



ILLINOIS

CERTIFIED RECOVERY SUPPORT SPECIALIST (CRSS) CREDENTIAL

STUDY GUIDE

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Developed in Collaboration by the:

- Illinois Certification Board d/b/a IAODAPCA, Inc.
- Illinois Department of Human Services/Divisions of Mental Health, Rehabilitation Services and Alcoholism and Substance Abuse
- Illinois Mental Health Collaborative for Access and Choice

FOREWORD

As the world of mental health and combined mental health and substance abuse treatment evolves, new guidelines, regulations and credentials are developed. As a result of change and progress, the Certified Recovery Support Specialist (CRSS) credential has been established. One of the requirements to obtain this certification is passing the written examination. It is our desire for this study guide to assist those individuals pursuing the CRSS credential.

This guide may also be useful to you as a resource for:

- Your ongoing education in the credential competencies
- Facilitating discussion with your supervisor about CRSS roles
- Teaching others about the credential

If you are reading this study guide, you may already have the booklet, Illinois Model for Certified Recovery Support Specialists which contains the model and application. If not, you can contact the Illinois Certification Board (ICB) either by phone, mail or our website to obtain a copy.

- Call **1 (800) 272-2632**
- Fax **1 (217) 698-8234**
- Visit www.IAODAPCA.org
- Write to:

Illinois Certification Board
401 E. Sangamon Ave.
Springfield, IL 62702

This study guide was designed with you in mind. The format was devised to be as user-friendly as possible. At the end of this guide, you will find an appendix of resources for further study.

Lastly, the entire staff and the Board of Directors of the Illinois Certification Board, commend you for your efforts to obtain this credential and wish you success in your pursuit!

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CHAPTER 1: INTRODUCTION

CERTIFIED RECOVERY SUPPORT SPECIALISTS

As long as there have been mental illnesses and substance use disorders, there has been recovery. Nonetheless, this is an especially exciting time for everyone who cares about their well-being and that of others. Persons in recovery now have new tools to work more collaboratively to improve their lives, advance their recovery, and shape our overall health care system.

In 2003, the President's New Freedom Commission on Mental Health was formed to conduct a comprehensive study of the United States' mental health service delivery system. The Commission, involving the input of persons participating in mental health services, providers, family members and advocates, advised the President on methods of improving the system. They united around the following definition of recovery:

Recovery: The process in which persons are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

- The President's New Freedom Commission on Mental Health

When persons with a co-occurring mental illness and substance use disorders are in recovery, it is implied that they are abstinent from the substance causing impairment and are able to participate in life activities that are meaningful and fulfilling to them. According to Lowinson, recovery from co-occurring conditions consists of:

- Gaining information
- Increasing self-awareness
- Developing skills for sober living
- Following a program of change

One of the most exciting developments in the field of human services has been the emergence of Recovery Support Specialists. For the purpose of this study guide, the following recovery support terms are defined:

RECOVERY SUPPORT: The process of giving and receiving non-clinical assistance to help facilitate the process of recovery; recovery support is provided by individuals with lived experience in recovery.

RECOVERY SUPPORT SPECIALIST: A person with lived experience in mental health recovery who helps others with psychiatric conditions on their recovery journeys in a formal manner and is paid for his/her services.

RECOVERY SUPPORT SERVICES: Peer-based recovery support services which are delivered through organizations and through the specialized roles of paid Recovery Support Specialists.

Recovery Support Specialists infuse the human service system with hope. They improve opportunities for persons to live full and productive lives in their own communities and overcome conditions once thought to be incurable. Recovery Support Specialists also infuse the human service system with empowerment.

They represent the perspectives of persons participating in human services. More importantly, they create opportunities for persons to become involved in the human service system at every level.

The CRSS credential provides Recovery Support Specialists and organizations that work with them unique experience, expertise and qualifications. This credential is, therefore, an important strategic step toward the realization of the vision of an Illinois human service system with hope at its foundation where:

The Expectation is Recovery! All persons with mental illnesses can recover and participate fully in a life in the community.

- The DHS/DMH Vision Statement

As a person with the CRSS credential, you will be equipped to play a significant role in advancing this vision and making a positive difference in the lives of persons with mental health and combined mental health and substance use disorder challenges.

PURPOSE OF THE STUDY GUIDE

This guide is designed to assist those who are preparing to take the CRSS examination. Please note this guide does not guarantee to cover all information needed for the examination. The main function of the guide is to provide a brief overview of the different areas of importance for the CRSS credential. It does not ensure a passing score, nor will it provide you with all the vital information required of this profession. Ultimately, we hope it provides structure to your preparation for the examination. We encourage applicants to review other sources of information as well. The more you learn, the better prepared you will be for the test taking process. In addition to helping you study for the exam, this guide may also help you to sharpen your skills over time, open dialogues with your supervisor and teach others about the credential.

FORMAT OF THE STUDY GUIDE

The proceeding four chapters are based on the domains, or primary functions, of persons with the CRSS credential. These domains were identified through a rather extensive and thorough process known as a role delineation study:

- Advocacy
- Professional Responsibility
- Mentoring
- Recovery Support

In addition to the identification of domains, the study also identified tasks, knowledge, skills and attitudes necessary for competency in the field.

Following the domains, you will find chapters on the Wellness Recovery Action Plan (WRAP®), evidence based practices, Individual Placement with Supports (IPS), co-occurring mental illness and substance use disorders and additional resources. These chapters were chosen to help you prepare for the examination and for use in your career.

SUGGESTIONS FOR EXAM PREPARATION

Choose Your Preparation Style

Everyone is different when it comes to test taking. Some prefer individual study, while others require group study. Our first suggestion is to identify your personal preference on how to prepare for the examination.

Ask yourself, “How do I study the best?” Review previous testing situations and decide what worked for you and what did not work for you in these situations.

Know the Format of the Exam

Knowing the format of the examination may help you to devise your style of preparation. The examination is comprised of **100 multiple choice questions**. Your answers to questions will demonstrate your ability to:

- 1) **Recall:** Bring back from your memory concepts explained in this study guide and learned through experience.
- 2) **Comprehend:** Go beyond memorization by understanding the meaning of concepts.
- 3) **Apply:** Show that you understand a concept by being able to put it to use in a particular situation.

Throughout the study guide, you will find scenarios accompanied by questions under the heading “Making It Real.” These questions will model an approach to study that emphasizes recall, comprehension and application that you can apply throughout the guide.

You will have **2 hours** to complete the examination.

Allow Enough Time for Review

Identify and locate the different resources you wish to review and give yourself plenty of time to do so. Do not put it off to the last minute and then cram the night before. You may even want to set up a review schedule. You will need to balance the demands of test preparations with your other life responsibilities. It is a good idea to expect the unexpected and schedule more study time than you think you will need.

Prioritize

Identify areas for review and prioritize according to how familiar you are with the different areas of study. In other words, start with the less familiar and move to the more familiar in order to ensure enough review time over needed areas.

Take Notes

Writing information down may help you to recall what you have learned when it is time for the test. You can also write down areas for additional review or for a quick review before the examination.

Get Plenty of Sleep

Not only is cramming the night before a stress producer, it also can deplete you of needed sleep. You do not want to be fighting to keep your eyes open in the middle of your exam. Fatigue can affect your thought processes.

Remember to Drink Water and Eat

Depending on the time of testing, make sure you eat a nutritious meal and drink water before taking the exam. Hunger and thirst during an exam may distract you and add to feelings of stress.

Have Supplies Ready in Advance

The Admission Letter provides you with all the information you need to know for the exam. You will need two forms of identification (one must be a picture ID).

Secure Directions to the Test Site

You should know where you are going and plan to arrive early. Arriving early at the test site will help you to gather your thoughts and relax.

Relax

Practice relaxation before the exam begins. Some test takers find it relaxing to review their notes before an examination or talk to others about what they studied. Others prefer to sit quietly or listen to relaxing music, for example. Try what you think will work best for you.

Reward Yourself

Plan something after the test to show appreciation toward yourself and perhaps your supporters. While you are awaiting the test results, proceed with making plans for continuing education on topics in which you would like to develop more confidence. The process is hard work, but the credential will recognize the tremendous effort you have put in.

CHAPTER 2: ADVOCACY

SYSTEMS LEVEL ADVOCACY

In order to better understand systems level advocacy, it helps to break this term down into its parts.

- **System:** A set of parts working together in an organized way for a common purpose.
- **Advocacy:** Communicating effectively in order to get needs met.
- **Systems Advocacy:** Communicating effectively within an organization to get the needs of persons participating in services met. This often involves changes that affect groups of people.

There are many ways to advocate in the human service system, including letters, face to face meetings, conducting trainings and rallies. The person with the CRSS credential uses the appropriate means for their audience. They know that how you approach people and the way you communicate are the keys to everything in systems level advocacy.

An Advocate's Top Ten List:

1. Be an advocate, not an adversary.
2. Know your audience and the best style for communicating with that audience.
3. Give credit and praise at every opportunity.
4. Put the request in writing and suggest a reasonable time line for the organization to follow up.
5. Whenever possible, honor an organization's chain of command.
6. Build relationships and support as you advocate within a system.
7. Realize the balance between personal responsibility and support.
8. Prepare for meetings by listing your points and questions. Plan responses to questions you may be asked.
9. If you do not get what you want, try a new approach.
10. If you do get what you want, always express gratitude.

