

CHAPTER ONE

Culture Change

1. Introduction

“Culture is the name for what people are interested in, their thoughts, their models, the books they read and the speeches they hear, their table-talk, gossip, controversies, historical sense and scientific training, the values they appreciate, the quality of life they admire. All communities have a culture. It is the climate of their civilization.” -Walter Lippmann

When we first began the journey of creating the Certified Recovery Support Specialist (CRSS) Provider Workbook it was obvious to the nearly 100 people who participated in the project that all we think and do is influenced by the various cultures we are associated with. Therefore, we concluded, for significant and lasting change to occur we must address the culture that exists within our organizational “communities.” There is little benefit for organizations to introduce Recovery Support Specialists (RSSs) and CRSSs into the service milieu until the “climate of their civilization” and its potential impact has been thoroughly explored.

One size does not fit all, as every community and every organization represents unique perspectives and cultures. The various organizations and staff who provided input for this workbook shared stories related to their varied approaches and degrees of success incorporating RSSs into their programs. No one agency or representative emerged as having the “perfect” model or ideal recovery culture to support the introduction of RSSs. However, it was apparent that organizations and leadership that strategically address cultural issues and support their RSSs as agents of change early in the process lessen unexpected resistance, implementation delays, and staff turnover. This chapter outlines best practices and recovery program implementation tools for identifying key cultural attributes within an organization, as well as how to use them to achieve success.

2. Best Practices

“The bigger the change we hope for, the longer we must be willing to invest, work for, and wait for it.” -Andy Crouch, Culture Making: Recovering Our Creative Calling

This section highlights advanced preparation and action steps which foster an RSS/CRSS-supportive culture within an organization. Since culture impacts just about everything and just about every change we introduce will elicit a cultural response, many of these steps are also addressed in other chapters of this Workbook. Depending on your agency’s current recovery orientation and focus you may have already completed a number of them, others may need to be repeated, while some may need to be put on hold until the appropriate systems and supports are available.

The following culture change action steps and exhibits represent individual tools to keep in your workbook toolbox. You may not need to address all of them depending on the degree to which a recovery culture has taken hold within your organization. The time and resources you are investing in beginning or continuing your agency's recovery-oriented transformation is to be commended.

Culture Change Action Steps:

- a. Ensure adequate buy-in from agency leadership. Even if you are the Executive Director or CEO for your organization, it is very likely that there are others who formally or informally exercise leadership and influence. Therefore, important first steps include a plan to:
 - i. Identify and approach the key leaders and influencers within the agency
 - ii. Have the leaders and influencers within the agency commit to and announce that a recovery focused transformation process is a top priority
 - iii. Share convincing data from research studies and feedback from persons in recovery (See Appendix A – Recovery Support Services Research)
 - iv. Specifically identify, activate, and support a recovery transformation Change Champion from among the leadership and/or influencers within each department or program
- b. Utilize Illinois' extensive recovery resources. These resources include the:
 - i. Division of Mental Health (IDHS DMH) Provider Relations Representative
 - ii. IDHS DMH Regional Recovery Support Specialists
 - iii. IDHS DMH Recovery and Empowerment Handbook
 - iv. Recovery Support Services Learning Collaborative Calls
 - v. Recovery and Empowerment Statewide Calls
- c. Conduct an agency scan or review and create a Recovery Program strategic plan. Depending on where your agency is with the development of its recovery program, you may want to:
 - i. Develop the vision and mission for your agency's recovery program
 - ii. Review and realign agency policies with a recovery-oriented, person-centered approach
 - iii. Ensure your assessment tools, brochures, and processes are person-centered
 - iv. Conduct a formal assessment of your agency's readiness for introducing a recovery program utilizing RSSs. Consult with your Regional Recovery Support Specialist (Regional RSS) to obtain the most up-to-date assessment tool available
- d. Provide individuals receiving services with multiple opportunities to hear about recovery from both agency and community representatives. Encourage them to speak up and demonstrate that you are listening:
 - i. Introduce recovery concepts to individuals as soon as they enroll for services
 - ii. Use person first language and promote the Principles of Recovery (See Exhibits 1A and 1B)
 - iii. Hire individuals who are in recovery to work within all programs/departments

