

Introduction to the RESPECT Institute

The RESPECT INSTITUTE at Fulton State Hospital began in December, 2002. It was the brain child of Dr. Felix Vincenz, CEO of FSH, Dr. Jane Smith, Director of Mission Effectiveness at FSH and Joel Slack, a consultant to Mental Health facilities in the United States, Europe and Russia.

Joel Slack is a tireless advocate for the respectful treatment of consumers of Mental Health Services who, through mental illness, have lost functioning, dignity and hope, for a time. Mr. Slack teaches that respectful treatment and trust building, help consumers recover faster. He founded the non-profit organization RESPECT International. RESPECT, for Mr. Slack and the RESPECT INSTITUTE, stands for: **R**esponsive; **E**ncouraging; **S**ensitive; **P**erceptive; **E**mpowering; **C**aring and **T**houghtful.

Felix Vincenz, in the 1999 revision of the FSH Mission, Vision and Values, established a hospital wide collaboration that set forth **P**artnership, **R**esponsiveness, **I**ntegrity, **D**ignity and **E**mpowerment as the core values of FSH.

Jane Smith, as director of Mission Effectiveness, has fostered these values and partnered with Joel Slack and Dr. Vincenz to create the RESPECT INSTITUTE of FSH. The institute trains consumers of mental health services to tell their stories in order to orient newly hired employees of FSH to an understanding of the experience of mental illness from those who have experienced recovery of their lives. Consumer stories also illustrate for FSH staff at large, behaviors that have really helped in recovering functioning and dignity and those that have hurt without helping at all.

This manual was written by Victoria Bridges based on Joel Slack's December 2002 presentation of this training. It is offered as a guide to future trainings to ensure the continued integrity and quality of the RESPECT Institute. This manual has been edited by Felix Vincenz, PhD; Anthony Menditto, PhD; Jane W. Smith, DMin; and Joel Slack, Director of RESPECT International.

RESPECT Institute Training Manual

I. Purpose and Objectives of the RESPECT Institute– Including Mission, Vision & Values of Fulton State Hospital (FSH)

The Purpose of the RESPECT Institute is to further the Mission, Vision and Values of FSH by partnering with those who have successfully used Mental Health services in Missouri and elsewhere, to create state-of-the-art services through state-of the-art staff orientation and preparation at FSH's Hospital Wide Orientation. (HWO)

FSH's Mission Statement: **We partner with people who have the most serious mental disorders, as they reclaim their lives and progress toward the community by offering them state-of-the-art treatment and rehabilitation in a manner consistent with both individual and public safety.**

The RESPECT Institute emphasizes Fulton State Hospital's Mission, Vision and Values. FSH's mission is "Rehab and Recovery". Rehabilitation or rehab describes current technologies used programmatically to assist consumers in establishing or reestablishing a sense of comfort and safety in the community at large by increasing social

and self-care skills, while decreasing behaviors that are unsafe or stigmatizing.

Recovery describes the consumer's work to establish or reestablish a sense of "self" as a person with human dignity and appropriate sense of empowerment and integrity in the community. The RESPECT Institute promotes both Rehab and Recovery by using feedback from consumers to empower programs to become of even more benefit to consumers.

FSH's Vision is "Creating hope through excellence". Partnering with consumers who have experienced the rigors of regaining their mental health, will create hope for consumers in stages of the recovery process, and for new employees. FSH will create hope for other consumers in earlier stages of the recovery process, and hope for new employees developing their understanding of a new job and demeanor working with consumers of mental health services. With this infusion of hope into the earliest stages of new employee orientation, FSH will add a new building block to the platform on which it continues to build excellence.

The values FSH espouses to build these ideals are: Partnership, Responsiveness, Integrity, Dignity and Empowerment. By training RESPECT Institute Speakers to tell their stories (focused to assist new

employees), FSH is *partnering* with consumers to build better services through staff education. FSH *responds* to the call for consumer input into the process of helping staff become *responsive* to the needs of consumers currently receiving services. The RESPECT Institute serves the value of *integrity* by *empowering* consumers to promote human *dignity* and practicing the values of *dignity* and *empowerment* in concrete ways.

The objectives of the RESPECT Institute that fulfill the Mission, Vision and Values of Fulton State Hospital are: 1) Train consumer speakers (participants) to present their personal experiences, geared to new staff orientation at HWO. 2) Present at HWO each month. 3) Offer consumer speakers support to increase healing, de-stigmatizing benefits of constructing, owning and sharing personal stories, through support group on an as needed basis. 4) Empower consumers to build public speaking confidence. 5) Increase the understanding of new employees concerning a) the experience of clients with mental illness receiving services at a large state hospital; b) the experience of mental illness itself; c) staff behaviors consumers perceive as helpful during the process of recovery, as well as those perceived as detrimental; and d) to understand the traumatic impact of such interventions as Seclusion or Restraints.