SELF ADVOCACY AS A KEY CONCEPT OF RECOVERY

Self-advocacy is about "going for it" with courage, persistence and determination on the road to recovery. At times individuals find barriers to overcome on this journey or identify needs that must be met in order to progress. The person with the CRSS credential helps individuals learn to express themselves clearly and calmly in order to get their needs met. Sometimes this involves communicating with family members, doctors, institutions or places of employment. CRSS professionals learn what step the individual is on and help them progress toward greater self advocacy:

- **Step 1: Modeling** - The Recovery Support Specialist advocates on behalf of the individual
- **Step 2: Supporting** - The Recovery Support Specialist advocates alongside the individual
- **Step 3: Empowering** - The individual advocates for him/her self

CRSS professionals model choosing the most appropriate method of advocacy for the situation. They also model professionalism and gratitude throughout the advocacy process, when they get what they want and when they do not.

THE PERSON'S INDIVIDUAL SUPPORT SYSTEMS

As a person moves forward in their recovery journey and develops or recaptures a sense of self apart from their illness, there is a need to recognize existing supports and build bridges to additional supports. At times, there may be challenges from life events that appear to be obstacles to forming healthy supportive relationships in the community. The person with the CRSS credential helps individuals to identify and build supportive relationships that heal and provide a strong foundation for recovery. They help individuals move from sole reliance on temporary supportive relationships with health care professionals to permanent, natural supportive relationships in the community. This may involve friendships, family, organizations of interest or relationships in the workplace.

PROMOTING INDIVIDUAL CHOICE AND SELF-DETERMINATION

As a mentor and an advocate, the person with the CRSS credential supports individual choice and encourages self-determination. Individual choice and self-determination are relevant to everything from treatment options to housing and employment choices. They can discuss options provided by the individual and encourage them to weigh pros and cons and set priorities. The key is to provide support and encouragement rather than definitive answers. The person served must ultimately have ownership of the process for it to last.

In order to make good choices a person must have good information. For instance, an individual receiving disability benefits may be interested in going to work, but has heard misinformation that returning to work instantly causes individuals to lose all of their benefits. The person with the CRSS credential can promote individual choice by connecting the individual with an expert Benefits Counselor through the Work Incentive Planning and Assistance program (see Chapter 8). Having accurate information about how working affects benefits helps the individual to make an informed decision.

ADVANCE DIRECTIVES

An Advance Directive is a *legal document* created when a person is well. It describes what kind of mental health treatment the individual prefers and what person can make decisions about their care if they become unable to due to illness. *Only the individual can decide if they want to create an advance directive and what it contains.* There are two types:

A *Declaration for Mental Health Treatment* includes personal preferences about:

- Medication
- Hospitalization
- Electroconvulsive Therapy (ECT)
- An Attorney in Fact, chosen by the individual, who can view their mental health records and make decisions about the individual's care, on their behalf.

A *Power of Attorney for Health Care*:

- Is a person chosen by the individual in advance.
- Can direct both the individual's mental health treatment and other medical care.

Psychiatric Advance Directives are voluntary. Free advice and assistance is available through:

Equip for Equality

Website: www.EquipForEquality.org

Illinois Guardianship and Advocacy Commission:

Website: www.GAC.State.IL.US

ADVANCE DIRECTIVES (cont'd)

For sample advance directive forms, visit:

Illinois Department of Public Health

Website: www.idph.state.il.us/public/books/advin.htm

ADVOCATING WITHIN THE HUMAN SERVICE SYSTEM

Advocacy within the human service system can either involve supporting the self-advocacy efforts of an individual or advocating for groups of people at the systems level. In either context, it is important for persons with the CRSS credential to have knowledge of the system culture that exists and familiarity with the system hierarchy. Advocacy is not about “winning.” It is a process of building bridges. A hallmark of great advocates is the ability to be assertive and not become aggressive. An assertive professional effectively and appropriately expresses their feelings, thoughts and interests. They know their rights and can control their emotions. There are many different ways to advocate, and it is important to choose the method of advocacy that fits the situation and the level of the organization at which one is advocating.

PERSON DRIVEN RECOVERY

In a person-driven organization, persons have the primary decision-making role regarding the care that is offered and received. Treatment involves options that the individual chooses from within the range of what is medically appropriate. The person is informed of and involved in every decision regarding their care, all the way from medication choices to employment options. Above all, the person’s life goals, hopes and dreams are the end toward which all treatment and approaches must work. For more information, see the Substance Abuse and Mental Health Services Administration (SAMHSA) Advisory Council’s definition of person driven care at

<http://MentalHealth.SAMHSA.gov/ConsumerSurvivor/Programs.asp>

PERSON CENTERED LANGUAGE

Person centered language may also be referred to as person first language. It is important to refer to people as people, instead of using labels. The goal of person centered language is ultimately to change attitudes and practices, not simply to rename them. By modeling the use of empowering language we help to accomplish this goal. In conversations we will find opportunities to gently encourage others to use empowering language by using it ourselves. We may also have the opportunity to teach a class on person centered language or share the information from the following page with others to help them better understand this topic.

USING PERSON-FIRST LANGUAGE WHEN REFERRING TO INDIVIDUALS WITH MENTAL HEALTH SYMPTOMS AND CONDITIONS

Examples of Person First Language	
Say: He/She has bipolar illness (or a diagnosis of...) He/She has schizophrenia (or a diagnosis of...) He/She has a mental health condition He/She has a mental illness Person (singular) with a mental illness (singular)... OR Persons/people/individuals (plural) with mental illnesses (plural)	Instead of: He/She is bipolar He/She is schizophrenic He/She is emotionally disturbed/mentally ill He/She is mentally ill The mentally ill... OR People (plural) with mental illness (singular)

General Rules By Which to Speak, Write, Respect and Empower	
Having vs. Being	<p>To HAVE an illness, or to have the diagnosis of an illness, is notably different than to BE the illness.</p> <p>When I have bipolar illness, I recognize that aspect of myself, much as I recognize that I have brown eyes. When I am bipolar, I take on the identity of BEING bipolar. It becomes me, and I become it.</p> <p>When we talk about an individual as separate from their mental health condition, we recognize the person first, and we acknowledge the person=s power to overcome that condition and live a full life separate from it. I often tell people, I may have it, but it doesn't have me!</p>
Singular vs. Plural	<p>Mental illnesses are diverse; there are many of them, and many types of them.</p> <p>To say that people (plural) have mental illness (singular), misses the breadth and diversity of the nature of mental illnesses.</p> <p>Therefore, one person has one illness (person with a mental illness). More than one person has more than one illness (persons with mental illnesses). To use the singular (illness) when speaking in the plural (people/individuals/persons) reinforces stigma and discrimination. It implies that there is only one mental illness, that it is one size fits all.</p>

DEMONSTRATING NON-JUDGMENTAL BEHAVIOR

As a person with the CRSS credential it is important to focus on a non-judgmental approach in mentoring others in their personal recoveries. Persons with mental health and co-occurring mental health and substance use challenges have often faced prejudices or discrimination. They may have endured experiences that they are sensitive about sharing. The person with the CRSS credential's responsibility is not to judge persons by disability, symptoms, beliefs, behaviors or workplace aptitudes. Rather, they

meet each person where they are at, one day at a time. Providing support by actively listening in an empathic manner builds hope and esteem. By demonstrating non-judgmental behavior, the person with the CRSS credential develops trust and an atmosphere where persons can feel comfortable sharing.

Advocacy: Making It Real

Juan has begun experiencing an unpleasant side effect on his current medication that inhibits his ability to concentrate and speak clearly. These abilities are important to Juan's current work as a salesman. Juan wants to stop taking his medication, but is afraid to talk to his doctor, thinking the doctor might admit him to a hospital for refusing to take the prescribed medication. He confides in a person with the CRSS credential.

1. **Recall:** What three steps could the person with the CRSS credential follow to help Juan advocate for himself and communicate with his doctor?
2. **Comprehend:** Explain these steps in your own words.
3. **Apply:** How might Juan benefit from this approach to advocacy?

CHAPTER 3: PROFESSIONAL RESPONSIBILITY

TEN FUNDAMENTAL CONCEPTS OF RECOVERY

Please see Chapter 5: Recovery Support for information on the Substance Abuse and Mental Health Services Administration (SAMHSA) Ten Fundamental Concepts of Recovery. One of CRSS professionals' responsibilities is the promotion of these concepts throughout the organization. These recovery concepts should be used to support individuals' recovery and to shape the practices of organizations.

A WELLNESS FOCUSED APPROACH TO RECOVERY

In the illness based model of health care, the focus is predominantly fixed on the diagnosis of an illness and its accompanying symptoms. Treatment is targeted at reducing symptoms. A wellness-focused approach is strength based. It begins with an understanding of what a person is like at their best and what strengths and resources they have to recover their wellness. The wellness focused approach facilitates hope and helps to motivate the person to take an active role in the recovery of their wellness. Science has shown that having hope plays an integral role in an individual's recovery.

CULTURAL COMPETENCY

Just as each person has their own unique recovery story, each person has a unique cultural perspective. Our cultures affect our thoughts, behaviors and ways of life. Despite our differences, we can all share certain goals in the lifelong process of becoming more culturally competent:

- Understand the role of culture in behavior and society
- Build relationships across cultures and intentionally involve people of diverse backgrounds in projects and teams
- Recognize the strengths that exist within various cultures
- Humbly pursue ongoing education and training to better understand social diversity and oppression
- Respect differences

Incorporating these goals into our personal and professional lives will help CRSS professionals to relate more effectively across cultures and develop more insightful recovery support materials and policies. CRSS professionals are advocates for growing cultural competency.

ACCOUNTABILITY

Accountability is about behaving responsibly toward one another and communicating openly about our responsibilities. Through accountability, we ensure that actions are consistent with what we as individuals, peers and organizations have committed ourselves to. CRSS professionals are accountable to persons served, organizational leadership and the CRSS code of ethics. CRSS professionals may also hold organizations accountable for acting in accordance with their vision, values or policies. They work in a wide variety of settings, but are accountable to working in a way that is consistent with the CRSS credential's core functions.

