?

_____

12. What usually causes John to return to the hospital?

_____

13. Name <u>two</u> things the Family Care Counselor will help John with:

    1)_____

    2)_____

14. Where will John live after he leaves the hospital?

_____

15. How will John get to work?

_____

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

READING ASSESSMENT: FORM B

QUESTIONS - History & Treatment Plan

Name _____ Date _____

Item or Soc. Sec. # _____ Facility_____ Time of Class_____

All of the questions below can be answered in a few words. You
should use the information in the history and treatment plan to
answer the questions. PLEASE WRITE AS CLEARLY AS YOU CAN.

1. Who noticed changes in Richard's behavior before he came to
    the clinic?

    _____

2. What is Richard's resource weakness?

    _____

3. How far along did Richard get in school?

    _____

4. What is Richard's diagnosis?

    _____

5. Name two symptoms that are not part of Richard's condition
    according to him:

    1)_____

    2)_____

6. Describe Richard's appearance:

    _____

205

-- OVER --

7. According to the tests, what is Richard's intellectual level?

   _____

8. Name <u>two</u> of Richard's work skills which are good:

   1)_____ _____

   2)_____ _____

9. How did Richard get his current job as a stock clerk?

   _____

10. Name Richard's <u>two</u> resource strengths:

    1)_____

    2)_____

11. Name <u>three</u> of Richard's work skills which need improvement:

    1)_____

    2)_____

    3)_____

12. How did he say he was feeling when he came to the Clinic?

    _____

13. According to his evaluation, Richard is said to have
    impairment in thought process. What are the <u>two</u> symptoms
    given as evidence of that?

    1)_____

    2)_____

14. In a few words, what is Richard's treatment goal?

    _____

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

READING ASSESSMENT: FORM A

Answer Key

1. Two sources of financial support: 2 points

   1)   Social security.

   2)   Job at Goodwill.

2. John has to learn about medication: 2 points

   1)   The relationship between medication and
        delusions (when he stops medication, his
        delusions return)

   2)   The relationship between medication and
        hospitalization (when he stops medication,
        he has to return to the hospital).

3. No one.   (John is expected to take   1 point
             his medicine without help.
             Give credit if answered as
             part of #7).

4. Rehabilitation objectives: 2 points

   1)   He will return to daily life.

   2)   He will take his prescribed medication
        every day.

   (No extra credit for adding the conditions.
    Questions are asked about these below.)

5. Yes. (He will go back regardless of   1 point
        his delusions. Give credit if
        answered as part of #7).

6. Physical problem: Diet or overweight.   1 point

7. Three months or less.   1 point

                                                              -- over --

207

8. 1) Communication interrupted by wild claims
        (bullets in his brain, etc.).   2 points

    2) Threatens staff when he is delusional.

9. He thinks he is a policeman.   1 point

10. One of the following: 1 point

        He can verbalize his thoughts and feelings.

        Has discussions with the staff (discusses
        sports and music).

11. Any of the following: 1 point

    Chronic schizophrenia, undifferentiated type.
    Chronic schizophrenia.
    Schizophrenia.

12. He stops taking his medicine.   1 point

13. Two things Family Care Counselor helps with: 2 points

    1) Readjust to demands of daily living.

    2) Better social/interactional skills.

14. He will live with his sister.   1 point
    (No credit for "family" or "home").

15. Public transportation.   1 point

                                TOTAL: 20 POINTS

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

READING ASSESSMENT: FORM B

Answer Key

1. One of the following: 1 point

    Work Supervisor.
    Day Treatment Center Staff.

2. Resource weakness: 1 point

    Work counseling.

3. Graduated, finished college.   1 point

4. Passive-agressive personality disorder.   1 point

5. Two of the following: 2 points

    Delusions.
    Suicidal or homicidal thoughts.
    Hallucinations.

6. Neat, appropriate.   1 point

7. Average intelligence.   1 point

8. Two good work skills: 2 points

    1) stocking supplies
    2) preparing inventory

9. Through Dept. of Vocational Rehabilitation. 1 point

10. Two resource strengths: 2 points

    1) transportation
    2) psychological support

-- OVER --

11. Three job skills which need improvement: 3 points

    1)   organize work tasks
    2)   interact more directly with supervisor
    3)   interact more appropriately with coworkers

12. Sad; unmotivated.   1 point

13. Two of the following: 2 points

        Idiosyncratic word usage.
        Slow speech.
        Difficulty concentrating.