- iv. Create RSS Volunteer, Mentoring, and/or Internship Programs
- v. Include RSSs as full collaborative partners in treatment and service planning
- vi. Promote and facilitate RSS participation in the Recovery & Empowerment Statewide calls
- vii. Support RSS participation in regional Recovery Conference planning committees and leadership councils
- viii. Establish and encourage regular advisory committee meetings with individuals receiving services
- ix. Collaborate with other providers to promote wellness and mental health literacy
- x. Have at least two individuals in recovery on the agency's governing board
- e. Support all employees in fully understanding how RSSs will function within the agency. Employees who feel they have been "left out of the loop" are more likely to be fearful and resistive to the changes, particularly with respect to concerns about dual/complex relationships and confidentiality. It is important to set aside time with them to:
 - i. Examine and create shared expectations related to boundaries and ethics
 - ii. Provide a forum for clinical staff to ask questions, express concerns, and offer suggestions prior to introducing RSSs into the workforce
 - iii. Clarify roles and expectations for RSSs through a detailed job description and proper title (See Chapter Six – "Posting and Filling Recovery Support Positions") which is shared with all staff
 - iv. Hold meetings with all programs/departments explaining the RSS role, soliciting feedback, and providing evidence of its value for individuals receiving services
 - v. Set aside time for recovery education in team, staff, and board meetings
 - vi. Include RSS-led groups and RSS-led training for other staff about recovery
- f. Create and maintain a welcoming, recovery-oriented environment for all. To demonstrate you fully support your agency's recovery program, look for ways to:
 - i. Enhance your physical facilities and grounds, improving their warmth and comfort
 - ii. Understand and manage accommodations for employees with all forms of disabilities
 - iii. Display posters and share stories about people throughout history who were responsible for great achievements and also known to have mental illnesses or mental health challenges
 - iv. Offer hope and support wellness in all aspects of service delivery and personnel management
 - v. Encourage the sharing and celebration of personal Recovery Success Stories
 - vi. Conduct periodic recovery audits to ensure the environment stays as welcoming and recovery-oriented as possible
- g. Demonstrate to RSSs they are full and essential members of the team. Your recovery program is much more likely to become valued by other staff and individuals receiving services if you:
 - i. Offer RSSs opportunities to lead groups and conduct educational programs for staff on recovery-oriented topics

- ii. Promote the value of the Certified Recovery Support Specialist (CRSS) credential to staff
- iii. Encourage RSS involvement in community organizations and activities
- iv. Establish a Recovery Speakers Bureau which includes the RSSs
- v. Integrate RSSs with Individual Placement and Support (IPS) programing
- vi. Support at least two RSSs in becoming certified Wellness Recovery Action Plan (WRAP) facilitators

3. Agency Exercises

“In hindsight, we did not do enough upfront preparation work. This was our earliest and biggest struggle. [A lack of preparation] resulted in complaints from counselors and misunderstandings and [mis]perceptions... Since that time, our [Recovery] Support Specialists have proven their net worth to both the clinicians as well as those we serve and are viewed as an adjunctive and necessary component for promoting meaningful recovery”¹

Ensure Adequate Buy-In from Agency Leadership

While an agency CEO or Executive Director may delegate various aspects of organizational training and procedures, it is essential that he or she is 100% invested in leading the charge for the development of a sustainable recovery culture.

Exercise 1: Hold a meeting with the agency Executive Director/CEO, DMH Regional Recovery Support Specialist and an individual receiving services who is in recovery.

Contact your DMH Regional RSS and coordinate schedules to set meeting date:

Identify and personally invite appropriate staff and at least two individuals receiving services:

List invitee names here:

CEO/ DMH-RSS Meeting Benefits:

- Gain vital leadership buy-in; this can determine the success or failure of any program
- The Regional Recovery Support Specialist will learn what the current culture is so as to better understand the type of technical support that may be needed

¹ Tom Baiers and Lois Figueroa, JEVS Human Services; City of Philadelphia DBHIDS Peer Recovery Toolkit

- Having a Regional Recovery Support Specialist offering their own recovery story models the competency of persons in recovery
- Having individuals receiving services from your agency offering their own recovery stories will personalize the impact
- The process will confirm the Executive Director’s level of commitment
- Agency leadership will learn what has and has not worked at other agencies

Creating or expanding an agency’s recovery focus is a monumental task, particularly if there are elements within the culture of some of the affected programs or departments which are antagonistic to the needed changes. When it comes to culture change, the Executive Director/CEO should not attempt to go it alone. It is vital for each program or department that will be impacted to have a Change Champion.