II. Evaluation Methods

A) Evaluating Effectiveness in training positive attitudes of clients for HWO

To measure the effect that the RESPECT Institute stories have on increasing the understanding of new employees concerning, a) the experience of clients with mental illness receiving services at a large state hospital, and b) the experience of mental illness itself, FSH is engaging in a research project. New employees in their first day of orientation are given the Opinions of Mental Illness Scale (OMIS) as a pretest. After the two RESPECT Institute presentations at HWO, the OMIS is given again as a posttest. The differences will be statistically analyzed at the completion of this project.

B) Evaluating Effectiveness of Support offered participating Consumer Speakers for the rigors of public speaking and telling their stories

Currently, consumers participate in a support/focus group on a monthly basis to hone public speaking skills, address public speaking anxiety, support each other with difficult emotions that stories and sharing them raise, construct story elements, etc. The effectiveness of this support is currently assessed informally by this group.

III. Skills Training Outline

A) Skills for Facilitators

1) Selection of participants

Selection of participants will be a collaborative effort between the consumer, treatment team (if any), consumer advocates and RESPECT Institute staff and participants. If the potential participant is still receiving hospital services, they will be nominated for participation in the RESPECT Institute by their Treatment Team. Once nominated, a co-facilitator of the Training will speak with the potential participant concerning the goals of the training the time commitment, etc. If the potential participant is interested in knowing more about the training, orientation procedures will begin. Any participant may decline further participation at any time during the training or after. Please see section the following section concerning orientation of participants. Selection criteria may include: a) willingness to work in collaboration with staff and participants; b) willingness to consider presenting personal information to new hospital employees in order to partner with FSH in providing state-of-the-art training to new staff; c) ability to sequence events and tell stories with organization; d) ability to present stories with objectivity and some multiple perspective taking, including reflecting understanding issues of responsibility of self and others for decisions made as situations unfolded (minimum of shame/blame reflected in stories); e) ability to trust staff that disclosing information will not hurt chances for release, etc and will be perceived as helpful to the

hospital community at large; f) ability to take responsibility for consequences of telling stories; g) ability to seek support for issues that arise from consequences of telling stories; h) pass/privilege status to allow participation in training. (i.e.- unescorted on grounds privileges.)

2) Selection of Facilitators

At least two facilitators will participate in each training. More may participate who are being trained in facilitation or auditing the training. The two facilitators will be selected from two pools of expertise. The first pool of expertise will be a trained or experienced speaker who is a consumer of Mental Health Services. The Second pool of expertise will be trained group facilitators of any appropriate discipline, able to use and implement the skills listed in Section III A (Skills for Facilitators) in this manual. At FSH the experienced speakers will be members of the RESPECT Institute, Joel Slack or other consultants from the field of Consumer Advocacy.

3) Orientation of Participants

Orientation of participants will begin before the actual training while garnering interest in the project and recruiting participants. Potential participants will be introduced to the RESPECT INSTITUTE's ideals and

goals. They will be informed about time commitments, etc. The selection criteria (above) will be read to the potential participants. The facilitator will let the potential participant know that their treatment team has agreed that they possess these qualities. The participant will be asked if they believe they are able to use these qualities to participate in the program. Those who are appropriate and agree to participate will be given preparation questions. (Please see Appendix I) They will be asked to consider the preparation questions prior to the first session of the training.

The subjects covered in the first session of the RESPECT Institute training, labeled Orientation of Participants are listed in the appendix II in the training agenda table. The subjects to be covered during the rest of the training follow.

The skills needed from the facilitator for orientation and training are: a) congruence (realness), b) acceptance, and c) empathy. The RESPECT Institute training is not a “therapy” group. However, one of the benefits of telling the story is that the exercise may be therapeutic for the consumer. The facilitator of the group will simply provide a small amount of structure and a large amount of acceptance from a truly supportive and empathic perspective. Although the perspective of the Institute is one of respectful and benevolent (non-confrontive) clarification, basic therapy skills of

reflection, amplification and redirection all have their place in this training. Questions of clarification, helping the consumer to own their information in a way that assists the consumer and new staff, may be accomplished through the use of “wondering curiosity”. This technique of “wondering” respectfully how events, circumstances, feelings, etc. came together to make a coherent story, will be used to assist the participant to think through problematic issues of sequence that might hinder new staff in understanding “involved” information. At no time should the facilitator argue with participants about perception of reality.