FEDERAL, STATE, EMPLOYER REGULATIONS REGARDING CONFIDENTIALITY

CRSS professionals must familiarize themselves with appropriate practices regarding confidentiality. For example, no person with the CRSS credential may disclose an individual's Protected Health Information (PHI) without a signed Authorization for Release of Information from the individual or their legal guardian, with limited exceptions. When in doubt, CRSS professionals should err on the side of confidentiality and consult with a supervisor or legal professional. They should acquaint themselves with the organization's policies regarding:

- Confidentiality requirements
- Individuals' rights to privacy of their health records
- Individuals' rights to access their own health records
- Relationships between staff and consumers
- Conflicts of interest

INDIVIDUALS' ACCESS TO THEIR OWN MENTAL HEALTH RECORDS

Persons receiving mental health services have rights to access their own mental health records:

- Mental health consumers, age 12 and above, are entitled to inspect their own records.
- Access to records cannot be denied or limited if a person refuses assistance.
- Anyone entitled access to their records may dispute information contained in the record.

CHILDREN AND YOUTH RIGHTS AND CONFIDENTIALITY

Children and youth below the age of 18 who receive mental health services have unique and variable rights to confidentiality and other rights, including the following:

- For children under the age of 12, parents or guardians have the right to inspect and copy their children's records.
- Any person who is 12 years of age or older can ask for and get outpatient counseling for up to five sessions of 45 minutes each without the notification or consent of his/her parent or guardian. The child's therapist or counselor cannot notify the child's parent or guardian without the child's consent except where the program director believes it to be necessary and then only after the minor is informed in writing;
- Youth over the age of 12 are entitled to inspect and copy their own records. Help in interpreting the records shall be provided free of charge for youth under the age of 18;
- Parents or Guardians of youth age 12 to 18 may inspect and copy the records of the minor consumer if the youth is informed and does not object and the therapist does not find that there are compelling reasons for denying the access. If the parents or guardians are denied access by either the youth or the therapist, the parents or guardians may seek a court order granting access.
- Parents or guardians of youth age 12 to 18 may always request and receive the following information concerning their child: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed, including medication, if any.
- Youth who are 16 or older may receive inpatient services without parental notification or consent for a limited time. There are rights and confidentiality requirements that are unique to youth and their families. Youth have limited rights to receive services without parental notification, as described above.

THE SUPERVISORY RELATIONSHIP

CRSS professionals and their supervisors must maintain clear roles and boundaries in the working relationship. An individual cannot be a supervisor and a mental health provider to the same person. Employees may request supervisory support or reasonable accommodations, but not seek or receive therapeutic support from their supervisors. Among supervisors in the mental health field, there may be an inclination to bring one's clinical training into the supervisory relationship. This is even more likely to happen when the employee is a self disclosed person in recovery.

If a supervisor begins to provide support that feels like it is beyond the boundaries of the supervisory relationship, CRSS professionals should kindly point this out and clarify that this is not the type of support that is needed or fitting. Keep the focus of supervision on the job by addressing questions such as: What needs to be accomplished? What is the best way to get the work done? Is any support needed to perform work tasks? As with the supervisory relationship, it is equally important that supportive relationships between co-workers not develop into a therapist-client dynamic, and that CRSS professionals do not overly rely on their co-workers for personal support.

The CRSS professional works to expand their network of support. On a personal basis this may include friendships, family members and counselors among others. On a professional basis this might include Recovery Support Specialists from other human service centers, DHS/DMH Regional Recovery Support Specialists, or members of the National Association of Peer Specialists (NAPS), among others.

CRSS professionals bring unique perspectives to the workplace and are often in a position for consumers to feel more comfortable sharing how they feel about services, staff and policies. They will likely identify several areas of desired change within the organization. CRSS professionals must find constructive ways to share this input with supervisors. When a CRSS professional brings a problem to their supervisor it is recommended that they also bring a proposed solution or set of options. If consumers have voiced the concern, consider how they might be involved constructively in resolving the concern in partnership with the staff.

DOCUMENTATION ACTIVITIES

All topics in an encounter that relate to the person's goals or treatment plan need to be included in documentation. Keep in mind the saying, "if it is not documented, it never happened." CRSS professionals are providing services that are billable, and records need to reflect that appropriate services were provided and any and all outcomes are documented.

Individual agencies have different methods for documentation. A person with the CRSS credential may have to make written notes while in the community or they may have a laptop or other device to enter notes on. In all instances, confidentiality must be maintained. Even at the office, computer stations need to be logged out when not in use. Documentation of services or incidents should be completed as soon as possible.

DECOMPRESSION AND DE-ESCALATION TECHNIQUES

When interactions become tense and there is friction in a relationship, the person with the CRSS credential assesses what upsetting things (triggers) can be controlled. If the space is crowded, loud, or disorganized, perhaps something could be changed. They could move to a more calming environment or set up a different time to meet. The person with the CRSS credential might ask what the individual would find comforting. They become sensitive to how one's surroundings encourage or discourage recovery and empowerment. They may actively involve individuals in deciding on wellness tools to include in the environment where persons participate in services.

CRSS professionals allow for flexibility. Sometimes it is necessary to agree to disagree. Sometimes when emotions run high people will raise their voices and sound angry. By asking if a person is angry with you, you may help a person recognize their behavior, rather than responding by matching their volume. If the person is not able to refrain from escalating, CRSS professionals assess whether removing themselves from the interaction would help or if additional support is needed.

IDENTIFYING INDIVIDUALS' RISK INDICATORS: INDIVIDUAL STRESSORS, TRIGGERS AND SIGNS OF ESCALATION

The person with the CRSS credential can help individuals to create their own Wellness Recovery Action Plan (WRAP[®]) or Crisis Plan to proactively find ways to avoid or respond to stressors, triggers and signs of escalating symptoms. A person with the CRSS credential may choose to share an aspect of their own story or experience that has helped them recognize, avoid and respond in a healthy way to stressors, when appropriate. By this sharing process, individuals learn that it is healthy to discuss and learn about their own experiences. Stressors do not necessarily need to lead to escalating symptoms if a plan is developed to deal with them in healthy ways.

SUICIDE PREVENTION CONCEPTS AND TECHNIQUES

Suicide prevention begins by becoming comfortable with discussing suicide. Discussing suicide does not put the idea into a person's head to end their life. A person with the CRSS credential can help by making it possible to discuss depression and offer support. Sometimes people exhibit behaviors that may indicate that they may have suicidal thoughts including giving away possessions or decreases in self care such as hygiene, housekeeping or appetite. Openness and empathy are valuable to a person that is considering suicide. CRSS professionals should become familiar with the suicide prevention and crisis prevention resources in the community as well as:

- The National Suicide Hotline: **1 (800) 273-TALK (8255)**
- The Illinois CARES Line for Children: **1 (800) 345-9049, TTY: 1 (773) 523-4504**
- Emergency Services: **911**

An example of a crisis may be if the person expresses a desire to end their life, has a plan on how they would do it and the means to follow through. If this situation occurs, let the person know your concerns, tell them that you are obligated to get them help and that you will support them in getting treatment. If at all possible, a person with the CRSS credential may accompany the person to the hospital and facilitate by being an advocate and source of support.

INDICATORS OF ABUSE AND/OR NEGLECT

The State of Illinois Office of the Inspector General (OIG) and the Department of Child and Family Services (DCFS) have well defined instructions on when to report abuse and neglect, for example:

- If you see someone hitting a person with an object.
- If you see marks on a person's body that do not appear to have been caused by accident.
- If a person tells you that he or she has been harmed by someone.
- If a person appears to be undernourished, is dressed inappropriately for the weather, or is young and has been left alone.

It is important for every person to take abuse and neglect seriously, to be able to recognize when it happens, and to know what to do next. In cases of abuse or neglect, call:

- DCFS Hotline (Children): **1 (800) 25-ABUSE (22873), TTY: 1 (800) 358-5117**
- OIG Hotline (Adults in a Care Facility): **1 (800) 368-1463**
- Center for the Prevention of Abuse (Adults): **1 (800) 799-7233**
- Elder Abuse Hotline (Adults aged 60 or older): **1 (866) 800-1409**
- Emergency Services: **911**

IDENTIFYING AND RESPONDING APPROPRIATELY TO PERSONAL STRESSORS, TRIGGERS AND RISK INDICATORS

Every person experiences stressors in life. The human services field can be a difficult environment to work in for anyone. The person with the CRSS credential should take steps to identify and respond appropriately to these stressors. CRSS professionals are not required to develop a personal WRAP®, but may consider doing so for themselves to help prepare for and deal appropriately with stressors. It is also important to have a social network outside work.

Working as a person with the CRSS credential in the human services field poses both unique opportunities and potential stressors. There are times when a person with the CRSS credential may be put in situations that remind them of traumatic or bothersome events in their own history. In addition, while CRSS professionals are expected to model recovery, they are not expected to be invincible. In fact, modeling recovery involves recognizing one's strengths as well as their healthy limits. Having professional boundaries and open communication with supervisors about appropriate workloads, potential needs for accommodations (if necessary) and job satisfaction are important in any job, including the work of the person with the CRSS credential. If you bring a need or problem to a supervisor, it is always a good idea to be prepared with suggested solutions or options.

Professional Responsibility: Making it Real

Sue calls her ex-husband George to communicate about the need for consistent rules for their children. Over the course of the conversation, George raises his voice at Sue and criticizes her parenting. Sue is upset by the conversation and begins to complain loudly in the mental health center common area, disrupting activities nearby. A person with the CRSS credential is present.