Exercise 2: Using your agency’s organizational chart or employee list, identify possible Change Champions. These may be individuals who are in formal positions of leadership or they may be more informal leaders who have a passion for the work and respect from their colleagues.

Start your list here:

Schedule an individual meeting with each of the candidates to determine their level of commitment and enthusiasm for promoting the introduction or the expansion of RSSs within the agency. Based on what you learn from the individual meetings determine who will compose your Change Team. Bring them together as a group or formal committee to share this Workbook and begin the process of establishing the specific goals and action steps to undertake.

Exercise 3: What processes need to take place to ensure other individuals within management have program buy in?

Summarize here:

What are the unique cultural and/or structural challenges that may impact the growth of the recovery culture within the organization and among the staff?

Summarize here:

Utilize Illinois' Extensive Recovery Resources

Illinois has many recovery-oriented resources to offer including guidance and consultation from IDHS DMH Regional Recovery Support Specialists and Provider Relations Representatives, the IDHS DMH Recovery and Empowerment Handbook, the Recovery Support Services Learning Collaborative and Recovery and Empowerment Statewide calls, and web-based resources (Exhibit 1C).

Regional Recovery Support Specialists can effectively convey the perspective of individuals receiving services and enhance the development of a person-centered orientation. They are potential resources for a wide variety of educational tools or presentations on behavioral health and recovery.

As the saying goes, "It is hard to be a prophet in your own land." This brings to mind the age old issue of being too close to a situation to be objective. In one instance, an agency director discussing the goal of hiring individuals with lived experience with his clinicians overheard one of the therapists whisper with a sigh: "there he goes again with his recovery rant." While the culture of each agency is unique, it is typical for even some of the most knowledgeable and skilled direct care staff to be resistive to the idea of introducing or expanding the role of RSSs within the organization. They are likely to worry about how RSS work might trigger a crisis or result in complex relationships and confidentiality concerns. If the existing direct care staff's fears are not appropriately addressed early in the culture change process, references to "persons with lived experience" and "recovery" may inadvertently bolster discontent.

Regional Recovery Support Specialists and Provider Relations Representatives can provide valuable technical support when discussing what has and has not worked at other organizations. They represent professional outside sources, providing additional credibility and expertise in support of the agency’s recovery support service goals. Therefore, it is advantageous to involve them very early in the transformation process, preferably before selecting and meeting with your Change Champions.

Exercise 4: What is the name and contact information for your Regional Recovery Support Specialist? *Make sure this information is in your contacts!*

Regional RSS’s Name: _____

Telephone: _____

Address: _____

Email: _____

Regional Recovery Support Specialist Benefits

- Demonstrate how successful people in recovery can be
- Promote hope
- Offer a “voice from afar,” which can help increase credibility
- Share experience gained from working with other agencies
- Provide templates to make culture change happen
- Offer encouragement and support to the recovery staff
- Cross-pollinate ideas and best practices through agency to agency interactions
- Provide technical support for writing job descriptions and interview questions

The IDHS DMH Recovery and Empowerment Handbook has been described as a valuable “service navigator,” providing individuals receiving services and those supporting them with a tangible self-directed care resource. The Handbook is particularly useful for instilling hope and providing guidance on self-advocacy, recovery education, personal responsibility, and support for persons who have recently enrolled in services. The Handbook can also be a useful component of new staff orientation, educational and therapy groups, and consumer advisory council meetings. It’s intended to be shared with all individuals receiving services as well as all behavioral health agency employees.

Exercise 5: Is everyone offered a copy of the Handbook and provided the website address to access it on line? (circle one) Yes No*

*If no, why?

How can you make it happen?

