

LET(s)Lead Academy



Lived Experience Transformational LEADership Academy

A Curriculum for Facilitating a Virtual Academy

Chyrell Bellamy & Maria E. Restrepo-Toro

Yale Program for Recovery and Community Health

Developed in 2017

About this Guidebook

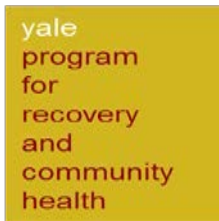
This guidebook provides materials to prepare and guide facilitators/instructors in leading a virtual course to prepare emerging leaders with lived experience of mental health, substance use, and severe trauma on their journeys to becoming transformational leaders. In this guidebook, we provide facilitators/instructors with the following:

- Course Overview on leadership concepts – Transformational change, transformational leadership and Appreciative Inquiry.
- Weekly Course Syllabi and Slides
- Supplemental reading list

The guidebook was developed and the course was piloted by Yale's Program for Recovery and Community Health: Chyrell D Bellamy, Maria E. Restrepo-Toro, Larry Davidson, Nev Jones, Dietra Hawkins, Anthony Stratford, and Eduardo Vega. The initial curriculum development project (SAM179360) was funded by the Substance Abuse Mental Health Services Administration, 2017.



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Time virtual meetings <https://zoom.us/j/580167774> **Duration:** 10 weeks course; + 4 months

Lived Experience Transformational LEADership Academy - LET(s)LEAD

Syllabus Overview

Starting with the Why?

So why is there a need to do LET(s)LEAD for people with lived experiences of mental health and recovery? Our work began about 3 years ago, with a meeting of people with lived experiences at Yale from around the globe. We met to discuss the need for developing people with lived experiences as leaders. Many spoke of the lack of opportunities available for people with lived experiences to take on leadership roles, due to either lack of opportunities or to lack of leadership experience, again which often goes back to lack of opportunity to receive mentorship and guidance in developing one's leadership potential. An international survey was conducted to ask people with lived experience what they would want in a leadership initiative. We then conducted nine qualitative interviews with international leaders with lived experience to get more specific feedback on the benefits and challenges of a leadership initiative. The results indicated that people were in support of an initiative with a focus on leadership and systems and social change.

The Transformational change and leadership approach speaks to a model of change and leadership based on humanistic and engaging qualities. These were similar values to those that have been spoken about in the research and practice of recovery oriented care and peer support. As well as in work that was done by leaders of the consumer, survivor, ex-patient movement.

What is transformational leadership?

Transformational leadership has been defined by its proponents as a leadership approach that causes change both in individuals and in social systems. In its ideal form, this style of leadership creates valuable and positive change in "followers" with the end goal of developing followers into leaders. When enacted in its authentic form, transformational leadership enhances the motivation, morale, and performance of followers through a variety of mechanisms. These include connecting the follower's sense of identity and self to the mission and the collective identity of the organization; being a role model for followers that inspires them; challenging followers to take greater ownership for their work, and understanding the strengths and weaknesses of followers, so the leader can align followers with tasks that optimize their performance. Leaders using transformational skills help team members to view their work from more elevated perspectives and develop innovative ways to deal with

work-related problems. Skills related to transformational leadership promote:

- Inspiration,
- Intellectual stimulation,
- Individual consideration,
- Participative decision making, and
- Elective delegation.

What is transformational leadership and Appreciative Inquiry?

If we examine the three types of change efforts,

- **Traditional** – is where change is about making improvements to current practices, thus effectively maintaining the status quo.
- **Transitional** – is where change aims to change current practices to improve outcomes, with tangential impact on the status quo.
- **Transformational** – is where change aims to change not only practices, but outcomes, thereby disrupting the status quo (Q.E.D. Foundation, <http://qedfoundation.org/transformational-change-model-2/>).

The hiring of people with lived experience in many ways is a disruption of the status quo. While there is a history of the “wounded healer” that has been identified across the globe and from the start of time, few with histories of mental illness and other life disruptions have been openly designated to take on roles of leadership. As our system is transforming, we believe that the leadership of people with lived expertise is crucial in the transforming of these various systems, as people with lived expertise bring with them a sense of authenticity, genuineness, understanding, ... qualities that are needed to better serve people seeking care in mental health, substance abuse, criminal justice, and other systems of care.

Why Appreciative Inquiry (AI)?