1. **Recall:** Name two techniques the person with the CRSS can use to assist Sue in de-escalating.
2. **Comprehend:** Explain what de-escalation means and why it is an important approach for CRSS professionals to be familiar with.
3. **Apply:** Think of two other ways an individual may have responded less effectively to Sue, without de-escalation techniques. Compare and contrast the pros and cons of each approach.

CODE OF ETHICS FOR CRSS PROFESSIONALS

A code of ethics is a set of guidelines which are designed to set out acceptable behaviors for members of a particular group, association, or profession. The CRSS code of ethics serves to:

1. Protect consumers of recovery support services
2. Set a professional standard
3. Increase confidence in the profession
4. Identify core values which underlie the work performed
5. Create accountability among CRSS professionals
6. Establish occupational identity and maturity

ETHIC	IMPORTANCE
CRSS professionals will, when appropriate, openly share their stories of hope and recovery and will likewise be able to identify and describe the supports that promote their recovery and resilience.	Science has shown that having hope is integral to an individual's ability to recover. Hearing stories of recovery helps people develop hope, particularly when those stories are relevant to others' lives and helps them to identify supports for their own recovery.
CRSS professionals will practice safe and healthy disclosure about their own experience through general sharing focused on providing hope and direction toward recovery.	The experience of recovery and what is helpful is different for each person. Sharing one's recovery story can promote hope, but must not be prescriptive.
CRSS professionals will maintain high standards of personal conduct and will also conduct self-care in a manner that fosters their own recovery.	As a role model, a CRSS professional's integrity and health choices influence the practices of persons served.
CRSS professionals will fairly and accurately represent themselves and their capabilities to individuals they serve and to the community.	The goal is to get a person to the right source of support for their current need. Damage occurs when a professional misrepresents what services they are qualified to provide.
CRSS professionals will keep current with emerging knowledge relevant to recovery and openly share their knowledge.	Persons served deserve to make choices based on the best information possible. Information and understanding regarding mental health recovery is ever evolving and expanding.
CRSS professionals will not abuse substances under any circumstances.	As a role model, a CRSS professional's integrity and health choices influence the practices of persons served.
CRSS professionals will provide services to meet the identified needs of the individuals they serve as indicated within their service plan. They will avoid providing services that are unnecessary or not capable of producing the desired effect.	Persons served deserve individualized services with demonstrated effectiveness.
CRSS professionals shall only provide service and support within work hours and locations approved by agency.	Persons must be afforded protection from abuse, misconduct and conflicts of interest which are more likely to occur outside the scope of professionally sanctioned hours and settings.

<p>CRSS professionals will be guided by the principle of consumer self-determination while also considering the needs of others and society. The primary responsibility of CRSS Professionals is to help individuals they serve achieve their goals, based upon their needs and wants.</p>	<p>While personal responsibility and individual choice are cornerstones of recovery, these are balanced by the need for support and safety not only of the individual, but of others and the greater society</p>
<p>CRSS professionals will advocate for the full involvement of individuals they serve in communities of their choice with services in safe and least restrictive environments possible.</p>	<p>Recovery is the process by which persons with mental illnesses live, work, learn and participate fully in their communities. All individuals have the right to live in a safe and least restrictive environment.</p>
<p>CRSS professionals must not discriminate against individuals based on race, religion, age, sex, disability, ethnicity, national ancestry, sexual orientation or economic condition.</p>	<p>Individuals have the right to be treated with equality and esteem.</p>
<p>CRSS professionals will never intimidate, threaten, harass, financially exploit, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve.</p>	<p>Even when providing peer support services, the CRSS professional is at least implicitly in a position of power as a staff person and must be careful how that influence or perceived authority might place pressure upon individuals.</p>
<p>CRSS professionals will avoid relationships or commitments that conflict with the interests of individuals they serve, impair professional judgment, imply a conflict of interest, or create risk of harm to individuals they serve. When dual relationships are unavoidable, it is the responsibility of the professional to seek supervisory consultation to conduct him/herself in a way that does not jeopardize the integrity of the helping relationship.</p>	<p>Even when providing peer support services, the CRSS professional is at least implicitly in a position of power as a staff person and must be careful how that influence or perceived authority might place pressure upon individuals.</p>
<p>CRSS professionals will never engage in romantic or sexual/intimate activities with the individuals they serve. They will not provide services to individuals with whom they have had a prior romantic or sexual relationship.</p>	<p>The real and perceived power between a human service professional and the persons they serve creates an imbalance of power that is advantageous to the professional and disenfranchising to the person served. This removes the possibility for a genuine consensual relationship. Relationships of this type also cloud the professional's needed objective judgment, which reduces the quality of services the person deserves.</p>

<p>CRSS professionals will not accept gifts of significant value from individuals they serve. They do not loan, give, or receive money or payment for any services to, or from, individuals they serve.</p>	<p>Even when providing peer support services, the CRSS professional is at least implicitly in a position of power as a staff person and must be careful how that influence or perceived authority might place pressure upon individuals to give. A gift of significant value from a consumer is essentially payment for a service that is already being paid for by other means. Receiving a gift from an individual may also unintentionally impact the treatment of that individual and other persons served in an unfair manner.</p>
<p>CRSS professionals will, at all times, respect the rights, dignity, privacy and confidentiality of those they support. CRSS Professionals will respect confidential information shared by colleagues in the course of their professional relationships and interactions.</p>	<p>Individuals have rights, including the right to privacy, and CRSS professionals should not only honor, but advocate for the necessity and enforcement of such rights.</p>
<p>CRSS professionals have a duty to inform appropriate persons when disclosure is necessary to prevent serious, foreseeable, and imminent harm to an individual they are serving or other identifiable person. CRSS Professionals working in the human services field are mandated reporters of abuse, neglect and exploitation.</p>	<p>The professional has a duty not only to protect persons served, but also other individuals and society at large.</p>
<p>CRSS professionals will avoid negative criticism of colleagues in communicating with individuals they serve and other professionals.</p>	<p>CRSS professionals must use their influence for constructive purposes and not engage in activities that detract from the recovery support of persons with mental health challenges. Persons served benefit from a thoughtful, team based approach where their welfare is the primary concern.</p>

Adapted from the Peer Specialist Code of Ethics and Professional Standards by Colorado's Northeast Behavioral Health Partnership (2011)

Seven Steps in Ethical Decision Making

(Adapted from Peer Support Ethics Training, 2007. Used by permission of the Recovery Opportunity Center)

The following steps, with supervisory consultation, will help the CRSS professional work through the process of ethical decision making:

1. **Define the problem:** What is the immediate problem? Consider the facts of the situation. You may find that there is no dilemma, but rather a lack of information or possible miscommunication.
2. **Identify who is involved:** What people or institutions are involved in the dilemma and who should be consulted in its resolution? How might the person served be involved in any of these steps? Consider any obligations that you may have to the individuals involved. Determine who is your first priority, second priority, etc.
3. **Identify the ethics relevant to the dilemma:** Prioritize the ethical standards involved. It is very important in this stage to be aware of the potential for bias in your judgment.

4. **Consider the options:** Consider optional plans of action available in resolving the issue. Examine the possible positive and negative consequences for each plan.
5. **Choose a plan of action:** In most cases, the person served should have a voice in the plan of action taken.
6. **Evaluate the results of your action:** Determine if reconsideration of the issue is necessary if it was not adequately resolved.
7. **Document the decision making process, including reasoning and the outcome.**

Ethical Dilemmas: Making Them Real

Scenario A:

As you provide individual peer support to Vincent, he shares with you that a roommate seems to be mistreating a child the roommate is watching at their apartment. Vincent has heard sounds of struggle, crying and seen bruises and cuts on the child that weren't there before these incidents. As you begin to ask more, Vincent seems to become nervous and says, "Please don't tell anyone. My roommate holds the lease and I'm afraid he'll kick me out if he finds out I said anything. I don't have anywhere else to go."

What ethical principles apply in this situation? What can you do?

Scenario B:

Over the course of a year, you have seen Caroline make some real progress in her recovery. She often tells you what a big role you have played in her regaining hope and confidence to succeed. In fact, recently she applied for a job and was hired! She wanted to show her appreciation to you by writing you a thoughtful thank you note and giving you a \$30 gift card to your favorite book store.

What ethical principles apply in this situation? What can you do?

Scenario C:

While giving a talk on recovery at the treatment facility where you work recently, you shared a brief story from your own recovery. Part of your story was about overcoming some symptoms after finding the right medication for you with your doctor. Afterwards an individual said that they were about to try a particular medication and they asked you what you think about it. Unbeknownst to them, you have been on that medication before and experienced horrible side effects.

What ethical principles apply in this situation? What can you do?

CHAPTER 4: MENTORING

THE CONCEPT OF MENTORING

Mentoring is a relationship between a person with the CRSS credential and a person participating in services that provides an opportunity to model and share personal skills and experiences that facilitate recovery. Mentoring relationships are built on trust. This involves encouragement, constructive guidance, openness, mutual respect and a willingness to learn and share.

ROLE MODELING BEHAVIORS

A person with the CRSS credential is a professional who is in recovery from a mental illness or a combination of mental illness and substance use disorders and uses that experience to support others' recoveries. The person with the CRSS credential serves as a role model of a wellness focused lifestyle, effective advocacy, professional responsibility, mentoring and recovery support. This means that the person with the CRSS credential consistently serves as an example of how to live and work effectively in these areas. The person with the CRSS credential is aware that persons often learn more from what a person practices than what they say and acts accordingly. They demonstrate encouragement, constructive guidance, openness, mutual trust, respect, a willingness to learn and share, and a lifestyle consistent with recovery.