Handbook Benefits

- Educates individuals seeking services about what is available
- Facilitates self-advocacy
- Promotes hope
- Introduces Wellness Recovery Action Planning (WRAP) as an evidence based program
- Makes people aware of the various options they have
- Provides a bridge for linking agency staff with individuals receiving services
- Changes perceptions about recovery

The Recovery Support Services Learning Collaborative and Recovery and Empowerment calls are also excellent state resources. Thousands of people across Illinois participate and benefit from the Recovery & Empowerment Calls each year. They not only inspire hope for individuals receiving services, they provide practical self-help information and options. The Recovery Support Services Learning Collaborative calls provide a forum for individuals working in RSS roles and supervisors of these individuals, from agencies all across the state, to problem-solve challenges with one another.

Recovery & Empowerment and Recovery Support Services Learning Collaborative call benefits:

- Educate and inspire staff and individuals receiving services
- Enable people to see recovery in action
- Validate the concept of recovery and provide meaning to the recovery process
- Demonstrate to staff the skill set and the size of this workforce
- Bring home the concepts and give agencies new ideas for supporting others
- Add credibility to the role of RSSs
- Demonstrate that recovery is a focus of the participating agencies and DMH
- Support self-advocacy
- Provide hope
- Encourage employment as a pathway to recovery
- Demonstrate to staff and individuals receiving services that the Illinois recovery movement is healthy and vibrant across the state

Conduct an Agency Scan and Create a Recovery Program Strategic Plan

Every good business takes a periodic inventory of its assets so that it knows where it stands and the direction it wishes to head in the future. Whether you conduct an agency walkthrough, take an organizational snap shot, or conduct any other form of analysis, it should be fearless and honest. Your Regional Recovery Support Specialist and Provider Relations Representative can help you with what type of scan might be best. Possible recommendations include going through a traditional strategic planning process, conducting a Recovery Snapshot, or developing an Organizational WRAP.

Strategic planning will ideally include a facilitator, board members, and staff; drawing upon such tools as a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis of the recovery assets of the organization. The goal is to develop action plans that can be implemented to enhance the recovery focus of the organization.

A **Recovery Snapshot** consists of the Regional Recovery Support Specialist and Provider Relations Representative visiting your agency and conducting two focus groups. One focus group is with individuals receiving services and the other is with staff and leadership. Each group is asked the same questions, providing a comprehensive snapshot of the organizations strengths and areas for improvement. The Snapshot team also looks at the physical and organizational structure and communication traits, and composes a report with recommendations for the organization to improve and/or celebrate its recovery culture.

An **Organizational WRAP** includes staff and individuals receiving services and focuses on the Foundational Principles of Wellness. Similar to an individual WRAP, the Organizational WRAP addresses wellness supports, warning signs, triggers, crisis and post crisis plans, and identification of the needed supports.

Agency Scan Benefits:

- Encourages an objective self-evaluation of the agency's recovery culture
- Increases feedback and improves accountability to individuals receiving services
- Evaluates the appropriateness of the agency taking on a recovery transformation
- Aids in creating a recovery-oriented vision and mission
- Promotes recovery as a partnership between staff and individuals receiving services

Exercise 6: Which process or processes do you believe your organization should use to properly prepare (circle one or more)?

- A. Strategic Planning Process B. Recovery Snapshot C. Organizational WRAP

What barriers might prevent your organization from following through with the process?

Which programs and individuals should be participating?

Provide Individuals Receiving Services with Multiple Opportunities to Hear About Recovery

A powerful tone is set when an individual receiving services repeatedly hears the message of recovery. This message is even more powerful when it comes through a variety of sources, and especially so when it is heard during the individual's first few encounters with agency personnel. It may take time for someone new to understand the principles of recovery and how much they stand to gain by embracing them. However, once trained, your RSSs will be well-equipped for the challenge by contributing their unique voices and stories to the process. Providing individuals receiving services and RSS staff with multiple opportunities to hear about recovery has many benefits.

Possible Benefits:

- Fosters hope throughout the organization
- Demonstrates to clinical staff that recovery is a tangible outcome
- Lowers shame and guilt for staff that are in recovery themselves
- Brings recovery out of the darkness
- Validates self-disclosure
- Sets the agency tone that The Expectation is Recovery
- Introduces individuals receiving services to the concepts of recovery, which helps to eliminate delays and bypass negative attitudes
- Promotes an agency-wide feeling of belonging
- Promotes mutuality among individuals receiving services
- Gives individuals receiving services a nonjudgmental, place of belonging

Exercise 7: Use the checklist below to monitor your recovery communication progress, placing a checkmark to the left when completed.

