

***Roles of Partners in Recovery
As Identified in
Focus Groups in Four California
Counties and a Review of the Literature***

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DRAFT

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By

***Vicki V. Smith, MSW, RPRP
Pat Risser, Social Activist/Philosopher***

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Introduction:

The purpose of this paper is to articulate roles that may be critical or helpful for persons in recovery and their partners – families and other members of their personal support system (PSS), direct service providers, mental health supervisors, administrators and policy makers, and mental health support/clerical staff. The knowledge, attitudes, skills and behaviors of the partners are incorporated into charts that follow this brief introduction.

For purposes of this paper, recovery is viewed as a personal journey that does not imply “cure” and based on four components as conceptualized by Mark Ragins (39a):

- Hope, or a positive vision for the future
- Empowerment
- Responsibility, and
- A meaningful role, or niche in life

The authors use the term “recovery” while recognizing that many people who use services and practitioners that agree with the concepts may not agree with the term.

The information in this paper is compiled from focus groups in four California counties and a review of the literature. The information has been sorted in the following charts by knowledge, attitudes, skills and behaviors that will assist a person in recovery and help their respective partners in their efforts 1) be a friend, 2) create a supportive environment, 3) provide services and 4) otherwise stand by a person as they go through the recovery process. The identified attitudes, skills and behavior are not mean to be proscriptive, but to highlight the many roles and activities that partners can undertake to support persons using services in their recovery.

Recovery Literature related to Roles:

Much of the recovery literature of the past 15 years is focused on the role of the person in recovery, e.g., personal accounts, models of recovery, etc.¹ (e.g., 2, 20, 32, 40, 45, 46, 52, 53). Bill Anthony addressed the issue of recovery-oriented systems (2) in 1993 and in the last five years, there has been increased attention to the role of the mental health system in promoting and supporting recovery or being well (3, 7, 11,12,13, 23a, 24, 25, 30, 33, 34, 37, 38, 39, 40, 44, 51, 52, 54, 55).

Literature relating to the roles of providers and other collaborators, the focus of this work, is less available, some of it not published (4, 6, 8, 11,12,13, 35, 36, 39, 41, 42, 43, 44, 47, 48, 49, 50, 52, 54, 55).

¹ Ruth Ralph has compiled an extensive review of recovery literature (40aa).

The authors conducted a cursory review of cultural competency literature. While recovery is not identified specifically as a concept in the literature, many of the cultural concepts and healing practices are aligned with the concept of recovery (22, 23, 34a). It is important to value a person's cultural identity and experiences as a valuable part of recovery.

Concerns of partners:

The increasing focus on systems and roles that are supportive of recovery raises serious questions for many of the partners:

- Direct service providers and members of a person's personal support system, especially families, express the feeling that they no longer have a role to play in the person's treatment or recovery (48a).
- Support staff who have not engaged with people receiving services are faced with being a participant in change
- Administrators fear that legislators may view recovery as a consumer-based phenomenon that precludes the need for mental health funding.
- People using services express concerns that "recovery" will be used as a way for the system to quit providing mental health services

A well-conceived recovery-oriented system, however, will emphasize the collaboration of all partners with persons in recovery. This collaboration can be a key component of recovery for many people with psychiatric disabilities. Mark Ragins (39) describes the changing relationship among partners in recovery:

The relationship between service provider, client, and family needs to be fluid and to change depending on the goals being most actively pursued. The service provider may need to be medical consultant, coach, mentor, friend, peer, advisor, sponsor, student, customer, fellow student, political activist, or even confessor to best help a person recover. This multifaceted, flexible relationship almost always feels more real, more human, and more reciprocal than the traditional professional-patient relationship. The client feels more valued and the service provider feels less drained.

Regardless, however, if the literature is focused on individual recovery processes or the need to have recovery-oriented mental health systems, the roles of the respective collaborators is implicitly, if not explicitly, defined.

Source of Information:

The primary sources for the role definitions in the charts are

- 1) feedback from the four-county focus groups conducted in California in 2000,
- 2) recent recovery literature and
- 3) feedback from members of the California Wellness and Recovery Task Force. The Task Force includes the facilitators for the four-county focus groups, people who receive services, family members, providers and consumer advocates. Members

- reviewed the original document and provided additional partner tasks to be included in the charts
- 4) feedback from the Bay Area Ethnic Services Managers
 - 5) feedback from field review by researchers and advocates of persons in recovery

Roles Identified in the Four-County Focus Groups:

A consortium of recovery-oriented, mental health constituents from four California counties met to develop training to aid in the implementation of recovery practices in their respective counties. As a starting point, they decided they needed to know what people thought about recovery. To do that they conducted eight focus groups in 2000 in the four counties as follow:

Alameda Recovery Focus Groups: direct service staff; psychiatrists
Contra Costa Recovery Focus Groups: Support/clerical staff; psychiatrists
Solano Recovery Focus Groups: Administrative staff; clerical staff.
Stanislaus Recovery Focus Groups: People who use services and family members, inpatient staff.

The participants of the focus groups reviewed the “recovery principles” (attachment a) and provided feedback to the following questions:

- What seems useful about these Recovery Principles?
- What doesn’t seem useful about these Recovery Principles?
- How might these Recovery Principles affect your work with consumers?
- What issues would you like to be addressed in trainings related to recovery?