SOCIAL LEARNING

Social learning is the process of learning by observation and interaction. In social learning, modeling comes before other types of teaching in a series of steps:

- 1) The skill or behavior to be taught is first modeled by the person with the CRSS credential for the individual.
- 2) The skill or behavior is explained to the individual.
- 3) The individual is given the opportunity to practice or demonstrate the skill or behavior.
- 4) The person with the CRSS credential gives the individual feedback on their progress toward achievement.

The most effective social learning occurs when the process above occurs frequently and consistently. By demonstrating a wellness focused lifestyle and the domains of the CRSS credential, the person with the CRSS credential helps to create a culture where persons learn about recovery. They create opportunities for interactions between persons that stimulate critical thinking. The person with the CRSS credential also creates opportunities for learning through relationships and time spent in the community. As a role model, they facilitate growth by example instead of direct teaching methods. In this way, role modeling and social learning are interconnected concepts. Social learning is cumulative. It grows over time and sometimes occurs subtly, but produces tremendous progress over time.

SELF ADVOCACY

Previously we explained Self Advocacy in Chapter 2 on Advocacy. It is important, though, to expand on this and consider the person with the CRSS credential's role in mentoring self advocacy. As a mentor, a person with the CRSS credential may need to model self-advocacy and review the process afterwards. There are many instances when persons have not been respected and may have felt defeated. Some persons may have given up hope. Others may see obstacles as insurmountable or as a fight. By modeling

and sharing personal stories of self-advocacy, a person with the CRSS credential can actually teach advocacy skills. Self-advocacy is a skill that can then be developed through practice at doctor visits, applying for employment, establishing relationships and/or attending school. A person with the CRSS credential always encourages persons to reach the next step in self advocacy. The achievement of self advocacy often increases independence, enhances self respect, advances opportunities for learning from mistakes, and allows for enriched utilization of support.

LIFE SKILLS

Life skills are things we do every day to be able to live independently. A person with the CRSS credential may assist when a person has obstacles in their life which inhibit their ability to live independently. They teach and model a full range of life skills, from budgeting to personal hygiene to skills useful for competitive employment. CRSS professionals provide support and encouragement toward independence. The person with the CRSS credential also creates opportunities for persons to teach one another about life skills through principles of adult learning (below).

ADULT LEARNING PRINCIPLES AND TECHNIQUES

Every adult has a large set of valuable life experiences. They learn by drawing upon these life experiences and building upon existing skills and perspectives. When CRSS professionals help individuals learn, they are not fixing deficits, but assisting individuals to build upon those strengths. They recognize each individual's ability, not simply to learn, but to teach others. In adult learning, each individual contributes to the learning process. The person with the CRSS credential creates opportunities for persons to teach one another. Adult learning is all about shared, mutual teaching and learning.

HEALTHY, INTERDEPENDENT RELATIONSHIPS

Healthy, interdependent relationships are based on mutual respect and genuineness. In order to better understand the concept of interdependence, it helps to compare it to other ideas, such as dependence, independence and co-dependence:

- Dependence: "I cannot do it without you."
- Independence: "I can do it on my own."
- Co-dependence: "We can't do it without each other"
- Interdependence: "We can do it better together."

In dependent relationships, one person provides all the support while the other receives. With independence, one person does it all without support. In co-dependent relationships, neither person can function without the other. Interdependent relationships occur when two people participate in mutual give and take. CRSS professionals help persons to build healthy, interdependent support networks in the community.

ACTIVE LISTENING

Active listening involves more than just hearing what a person is saying. It involves behaviors that communicate to the speaker that they are truly being understood or taken seriously. Active listening involves:

Restating	Repeat every so often what you understand the person to be communicating.
Encouraging	Occasionally use brief, positive affirmations to keep the conversation going.
Reflecting	Put the feelings you perceive from the speaker into words.
Giving Feedback	Share your observations, insights, and experiences in a nonjudgmental way.
Going Deeper	Ask questions to draw the person out and get deeper and more meaningful information, being sensitive to the person's comfort level.
Validation	Acknowledge the individual's problems, issues, and feelings empathetically.
Silence	Allow for comfortable silences to slow down the exchange. Give the person time to think as well as talk. Sometimes what a person needs most is for someone to just listen and be fully present.
"I" Statements	Make it clear that you are speaking from your perspective rather than directing them or speaking for them

Source: 2005 National Aging I&R Support Center, Washington, DC

EMPATHETIC LISTENING

Empathetic (or empathic) listening is listening for more than spoken words. It involves listening in order to hear the substance behind the words, both spoken and unspoken. It is the process of connecting with the person who is speaking and sensitively identifying the emotions and needs expressed. We have all felt happy, sad and angry. A person with the CRSS credential may say, "I might have been angry if that happened to me." This is part of the sharing process. This is different from saying, "I know exactly how you feel." No one knows exactly how another person feels because in order to know that one would have to have lived in the other's shoes. It is also important to distinguish empathy from pity. Feeling sorry for another person can cause them to feel responsible for the support person's feelings and distract from the interaction. Empathy is relating, caring and validation of a person's feelings.

DEMONSTRATING NON-JUDGMENTAL BEHAVIOR

As a person with the CRSS credential, it is important to focus on a non-judgmental approach in mentoring others in their personal recoveries. Persons with mental health challenges or substance use disorders have often faced prejudices or discrimination. They may have endured experiences that they are sensitive about sharing. The person with the CRSS credential's responsibility is not to judge people by disability, symptoms, beliefs, or behaviors. Rather, they meet each person where they are at, one day at a time. Providing support by actively listening in an empathic manner builds hope and esteem. By demonstrating non-judgmental behavior, the person with the CRSS credential develops trust and an atmosphere where persons can feel comfortable sharing.

DEMONSTRATING CONSISTENCY BY SUPPORTING PERSONS DURING ORDINARY AND EXTRAORDINARY TIMES

Focusing on the here and now is part of meeting someone where they are at. By utilizing the skills above, along with advocacy, professional responsibility, and mentoring, a person with the CRSS credential has the core functions to provide professional, competent and consistent services. Practicing personal wellness and being able to share with individuals keeps it real. It is important for them to be reliable people who keep appointments, and follow through on commitments to individuals. It is also important to develop an awareness of when a person needs different levels or types of support.

PROMOTING THE USE OF ADVANCE DIRECTIVES

Advance Directives were discussed previously in chapter 2 on Advocacy. CRSS professionals may guide persons through critical thinking exercises about what they would include in an advance directive. CRSS professionals never give legal advice. They respect that an advance directive is only empowering if the person wants to develop one and does so based on their own preferences. If a person attempts to write or steer another person's advance directive, this tool can become disempowering. CRSS professionals offer support, but follow the individual's lead. CRSS professionals know how to refer an individual to Equip for Equality or Guardianship and Advocacy for more assistance (see p. 8). Persons may call the Illinois Mental Health Collaborative at 1 (866) 359-7953 to order a handbook.

Mentoring: Making It Real

Trevor has recently been struggling with co-occurring mental health and substance use challenges. He goes to one agency in the community that provides substance abuse counseling, but due to his mental illness, the agency refers him to a mental health center. At the mental health center, he is told that he needs to get his substance use disorder under control before they can help him cope with his depression. Trevor is frustrated and shares his feelings with a person with the CRSS credential.

1. **Recall:** Name three ways the person with the CRSS credential can demonstrate active listening to Trevor's concerns.
2. **Comprehend:** Write down three examples of what you might say to Trevor, demonstrating active listening.
3. **Apply:** How might this active listening approach lead Trevor and the agencies to a solution and contribute to Trevor's recovery?

CHAPTER 5: RECOVERY SUPPORT

TEN FUNDAMENTAL COMPONENTS OF RECOVERY

In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) released a National Consensus Statement which included the following Ten Fundamental Components of Recovery:

1) **Mental Health Recovery:** A journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

2) **Self-Direction:** Persons lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. The recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.

3) **Individualized and Person-Centered:** There are many paths to recovery based on an individual's unique strengths and resilience and their needs, preferences, experiences (including trauma), and cultural background in all of its diversity. Persons also identify recovery as a journey, end result and a paradigm for achieving wellness and optimal mental health.

4) **Empowerment:** Individuals have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other individuals to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

5) **Holistic:** Recovery encompasses a person's whole life, including mind, body, spirit and community. Recovery embraces all aspects of life, including housing, employment, education, healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining opportunities to access these supports.

6) **Non-Linear:** Recovery is not a step-by step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the person to move on to fully engage in the work of recovery.

7) **Strengths-Based:** Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, individuals leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

8) **Peer Support:** Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. People in recovery encourage and engage other people in recovery and provide one another with a sense of belonging, supportive relationships, valued roles, and community.

9) **Responsibility:** Individuals have personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Individuals must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

10) **Hope:** Recovery provides the essential and motivating message of a better future— that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, employers and others. Hope is the catalyst of the recovery process. Recovery not only benefits individuals with disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with mental health challenges can make, ultimately becoming a stronger and healthier nation.

STRENGTHS BASED APPROACH TO RECOVERY

In the illness based model of health care, the focus is predominantly fixed on the diagnosis of an illness and its accompanying symptoms. Treatment is targeted at reducing symptoms. A wellness-focused approach is strength based. It begins with an understanding of what a person is like at their best and what strengths and resources they have to recover their wellness. The wellness focused, or strengths based, approach facilitates hope and helps to motivate the person to take an active role in the recovery of their wellness. Science has shown that having hope plays an integral role in an individual's recovery.

Strengths Principles

(Adapted from the University of Kansas, School of Social Welfare)

- 1) People have the capacity to learn, grow and change
- 2) The focus is on individual strengths rather than what is wrong
- 3) The person served is seen as the leader of the helping relationship
- 4) The relationship is primary and essential
- 5) The best place to support and engage persons is in their own natural setting
- 6) The community is an oasis of resources

PROMOTING SELF DETERMINATION AND INDIVIDUAL CHOICE IN RECOVERY

As a mentor and an advocate, the person with the CRSS credential supports individual choice and encourages self-determination. They can discuss options provided by the individual and encourage them to weigh options and set priorities. The key is to provide support and encouragement rather than definitive answers. The individual's story is their own personal recovery story. They must ultimately have ownership of the process for it to last. The person with the CRSS credential encourages the individual to access all the quality information they need in order to make good choices for themselves.

