Microtraining Plans for Organizations

Temple University Collaborative on Community Inclusion

About the microtrainings

Our free microtrainings give staff research-based guidance on community participation in 10 minutes or less per training. Each training includes key research findings, practical recommendations, stories from people with lived experience, knowledge checks, and reflection questions. Nearly all include a free certificate of completion.

Through our free technical assistance, we work with your organization to adapt any of the plans below to your team's goals. Each plan includes a custom link so you can see who has completed each training. If your organization needs a training on a topic we don't cover yet, ask us about developing custom microtrainings.

How to use these plans

Pick the plan that matches what your organization is trying to do, or combine them. Each training takes about 10 minutes, so the value of a plan comes from spacing the trainings out and talking about them, not from the time spent online.

Plan	Best for	Format	Length
1. New staff onboarding	Peer specialists and providers in their first months	Individual, weekly, with a supervision check-in	8 weeks
2. Team practice	Established teams in peer-run or clinical organizations	Group, monthly, with a staff meeting discussion	8 months
3. Health and participation	Staff who support people with, or at risk of, type 2 diabetes	Individual or group, weekly	4 weeks

Plan 1: New staff onboarding

New staff complete one training a week for 8 weeks, starting with what community participation is and why it matters, then moving to practical strategies. The order builds from the basics, to purpose, to connection, to where people go, to how they get there.

Week	Training	Why it comes here
1	The Whats, Whys, and Hows of Community Participation	The foundation: what participation is, why it matters, and how to get started
2	Not Optional: Participation Is Essential for Health	Builds on the basics with the health case for participation
3	Getting out of the House	The most basic and practical strategy
4	Connection Counts: Addressing Loneliness through Participation	Links participation to loneliness, which staff see constantly
5	How Recreation Supports Your Mental Health	Low-cost, low-effort strategies staff can suggest right away
6	Welcoming Places	Where to go: places that help people feel wanted
7	Moving Through the Community: Why Transportation Matters	How to get there, with a focus on independent travel
8	Opening the Digital Door	Digital tools as a bridge to in-person participation

Supervision check-in. After each training, the supervisor asks one question: *"What's one thing from this training you'll try with someone you support this week?"* At the next check-in, they ask how it went. This is what turns a completed training into changed practice.

For peer and health-focused roles, add Plan 3 in weeks 9 through 11. Not Optional is already complete, so staff start with the diabetes series.

Plan 2: Team practice

Established teams complete one training a month before a staff meeting, then spend 15 minutes discussing it together. Over 8 months, this makes community participation part of how the team plans and talks about its work.

Month	Training	Discussion prompt
1	The Whats, Whys, and Hows of Community Participation	How would each of us define community participation? Do we all mean the same thing?
2	Not Optional	When we plan services, do we treat community participation as essential or as extra?
3	Getting out of the House	Which barriers to leaving the house do our own practices create?
4	Connection Counts	Where do the people we support feel accepted? How do we know?
5	How Recreation Supports Your Mental Health	Do we ask people what they enjoy, or only offer what's available?
6	Welcoming Places	Name three welcoming places in our area. Have we been there ourselves?
7	Moving Through the Community	How much of our support depends on us driving? What would build independence?
8	Opening the Digital Door	Do we use digital tools as a substitute for in-person participation, or a bridge to it?

Running the discussion. Staff complete the training on their own during the week before the meeting. A different team member can lead the discussion each month. Close each discussion by agreeing on one small change the team will try before the next meeting.

Optional month 9: add Plan 3 as a team, using its discussion prompts.

Plan 3: Health and participation

Staff complete four trainings over 4 weeks that connect community participation to physical health, using type 2 diabetes as the focus. Not Optional comes first because it makes the case that participation is a health need, which frames everything in the diabetes series.

Week	Training	Discussion prompt (for group use)
1	Not Optional	If participation is a health need, how should it show up in a person's health or wellness plan?
2	What Is Type 2 Diabetes?	What do we already know about which people we support have diabetes or pre-diabetes?
3	Type 2 Diabetes and Mental Health	Which mental health symptoms make diabetes management harder, and how do we talk about that?
4	Type 2 Diabetes: Exploring Supports	Which local professionals and resources do we already connect people to? Which are we missing?

This plan was designed with peer specialists in mind and works for peer-run and clinical organizations. Staff who completed Plan 1 or Plan 2 can skip week 1.

Combining plans and getting started

Most organizations will get the most from pairing plans: Plan 1 for new hires and Plan 2 for the whole team, with Plan 3 added for staff who support people with diabetes. New microtrainings are added regularly and can be added to any plan.

To get started, contact us with your organization's goals, staff roles, and preferred timeline. We'll send back a customized plan and your organization's tracking link.

Contact: tucollab@temple.edu