

How to use this manual

Training philosophy

Respect for the adult learner's unique learning style forms the foundation of this training manual. Adult learners bring valuable knowledge, skills and life experiences to the training encounter. Much can be learned by reflection and discussion of one's life and work experience and ombudsman are usually willing and eager to share their experiences. This active participation is critical if the training is to be of any lasting value.

Adults learn best when they feel the content is going to be useful. With this in mind, each module has been created with an eye to what ombudsman might find "fun to know" and "good to know" but emphasizes what ombudsman "need to know" to translate classroom learning to their jobs as ombudsman.

Design

This 6-hour training program consists of five modules designed for the adult learner; lecture time is kept to a minimum and materials for home study are provided.

Each module includes a well-defined set of objectives, suggested strategies for presenting the material; a power point presentation which can be used as a slide show, to create overheads, notes or handouts; exercises; homework and supplemental reading. Familiarity with power point will make it easier to use these modules to their fullest advantage but is not required.

The manual contains a glossary and a list of national resources. As not all learning takes place in the classroom, trainers are advised to encourage the ombudsman to explore these additional resources. Trainers may want to add information about local resources as well.

Modules II-V may be presented in any order. I have chosen to put the diagnostic module last to de-emphasize the role diagnoses play per se (at least in terms of the ombudsman role) and to focus instead on the situations an ombudsman is likely to encounter.

Trainers are encouraged to familiarize themselves with all the modules before deciding on the sequences and to customize their use for their specific audiences.

Objectives and Strategies

Learning objectives may be directed toward the acquisition of knowledge, skills or attitude. Different learning strategies have been suggested for each module to support the kind of learning objective that is sought. The trainer should feel free to develop his or her own strategies as well. For example:

You would like participants to gain new facts and information.

Strategies: Discussion, mini-lectures, audiovisual materials, recordings, readings, handouts

You would like participants to apply the newly learned concepts or knowledge.

Strategies: Group discussion, demonstrations, case studies, participatory exercises, role-playing

You would like participants to examine and/or acquire helping attitudes, opinions, and values.

Strategies: Experience sharing, case study, role-play, films, guided discussions

Examples of strategies

Audio-visual	Recordings, slides, films, movies and videos
Case study	Group discussion and problem solving based on an actual situation
Experiential learning	On the job training followed by reflection on the activity
Handout	Easily referenced written materials prepared to carry away from the training, place in resource book
Lecture	A short lecture to convey specific information or theoretical background
Role-play	Design for learning in which participants act out a situation through assigned parts that they play spontaneously.
Self-assessment tools	Anonymous questionnaires and check list requesting participants to examine and/or evaluate their own situations, needs, values, attitudes, or beliefs.

Modules

The five modules are

- I **Who's Who in Adult Homes** (1 hour)
Who are the residents in adult homes?
How are their needs different from resident in nursing homes? How are they the same? What resources are available to support them? How does one access them?
- II **Self-Advocacy and Recovery** (1 hour)
What *is* recovery? What are its implications for treatment planning? How does an ombudsman support recovery efforts?
- III **Challenging Behaviors** (2 hours)
What to do when faced with someone who is withdrawn or non-communicative; is suspicious, mistrustful or paranoid; has delusions or hallucinations; is talking about suicide; is threatening or aggressive; is intoxicated.
- IV **Psychoactive medications** (1 hour) *
What are they? Do they really work? Are the new ones really better?
Why don't some people like to take them? What happens when they don't?
- V **Common Disorders** (1 hour)
What classification system is in common use? What are the most common substance abuse and mental health problems? What treatment is available?

*Could be used in place of existing section #6 in module 2 of the current training manual