ACTIVE AND EMPATHIC LISTENING SKILLS

Each person has a unique story and perspective. A person with the CRSS credential needs to really listen to the story and not judge, dismiss, or advise. Just listen. Please see Chapter 4: Mentoring for more information on active and empathic listening skills.

MOTIVATIONAL INTERVIEWING

A person with the CRSS credential may use Motivational Interviewing to create a partnership in the decision making process. Motivational Interviewing involves concrete skills that can be effective in motivating effective positive changes that are empowering for the person. Essential elements of motivational interviewing include:

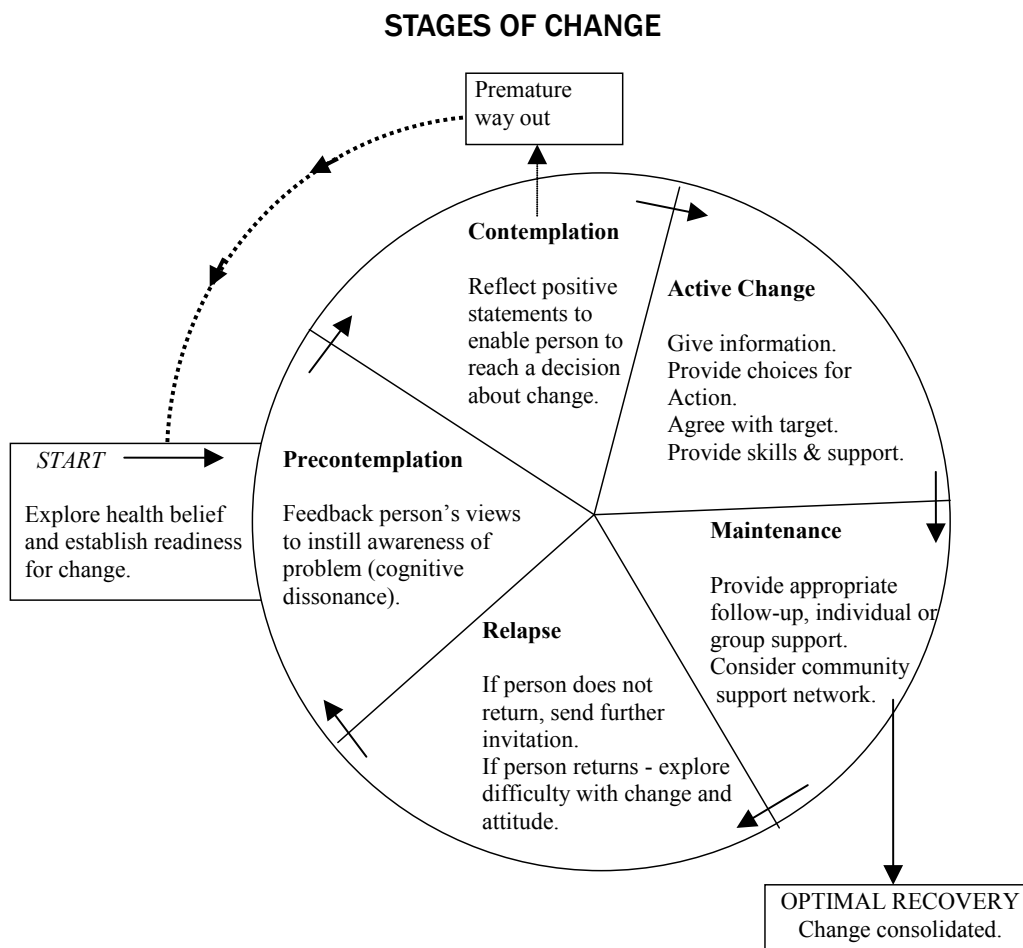
- Seeking to understand the person's frame of reference, particularly via reflective listening
- Expressing acceptance and affirmation
- Eliciting and selectively reinforcing the individual's own self motivational statements or expressions of problem recognition, concern, desire and intention to change, and ability to change
- Monitoring the individual's degree of readiness to change, and ensuring that resistance is not generated by jumping ahead of the individual
- Affirming the individual's freedom of choice and self-direction

For more information, visit: www.motivationalinterview.org/clinical/whatismi.html

STAGES OF CHANGE

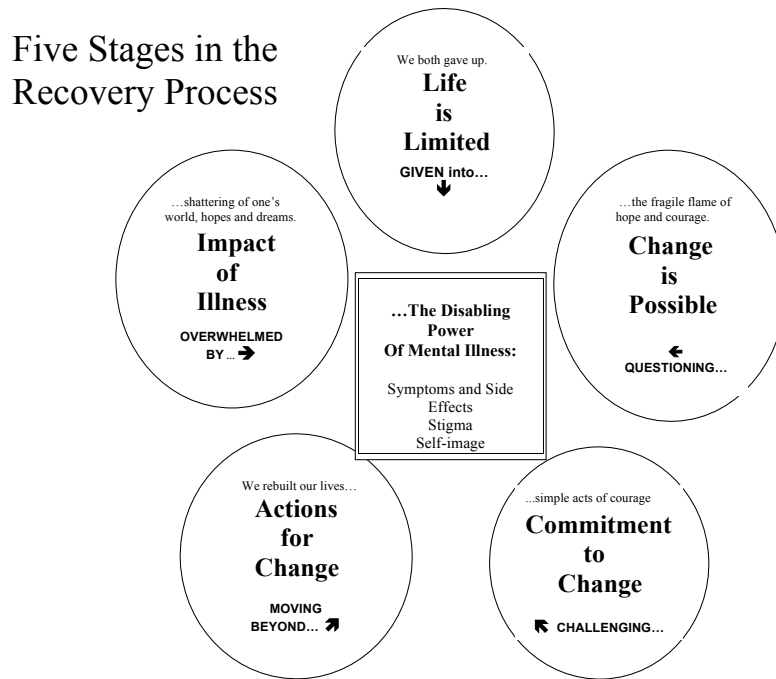
The following graphic illustrates the stages of change when an individual is considering a new way of thinking or approach in life, such as recovery. It is important to identify where a person is in the process in order to meet them where they are at and help them to move forward. For more information, visit:

www.SkillsCascade.com/Handouts/Stages%20of%20Change%20Model.rtf



STAGES OF RECOVERY

Below, you will find the five stages of recovery as defined by Appalachian Consulting Group, Inc. The person with the CRSS credential should be able to identify where a person is at in relation to the stages of change and recovery in order to meet them where they are at and provide the appropriate level of support.



Appalachian Consulting Group

There are other models for stages of recovery, particularly from co-occurring mental health and substance use disorders. The model above is the model that persons with the CRSS credential are expected to learn.

HELPING THE INDIVIDUAL TO DEVELOP PROBLEM SOLVING SKILLS

We all face problems and roadblocks in life. Problem solving skills are important toward empowering persons to find solutions that work for them at home, in the workplace and in the community at large. Problem solving involves independent or group thinking, rejecting misinformation and valuing good information. When supporting an individual's problem solving process, the person with the CRSS credential may help the individual to:

- Define the goal
- Brainstorm ideas and suggestions, sometimes within an agreed upon time limit
- Combine ideas into groups
- List options in priority order
- Think of action steps and a time frame

EXPLAIN THE TYPICAL PROCESS FOR ACCESSING MENTAL HEALTH SERVICES

DHS/DMH funded mental health centers offer a wide variety of services. The best fit of services is found when the person's goals and needs are the basis for clinical support. This takes teamwork. Persons should be informed about the service options available to them and have choices within the range of what is medically appropriate. To access mental health services, an individual may:

- Work with their mental health center to find services that fit their needs
- Call: **1 (866) 359-7953**
- TTY: **1 (866) 880-4459**
- Visit the Collaborative website at: www.IllinoisMentalHealthCollaborative.com
 - Click on "*For Consumers and Families.*"
 - Click on "*Find a Mental Health Provider.*"

For more information, please see the Consumer and Family Handbook. You may obtain a copy of the handbook by calling the Illinois Mental Health Collaborative at 1 (866) 359-7953.

WHEN TO REQUEST ASSISTANCE FROM OTHER PROFESSIONALS TO HELP MEET THE PERSON'S RECOVERY GOALS

Different positions within each human services organization have different areas of expertise. It is important to know what types of services are within the scope of the CRSS and which are not. Specifically, CRSS professionals provide recovery support, advocacy, and mentoring. CRSS professionals should not give medical advice or clinical guidance unless their role within the organization demands it. Psychiatrists or Social Workers, for instance, may hold the CRSS credential and if their position is that of a Psychiatrist or Social Worker, they are free to function as such. However, if a person's role within the organization is to provide CRSS core functions, then they should seek assistance from other professionals when service is needed outside the scope of their functions. Examples of times to request assistance from other positions include:

- Mental Health Crisis
- Medical Advice
- Clinical Support

At the same time, CRSS professionals may advocate with the individual or provide consultation to other positions. Similarly, Psychiatrists or Social Workers should consult with or seek the assistance of a person with the CRSS credential when recovery support, advocacy, or mentoring is needed.

IDENTIFYING THE INDIVIDUAL'S STRENGTHS, RESILIENCIES AND CHALLENGES TO RECOVERY

CRSS professionals get to know persons as persons first. Over time, a diagnosis can become a person's identity. However, CRSS professionals help a person look beyond the label and see themselves as a whole person. They inspire each person to realize they matter, they are important, and they can make change happen.