The authors culled the summaries of the focus groups for content related to the roles of the respective partners. Most of the information from the focus groups related to the roles of 1) persons in recovery and 2) direct service providers. There was some feedback regarding the role of family members. Critical feedback included

- Members of the person’s PSS need to believe in recovery and to be included in the recovery plan and the recovery process. It was also emphasized that PSS members should join support groups and provide support to others.
- Direct service providers must also know and believe that people can recover, especially people labeled or diagnosed with serious psychiatric disabilities.
- Providers, they should treat the person with respect and dignity, respect their own autonomy, recognize them as an individual and suggest the possibility of recovery.
- A provider should develop a relationship with the person and help him/her discover his or her own healing capacity.
- Providers should help the person in recovery select realistic goals and step back so the person can do more; “let” the person take risks.
- Providers should provide information to PSS members regarding psychiatric disabilities and refer family members to support groups early on.

Despite the inclusion of various groups, i.e., administrators, support/clerical staff and supervisors, in the focus groups, there was little input related to the roles of these partners. Many comments and suggestions were made regarding how the mental health system could better meet the needs of those persons it serves. For our purposes, we have incorporated these suggestions under the role of administrators and policy makers.

There were few suggestions for the role of the support staff. The comments in the focus groups demonstrate the need to direct careful attention to the roles of receptionists and clerical as partners in recovery. We must acknowledge that they do have a role to play as a partner in recovery: they are frequently the first and last contact a person has when using mental health services.

Roles Identified in the Literature:

The role of persons in recovery: In the early 2000's several mental health journals (e.g., *Psychiatric Services*, *Schizophrenia Bulletin*, *Psychiatric Rehabilitation Journal*) began including articles by persons in recovery recounting their journey and experiences. Personal accounts show the many varied and individual ways people approach their own recovery. Workbooks or manuals have been developed to assist people in planning and implementing activities to promote their own recovery (15, 46).

The role of members of a person's personal support system: There is very little literature directly addressing the role of the person's personal support system and natural supports. There is some recent literature addressing the family member's role (4, 47).

The role of providers: While there have been a few articles or papers on engagement and the collaborative relationship of the provider and the person being served years (e.g., 6, 8, 23a, 50), most of information about the role of the direct service provider is found in the recent generation of studies addressing competencies for Psychiatric Rehabilitation practitioners and other direct mental health service staff (4a, 16a, 16b, 16c, 53a). Recently, the Community Mental Health Journal initiated a Special Series on Recovery (19), which has included articles on providers and family members as partners in recovery. The role of psychiatrists in recovery is under-addressed in the literature. Some results from a CMHS-sponsored dialogue between psychiatrists and people in recovery are included in the direct service provider chart (12), but this area requires additional attention, definition and support.

The role of supervisors: Little of the recovery literature relates specifically to supervisors. We have taken the liberty of lifting from the administrator and direct service provider roles to develop this chart. We have examined some recent supervision literature, but this is by no means exhaustive. A more thorough review needs to be undertaken in this area.

The role of administrators: Much of the literature and the focus group feedback emphasize the role of administration, not the administrators. We converted the

administration/ system issues related to supporting recovery as discussed in the literature into the role of the administrators.

The role of support/clerical staff: The authors found no literature relating to the role of support staff. This is a critical issue to address because people in support roles may be the first to welcome someone to the mental health system or to a service or program and the last to say good-bye. The information from the four-county focus groups offers a starting point for exploring this issue (48).

Charts:

A set of charts was developed delineating the aspects of knowledge, attitudes, skills and behaviors for each partner: 1) the person in recovery; 2) the personal support system (or potential support system) of the person in recovery, which can include family members (spouses, parents, children, siblings and significant others), friends, colleagues, neighbors, pastor, etc); 3) direct service providers (psychiatrists, social workers, counselors, psychiatric rehabilitation practitioners, service coordinators, nurses, etc., including consumer providers); 4) supervisors of direct service providers; 5) administrators (mental health directors, financial officers, quality assurance and utilization review coordinators, directors of adults, older adult, and children's systems of care, program directors, etc.); and 6) support staff (administrative and program support and staff).

The material presented in this work should not limit the concept of who are partners. There are many people in the community who become partners by virtue of being part of the person's natural support system. Providers may include curanderos, homeopaths, and other culturally based or natural healers.

The role definitions in the charts are not intended to be prescriptive. They certainly do not address all the potential roles or activities of each partner. Nor is every suggested role right for everyone. Some people may already perform some of the activities suggested and may want to consider performing others. Just as recovery is an individual process, each partner must find the most effective way in which they can provide support.

Next Steps:

It is the authors' hope that the information presented here and in the charts can be used to

- promote discussion throughout a mental health system
- provide assistance in looking at respective roles in the system related to promoting recovery.
- develop trainings for consumers, members of personal support systems, director service providers, supervisors, administrators, and support staff.

**California Institute for Mental Health (CIMH) Recovery Project
Focus Groups: Alameda , Contra Costa, Stanislaus and Solano
Counties**

RECOVERY PRINCIPLES

(As presented to the Four-County focus groups in the spring of 2000)

County Mental Health Department directors are thinking about how to include the “recovery philosophy” in their adult service delivery systems. There are many approaches to recovery. The principles of recovery found below include some ideas common to most approaches. Please share what comes to mind as you read this language:

1. The recovery process embraces an empowering spiritual journey (defined uniquely by each individual) that is hallmarked by hope and expansion into a better life, independent living and community integration as its goals, and peer support as its anchor.
1. Recovery may occur with or without complete relief from symptoms; recovery can occur even though the illness has not been “cured.”
1. Recovery embraces an empowering personal and spiritual journey. It helps people grow and change, including steps forward and backward along the way.
1. Consumers have the best potential to thrive when viewed as partners in control of their own recovery. Providers, in particular, must believe and share with their clients that recovery is possible
1. Mental Health Departments provide rehabilitation services that relieve crisis, manage symptoms, assist an individual to adapt to their disability and provide skills/supports to acquire a sense of balance and stability. Recovery is something that a person generates for themselves. Recovery only happens between people who have had a “shared experience” as mental health clients.
1. Recovery can occur independently of professional intervention.
1. In a “System of Care” that embraces recovery, consumers have access to employment services, housing, education, self-help/peer support and other programs that provide opportunities for independence and integration into the community.