14. To continue his job for one year.   1 point

                                        TOTAL: 20 POINTS

210

MHTA WRITING TEST

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

WRITING ASSESSMENT

DIRECTIONS FOR ADMINISTRATION

Hand out the the test and two sheets of lined paper to each student. Ask the students not to write until you tell them to begin. Read the question aloud.

5 minutes for instructions and preparation.
20 minutes to write.
Total Test Time: 25 minutes

READ THE FOLLOWING ALOUD:

Think of the most difficult patient OR the most interesting patient you've worked with. Write a few paragraphs about this person. Imagine that the purpose of your description is to inform your co-workers about this patient.   You could include things about:

- the person's behavior and personality

- the person's family history

- how you get along with the person

- how others get along with the person

Include anything that you think will help a co-worker understand the patient.

Do not use any real names in your writing. Make up names for people you are writing about. You will have twenty minutes to write. Write as much as you can.   Please write as clearly as possible.   Write your name and the date clearly on every piece of paper you hand in.
Does anyone have any questions?

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

WRITING ASSESSMENT

Name _____ Date _____

Item or Soc. Sec. # _____ Facility_____ Time of Class_____

Think of the <u>most difficult patient</u> OR the <u>most interesting patient</u> you've worked with. Write a few paragraphs about this person. Imagine that the purpose of your description is to inform your co-workers about this patient. You could include things about:

- the person's behavior and personality
- the person's family history
- how you get along with the person
- how others get along with the person

Include anything that you think will help a co-worker understand the patient.

Do not use any real names in your writing. Make up names for people you are writing about. You will have <u>twenty minutes</u> to write. Write as much as you can. Please write as clearly as possible.

<u>Write your name and the date clearly on every piece of paper you hand in</u>.

213

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

WRITING ASSESSMENT

SCORING SHEET

Name _____ Date _____

Item or Soc. Sec. # _____ Facility_____ Time of Class_____

SCALE

Excellent to very good: 4 points
Good to average: 3 points
Fair to poor: 2 points
Very poor: 1 point

CATEGORY	SCORE (1-4)
CONTENT	_____
ORGANIZATION	_____
VOCABULARY	_____
LANGUAGE USE	_____
MECHANICS	_____

TOTAL WRITING SCORE (ADD SCORES ABOVE):   _____

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

WRITING ASSESSMENT

SCORING

There are <u>five categories</u> to be scored for each writing sample. Each category will be scored on a <u>four-point</u> scale. There are a total of <u>twenty points</u> possible for each writing sample.

A separate pass through each sample should be made to rate each category. The scorer should concentrate on <u>only one</u> category at a time. The categories are listed below according to the level of judgment required by the scorer (from global to specific).

CONTENT

> The extent to which the writer uses substantive and relevant information in developing his thesis. We are not measuring the writer's knowledge here. The <u>focus is on the information</u> the writer brings to bear. Is it relevant to the topic? Does the writer provide substantive information about the person they've chosen for their essay?

ORGANIZATION

> The extent to which <u>ideas</u> are clearly stated and supported, well-organized into a coherent whole, fluently expressed, logically sequenced.

VOCABULARY

> The extent to which the writer uses a wide range of vocabulary, uses words and idioms correctly in the correct context.

LANGUAGE USE

> The extent to which the writer uses a variety of simple and complex constructions; uses complex structures effectively; avoids errors of agreement, tense, number, word order and function; uses articles, prepositions and pronouns appropriately.

MECHANICS

> The extent to which punctuation, capitalization, spelling, paragraphing are correct.

Each of these categories are to be scored according to a four-point scale:

4) Excellent to very good.
3) Good to average.
2) Fair to poor.
1) Very poor.

MHTA SELF-EFFICACY SCALE

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

MHTA Communication Skills Self-Efficacy Scale

Directions for Administration

<u>Say</u>

> The next task asks you to give your opinions about your own communication skills at this point in time. It is called a Self-Efficacy Scale. The term "efficacy" means your ability to do things well and when we add the word "self" to that, we are asking for your opinion of how well you're doing these things.

Hand out Self-Efficacy Scale.