CRSS professionals are uniquely qualified to explore strengths, resiliencies and things the individual wants to change as they recover. Resiliency is the ability to bounce back from hard times and mistakes and keep moving forward toward what one wants. They may discuss with a person what choices will help them in their recovery and healthy risks they may want to take to grow and change. A balanced knowledge of the individual's strengths and needs enables the CRSS to meet the individual where they are at and provide appropriate levels of support.

PROMOTING EMPOWERMENT THROUGH OPTIONS AND PARTICIPATING IN SHARED DECISION MAKING

Often times, individuals' choices have been limited to ultimatums. They may have been required to choose between the provider's preferred option with accompanying support, and another option without provider support. CRSS professionals engage individuals in discovering more options in such situations and encourage other providers, whether doctors, employment specialists or case managers, to expand options.

In addition, CRSS professionals work to assure that individuals are involved in any decision in their care through a principle known as Shared Decision Making. Shared decision making engages persons and providers together in:

- Shared Communication
- Shared Trust
- Shared Expertise
- Shared Action

Shared decision making is based on the assumption that there are two experts involved in the decision making process. For example, in healthcare decision making, doctors are experts in how medications work, what evidence has shown to be effective and reducing or eliminating side effects. Persons are experts in knowing their own bodies, what has worked and not worked for them in treatment and what their goals are in life. Decisions that persons should become involved in with health care professionals include:

- Goals for treatment
- The level and kind of service needed
- Medication options
- Plans for the future of their treatment (what might be needed)
- What the individual and doctor's roles are in the success of your treatment

Recovery Support: Making it Real

A person with the CRSS credential asks Jerome about his interest in returning to work as a part of his recovery process after many years away from the workforce. Jerome responds that he had been told that he would likely never work again due to his mental illness. "Isn't work too stressful for persons with mental illnesses?" Jerome asks. The person with the CRSS attempts to understand where among the stages of change Jerome currently is in relation to the idea of employment in order to respond in the most supportive way.

1. **Recall:** Name the five stages of change.
2. **Comprehend:** Which stage of change does Jerome seem to be at currently related to the role of work in his recovery?
3. **Apply:** What might the person with the CRSS do to help Jerome progress to the next stage of change? At what point would it be most appropriate to help Jerome begin a job search?

CHAPTER 6: WELLNESS RECOVERY ACTION PLAN (WRAP®)

A WRAP® can help you in the process of recovery, getting well and staying well, and becoming who you want to be. It can help you make your life the way you want it to be. It can also be helpful to you in adapting to any challenges you have in your life.

A WRAP® is a self-directed plan anyone can use as a personal guide to daily living. It focuses on self-help, recovery, and long-term stability. Persons in recovery created WRAP®.

A WRAP® begins with an individual Wellness Toolbox, filled with simple, safe ideas to help you feel good, stay well, and even feel better when the going is hard. Here are some ideas that others have put in their Wellness Toolboxes:

*Family time - Scrap-booking - Walking
Martial arts - Journaling - Prayer - Poetry
Quilting - Basketball - Calling a friend*

Using these wellness tools, a WRAP® can also guide you through a process of identifying:

- What you are like at your best;
- What you need to do every day to stay well;
- Things that may upset you (triggers) and what you can do if these things happen;
- Early warning signs that you are not feeling well and things you can do to help yourself feel better;
- Signs that things are getting worse and things you can do to make the situation better;
- Signs that you may be experiencing a crisis and things your supporters can do in that situation; and
- What to do after a crisis has ended to help you recover your wellness.

The WRAP® *Workbook for Kids* can help to guide children through this process as well. It is important to note that WRAP® is different from “Wrap-Around,” which is a mental health systems approach to supporting children that many families are familiar with.

WRAP® is now recognized as an evidence based practice by the Substance Abuse and Mental Health Services Administration (SAMHSA). This means that research has shown WRAP® to be a particularly valuable tool in mental health recovery.

If you wish to become a WRAP® class facilitator, you will need to complete the following steps:

- 1) Attend a WRAP® class and develop your own WRAP® plan
- 2) Get in touch with a regional Recovery Support Specialist. You may receive their contact information by calling the Warm Line at **1 (866) 359-7953**.
- 3) Apply for WRAP® Facilitator's Training. The regional Recovery Support Specialist can help you with this process.

All aspects of participation in WRAP® are voluntary. For more information, visit:

www.MentalHealthRecovery.com

CHAPTER 7: EVIDENCE BASED PRACTICES

Evidence-Based Practices (EBPs) are state-of-the-art techniques that research has shown to be effective. A person working with health care professionals to follow a course of treatment based upon EBPs can expect:

- **Fidelity:** An approach consistent with a nationally accepted model of treatment
- **Outcomes:** Significant progress toward treatment goals based on what research has shown to be effective
- **Access:** The fact that a program is designated an Evidence Based Practice helps consumers and advocates make a strong case for why the practice should be available in their area.

The following EBPs are among programs identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) for the treatment of persons with mental illnesses, which are gaining increased attention in Illinois. Accordingly, SAMHSA has developed a set of toolkits for use by human service centers to implement these practices and improve services to individuals. Additional EBPs are being studied and the body of research is ever expanding. For more information or to review the toolkits, go to www.SAMHSA.gov.

- Wellness Recovery Action Plan (WRAP®) see p. 31
- Permanent Supportive Housing (PSH) see Consumer and Family Handbook
- Assertive Community Treatment (ACT) see Consumer and Family Handbook
- Integrated Dual Diagnosis Treatment (IDDT) see p. 35
- Individual Placement and Support (IPS) see p. 34

CHAPTER 8: INDIVIDUAL PLACEMENT AND SUPPORT (IPS) GUIDELINES

Work is a vital aspect of recovery. CRSS professionals encourage individuals' desire to work and attain their goals in life. Returning to work requires a blend of personal responsibility and support from others. Individual Placement and Support (IPS) is a recovery oriented approach to supported employment that is based on what evidence has shown to be most effective. IPS is based on seven principles:

- *Eligibility is based on individual choice.* No one is excluded who wants to participate. Symptoms, history of hospitalization, current addictions issues, etc. are not a reason to exclude persons from employment services. Their motivation to be employed is the key to accessing employment services.
- *Supported employment is integrated with treatment.* Employment Specialists coordinate the individual's employment plans with their treatment team: the case manager, therapist, psychiatrist, etc.
- *Competitive employment is the goal.* The focus is community jobs anyone can apply for that pay at least minimum wage, including part-time and full-time jobs.
- *Job search starts soon after a person expresses interest in working.* There are no requirements for completing extensive pre-employment assessment and training, or intermediate work experiences (like prevocational work units, transitional employment, or sheltered workshops). Each individual will work with their employment specialist to evaluate employment interests and abilities while looking for employment in the community; as they progress through submitting applications, participating in interviews and securing and maintaining employment.
- *Follow-along supports are continuous.* Individualized supports to maintain employment continue as long as persons want the assistance. These supports are available for an average of twelve months. However, the most important aspect of follow along supports is encouraging the development of natural supports for employment. This is accomplished by working together to develop peer, co-worker and family and/or significant others in providing support and encouragement for employment success.
- *Individual preferences are important.* Choices and decisions about work and support are individualized based on the person's stated preferences, strengths, and experiences.
- *Benefits Planning is available.* Individuals have the right to know how earnings will affect their public benefits and how they can protect those benefits.

For more information on benefits planning, contact the Work Incentive and Planning and Assistance Program:

- Call **1 (800) 807-6962**
- TTY **1 (866) 444-8013**

CHAPTER 9: CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE ABUSE (MISA)

Co-occurring disorders are to be expected in all behavioral health settings. Services for persons with co-occurring disorders must be integrated. CRSS professionals promote a “no wrong door approach” meaning that no matter what program a person enters to receive treatment, they can be linked courteously with the program or blend of programs that meet their treatment needs. CRSS professionals model empathy, respect and belief in individuals’ abilities to recover. They provide perspective on how the community can be a resource to individuals with co-occurring disorders and how persons can give back to their communities.

Co-Occurring Disorders (COD): The term often used to refer to co-occurring substance-related and mental health challenges. Persons said to have COD have one or more substance-related disorder as well as one or more mental health diagnosis. These conditions may also be referred to as Dual Diagnosis.

Integrated Interventions: Integrated interventions are specific treatment strategies or therapeutic techniques in which interventions for all COD diagnoses or symptoms (if one is using a broad definition of COD) are combined in a single contact or in a series of contacts over time. These can be acute interventions to establish safety, as well as ongoing efforts to foster recovery.

Integrated Dual Diagnosis Treatment (IDDT): This evidence based practice supports the recovery process of individuals who have both serious mental illnesses and substance use problems. This service is provided by a multidisciplinary team of specially trained mental health staff who provide individualized services such as case management, counseling, and education. The IDDT team also uses other Evidence-Based Practices to create and provide one comprehensive and seamless service. By taking advantage of an approach that integrates mental health and substance use disorder treatment, many people with these two disorders are able to recover and live full and meaningful lives with their friends and families.

When persons with co-occurring mental illnesses and substance use disorders are in recovery, it is implied that they are abstinent from the substance causing impairment and are able to participate in life activities that are meaningful and fulfilling to them. According to Lowinson, recovery from co-occurring conditions consists of:

- Gaining information
- Increasing self-awareness
- Developing skills for sober living
- Following a program of change

Persons with the CRSS credential may gain unique insights from the book *WRAP® for Addictions*. The content of this book is based on what persons with co-occurring diagnoses have found to be helpful to their recoveries.