Partners in Wellness and Recovery: I. Role of Person in Recovery

Task Area	Knowledge	Attitudes/Values	Skills	Behaviors
<i>Recovery</i>	<ul style="list-style-type: none"> • Knows recovery is possible and likely for everyone (48, 49) • Learns/knows recovery principles and practices • Learns/knows about psychiatric disabilities (52) • Learns about mental health system (52) • Learns to think differently about medications (18) • Learns that there are “effective treatments” that facilitate recovery • Knows own culture’s approaches to healing (49) • Knows professionals/healers in own cultural community (49) • Recognizes role of trauma & stress in development of disability • Understands the power of prejudice in perpetuating disability 	<ul style="list-style-type: none"> • Believes they can recover (20, 48) • Is willing to take risks; to try, fail & try again (18, 49) • Recognizes [and embraces] one’s own spirituality (49, 55) • Believes in self-empowerment and recovery (20) • Believes in taking responsibility for personal recovery (18) • Recognizes self-judgment is detrimental to recovery • Is open to consider variety of treatment modalities, e.g., herbal, acupuncture, psychotropic medications, psychosocial & peer (49) • Embraces and celebrates own culture (49) • Respects values of cultures other than their own (49) • Knows the source of recovery comes from within • Recognizes self as a unique individual who will need to follow own path; does not pigeonhole self. 	<ul style="list-style-type: none"> • Advocates for self (15) and others • Suspends self-judgment on relapse • Recognizes need for assistance and seeks such assistance • Recognizes that recovery could be defined differently depending on a consumer’s experience • Recognizes interface between own cultural healing practices and dominant culture’s practices (49) • Person learns to identify and advocate for their own needs • Person practices self-healing as opposed to self-infliction • Person knows how to “pick” their battles; when to fight and when not to fight • Can identify and reject pejorative labels of discriminatory practices 	<ul style="list-style-type: none"> • Makes a decision to take responsibility one’s own recovery (18, 48) • Develops a recovery plan (15) • Takes risks (48) • Learns recovery skills (1) • Exercises right to choose • Re/establishes major social role for self; gets a meaningful life (20, 41, 48) • Celebrates successes and learns from mistakes (52) • Monitors and prevents relapse (48), using chosen relapse prevention modalities/strategies (15) • Practices stress reduction • Attends to physical wellness (15) • Uses cultural healers/professionals as appropriate (49) • Contributes to political activism to combat discrimination against people having psychiatric concerns

Partners in Wellness and Recovery: I. Role of Person in Recovery

Task Area	Knowledge	Attitudes/Values	Skills	Behaviors
<p>Relationships</p>	<ul style="list-style-type: none"> *Learns from peers about recovery (15, 49) •Learns to think differently about oneself and one’s mental health staff/provider team (17) •Learns to recognize value of PSS, community, and natural and cultural support systems 	<ul style="list-style-type: none"> *Trusts one’s self in relationship with person providing services and doesn’t just accept the recommendations/judgments of service providers •Believes trusting, collaborative partnership is beneficial in the recovery process (48) •Believes in taking responsibility for communication of one’s needs and status to providers •Believes one’s cultural identify should be respected, honored and understood by providers 	<ul style="list-style-type: none"> *Shares, communicates personal experience with others •Listens to other people’s experiences •Is aware of one’s contributions to a relationship (34a) •Negotiates service plan •Communicates needs and status to provider •Ability to teach providers about one’s culture & its relationships to mental health services and treatment (49) •Teaches peers about recovery •Acknowledges staff when they are being helpful (13) 	<ul style="list-style-type: none"> *Takes charge of own service plan & is a partner in service planning and process (48) •Acts as role model to others in recovery (12, 55) •Uses self-help groups and peers for support (32, 52, 55) •Transfers hope to others (13) •Asserts right to make choices •Develops personal supports (13, 15, 52) •Provides support to others (52) •Acknowledges staff [and others] when they are helpful (13) •Teaches providers about what is it like to have a psychiatric disability (13) •Teaches providers about his/her cultural self and its relationship to mental health services and treatment

Partners in Wellness and Recovery: I. Role of Person in Recovery

Task Area	Knowledge	Attitudes/Values	Skills	Behaviors
<i>Internal Systems (Mental Health systems)</i>	<ul style="list-style-type: none"> • Learns what the system has to offer and where to get it • Recognizes discrimination in the mental health system as it relates to own recovery and the recovery of others • Recognizes system barriers to accessing services • Knows/learns the impact of own culture in relationship with mental health services 	<ul style="list-style-type: none"> • Believes he/she has something to offer the mental health system • Believes he/she has the right to access system • Believes he/she has something to gain from the MH system • Has option to become a direct service or management employee of mental health system 	<ul style="list-style-type: none"> • Develops self-help and advocacy groups • Addresses issues of discrimination in the mental health system (49) • Accesses culturally appropriate services, if available (49) 	<ul style="list-style-type: none"> • Asserts right to choice and recovery • Has option to participate in system planning groups and Boards • Advocates for culturally/linguistically appropriate services (49)
<i>External Systems (Community and broader health & human service system)</i>	<ul style="list-style-type: none"> • Recognizes discrimination in the community at large as it relates to own recovery and the recovery of others • Recognizes lack of coordination among services and its impact on recovery • Recognizes barriers in community to access to services • Knowledge of key players in community who can advocate for people in recovery • Recognizes natural support systems in the community 	<ul style="list-style-type: none"> • Views larger community as a resource for support • Views larger community as interdependent partner in recovery process • Believes people have the right not to be discriminated against • Has sense of connectedness to one's place on earth (34a) 	<ul style="list-style-type: none"> • Advocates for recovery-related services • Advocates for culturally/linguistically appropriate services (49) • Articulates the impact of discrimination in the community at large • Advocates for services in community • Educates the community about the negative impact of discrimination (52) • Establishes own natural support system in community (31) 	<ul style="list-style-type: none"> • Collaborates as equal partner with community systems • Assists other consumers to set up their own natural support systems (49) • Teaches providers how to assist persons in recovery to set up natural support systems (49) • Uses community resources, e.g., schools, employment, leisure time and spiritual activities (52)