If the facilitator has a concern that the construction of the story is hindering a participant in recovery, this concern will be communicated to the Treatment Team. All possible and practical efforts will be made to maintain a positive relationship with the participant during this process, including seeking consultation when necessary about how to include the participant in decisions about whether to remain in the Institute, etc. As participants of the RESPECT Institute are approaching or have reached outpatient status, all efforts to maintain collaboration with the participation in questions concerning participation in the Institute should be maintained. Congruence with the FSH Mission, Vision and Values is a goal of the RESPECT Institute. Only a very quick or startling onset of unusual

psychiatric symptoms will require the facilitator to go to the team without the participant's knowledge. All inclusions of the Treatment Team into the RESPECT Institute's decisions will be based on concern for the participant's recovery.

4) Conveying acceptance of the consumer and their story

Working with consumers of Mental Health Services to tell their story in a manner that is helpful to staff orienting for a new position in Fulton State Hospital is the primary goal for the RESPECT Institute. However, the exercise of constructing the story will also be helpful to the consumer. Firstly, in order to ensure that the consumers are honored for their courage, their stories are not criticized or judged in the first stages of the training. Participants will be asked to consider and to develop parts of their story out loud during the first two days. (Please see Training Week Schedule of Topics in Appendix II). During that time, facilitators will actively listen. Facilitators may ask clarifying questions; may amplify important points and ask, "I wonder if a good way to say that be ...?", if the participant asks for assistance in articulating a point. The facilitator will prompt participants to reword overt crudity, obscenity, etc., by stating that orientees may not hear the point of a story if they are uncomfortable with crude wording. Aside from attending to the sensibilities of listeners, the

facilitator will accept the participant's judgment about the best way to express the story's message.

Secondly, during the second day, facilitators will write salient points on a flip chart to assist in catching important ideas and phrasing. During these sessions, if the participant corrects, re-amplifies a seemingly unhelpful idea, etc., the facilitator will step back and honor the participant's thought and emotion about his or her story and work to uncover the importance of the idea in order to make its significance more plain.

5) Identifying “educative messages” in stories that have the capacity to build empathy and command compassion concerning issues in coping with Mental Illness in a large hospital setting.

In the fifth session (please see Training Week Schedule of Topics), the facilitator will ask each client to identify a “theme” in their story. As the participant considers this, the facilitator may go back to the flip chart on that participant's story and assist, through active listening skills and prompting of group process, in identifying “key points” in the story. Next the facilitator will consider with the group what these points might help a new employee understand about: working with human beings who have lost functioning for a time but still have pride and dignity; working with folks who are frightened and traumatized by the process of being restrained or

secluded; helping people regain control of themselves in a challenging situation and process the experience later; building rapport with consumers; understanding the thoughts and feelings involved in the most acute part of mental illness; understanding thoughts and feelings involved in regaining functioning and confidence following an acute bout of mental illness; what staff has done in the past that was helpful; what staff has done that was not helpful; or any other issues.

When the group has considered their stories and the points for facilitation, they are ready to move into session six, telling the stories.

B) Skills for Participants

1) Skills to keep stories “Listener/Learner” centered and helpful

After the orientation part of the first session, the facilitator will talk about Joel Slack’s four “Cs” of presenting for the RESPECT INSTITUTE. These are the simple presentation skills that the Institute facilitators will focus on in order to keep the concept simple.

- a) **Commitment** (to the program, willingness to go beyond one’s “comfort zone” by speaking in public, and assuming the audience will be accepting without quite knowing at first.)

- b) **Center** oneself (Focus on the task at hand, other thoughts may come and go, and focus remains on task at hand)
- c) **Connect** with members of the audience (Handshake, Individual Introductions, Thank you for coming to the talk today, Eye-contact)
- d) **Chronological** Order (Start at the beginning- tell on to the end)

2) Considering a 'level of disclosure' that works for consumer/speaker and for the listener/learner.

During the training sessions, consumers may express concerns about how much detail to disclose in stories. Facilitators will reassure the participants that they are in no way asked to reveal more than they are comfortable revealing. Also, facilitators may amplify the skill of relating “feelings” about a situation without giving much detail. Often a person’s statement of feeling or perception is more useful to those working toward empathy than a lot of detail that does not make the feeling or perception of the situation clear. When participants offer more detail than may be comfortable to the HWO listener, facilitators may ask, “What are the most important parts of the story that someone listening would need to help them become a good at their job.” And assure the participant that there is no need to reveal more detail than they are comfortable with. (Our participants are often willing to share and may be used to sharing in groups. Facilitators may be

helpful in assuring clients that they don't need to expose the same level of confidential information or relive their experiences in front of a large group to be very helpful HWO presenters. Other participants might have helpful opinions as to how much information is essential for presentation.)