CHAPTER 10: INTEGRATED PRIMARY AND BEHAVIORAL HEALTHCARE

Integrated healthcare is an approach that helps primary care services, such as a family doctor, work together with mental health services. All of an individual's health conditions are looked at together to gain a better picture of a person's overall health. The goal is to help persons with mental health challenges to live longer, healthier lives.

Examples of integrated care include:

- Providing mental health and primary health services in the same location
- Teams of primary and mental health care professionals working together with the same persons
- Mental health and primary care providers cross-training one another
- Coordination of primary and mental healthcare through a process known as a medical home. This leads to a more holistic and efficient approach.

Integrated healthcare helps professionals with different roles to put the individuals they serve first. Fewer repeated medical tests and forms, better knowledge of potential drug interactions, and more convenient location of healthcare professionals together are among a few of the potential benefits of this approach. For more information about integrated healthcare, you may visit:

- <http://www.samhsa.gov/healthreform/healthhomes>

CHAPTER 11: RECOVERY SUPPORT PROGRAMS IN ILLINOIS COMMUNITY MENTAL HEALTH CENTERS

The exciting field of recovery support is growing in Illinois! Examples of existing recovery support programs within community mental health centers include:

- 1) **Leading Recovery Classes at a Mental Health Center:**
Recovery Support Specialists teach classes. Classes vary from Wellness Recovery Action Plan (WRAP®) to life skills classes and recovery support groups.
- 2) **Providing Individual and Group Recovery Support and Advocacy in the Community:**
Sometimes this support is provided at the mental health center in programs such as Psychosocial Rehabilitation. Sometimes they are provided in the community as part of the center's Community Support or Assertive Community Treatment program, for example.
- 3) **Mentoring Persons in a Recovery Drop-In Center:**
Drop-in centers are informal places individuals can come to give and find peer support with others. Classes and peer support groups may be offered by Recovery Support Specialists, but there are also opportunities for persons served to develop their own shared interest groups and activities.

These activities are often Medicaid billable when provided by a qualified individual at a DHS/DMH funded mental health center based on individuals' treatment plan goals. The CRSS Credential helps persons become qualified to provide these and other recovery support services. If you are interested in starting a Recovery Support program at an Illinois mental health center, you may wish to speak to the center leadership or a DHS/DMH Recovery Support Specialist. You may obtain RSS contact information by calling the Warm Line at **1 (866) 359-7953**.

CHAPTER 12: RECOVERY AND SPIRITUALITY

Spirituality is about what matters to an individual the most, or what brings them a sense of meaning and purpose in life. Many persons use the spiritual practices of their choice to help themselves stay well, or feel better when they are not feeling well. As a result, spirituality has been found to improve both physical and mental health.

CRSS Professionals can help persons utilize their spirituality in their own recovery journeys by asking questions such as:

- What matters most to you in life?
- What is it that keeps you going?
- What values do you live by?
- What personal guidelines of conduct do you follow?
- How do you experience a sense of community and belonging?

Answering these simple questions has helped many persons to discover or regain a sense of meaning and purpose in life. Spiritual practices can be effective ways to cope with stress. Many persons find them to be a source of comfort and healing. Spirituality can help to motivate an individual's personal movement along the path of recovery. It is not the role of the public mental health system to promote any particular form of spirituality. At the same time, mental health services can become more effective when they honor an individual's personal sense of spirituality as a potential resource for recovery. Spirituality may help individuals to recover and participate fully in a life in their communities.

CHAPTER 13: ADDITIONAL RESOURCES

Applied Suicide Intervention Skills Training (ASIST)

www.LivingWorks.net

Bodily Harm: The Breakthrough Healing Program for Self-Injurers

1998 – Karen Contario, Wendy Lader and Jennifer Kingson Bloom
Hyperion

Center for Integrated Care

www.integration.samhsa.gov

Challenging Stereotypes: An Action Guide

2001 – Jean Arnold and Nora Weinerth
Substance Abuse and Mental Health Services Administration

Community Links: Pathways to Reconnection and Recovery – Program Implementation Manual

2006 – Mary Ellen Copeland and Shery Mead
Peach Press

“Consumer Operated Services” Toolkit

2004 – Systems Operating to Achieve Recovery (SOAR); Community Mental Health & Recovery Board of Licking & Knox Counties; Ohio Department of Mental Health

Dartmouth Psychiatric Research Center: Dual Diagnosis, Supported Employment

<http://dms.dartmouth.edu/prc/evidence/>

Depression and Bipolar Support Alliance (DBSA)

www.DBSAAlliance.org

DHS/DMH Regional Recovery Support Specialists

Call the Warm Line at 1 (877)359-7953 to request contact information for the DHS/DMH Recovery Support Specialist assigned to your region. These staff can help you connect to Illinois' many recovery oriented initiatives such as the Consumer Education and Support Statewide Call-Ins, Regional Recovery Conferences, Peer Learning Collaborative Calls and upcoming training, CEU and networking opportunities.

Equip for Equality

www.EquipforEquality.org

“Establishing a Recovery System” Toolkit

2004 – Systems Operating to Achieve Recovery (SOAR); Community Mental Health & Recovery Board of Licking & Knox Counties; Ohio Department of Mental Health

Free to Choose: Transforming Behavioral Health Care to Self-Direction: Report of the 2004 Consumer Direction Initiative Summit

2004 - Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
Rockville, MD

Harm Reduction Guide to Coming Off Psychiatric Drugs

2007 – The Icarus Project and Freedom Center

Illinois Certification Board

www.iaodapca.org

1 (800) 272-2632

Illinois Consumer and Family Handbook

www.illinoismentalhealthcollaborative.com

Click “Consumers and Families” and select “Consumer and Family Handbook” from left hand menu

Illinois Co-Occurring Center for Excellence

www.IllinoisCOCE.org

Illinois Department of Human Services

www.DHS.State.IL.US

Illinois Guardianship and Advocacy Commission

www.GAC.State.IL.US

Illinois Mental Health Collaborative: CRSS Webpage

www.illinoismentalhealthcollaborative.com

Click “Consumers and Families” and select “CRSS” from left hand menu

Illinois Mental Health Recovery and Empowerment Dictionary

www.illinoismentalhealthcollaborative.com

Click “Consumers and Families” and select “Recovery and Resilience Resources” from left hand menu

Managing Workplace Conflict: A Skills Training Workbook for Mental Health Consumers and Supervisors

1997 – National Research and Training Center on Psychiatric Disability; University of Illinois at Chicago

Mental Health and Development Disabilities Code [405 ILCS 5]

2002 - Illinois Department of Human Services

Mental Health and Development Disabilities Confidentiality Act [740 ILCS 110]

2002 - Illinois Department of Human Services

Mental Health Recovery: What Helps and What Hinders? A National Research Project for the Development of Recovery Facilitating System Performance Indicators

2002 – National Technical Assistance Center for State Mental Health Planning; National Association of State Mental Health Program Directors
Alexandria, VA

Motivational Interviewing: Preparing People to Change Addictive Behavior

1991 – William R. Miller and Stephen Rollnick
Guilford Press

National Alliance on Mental Illness (NAMI) Star Center

www.ConsumerStar.org

National Center for Trauma Informed Care

www.samhsa.gov/nctic/

National Consumer Supporter Technical Assistance Center

www.NCSTAC.org

National Empowerment Center

www.Power2U.org

National Institutes of Health/National Institute on Drug Abuse

www.NIDA.NIH.gov

National Mental Health Consumers' Self-Help Clearinghouse

www.MHSelfHelp.org

New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America, Final Report

2003 - Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
Rockville, MD

Panic Attacks Workbook: A Guided Program for Beating the Panic Trick

2004 - David Carbonell
Ulysses Press

Pathways to Recovery: A Strengths Recovery Self-Help Workbook

2002 - Priscilla Ridgway, Diane McDiarmid, Lori Davidson, Julie Bayes and Others
University of Kansas, School of Social Welfare, Office of Mental Health Research & Training

Positive Partnerships: How Consumers and Non-Consumers Can Work Together as Service Providers

1998 - National Research and Training Center on Psychiatric Disability; University of Illinois at Chicago

Question Persuade Refer (QPR) Institute: Suicide Prevention

www.QPRInstitute.com

Recovering from Depression: A Workbook for Teens (Revised Edition) -

2002 - Mary Ellen Copeland and Stuart Copans
Paul H. Brookes Publishing Co.

Recovery Services Development Resource Handbook

www.DHS.State.IL.US/MHDD/MH/pdf/RSD%20Resource%20Handbook.pdf

Shock: The Healing Power of Electroconvulsive Therapy

2006 - Kitty Dukakis and Larry Tye
Penguin Books, Ltd.

Substance Abuse and Mental Health Services Administration (SAMHSA)

www.SAMHSA.gov

**Substance Abuse and Mental Health Services Administration (SAMHSA):
Co-Occurring Center for Excellence**

www.COCE.SAMHSA.gov

Transforming Mental Health Care in America. The Federal Action Agenda: First Steps -

2005 – Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
Rockville, MD

Voices of Transformation: Developing Recovery-Based Statewide Consumer/Survivor Organizations (Second Edition)

2007 - National Empowerment Center and the Recovery Consortium
Lawrence, MA

Wellness Recovery Action Plan

1997, revised 2002 – Mary Ellen Copeland
Peach Press

Wellness Recovery Action Plan & Peer Support: Personal, Group and Program Development

2004 – Mary Ellen Copeland and Shery Mead
Peach Press

Winning Against Relapse: A Workbook of Action Plans for Recurring Health and Emotional Problems

1999 – Mary Ellen Copeland
Peach Press

Work as a Priority: A Resource for Employing People who Have a Serious Mental Illness and who are Homeless

2003 – G. Shaheen, F. Williams, and D. Dennis
Substance Abuse and Mental Health Services Administration.