Partners In Wellness & Recovery: II. Role of Personal Support System (PSS) (family, friends, significant others, etc.)

Task Area	Knowledge	Attitudes/Values	Skills	Behaviors
Recovery	<ul style="list-style-type: none"> • Learns (gets information) about recovery • Learns that recovery is an effective model of treatment • Learns about the family recovery process (49) • Learns about psychiatric disabilities (48) • Has knowledge of own culture and values • Understands need to know about other cultures and healing 	<ul style="list-style-type: none"> • Believes in recovery (48) and that anyone can recover (49) • Believes that partnerships are important to recovery • Accepts differences between own agenda and that of the person in recovery • Is willing to take risks 	<ul style="list-style-type: none"> • Identifies different cultural values • Appreciates different cultural values and therapeutic approaches • Acknowledges the contributions of person • Separates own agenda from those of the person in recovery 	<ul style="list-style-type: none"> • Supports the person's recovery process (48) • Takes risks (49) • "Lets go" (49) • Grieves (4) • Acknowledges and supports different cultural values and the need for appropriate therapeutic approaches
Relationships	<ul style="list-style-type: none"> • Acknowledges the limits of one's knowledge about psychiatric disabilities • Knows how to respond with sensitivity • Acknowledges the impact of one's own culture on others as being important 	<ul style="list-style-type: none"> • Believes the person is able to recover • Believes that partnerships are important to recovery • Maintains an open and respectful attitude toward other cultures and their values • Doesn't minimize the experiences of the person in recovery, e.g., medication side effects 	<ul style="list-style-type: none"> • Give and receive love • Listen • Be non-judgmental • Develops relationship and collaborates with providers • Teaches and educates providers • Provides support to other PSS members • Supports the person in recovery 	<ul style="list-style-type: none"> • Honors and respects the choices of the person in recovery even if they feel that the person has made/is making what seems to be a "bad" or wrong choice. • Acknowledges the learning associated with making choices. • Participates in person's planning and services (48) when requested by person

Partners In Wellness & Recovery: II. Role of Personal Support System (PSS) (family, friends, significant others, etc.)

Task Area	Knowledge	Attitudes/Values	Skills	Behaviors
<i>Relationships Cont.</i>		Imparts the value of families and their cultures to provider	<ul style="list-style-type: none"> Educates mental health providers about own cultures and the impact of own cultures on mental health and recovery 	<ul style="list-style-type: none"> Says “I don’t know”, when he/she doesn’t know the answer Doesn’t give up (18)
<i>Internal Systems</i>	<ul style="list-style-type: none"> Knows/learns basic knowledge of available mental health services and system. Knows where to turn to find help (4) Learns about available service modalities 	<ul style="list-style-type: none"> Believes that the system should support recovery Believes system should make necessary changes to support recovery Is aware of importance of own cultural background and ethnicity and it's impact on the person in recovery and their PSS 	<ul style="list-style-type: none"> Identifies and articulates systemic barriers to recovery in order to help system improve it's services 	<ul style="list-style-type: none"> Promotes positive change within the system to support recovery Participates on mental health boards and planning groups Advocates for PSS groups to support each other and assure that PSS people receive support Advocates for culturally appropriate services Teaches and educates providers (47)

Partners In Wellness & Recovery: II. Role of Personal Support System (PSS) (family, friends, significant others, etc.)

Task Area	Knowledge	Attitudes/Values	Skills	
<i>External Systems</i>	<ul style="list-style-type: none"> • Knows/learns basic knowledge of community resources and supports, including consumer and family self-help, support and advocacy groups - knows where to turn to find help • Understands the role of prejudice and discrimination in perpetuating disability 	<ul style="list-style-type: none"> • Believes in and acknowledges the entire community as a resource and support to aid people in recovery 	<ul style="list-style-type: none"> • Effectively lobbies with the political and other forces that might not understand or might oppose recovery practices and principles • Develops more community based supports 	<ul style="list-style-type: none"> • Fights to eliminate discrimination • Teaches about discrimination • Participates in advocacy/lobbyist groups • Helps to build more community based supports

Partners in Wellness and Recovery: III. Role of Direct Service Providers (psychiatrists, social workers, counselors, psychiatric rehabilitation practitioners, service coordinators, etc (including consumer employees))

