

# **New Jersey Department of Human Services Division of Aging Services**

## **Take Control of Your Health Master Trainer Implementation Manual 2018**

- **Chronic Disease Self-Management Program (CDSMP)**
- **Diabetes Self-Management Program (DSMP)**
- **Tomando Control de su Salud**
- **Programa de Manejo Personal de la Diabetes**
- **Cancer: Thriving and Surviving Program (CTS)**



Congratulations on becoming a Take Control of Your Health

### **Master Trainer**

This guidance manual will assist you to successfully carry out the responsibilities of a Master Trainer in CDSMP, DSMP, Tomando Control de su Salud, Programa de Manejo Personal de la Diabetes and CTS.

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## Licensing/Responsibilities

- As a Master Trainer, you have been trained by T-Trainers.

Name of T-Trainers: \_\_\_\_\_  
\_\_\_\_\_

- Dates of Master Training: \_\_\_\_\_
- As a Master Trainer, you are operating under an agency license granted from The Self-Management Resource Center. Agencies may opt to be certified under the Department of Human Services (DHS) license by completing an Agency Partnership Agreement. Alternatively, agencies may hold their own license, which requires a licensing fee and reporting responsibilities directly to The Self-Management Resource Center. Questions regarding the license: NJ DHS, 609-588-7682.
- Name (agency) of License Holder: \_\_\_\_\_

## Certification

- Certified Master Trainers are authorized to facilitate the six-week community workshop and to train Peer Leaders to facilitate the six-week community workshop.
- To become a certified Master Trainer one must: 1) complete Master Training, 2) co-facilitate at least 2 community workshops in the first year.
- After completing two community workshops, you must notify The Self-Management Resource Center to sign and complete a Master Trainer Agreement and Authorization form prior to facilitating a Peer Leader training. See <https://www.selfmanagementresource.com/> for information and the Agreement and Authorization form.
- To remain an authorized Master Trainer, you must conduct at least one Peer Leader training per year. If certified in more than one program (such as Tomando Control de su Salud), you must conduct one Peer Leader training in any of the programs and teach at least one 6-week workshop every year for each of the other programs.
- Complete any required update training provided by the Self-Management Resource Center.

## Master Trainer Role

- Facilitate the 6-week community workshop and lead 4-day Peer Leader training.
- Train, support and monitor Peer Leaders who implement the 6-week workshop including collecting data forms from each workshop held.
- Master Trainers must observe all Peer Leaders under their oversight/coordination at least once, preferably during their first workshop. (See PL Monitoring/Quality Assurance).
- Give a copy of your license or DHS license to Peer Leaders during training.
- If you are training a person from outside your service area and you are not able to provide workshop monitoring and oversight, the trainee **must** have an agreement with a local Master Trainer. This needs to be established before the individual registers for training. The Master Trainer providing oversight retains the Peer Leader Agreement form. If you need assistance contact DHS, 609-588-7682.
- Submit data forms for all classes (6-week workshop and Peer Leader training) to DHS.
- After training Peer Leaders, the Master Trainer is responsible for collecting data from each 6-week community workshop held by your Peer Leaders and submitting the forms to DHS. Please review the Peer Leader Guidance manual for forms to be collected during the 6-week community workshop. Review all program forms for completeness and accuracy prior to submitting to DHS.
- **Submit all forms to:**  
Keana Reed  
NJ Department of Human Services  
PO Box 807  
Trenton, NJ 08625  
PH: 609-588-7682

### Facilitating 6-week Community Workshops

- When facilitating the 6-week community workshop, follow the protocol and complete all forms as outlined in the Peer Leader manual. **Send all forms to:** Keana Reed, at the address above.
- Questions about the CDSM Program, contact Keana Reed CDSMP Coordinator, 609-588-7682 [keana.reed@dhs.state.nj.us](mailto:keana.reed@dhs.state.nj.us)
- After facilitating two 6-week community workshops and receiving your signed agreement from The Self-Management Resource Center, you can conduct a Peer Leader training.

## Peer Leader Role

- Peer Leaders must complete the 4-day Peer Leader training and teach at least one workshop in the first year after training.
- Implementation of the CDSMP requires two (2) trained leaders for each 6-week workshop. The leaders can be non-professional (peers) with one or more chronic conditions, or a caregiver of someone with a chronic condition or professionals. At least one person should have a chronic condition.
- Peer Leaders must co-facilitate one workshop, using the detailed, scripted manual, once a year in order to remain certified.
- In addition, some Peer Leaders may take on administrative functions, such as finding community sites, ordering materials and recruiting participants. Others may need more support from their Master Trainer.
- Peer Leaders who have not taught a CDSMP community workshop for more than 1 year should be retrained.
- Peer Leaders are responsible for collecting data from each 6-week community workshop and submitting the forms to the Master Trainer or directly to DHS.

## Peer Leader Training Marketing and Recruitment

- Ensure upon registration that people understand the role and responsibilities of Peer Leaders. Potential leaders must commit to facilitating a workshop prior to the training to ensure they are committed to their Peer Leader role.
- Leaders should reflect the make up of the community they are serving. Recruit peer leaders of the same ethnic or cultural background as the people who will be attending the program.
- Strongly encourage potential Peer Leaders to recruit a friend or colleague to attend the training. This ensures a co-facilitator for community workshops.
- Leaders are trained in groups of 10-20 over 4 days by Master Trainers. The training should never have less or more than the above numbers, 12 to 18 is ideal.
- The training is offered in four six-hour days. These can be four consecutive days but it is best to offer two days one week and two days the next or one day a week for 4 weeks. This allows time for homework, action plans and more time to process the material.
- To become a Peer Leader, an individual must attend **ALL** of the training and participate in all of the activities.