3) Building an ongoing support group to assist with processing and healing issues that arise from “telling the story” of illness and recovery.

After the training, participants will be asked to meet at least monthly for an hour to process their presentation experiences and to consider issues of “anxiety” or “stage fright” in their presentation process. These monthly groups may have an information agenda including future presentation schedules, public speaking tips, cognitive behavioral strategies to decrease anxiety, etc. However, at least half of the hour long group should be dedicated to processing issues/concerns that the participants raise themselves. The facilitator of the group should allow the participants to process with each other, only amplifying and interpolating points as seem appropriate.

As the presentations and the support groups progress, participant stories will alter to some extent. This is not an issue and will be left entirely within the control of the participant. Sometimes, participants retain in memory,

and tell in story, some material that may sound psychotic or delusional, even though there do not seem to be current symptoms. If the stories contain what may be delusional or other psychotic material, this does not necessarily alter the story's helpfulness to HWO learners. Confronting questionable material for the purposes of this group may in fact defeat the storytellers ability gain a working knowledge of their stories in order to develop their own ability to critique their past experience, by eroding the accepting relationships involved in supporting the RESPECT INSTITUTE. However, if the facilitator notes any worsening of psychiatric symptoms, the facilitator's behavioral observations will be reported to the treatment team, and the treatment team will consider how to handle the behaviors and whether a change in the participant's schedule or participation in the RESPECT Institute is indicated.

Most participants in the RESPECT Institute report feeling more confident and more in control of their experience from telling their stories and becoming less conscious of or sensitive to very painful life issues involved with Mental Illness and Hospitalization. Some participants attend part of training and elect to discontinue the program, because they do not feel ready or do not feel the program will be helpful to them. This is entirely up to the individual. Clients may be encouraged to attend a couple of training

sessions with the assurance that they may stop at any time, for any reason and will never be asked to present if they are not willing.

4) Coping with complex issues that arise from building recovery and educating employees while still being in the hospital.

The issues surrounding those who live or work at the hospital while telling their stories to staff and HWO learners are still being explored. The support group that meets after training will help participants explore these issues further as the months go on. The facilitator of the support group will listen for issues concerning any identified staff member using information in an inappropriate manner and report such allegations to proper authorities with or without consultation as is appropriate. The facilitator will also listen for feelings and thoughts concerning sharing information and always raise the issue of “optimal kinds of sharing” as opposed to great use of detail to help participants keep their dignity and teaching in tact. Other participants will also offer feedback. Participant and facilitator feedback will stay focused on the articulation and amplification of difficult feelings and situations. When these are well formulated, problem solving strategies will be used with the group to determine what solutions might be, how they might be applied and how

the group will know when the problem is taken care of. The facilitator will seek appropriate consultation as necessary.

5) Skills to cope with Public Speaking anxiety

When participant's express concerns about public speaking anxiety, the facilitators may refer to any of the skills listed below. The group will practice one or more of these each support meeting and ask the group to rate their effectiveness at the end of the meeting by simply asking, "Did the exercise for today help with feelings of public speaking anxiety?", and encouraging participants to talk about any specific concerns, that are not brought up in group, with the facilitator, their case manager, therapist or any other staff member with whom they feel comfortable. The facilitator will remain encouraging and help in any way possible for participants to tolerate predictable levels of discomfort around public speaking. However, the facilitator will also listen for any signs or indications that the stress is unhealthy or that the participant does not have the skills needed to tolerate the situation and consult with the treatment team. No client will be asked to do more for the RESPECT Institute than they are willing to do and can handle with their established coping skills.

a) Desensitization Exercises to practice

- b) Stretching and deep breathing
- c) Good notes and practice
- d) Commitment to the goals of the RESPECT Institute (the four “Cs” from the first session.

APPENDIX I

Preparation questions for participants in the RESPECT Institute Seminar

Please consider the following questions. You may make notes of your thoughts or simply keep your ideas in your mind. The training group will use these reflections to develop ideas for story presentations.