Task Area	Knowledge	Attitude	Skill	Behavior
Recovery	<ul style="list-style-type: none"> • Knows how to suspend judgment • Has knowledge of recovery practices and principles including "strengths" perspectives (48) • Has knowledge about the recovery process (48) • Knows that the definition of recovery is individual (2) • Has current knowledge set including: trauma issues, state-of-the-art therapeutic techniques and current "best practices" and the role of spirituality in an empowering recovery process • Keeps current with research evidence regarding treatment outcomes (19a, 30, 52)) • Is knowledgeable of self and own recovery process and progress (49) 	<ul style="list-style-type: none"> • Believes that recovery is possible and likely and that anyone can recover (48, 49) • Views individual as the director of his/her own rehabilitation process (35, 15) • Recognizes that recovery is a unique and personal process (3) • Believes in consumer choice • Believes in person's potential and strengths (42) • Believes in not doing for others what they are capable of doing or learning to do themselves • Believes in a collaborative partnership (46) • Willing to critically evaluate own beliefs and limitations 	<ul style="list-style-type: none"> • Expresses own feelings with honesty, openness and sincerity • Listens (48) • Assesses for trauma and aid in trauma support and recovery • Self-reflects and seeks professional development on style of support and encouraging recovery • Makes culturally/ linguistically appropriate referrals (49, 54) • Can differentiate "knowing" from believing (i.e., can recognize current therapeutic strategies as models/hypotheses, not fact) • Has the ability to work in cross-cultural treatment situations and honoring one's preference for a provider of choice • Open to experiences of diversity 	<ul style="list-style-type: none"> • Focuses on person's strengths (42) • Treats consumer as partner (10,48) • Consumer employee acts as role model for others in recovery • Seeks to build trust with person in recovery • Engages person in recovery in all decision-making processes • Steps back so person can do more • Supports person in making leaps of faith and taking risks (15) • Supports person's spiritual beliefs (42) • Conveys hope for and belief in person (27,51) • Provides training to person that focuses on problem solving skills (52) • Suspends own judgment • Shows respect for the person's view of who they are

Partners in Wellness and Recovery: III. Role of Direct Service Providers (psychiatrists, social workers, counselors, psychiatric rehabilitation practitioners, service coordinators, etc (including consumer employees))

Task Area	Knowledge	Attitudes	Skills	Behavior
<p><i>Recovery, cont.</i></p>	<ul style="list-style-type: none"> • Understands the importance of a person’s cultural /linguistic background in relation to assessment and service planning (49) and delivery • Understands the importance of a person’s cultural background as an integral of one’s recovery • Has understanding and knowledge of culturally-based folk and alternative healing systems and traditions (49,54) • Can differentiate treatment from issues of social control and cost containment • Knowledgeable of uses and limitations of medications 	<ul style="list-style-type: none"> • Considers cultural and ethnic background critically important in providing competent treatment and believes in the need for ongoing cultural training (49) • Considers that access to interpreters, translators and bilingual/bicultural staff is important in providing services • Believes that recovery is best supported when provider is of same cultural/linguistic background as person in recovery when all other things are equal (49, 54) • Believes that recovery is best supported by involving consumer-providers with experience with consumer culture • Willing to critically evaluate own beliefs and limitations • Considers access to interpreters and translators 	<ul style="list-style-type: none"> • Also to facilitate the person’s decision-making using information, clarification and exploration of options • Supports person’s choice with respect to services and medications 	<ul style="list-style-type: none"> • Honors and respects the choices of the person in recovery, even if it seems that the person made/is making the wrong choice. • Can admit mistakes

Partners in Wellness and Recovery: III. Role of Direct Service Providers (psychiatrists, social workers, counselors, psychiatric rehabilitation practitioners, service coordinators, etc (including consumer employees)

<p>Relationships</p>	<ul style="list-style-type: none"> • Knows the components of a helping relationship (6) • Learns new ways of engagement (48) • helping relationship (6) • Knows the value of trust-centered treatment • Knows how to provide support without "doing for" someone • Knows how to share self (___) • Knows how to suspend judgment • Knows how to convey hope (42) • Knows the person in recovery lives a life in the community well beyond the mental health services they receive, a life where they make many independent choices and decisions • Knows that one must have cultural self-awareness and understand the impact this can have on the helping relationship and recovery • 	<ul style="list-style-type: none"> • Believes that recovery is possible and likely for anyone (48, 49) • Believes that relationships need to be based on a high degree of trust [trust meaning honesty and that promises will be kept] (40b) • Believes in communication which is honest, open and supportive • Believes and trust what the person in recovery says • Believes in collaborative relationship (46) • Recognizes the power imbalance in the relationship between provider and person in recovery and tries to mitigate it where possible (6) • Believes culture and spirituality are important in recovery (42,49) • Respects cultural/linguistic differences (49) • Suspends own judgment 	<ul style="list-style-type: none"> • Establishes collaborative relationships (34, 46) • Advocates for persons in recovery with other staff • Addresses own personal needs • Does ethnographic interviews (54) • Identifies need for cultural/linguistic matching • Accesses consultants in cultural competence and cultural brokers (49) • Listens actively and engages people in an empowering recovery process (___) • Advocates for culturally competent services • Has the ability to provide recovery-oriented services in cross-cultural situations 	<ul style="list-style-type: none"> • Uses people first language (13) • Provides information to person in recovery & PSS (46) • Treats all people with respect and dignity • Shares own treatment philosophy (12) • Assists person in their recovery process and to develop their recovery and relapse plans (52) • Assists person in recovery to look at their Recovery Plan with respect to the involvement of their PSS • Assists person to articulate and accomplish their personal goals and expectations (21, 28, 34, 42)
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Partners in Wellness and Recovery: III. Role of Direct Service Providers (psychiatrists, social workers, counselors, psychiatric rehabilitation practitioners, service coordinators, etc (including consumer employees))