<u>Read aloud</u> the instructions on the first page of the scale. Ask if there are any questions.

<u>Say</u>

> You have up to 15 minutes. If you are finished before this point please turn your paper over and wait quietly. Now please begin. Before you answer the questions, please write all information requested on first page.

Allow <u>up to 15 minutes</u>. If all students have finished before this, collect all work and move to next assessment. Do not discuss the self-efficacy scale any further.

MHTA COMMUNICATION SKILLS SELF-EFFICACY SCALE

We are interested in finding out how sure you feel about your communication skills at the present time.

Your information is <u>entirely confidential</u>, and will not be given to your employer, supervisor, union representative or other agency personnel. This information is for the exclusive use of the educational provider (CUNY). We thank you for your cooperation - your feedback will help us design programs like this one in the future.

Name_____ Date _____

Item or Soc. Sec.#_____

Facility _____ Time of class _____

Below are some job situations involving psychiatric rehabilitation. You may not be doing these things at the present time, but you may do them at some time in the future. Imagine that you have to do each task <u>right now</u>. Think about each situation and <u>decide how sure you are</u> that you could handle it.

Answer each question by circling a number (1-7) below it. For example, if your answer is "pretty sure," circle 5. If your answer is <u>between</u> "not too sure" and "pretty sure," circle 4.

<u>Situation I</u>

Suppose you are <u>running a patient group</u>. You want to help the patients plan to live outside the facility, or to help them plan to improve the quality of their lives in the facility. You wish to help these patients develop personal goals, and to discuss their progress toward their goals.

1. How sure are you that you could <u>ask clear questions</u> that would encourage these patients to talk about their interests, plans and goals?

Not at all sure   Not too sure   Pretty sure   Very sure
        1   2   3   4   5   6   7

2. A patient has just expressed a concern about living outside the facility. How sure are you that you could <u>say what the patient says in other words</u> to show her that you understand her concern?

Not at all sure   Not too sure   Pretty sure   Very sure
        1   2   3   4   5   6   7

(OVER)

3. The patients are expressing various goals in the group discussion. You now want to list each patient's goals on a blackboard. How sure are you that you could write the list so that the goals are clear?

Not at all sure   Not too sure   Pretty sure   Very sure
    1   2   3   4   5   6   7

Situation II

Suppose you will meet with a psychiatric rehabilitation team that includes a psychiatrist, a social worker, and the other MHTAs on the ward. The purpose of the meeting is to review several patients' treatment and progress toward goals. You will have to speak to the team about one of your patients.

4. To prepare for the meeting, you read the patient's Treatment Plan, Case Record and/or other documents. Some of the language and vocabulary is complicated. How sure are you that you could understand all the written material?

Not at all sure   Not too sure   Pretty sure   Very sure
    1   2   3   4   5   6   7

(GO TO NEXT PAGE)

5. You read the patient's Case Record, which contains a lot of information. How sure are you that you could <u>select the information you need</u> to talk at the meeting about the patient's treatment and progress toward goals?

Not at all sure   Not too sure   Pretty sure   Very sure
    1   2   3   4   5   6   7

6. You have gathered a lot of information about the patient's treatment and progress towards goals. How sure are you that you could <u>make a well-organized summary of this information</u> so that when you talk to the group, they could follow what you say?

Not at all sure   Not too sure   Pretty sure   Very sure
    1   2   3   4   5   6   7

7. How sure are you that you could <u>speak to the group clearly, using the right kinds of technical terms</u> to describe a patient?

Not at all sure   Not too sure   Pretty sure   Very sure
    1   2   3   4   5   6   7

(OVER)

Situation III

Suppose you are <u>helping a patient plan to move back into the community, and to develop career goals</u>.

8.   You are helping the patient prepare for an interview with the head of a group home.   How sure are you that you could <u>help the patient prepare questions to ask about housing</u>?

Not at all sure   Not too sure   Pretty sure   Very sure

       1   2   3   4   5   6   7

9.   You are finding out information which you will use to help the patient make decisions about housing.   You make phone calls to government agencies, landlords, and housing authorities to request information.   How sure are you that you could <u>clearly express yourself</u> when making these phone calls?

Not at all sure   Not too sure   Pretty sure   Very sure

       1   2   3   4   5   6   7

10.   How sure are you that you could <u>use the public library to find information</u> about different careers that this patient might be interested in?