- **What was the best interaction you ever had with staff?**

- **Is there a staff member who had a good effect on your recovery?**

- **What was that staff member like?**

- **What experience could you tell staff about, that would change the way staff perceive clients?**

- **What do you wish staff knew about being in restraints?**

- **What was the scariest interaction you ever had with staff?**

- **If you have had experiences with restraint or seclusion, what was that experience like for you?**

- **What is one day at the hospital that you will never forget?**

- **How do you know when staff sees you as just another client?**

- **How do you know when staff sees you as an individual worthy of respect?**

APPENDIX II

Training Week Schedule of Topics By One and One Half Hour Sessions

This outline may be used in any time-frame. (Over a week during the day or evening or possibly as a once-a-week group for two months, etc.)

Because of the intense nature of this training, twenty to thirty minute breaks will be provided after each 1 ½ hour session, if training happens over the course of a week.

Two sessions with break will last 3 ½ hours.

Outline is meant to be used creatively. Please contribute any ideas that work well to other facilitators.

Before first session	Potential participants are identified and invited to participate. Preparation questions for participants in the RESPECT Institute Seminar are given to each person who agrees to participate. Participants are asked to think about the preparation questions and make notes if they choose before the first session of the training. Participants will be given the training schedule so that they may make arrangements for work, medications, transportation, etc. Residents of FSH will have assistance with these arrangements.
----------------------	---

<p>First Session (without Joel) 1 ½ Hours</p>	<p>Orientation— Mission, Vision and Values of FSH and how the RESPECT Institute enhances these directives. (10 minutes) Overview of Randy Starr's book and synopsis of Joel Slack's participation, if he is not present. (20 minutes) Discussion of results of the pre-training participant experience summary and questions/concerns (1 hour)</p>
	<p>OR</p>
<p>First Session (with Joel) 1 ½ Hours</p>	<p>RESPECT- a presentation by Joel Slack</p>
<p>Second Session 1 ½ Hours</p>	<p>Consider the stories – Participants go around the room and tell about their experience at the hospital using the 4Cs of the Respect Institute. (The four “Cs” are: Commitment, Center, Connect and Chronology)</p>
<p>Third Session 1 ½ Hours</p>	<p>Consider the stories (Part II) Continue as above</p>

<p>Fourth Session 1 ½ hrs</p>	<p>Framing the stories—1) Restate the goals of HWO. 2) Ask participants to consider, within that context of orienting new employees, what would the theme of their story be? 3) Facilitator uses flip chart to “catch” salient points. A page for each participant.</p>
<p>Fifth Session 1 ½ hrs</p>	<p>Continue with Framing the Stories until finished with all group members. 4) When finished drawing up important topics on the flip charts, take each client’s page on the flip chart and have the participant and group sum up by identifying a “theme” or “message” in each story as a title of the page.</p>
<p>Sixth Session 1 ½ hrs</p>	<p>Meet in auditorium where HWO is held, or a similar facility with lots of chairs.</p> <p>1) Facilitator will stand in front of the group and demonstrate: How to “connect” with the audience (shaking hands, introducing self on the way into the presentation); how to “center” oneself before the presentation by thinking about the task at hand and focusing on meeting folks and the story; and how to start a story at the beginning and tell on to the end.</p> <p>2) The facilitator may take parts of the participants’ stories and demonstrate to progress through the beginning, middle and end of a story, etc. This part may be shorter or longer depending on the participants’ need.</p> <p>3) The facilitator will talk about presentation: how to look at people in the audience throughout the presentation; how to speak plainly and at a good volume; how to highlight important</p>

	<p>parts of the story; how to stand behind a podium, or move around the room, etc.</p> <p>4) After the first run through of stories, the facilitator will keep feedback positive. After everyone has presented their stories, the facilitator will state that stories will be told again and feedback will address areas where constructive criticism will be helpful.</p> <p>In general the participants and facilitator will give speakers feedback about presentation after the participants speak.</p>
<p>Seventh Session 1 ½ hrs</p>	<p>Continue as above.</p> <p>(During this phase of presentation building, participants might take ownership of their own information by showing defensiveness to feedback about presentation style. Within appropriate behavioral limits, this is a very good thing. Not all stylistic elements are expected to fall into place in this training. The stories are effective at almost all stages of stylistic development and with practice, will become polished.)</p>
<p>Eighth Session 1 ½ hrs</p>	<p>Formal run through of stories and termination of group.</p> <p>1) All participants who wish to tell their story at this stage are invited to. Again feedback will be positive.</p> <p>2) The last part of the group, each member will discuss in turn, their impressions of the group, whether it was helpful, what would be more helpful, and whether they feel prepared to go forward with presentations or would like more practice, support,</p>

	<p>etc.</p> <p>3) Based on the information gathered, the facilitator and coordinator and group will make a plan to meet the needs expressed.</p>
--	--