Task Area	Knowledge	Attitude	Skills	Behavior
<i>Relationships, cont.</i>		<ul style="list-style-type: none"> • Knows that self-disclosure in a relationship with a person in recovery should be done only in the person's self interest not that of the provider, i.e., it can help establish bonds of trust and understanding, validate a person's feelings and provide examples of dealing with things differently (40b) • Values the need to utilize bilingual & bicultural providers and interpreters to provide linguistically appropriate services 		<ul style="list-style-type: none"> • Supports person in personal coping skills (52) • Teaches leadership and advocacy skills (52) • Attends to whether person thinks their needs are being met (38) • Practices hope-inspiring strategies (42) • Considers cultural background and it's relevance to the person's recovery (49) • Shares experiences with other providers about the positive importance of recovery model
<i>Internal Systems</i>	<ul style="list-style-type: none"> • Knows/learns basic knowledge of available mental health services, resources and supports, including consumer and PSS self-help and advocacy groups • Has knowledge of culturally-based alternative healing systems and traditions • 	<ul style="list-style-type: none"> • Believes system should support recovery • Believes system should be community based and not institutionally based • Acknowledges own responsibility to work to correct and to remove obstacles and barriers to recovery within the organization • Understands need to educate co-workers or co-providers 	<ul style="list-style-type: none"> • Identifies/ recognizes discrimination when it occurs within the organization • Assists in developing services, resources and supports including consumer and PSS self-help and advocacy groups • Advocates for people in recovery 	<ul style="list-style-type: none"> • Confronts discrimination when it is encountered within the mental health system of care • Uses respectful language when talking about others at all times • Is involved in developing recovery-oriented system (48) • Advocates for culturally competent services

Partners in Wellness and Recovery: III. Role of Direct Service Providers (psychiatrists, social workers, counselors, psychiatric rehabilitation practitioners, service coordinators, etc (including consumer employees)

Task Area	Knowledge	Attitudes	Skills	Behavior
<i>Internal Systems Cont.</i>	<ul style="list-style-type: none"> • Is knowledgeable of barriers and obstacles to recovery within own organization 		<ul style="list-style-type: none"> • Develops services, resources and supports to assure adequate community-based system resources and supports to assure adequate community-based system 	<ul style="list-style-type: none"> • Refers family members to psycho-educational groups • Assists with the development of in agency training on cultural competence
<i>External Systems</i>	<ul style="list-style-type: none"> • Has full knowledge of community services, resources and supports • Is knowledgeable of barriers and obstacles to recovery in the community • Acknowledges the barriers and obstacles to recovery in consumers and how they effect consumers • Knows how to assist consumer in development of natural, including cultural and linguistic, supports (49) 	<ul style="list-style-type: none"> • Views greater community as both a resource and a partner in a "recovery" oriented system of care (43, 49) • Believes providers need to collaborate with the community to provide best supports for persons in recovery • Believes peer-self-help support services are an integral part of the recovery process (32) 	<ul style="list-style-type: none"> • Advocates for recovery-oriented mental health system • Confronts racism and discrimination in the community • Develops services, resources and supports to assure adequate community based system • Advocates for "recovery" with professional peer groups • Advocates for a culturally competent community-based system 	<ul style="list-style-type: none"> • Works collaboratively with community to assure appropriate resources and supports • Identifies/addresses discriminatory situations • Is involved with self-help services in the community • Facilitates the identification and use of natural supports to replace mental health resources (35,49) • Supports person in their educational, housing and vocational activities (42, 51, 52) • Assists person in using community services (52) • Speaks to community/ media about mental health (52) • Attends trainings on cultural competence

Partners in Wellness and Recovery: IV. Role of Supervisors of Direct Service Providers

Task Area	Knowledge	Attitudes	Skills	Behaviors
<i>Recovery</i>	<ul style="list-style-type: none"> • Knows how to suspend judgment • Has knowledge of recovery practices, principles and processes including “strengths” perspectives (48) • Current knowledge set including: trauma issues, state-of-the-art therapeutic techniques and current “best practices” and the role of spirituality in an empowering recovery process • Keeps current with research evidence regarding treatment outcomes (30) • Knows that the definition of recovery is individual • Understands the importance of a person’s cultural/linguistic background in relation to assessment and service planning (49) • Has understanding and knowledge of culturally-based folk and alternative healing systems and traditions (54) 	<ul style="list-style-type: none"> • Believes that recovery is possible and that anyone can recovery (35, 48, 49) • Supports choice as a value for people in recovery • Believes in the need for ongoing cultural training • Considers knowledge of cultural and ethnic background critically important in providing competent treatment (49) • Believes that recovery is best supported when providers are able to work cross-culturally with one’s preference for a provider is taken into account • Believes that recovery is best supported by involving consumer-providers with consumer culture • Believes quality of service to individuals is more important than bureaucratic expedience • Supports individual staff development 	<ul style="list-style-type: none"> • Establishes collaborative relationships (45) • Listens (48) • Assists staff to develop their style of providing recovery-oriented services (49) • Continually develops cultural self-awareness 	<ul style="list-style-type: none"> • Attends conferences and other events on “recovery” and makes provision for other staff to do the same. • Develops and participates in recovery training (48) • Addresses ability to provide recovery-oriented services as a key item in annual employee evaluations (49) • Provides active supervision to staff to ensure quality of service with movement toward recovery-based services • Develops agency cultural competency training

Partners in Wellness and Recovery: IV. Role of Supervisors of Direct Service Providers