“the coevolutionary search for the best in people, their organizations, and the relevant world around them.... AI involves, in a central way, the art and practice of asking questions that strengthen a system’s capacity to apprehend, anticipate, and heighten positive potential” (Cooperrider and Whitney, 2005).

“[AI] deliberately seeks to discover people’s exceptionality – their unique gifts, strengths, and qualities. It actively searches and recognizes people for their specialties – their essential contributions and achievements. And it is based on principles of equality of voice – everyone is asked to speak about their vision of the true, the good, and the possible. AI builds momentum and success because it believes in people” (Cooperrider, D.L. et. al.).

As Cooperrider and his colleagues explain in this quote, conversations that identify, search, and recognize the unique contributions of an organization’s staff reveal the essential elements for positive change. It is important to highlight *conversation*.

One of the real differences in an approach based in Appreciative Inquiry is the focus on having conversations or dialogue. When individuals engaged in these conversations *value and honor*, and search and discover together as an initial activity, they build an opportunity for momentum and success that is based on a principle of equity. In other words, all participants have something valuable to offer and participating in a shared experience creates a solid foundation for sustainable growth.

LET(s)LEAD Course Teaching Philosophy

Personally, we are more interested in the social, civil, and cultural values associated with learning. Authentic learning — the type that stays with you forever — is not something that we or any educators can give you; learning is an active process that requires deep, personal engagement with the material or the project, and with the self. Learning is discovery. It comes from the self in conversation with an educative collaborative community. We hope that this classroom will serve as that community.

Each collective member of the classroom must advocate for his or her or their own needs. With your help, we hope to never lose track of what's truly important: our mutual learning.

Inclusive pedagogical models allow fellows to understand, obtain and co-create knowledge in the classroom (hooks, 1994; Tuitt 2003). Towards this end, inclusive pedagogy is a pedagogical construct that "advocates teaching practices that embrace the whole student in the learning process" (Tuitt, 2003, p. 243). Furthermore, it is a transformative teaching approach that is methodological in its applicability and diverse in its foundation.

The five characteristics include:

- 1) Faculty-student interaction
- 2) Sharing power
- 3) Create "collaborative learning environments" (Tuitt, p. 248, 2003).
- 4) Activation of student voice
- 5) Utilization of personal narratives. An anecdotal method that also activates student voice is the utilization of personal narratives where reflexiveness is evoked and critical thought through experiential knowledge is written as a response to required readings (Tuitt, 2003).

We believe that this approach to learning is essential because as people with lived expertise we are called on to be reflexive about our lived experiences during our work.

Goals:

- to assist emerging leaders in gaining an understanding of the critical and emerging issues in mental health and other systems of care;
- to learn and put into practice the key elements of transformational leadership
- to develop a project that combines the knowledge and skills they are learning in class in a practical way, either by, for example, developing a project focused on systems or social change or by developing a change initiative specific to their own personal or organization's vision.

Requirements, Attendance:

LET(s)LEAD assumes that you have a general understanding of recovery concepts. However, we are all at various levels of achieving mastery of these concepts especially since the field is still relatively new and concepts are evolving. This course is also meant for emerging leaders, people that have served as leaders in any capacity that desire to do more in terms of transforming systems/social change.

Class attendance is a symbol of solidarity with the fellow members of your classroom. Meaningful education requires a shared cultural experience and the readings, writings, and discussions that take place in this class serve as precisely that.

To promote deep engagement with the course content, we encourage you, at any time, to stand up, walk around, or readjust your monitor in the virtual classroom. It is important that all fellows attend each session. There will be 1 excused absence allowed. In the event a situation comes up and more time is needed, decisions on continuing the course will be discussed with the fellow and the faculty team.

Course Schedule:

We hope that during the next nine months (10 weeks – online course, followed by 4 months with monthly mentoring and check-in sessions), we will accomplish a good deal.

Weekly for 10 weeks; DATE TO BE ANNOUNCED, zoom <https://zoom.us/j/580167774>

Followed by 4 months of individual mentoring sessions (meet 1-2 times per month with your mentor); and once a month online check-ins with the full cohort).

We are open to scheduling phone or virtual meetings if you have any questions related to the course.