- It is best to have community workshops scheduled prior to the Peer Leader training, so Peer Leaders have an opportunity to facilitate within a couple of months of training.
- Complete and submit the Notification of Peer Leader Training, to notify DHS of an upcoming Peer Leader Training. DHS can provide support in marketing the training to other potential attendees via its statewide listserv.

### **Peer Leader 4-Day Training**

- Teach the Peer Leader training in strict accordance to the Master Trainers Manual. The Manual details all materials needed.
- Ensure each Peer Leader receives:
  - the latest version of the Peer Leader Manual,
  - a “Living a Healthy Life with Chronic Conditions” book and
  - the relaxation & exercise CD (Tomando Only).
- Log attendance each day using Peer Leader Contact Information & Training Verification form.
- Ensure that everyone participates in practice teaching. Offer participants the chance to review their feedback forms. *Tip: You may want to observe how the leader responds by being a difficult participant. However, ask other participants to be respectful as too many challenging participants are not conducive to learning.*
- Ensure that participants understand their role and responsibilities. Have participants sign the Peer Leader Agreement. The agreement details the following:
  - Teach one entire 6-week community workshop within 12 months of training.
  - Teach within strict accordance with the course as written in the Peer Leader Manual.
  - Report all courses to be taught to the Master Trainer or DHS at least two weeks prior to the first class.
  - Distribute and collect all required participant and PL data collection forms and submit within 2 weeks to the Master Trainer.
  - Maintain confidentiality at all times.
- Ensure that participants sign the Non-Disclosure Agreement. The agreement ensures that anyone handling personally identifiable information will not disclose it.
- At the end of the four-day training, distribute and collect a training evaluation, Peer Leader Training Evaluation.
- Distribute certificates of completion. See NJDHS website for templates.

## FORMS:

- Notification of Peer Leader Training (Submit to DHS in advance of training)
- Peer Leader Contact Information and Training Verification (Submit to DHS upon completion of training and retain copy for your records)
- Peer Leader Agreement (keep for your records, or send to MT providing oversight)
- Non-Disclosure Agreement (keep for your records, or send to MT providing oversight)
- Practice Teaching feedback forms (in manual-do not submit to DHS)
- Peer Leader Training Evaluation (keep for your records)
- Certificates of completion (give to Peer Leader)
- **ALL** Forms are available on the NJDHS Website at <http://www.state.nj.us/humanservices/doas/home/cdsmpresources.html>

### Peer Leader Monitoring/Quality Assurance

- It is the responsibility of the Master Trainer to ensure the Peer Leaders they train are upholding the fidelity of the program.
- Master Trainers must observe all Peer Leaders under their oversight/coordination at least once, preferably during their first workshop. The “Instructions for Observing Peer Leaders”, the “Peer Leader: Overview of an Observation Visit by a Master Trainer and the Take Control of Your Health Checklist” are available from DHS.
- Distribute the Peer Leader Feedback Form to each Peer Leader facilitating a six-week workshop; collect upon completion. This tool allows the Peer Leader to provide feedback to the Master Trainer on the success and challenges of the workshop. The feedback form also captures memorable moments and success stories. The form is a starting point for discussion of fidelity issues. Keep the form for your records.
- If possible, pair an experienced Peer Leader with a beginner for the 6-week workshop. If appropriate, you may also attend week 1.
- Consider communicating with Peer Leaders via an email distribution list, or listserv.
- Peer Leaders should notify you of upcoming classes. Review materials needed and offer support if appropriate.
- Review the data collection process and forms using the “About this Workshop Survey Packet”.
- Remind Peer Leader to review all program forms for completeness and accuracy prior to submitting to you and or DHS within two weeks of workshop completion.

## Summary of Forms to submit to DHS

- Peer Leader Training:
  - Notification of Upcoming Peer Leader Training (Submit prior to training)
  - Peer Leader Contact Information and Training Verification
  
- 6-week community workshops:
  - Notification of Upcoming Community Workshop (Submit in advance of workshop)
  - Workshop Information Cover Sheet
  - Attendance Log
  - Participant Information Survey
  
- **ALL** Forms are available on the NJDHS Website at <http://www.state.nj.us/humanservices/doas/home/cdsmpresources.html>
  
- **Submit all forms** to Keana Reed within two weeks of workshop completion.  
Keana Reed  
NJDHS  
PO Box 807  
Trenton, NJ 08625  
PH: 609-588-7682  
FX: 609-588-7630

## Resources

The Self-Management Resource Center's website provides information on policies, licensing, materials, and a CDSMP toolkit to all Master Trainers. See: <https://www.selfmanagementresource.com/>.

The National Council on Aging website provides information on model health programs for communities. See: <http://www.ncoa.org/improve-health/center-for-healthy-aging/>

The Department of Human Services (DHS) provides statewide guidance and oversight for CDSMP. See: <http://www.state.nj.us/humanservices/doas/services/control/index.html>

### DHS resources:

Program Administration, Implementation, Licensing and Oversight  
Keana Reed: 609 588-7682; [keana.reed@dhs.state.nj.us](mailto:keana.reed@dhs.state.nj.us)

The NJ website, <http://www.state.nj.us/humanservices/doas/services/control/index.html> details statewide aging resources and will include information on CDSMP.