Task Area	Knowledge	Attitudes	Skills	Behaviors
Recovery Cont.	<ul style="list-style-type: none"> • Understands barriers to adopting “best practices” and empowerment strategies • Understands the impact of one’s own culture on the recovery of others 			
Relationships	<ul style="list-style-type: none"> • Knows the components of a helping relationship (6) • Knows the value of trust-centered treatment • Knows that outside mental health, the person in recovery lives a life in the community where they make many independent choices and decisions • Knows that people in recovery are the primary source of information about what consumers need to foster a healing environment • Knows how to impart knowledge of the recovery process to direct service providers • 	<ul style="list-style-type: none"> • Believes in communication which is honest, open and supportive • Believes in collaborative partnerships (45) • Understands the importance of trust in a collaborative relationship • Believes culture and spirituality are important in recovery (49) 	<ul style="list-style-type: none"> • Establishes collaborative relationships (45) • Advocates for clients with staff: administrators, colleagues and supervisees • Accesses consultants in cultural competence and cultural brokers • Teaches staff to recognize and value diversity in direct service 	<ul style="list-style-type: none"> • Stands behind staff when they support persons in recovery when they make their own choices and take risks • Recognizes cultural values and conflict of the people he/she supervises (23) • Assist person supervised to discover and strengthen their cultural background and identify (23) • Provides training and supervision in engagement skills • Uses language which is respectful to others • Shares experiences with other providers about the positive importance of recovery model.

Partners in Wellness and Recovery: IV. Role of Supervisors of Direct Service Providers

Task Area	Knowledge	Attitudes	Skills	Behaviors
<i>Internal Systems</i>	<ul style="list-style-type: none"> • Knows/learns basic knowledge of available mental health services, resources and supports, including consumer and PSS self-help and advocacy groups • Knows how other parts of the system view recovery • Is knowledgeable of barriers and obstacles to recovery within own organization • Has understanding and knowledge of culturally-based folk and alternative healing systems and traditions (49, 54) • Knowledgeable of recovery-based service approaches in other states/countries • Knows the organization's level of cultural competence 	<ul style="list-style-type: none"> • Has a personal commitment to the ideology of recovery • Believes system should support recovery and acknowledges own responsibility to provide leadership for system change • Believes system should be community based and not institutionally based • Acknowledges own responsibility to work to correct and to remove obstacles and barriers to recovery within the organization • Understands need to educate co-workers, co-providers, as well as direct service providers • Open to consultation from outside sources 	<ul style="list-style-type: none"> • Identifies/ recognizes discrimination when it occurs within the organization • Advocates for people in recovery • Advocates for culturally competent services (49) • Assists supervisees in making appropriate referrals to community organizations and services • Advocates for coordinated integrated services to assure all person's needs are met • Knows how to access and maintain relationships with supervisors & administrators in other recovery-based systems • Assists organization/ program in assessment of level of cultural competence 	<ul style="list-style-type: none"> • Confronts discrimination when it is encountered within the organization • Supports the "recovery" model within the mental health system of care • Uses respectful language when talking about others, including places apart from the person in recovery • Participates in ongoing cultural competency training • Provides support for staff/supervisees and facilitates positive working relationships between direct service staff and support staff, administrators, etc. (48) • Mobilizes resources for individualized services

Partners in Wellness and Recovery: IV. Role of Supervisors of Direct Service Providers

Task Area	Knowledge	Attitudes/Values	Skills	Behaviors
<i>External Systems</i>	<ul style="list-style-type: none"> • Recognizes the discrimination that stifles recovery • Has full knowledge of community services, resources and supports • Is knowledgeable of barriers and obstacles to recovery in the community 	<ul style="list-style-type: none"> • Views greater community as both a resource and a partner in a "recovery" oriented system of care • Believes providers need to collaborate with the community to provide best supports for persons in recovery • Believes peer-self-help support services are an integral part of the recovery process 	<ul style="list-style-type: none"> • Advocates for recovery-oriented mental health system • Confronts, assists direct service workers to confront, stigma in the community and • Advocates for "recovery" with professional peer groups • Advocates against discrimination 	<ul style="list-style-type: none"> • Works collaboratively with community to assure appropriate resources and supports • Assists staff to identify and use natural supports to replace mental health resources (35) • Identifies/addresses discriminatory situations • Is involved with self-help services in the community on an ongoing basis

Partners in Wellness & Recovery: V. Administrators (Managers, CEOs, Mental Health Directors, QA Staff, Finance Administrators)

Task Area	Knowledge	Attitudes/Values	Skills	Behaviors
<i>Recovery</i>	<ul style="list-style-type: none"> • Knowledgeable of basic recovery principles and practices (48) • Understands the importance of a person's cultural /linguistic background and the impact of their culture in relation to their ability to access and use mental health services (49) • Knowledge of recovery-based service approaches in other locales 	<ul style="list-style-type: none"> • Believes in recovery and the personal empowerment of individuals in recovery (35) • Supports choice as a value for people in recovery • Makes a commitment to the ideology of recovery • Respects cultural/linguistic differences (49) • Open to new ideas and outside consultation 	<ul style="list-style-type: none"> • Builds support within the organization for "recovery" • Communicates with people in recovery as equals 	<ul style="list-style-type: none"> • Involves people in recovery in all system decision-making processes (25, 42) • Attends conferences and other events on "recovery" and makes allowances for other staff to do the same • Develops and participates in recovery trainings (48)
<i>Relationships</i>	<ul style="list-style-type: none"> • Knows that people in recovery at the primary source of information about what consumers need to foster a healing environment • Knows the importance of partnerships • Knows cultural self-awareness if important in fostering work in a multicultural environment 	<ul style="list-style-type: none"> • Recognizes people in recovery and their PSS members as partners in system change (10) 	<ul style="list-style-type: none"> • Listens (48) • Works collaboratively with people in recovery, PSS members and staff in developing a recovery-oriented system • Greets Clients • Respects and values diversity 	<ul style="list-style-type: none"> • Conveys hope and a positive belief in the ability of people to recover (27) • Relates to providers, consumers, and supporters about the importance of partnership for recovery • Supports relationships among all staff (48)

