

## CPIC Levels of Engagement

by James Gilmore, MBA<sup>1</sup>

*“A number of blind men came to an elephant. Somebody told them that it was an elephant. The blind men asked, ‘What is the elephant like?’ and they began to touch its body. One of them said, ‘It is like a pillar.’ This blind man had only touched its leg. Another man said, ‘The elephant is like a husking basket.’ This person had only touched its ears. Similarly, he who touched its trunk or its belly talked of it differently.”*  
--Mahendranath Gupta

A Community Engagement and Planning process such as CPIC will require some level of transformation in the existing system. For real system change to take place there will need to be a persistent and multilevel approach, which is understood and accepted by all partners in the project. Since there is the possibility that the approach as outlined in the “Community Engagement and Planning Intervention Overview and Resource Guide” could be interpreted differently by individuals depending on their role in the process just as the elephant was perceived differently by each of the blind men in Gupta’s tale, the challenge will be to make sure that all participants understand not only their piece but how it fits together with other pieces to create the “elephant”.

The various roles will be determined by levels of responsibility within each member organization. For simplicity, we can identify those levels as:

1. Executive Director/Managers
2. Middle Managers/Supervisory Staff
3. Line Staff
4. Welcoming Staff.

At each level a certain core competency made up of knowledge, attitudes and skills, will be necessary to insure the integration of those levels into the overall collaboration. Various activities designed to build those competencies are described in the CEP overview, i.e. the kick off conference, the Community Engagement and Planning meetings, the Knowledge Sharing Conference, the community dialogue and finally the Community Dissemination. It can be anticipated that those who attend the kick-off Conference may or may not be those who attend the community planning work groups and probably will not be the same as those who will be providing direct intervention and referral services. The following is an attempt to describe how we might achieve the competencies needed at each level.

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**1 Executive Director/ Manager** This is the level where the decision will be made to participate in the project and who will be assigned to maintain that participation. It is hoped that those at this level will at least attend the kick off conference. Whether they do or not, the following should be addressed with them at some point.

## **KNOWLEDGE**

- Knowledge about depression and the array of depression services.
- Familiarity with coordination of services for individuals with multiple vulnerabilities
- Knowledge about effects of depression on individuals
- Recognize social, political, economic and cultural effects
- Awareness of resources for those who suffer from Depression
- Knowledge of models of treatment for Depression
- Collaboration with other community agencies (which leads to integration of services)
- Awareness of own biases and how they hinder change
- Technological awareness
- Knowledge of program monitoring and evaluation
- Basic knowledge of medications and practice guidelines
- Knowledge of the concept of Recovery.
- Familiarity with screening and assessment tools.

## **ATTITUDES**

- Valuing consumers and families as equal partners
- Respect and acceptance of those with mental health disorders
- Maintain patience, tolerance, persistence and optimism in the face of clinical political and bureaucratic adversity .
- Dedication and commitment to addressing Depression
- Valuing Diversity

- Sensitivity to staff, as well as consumer, conflicts and barriers with regard to integrating services
- Advocacy for systems change within the agency's hierarchy
- Belief that those who suffer from Depression can get better, belief in people's ability to change
- Value treatment

## **SKILLS**

- Ability to plan and implement new services
- Crisis intervention skills
- Leadership skills
- Ability to affect changes in the staff
- Ability to communicate with staff with regards to Depression issues
- Ability to set clear boundaries
- Ability to assess treatment barriers and gaps within your system
- Ability to recognize and utilize the strengths and unique abilities of staff
- Ability to understand Community Engagement and Planning model
- Ability to assess and implement outcome measures
- Ability to use consultation and collaboration
- Ability to develop staff's perceptions, needs attitudes and skills
- Ability to support and motivate staff

**MIDDLE MANAGEMENT/SUPERVISORY STAFF** This level of staff will most likely be charged with maintaining participation in the project. Hopefully will attend the kick off conference and the work group planning meetings.