Week	Topic	Faculty
Week 1	Academy Overview and Getting to know each other	Chyrell Bellamy and Maria E. Restrepo-Toro
Week 2	Foundations of Transformational Change and Appreciate Inquiry	Dietra Hawkins and Chyrell Bellamy
Week 3	Foundations of Transformational Leadership	Dietra Hawkins
Week 4	Behavioral Health and Lived Experience: State of Affairs	Nev Jones
Week 5	Encouraging the Heart and Partnering with others	Maria E. Restrepo-Toro
Week 6	Change management strategies and Appreciative Inquiry	Eduardo Vega
Week 7	Leadership on Boards and Committees	Maria E. Restrepo-Toro
Week 8	Leadership on Boards and Committees	Anthony Stratford
Week 9	Developing your Vision, Students presentations	Chyrell Bellamy and Maria E. Restrepo-Toro
Week 10	Pushing Forward, Next steps, Students presentations	Chyrell Bellamy and Maria E. Restrepo-Toro

Certificates and Graduation

Yale University Certificates will be delivered to fellows at the end of the 9-month period, that have met the goals outlined above. **Graduation will take place in April 2019.**

Faculty and Mentors:

Chyrell D. Bellamy, PhD, MSW is the Director of Peer Services/ Research and an Associate Professor (of Yale University's Department of Psychiatry, Program for Recovery and Community Health (PRCH)). She has experience as a social worker, community educator and organizer; as a community and academic researcher; and, as a person with lived expertise in recovery. Her expertise includes developing and conducting community-based research initiatives; involving and partnering with people living with mental illness, substance abuse, HIV, and experiences of incarceration; particularly related to practice and research on sociocultural pathways to recovery and wellness. Dr. Bellamy received her PhD in the Joint program in Social Work and Social Psychology from the University of Michigan and her MSW from Rutgers University, and a Post-Doctoral Fellowship at the Center for Mental Health and Criminal Justice Research at Rutgers University. As Director of Peer Services and Research for Yale-PRCH, she provides instruction on peer curricula development and training based on her research and practice experience with people in recovery employed as peer supporters, coaches, and mentors; evaluation of the effectiveness of peer support; and, research and training on the development of culturally responsive community based interventions. Dr. Bellamy is the PI on a PCORI grant: Increasing Health Care Choices and Improving Health Outcomes among Persons with Serious Mental Illness.

Larry Davidson, Ph.D., is a Professor of Psychiatry and Director of the Program for Recovery and Community Health of the School of Medicine at Yale University. He also serves as Senior Policy Advisor for the Connecticut Department of Mental Health and Addiction Services, and was the Project Director for the Recovery to Practice initiative of the federal Substance Abuse and Mental Health Services Administration. His research has focused on processes of recovery in serious mental illnesses and addictions, the development and evaluation of innovative recovery-oriented practices, including peer-delivered recovery supports, and designing and evaluating policies to promote the transformation of behavioral health systems to the provision of recovery-oriented, person-centered, and culturally-responsive care. In addition to being a recipient of psychiatric care, Dr. Davidson has produced over 375 publications, including *A Practical Guide to Recovery-Oriented Practice: Tools for Transforming Mental Health Care* and *The Roots of the Recovery Movement in Psychiatry: Lessons Learned*. His work has been influential internationally in shaping the recovery agenda and in operationalizing its implications for transforming behavioral health practice.

Maria E. Restrepo-Toro, MS, is an Educator at the Yale Program for Recovery and Community Health. Maria is a Visionary Leader, Trainer and Researcher in the fields of Latino Behavioral Health Recovery, Psychiatric Rehabilitation and Cultural Diversity. She has earned recognition as a leader in the field of Psychiatric Rehabilitation and received the USFRA 2012 *Leroy Spaniol Educator Award*. Maria is passionate about eliminating global mental health disparities, empowering people to recover, and gain equal access to behavioral health services. For the past 28 years, Maria has successfully trained bilingual professionals, administrators, peers, advocates and family members both nationally and internationally. She has a unique expertise in developing culturally appropriate recovery-oriented training materials designed to bring hope and to empower Spanish-speaking people and their families.

Miraj U. Desai, PhD is an Associate Research Scientist at the Program for Recovery and Community Health of the Yale University School of Medicine, Department of Psychiatry. He is also a Resident Fellow of Pierson College (Yale College), a Member of Yale's South Asian Studies Council, and Affiliated Faculty in the Yale Climate Change and Health Initiative. His research currently focuses on cultural, community, and social justice perspectives on mental health. Most recently, he has served as Project Director for PCORI and NIMH funded initiatives on participatory research and person-centered care, respectively. Dr. Desai is a Minority Fellow of the American Psychological Association and a recipient of the Sidney Jourard Award from the Society for Humanistic Psychology.