Partners in Wellness & Recovery: V. Administrators (Managers, CEOs, Mental Health Directors, QA Staff, Finance Administrators)

Task Area	Knowledge	Attitudes/Values	Skills	Behaviors
<i>Internal Systems</i>	<p>Knows how other parts of the system view recovery</p> <ul style="list-style-type: none"> *Is knowledgeable of attitudinal barriers and obstacles within the organization *Is knowledgeable of physical barriers and obstacles within the organization *Has understanding and knowledge of culturally-based folk and alternative healing systems and traditions *Knows organization's level of cultural competence 	<ul style="list-style-type: none"> *Believes in the need for ongoing cultural training *Recognizes own responsibility to provide leadership for system change *Believes in the need for ongoing cultural training *Believes recovery is supported by policies that support multicultural and multilingual staff who can provide services in cross cultural situations 	<ul style="list-style-type: none"> *Builds support within the organization and, at the management level, for "recovery" *Implements changes *Manages resources to be able to commit a significant portion to "recovery" *Believes in the need for ongoing cultural training *Promotes the importance of cultural competency in a recovery oriented system throughout the agency *Develops recovery-oriented policies *Supports staff in recovery oriented program development *Supports acquisition and development of "best practices", recovery oriented modes and anti-stigma behaviors 	<ul style="list-style-type: none"> *Is an active cheerleader in a positive way *Practices Participatory management (SN) *Assures that the SOC (system of care) supports recovery *Establishes wellness & recovery committees(48) *Hires people in recovery as part of the management team (33, 48) and assures that people in recovery are employed at all levels within the system *Includes people in recovery hiring at all levels *Involves consumers as trainers and educators (24, 33) *Provides support for all staff and facilitates positive working relationships among support staff, program staff (including consumer employees), supervisors, etc. (48) *Assures support services are provided for PSS *Requires cultural competency of staff (10)

Partners in Wellness & Recovery: V. Administrators (Managers, CEOs, Mental Health Directors, QA Staff, Finance Administrators)

Task Area	Knowledge	Attitudes	Skills	Behaviors
<p align="center"><i>Internal Systems Cont.</i></p>				<ul style="list-style-type: none"> • Assures that the system provides services that reflect the cultures of people using or potentially using services (3) • Recognizes and addresses structural issues (discrimination) that temper or restrain empowerment (35) • Provides leadership training for persons in recovery (24)
<p align="center"><i>External Systems</i></p>	<ul style="list-style-type: none"> • Recognizes the discrimination in the community that stifles recovery • Knows how other parts of the social service system view recovery 	<ul style="list-style-type: none"> • Views the greater community as both a resource and a partner in a “recovery” oriented system of care • Believes providers need to collaborate with the community to provide best supports for persons in recovery 	<ul style="list-style-type: none"> • Lobbies with the political forces which might not understand or might oppose recovery practices and principles • Lobbies the greater community for support for recovery • Advocates against discrimination • Engages in board development & exerts political influence towards achievement of recovery-based services 	<ul style="list-style-type: none"> • Provides leadership for collaboration with the community and development of natural supports for persons in recovery • Partners with community leaders to bring attention to the needs and possible solutions for diverse consumer populations

Partners in Wellness & Recovery: VI. Role of Support Staff

Task Area	Knowledge	Attitudes/Values	Skills	Behaviors
<i>Recovery</i>	<ul style="list-style-type: none"> • Knows recovery is possible and likely for anyone (48, 49) • Has understanding of recovery principles 	<ul style="list-style-type: none"> • Believes recovery is possible (48) • Respects and values diversity 	<ul style="list-style-type: none"> • Expresses own feelings with honesty, openness and sincerity 	<ul style="list-style-type: none"> • Participates in ongoing cultural competency and recovery trainings (48)
<i>Relationships</i>	<ul style="list-style-type: none"> • Knows how to engage people • Understands the importance of a person's cultural/linguistic background (49) • Knows cultural self-awareness is key to respectful interactions and communication 	<ul style="list-style-type: none"> • Respects each persons as a separate and unique individual • Respects cultural/linguistic differences (49) 	<ul style="list-style-type: none"> • Asserts role as team member • Listens (48) • Builds positive relationships with people in recovery (48) • Assists people in recovery with appointments, paperwork, etc. (48) • Able to understand discriminatory behaviors/situations when they occur 	<ul style="list-style-type: none"> • Collaborates with other staff • Uses language which is respectful to others • Participate in training related to developing positive relationships with other staff and persons in recovery (48) • Provides access to interpreters and translators
<i>Internal Systems</i>	<ul style="list-style-type: none"> • Has extensive knowledge of the mental health system and how to refer people (48) 	<ul style="list-style-type: none"> • Believes system should support recovery 	<ul style="list-style-type: none"> • Helps people to feel welcome (49) • Refers people to culturally appropriate services (49) 	<ul style="list-style-type: none"> • Uses respectful language when talking about others, including staff meetings and other places apart from persons in recovery. • Addresses discrimination when it occurs • Participates in agency cultural competency training
<i>External Systems</i>	<ul style="list-style-type: none"> • Has extensive knowledge of community resources and how to connect with them (48) 	<ul style="list-style-type: none"> • Believes people have the right to not be discriminated against 	<ul style="list-style-type: none"> • Makes appropriate referrals (48) 	<ul style="list-style-type: none"> • Uses respectful language when talking with or about others

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