## **KNOWLEDGE**

- Knowledge about Depression and the array of Depression services
- Familiarity with coordination of services for individuals with multiple vulnerabilities

- Awareness of resources for those with Depression
- Collaboration with other community agencies (which leads to integration of services)
- Awareness of issues for specific populations: e.g. pregnant, incarcerated, elderly etc.
- Knowledge of the concept of Recovery
- Familiarity with screening and assessment tools
- Know how to move from assessment to referral or treatment planning and implementing an intervention

## **ATTITUDES**

- Respect and acceptance of those with mental health issues
- Flexibility and openness to various cultures, disorders, approaches, and communities
- Dedication and commitment to addressing Depression
- Sensitivity to staff, as well as consumer, conflicts and barriers with regard to integrating services
- Advocate for systems change within the agency's hierarchy
- Belief that people with Depression can get better.
- Value treatment

## **SKILLS**

- Ability to supervise staff in addressing Depression and to play a leadership role in implementation
- Ability to lead cross-organized teams
- Ability to help team members analyze new information and integrate what they have learned
- Ability to plan and implement new services for those with Depression
- Crisis intervention techniques
- Leadership skills
- Ability to affect changes in staff

- Ability to communicate with staff with regards to Depression issues
- Ability to assess treatment barriers and gaps within your system of dual diagnosis
- Ability to communicate to all levels of agency hierarchy
- Ability to use consultation and collaboration
- Ability to support and motivate staff

**LINE STAFF** Will be responsible for day to day interaction with subjects, delivering interventions and keeping subjects engaged.

### **KNOWLEDGE**

- Screening and assessment for Depression
- Treatment planning and strategies
- Knowledge of Depression treatment models
- Cultural competency
- Awareness of risk factors
- Know how to move from assessment to referral or treatment planning and intervention
- Know the effects of various drugs and medications
- Knowledge of treatment phase progression and the concept of recovery
- Knowledge of legal and ethical issues as applied to treatment (informed consent, confidentiality etc.)
- Knowledge of resources
- Knowledge of scope of practice within a discipline and when to refer

### **ATTITUDES**

- Willingness to accept limitations of treatment
- Attitude of hope
- Valuing consumers and families as equal partners
- Respect and acceptance of mental health issues

- Maintain patience, tolerance, persistence and optimism in the face of clinical, political and bureaucratic adversity
- Dedication and commitment to dealing with Depression
- Sensitive to consumer conflicts and barriers
- Advocacy for systems change within the agency's hierarchy
- Belief that those suffering from Depression can get better
- Belief in people's ability to change
- Value treatment

## **SKILLS**

- Ability to collaborate with agencies serving clients with Depression
- Ability to effectively communicate with clients with Depression
- Ability to understand if not implement screening and assessments for Depression
- Ability to communicate goals to clients and engage clients in treatment
- Ability to determine when to refer
- Motivational skills
- Skills to be a member of a team
- Ability to assist client in adhering to medication regimes and or treatment plans
- Ability to cope with stress
- Ability to move from assessment to referral or treatment planning and intervention
- Ability to use technologies for documentation
- Ability to set clear boundaries
- Ability to assess risk of harm to self or others

**WELCOMING STAFF** In many cases this will be the initial contact for subjects in either part of the study. The first layer of engagement with the ability to influence whether or not a subject will continue with the initial screening.

## **KNOWLEDGE**

- Know how to talk to someone in distress
- Knowledge of how their behaviors affect others
- Know how to de-escalate situations
- Basic knowledge of population with Depression
- Knowledge of how treatment helps (the effectiveness of treatment)

### **ATTITUDES**

- Kindness
- Friendliness
- Cooperative
- Accepting of a diverse population
- Respect and acceptance
- Patience, persistence and optimism
- Sensitivity to staff and consumers

### **SKILLS**

- Listening Skills
- Ability to set clear boundaries
- Ability to recognize crisis situations and know when to ask for assistance
- Ability to stay calm in stressful situations
- Ability to engage with diverse populations

As stated above, the methods to develop these competencies will vary. This is an initial attempt at outlining goals for competencies as we proceed with each activity and phase of the project.