Eduardo Vega, MA is CEO of Dignity Recovery Action! International, a consulting and technical assistance collective focused on social change, social justice and behavioral health systems transformation fueled by the "lived experience" of people who have been there. An internationally recognized thought leader in recovery-oriented programs and policy, consumer/user engagement, stigma reduction, men's health and suicide prevention, his work as a change agent and innovator continues to drive the

forefront of change for mental health worldwide. For over twenty-five years, Vega has provided progressive leadership in behavioral health services, advocacy, policy and programming. Highly sought as a speaker for his dynamism and ability to connect personal experience with systems and social change, Mr. Vega has presented and consulted on policy and technical issues in behavioral health with stakeholder and consumer groups, private industry and government throughout the US, in Japan, the Netherlands, Australia, New Zealand, Canada, Europe, Fiji and Latin America. In his leadership capacity, he helped found the national Destination Dignity! Project, the California Association of Mental Health Peer Run Organizations, (CAMHPRO), the Yale International Lived Experience Leadership Institute, United Suicide Survivors International and other transformative initiatives. He serves as President of the Board of CAMHPRO and Chair of the National Dignity Mental Health Coalition, on the Steering Committee of the National Suicide Prevention Lifeline, the Global Anti-Stigma Alliance, and the Executive Committee of the US National Action Alliance for Suicide Prevention, through which he founded the world's first suicide attempt survivor task force.

Anthony Stratford is the Senior Advisor Lived Experience and a member of the Executive at Mind Australia. He is a Visiting Scholar at Yale University School of Medicine. Anthony is an Honorary Fellow in the Department of Psychiatry and an Honorary Fellow in the Centre for Global and Cultural Mental Health, Melbourne School of Population and Global Health, Faculty of Medicine, Dentistry and Health Sciences, the University of Melbourne. He also holds the position of Expert Advisor to the World Health Organization, Geneva and is a Board Director of the International Association of Peer Supporters (iNAPS) based in the USA. In 2016, Anthony was appointed to the Lived Experience Leadership Expert Reference Group which assists the Minister implementing Victoria's Ten Year Mental Health Plan. Anthony's work is strongly informed by his personal experience of mental ill-health and recovery. He believes that the lived experience should strongly inform system change.

Kimberly Guy, was raised primarily in New Haven, Connecticut, where she now lives and works. Kimberly worked much of her life as a nurse's aide until beginning work as a recovery mentor and leader in the Recovery Movement, sharing her personal story of hope and recovery from trauma, addiction and mental health challenges. Kimberly has presented across the state of Connecticut and nationwide on topics including peer support and person centered approaches to treatment and care for people with addictions, mental illness, and incarceration history. She is the mother of 4 children and an avid gardener. Kim states: "I am the 3rd generation of women sent away to institutions, with the inherited trauma and this taking of my ancestors not for something they did wrong but for the pain they experienced due to the hard circumstances of their lives. That's the story I want to tell and to shed light upon. But it's not only my ancestors and my pain; through my work with the mental health field I have also seen the challenges and joys of peers working in this field, and it has given me a new perspective that we are all in this together." Kim is currently a Supervisor and Trainer for Yale-PRCH, where she has worked for the past 10 years.

Dietra Hawkins, PsyD is a licensed clinical psychologist with over 10 years' experience working with providers, communities and large health care systems to enhance their cultural and linguistic approaches as a mean of eliminating racial and ethnic health disparities. Her background in qualitative research, community based participatory research methods and experience as a Clinical Director for a small urban mental health clinic help her customize curriculum, webinars, supervision and workshops for school systems, health care setting, and system leaders. She has worked with the Southeast AIDs training and Education Center, Georgia Department of Behavioral Health and Developmental Disabilities, Maryland Department of Mental Hygiene, and Texas Department of State Health Services, Center for Substance Abuse Treatment (CSAT). Dr. Hawkins developed *Beyond the Surface: Making Cultural Competence Real*. Organizational Cultural Competence Two Day Training Curriculum for Asian Pacific Islander American Health Forum; and co-authored an 80-hour Certification 9 course curriculum for PROCEED, Inc., National Center for Training Support, & Technical Assistance titled *EMBRACING PEOPLE IN COMMUNITIES (EPIC) PROGRAM* for Organizational Cultural Competence. She has also developed a guidebook and training on the use of Appreciative Inquiry approaches to engage organizations and communities in developing practical and sustainable solutions.