Not at all sure   Not too sure   Pretty sure   Very sure

       1   2   3   4   5   6   7

(GO TO NEXT PAGE)

<u>Situation IV</u>

Suppose you are about the <u>write weekly Progress Notes</u> for a patient.

11. You read the Treatment Plan before you write the Progress Notes. How sure are you that you could <u>decide which information in the Treatment Plan will be useful</u> to the Progress Notes you will write?

Not at all sure   Not too sure   Pretty sure   Very sure

    1   2   3   4   5   6   7

12. How sure are you that you could <u>make a list of a patients' behaviors</u>, which you would include in the Progress Notes?

Not at all sure   Not too sure   Pretty sure   Very sure

    1   2   3   4   5   6   7

13. How sure are you that you could <u>write about the patient's behavior in an organized way</u> so that others could easily understand what had happened during the week?

Not at all sure   Not too sure   Pretty sure   Very sure

    1   2   3   4   5   6   7

(OVER)

14. How sure are you that you could write the progress notes using the <u>correct technical vocabulary</u>?

Not at all sure   Not too sure   Pretty sure   Very sure

      1   2   3   4   5   6   7

15. How sure are you that you could <u>spell the technical words correctly and use the correct punctuation</u> in your progress notes?

Not at all sure   Not too sure   Pretty sure   Very sure

      1   2   3   4   5   6   7

224

IMPROVEMENT SELF REPORT

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

IMPROVEMENT SELF-REPORT

Facility _____   Time of class _____   Date_____

We would like to know how the Communication Skills Program has
affected you on the job. The information you give is ANONYMOUS -
we are not asking for your name.

Please indicate below any changes in reading, writing and oral
communication skills you think you have made ON THE JOB as a
result of attending the Communication Skills classes.

Circle the number that shows the amount of change you have made
because of the Communication Skills course. Then give an
example of how you use the skill on the job.

```
1 = no change
2 = a little better
3 = much better
4 = very much better
```

1.   Reading on the job   1   2   3   4

     Example: _____

2.   Writing on the job   1   2   3   4

     Example: _____

4.   Speaking and listening to patients
     and co-workers on the job   1   2   3   4

     Example: _____

5.   Use of technical vocabulary on the job 1   2·   3   4

     Example: _____

6.   Team work on the job   1   2   3   4

     Example: _____

-- OVER --

226

o   Have you noticed any improvement in your communication
     skills (writing, reading, oral communication) in your
     personal life?   If so, please describe.

o   What did you like about the program?

o   What did you not like about the program?

o   Would you recommend the program to others?

          Yes _____   No _____

o   Further comments:

Thank you for your cooperation.

227

IMPROVEMENT REPORT: LINE SUPERVISOR

228

MHTA COMMUNICATION SKILLS PROGRAM FOR PSYCHIATRIC REHABILITATION

IMPROVEMENT REPORT: LINE SUPERVISOR

Psychiatric Center _____   Date _____

We are interested in how the Communication Skills Program has affected
MHTAs on the job. Please fill in one form per MHTA under your supervision
who completed the program. (The person who fills in this form should be
the person who provides the MHTA's regular performance evaluation.)

Please indicate below any changes in reading, writing and oral
communication skills you have observed in the MHTA over the last six
months. We are not asking for your name, the name of your Unit, or the
name of the MHTA. The information you provide is anonymous, will be held
in the strictest confidence and will only be used for research purposes.
Please do not share these data with other staff. Please return completed
forms in the attached stamped, addressed envelope.

Circle the number that shows the amount of change you have observed in the
MHTA. Then give an example of how the skill is used on the job.

```
                                    1 = no change
                                    2 = a little better
                                    3 = much better
                                    4 = very much better
```

1. Reading on the job   1   2   3   4

    Example: _____

2. Writing on the job   1   2   3   4

    Example: _____

3. Speaking and listening to patients
    and co-workers on the job   1   2   3   4

    Example: _____

4. Use of technical vocabulary on the job 1   2   3   4

    Example: _____

5. Team work on the job   1   2   3   4

    Example: _____

Job title of person filling out this form _____

Further comments welcome (use reverse side). THANK YOU FOR YOUR COOPERATION