✓

- _____ Introduce individuals to recovery concepts as soon as they enroll for services.
- _____ Use person first language & promote the Principles of Recovery (Exhibits 1.1/1.2).
- _____ Hire persons who are in recovery.
- _____ Create RSS Volunteer, Mentoring, and/or Internship Programs.
- _____ Include RSSs as full collaborative partners in treatment and service planning.
- _____ Promote and facilitate RSS participation in Recovery & Empowerment Calls.
- _____ Support RSS participation in regional Recovery Conference planning committees and leadership councils.
- _____ Establish and encourage regular consumer advisory committee meetings.
- _____ Collaborate with other providers to promote wellness and mental health literacy.
- _____ Have at least two individuals in recovery on the agency's governing board.

Exercise 8: Person first language is one way we show ourselves and others respect. If this concept is unfamiliar to you, just try to think of it as always remembering to refer to people as people, instead of using labels. When acquaintances are diagnosed with cancer, we don't refer to them as "cancer." We continue to refer to them by their proper names and will generally use phrases such as they "have cancer" or are "in remission." If someone we know has a cast on her leg we don't say, "Oh my, there goes Broken Leg." Instead, we say something like "oh my, Sue is wearing a cast, I wonder what happened to her?"

We must show individuals living with or in recovery from a mental illness the same amount of respect we offer to those who are dealing with physical health challenges. By honoring people for who they are instead of labeling them we are promoting a strength based approach to recovery and acknowledging them as unique individuals instead of a stereotyped social subgroup. We are also sending the message that individuals in recovery are valued and respected.

Possible Benefits:

- People will be known as individuals and not a diagnosis or label
- A recovery oriented approach helps to reduce distress and anxiety
- Helps to move the dialogue from illness to wellness
- Reduces stigma
- Promotes a healthier self-image
- Promotes Recovery at all levels of the agency
- Empowers individuals to live their lives not their diagnoses

How does your organization embrace the concept of person first language (list below)?

Help All Employees Fully Understand How RSSs Function within the Agency

The overall vision for RSSs within your agency should be reflected in your initial orientation provided to all new employees, ongoing recovery training, job titles and descriptions, and various forms of communication to all employees which highlight RSSs as essential team members.

Possible Benefits:

- Demonstrates that persons with lived experience have a level of expertise that is not gained through education alone
- Helps the RSSs become more respected and accepted in their roles
- Promotes the concept of teamwork
- Builds confidence and competencies among the RSSs
- Eliminates the fear of RSSs being a threat to jobs while demonstrating their enhancement / complementary elements
- Individuals receiving services will recognize that the agency and its staff are “on the same page”
- Helps to breaks down possible barriers caused by hierarchical relationships in the workforce

Exercise 9: Review and enhance recovery-focused training provided to all new employees during orientation; establish a calendar for regular and ongoing recovery-oriented training as well as the distribution of recovery-related outcomes data and studies through agency newsletters, social media posts, and other media.

List at least three ways you plan to enhance communication within your agency in order to help all employees understand and appreciate the role of RSSs (list below):

Creating and Maintaining a Welcoming Recovery-Oriented Environment for All

Exercise 10: When we invite guests into our homes we always want them to feel welcome by providing an environment that is warm and inviting. We want those we serve in our agencies to feel just as welcome and at ease when they come to see us. Focusing on making the environment as warm and inviting as possible will benefit individuals receiving services and employees by helping to:

- Promote safety
- Demonstrate that we care and value their well-being from a trauma-informed perspective
- Help individuals receiving services to be more relaxed and less anxious about their visits
- Establish an atmosphere that reduces distractions and promotes learning
- Create a sense of belonging
- Downplay or eliminate the institutional feel of the agency
- Facilitate positive interactions
- Address issues that could interfere with a person-centered, recovery-oriented service environment

Review the following list, indicating how each attribute contributes to one or more of the benefits previously described in the space provided (Example: Are restrooms clean and in good working order? *Promotes safety and demonstrates we care*):

Are agency restrooms clean and good working order?

Are there adequate ventilation and measures to eliminate or reduce offensive odors?

Are the agency's public areas and meeting rooms in good repair without clutter?

Are paint colors warm and welcoming versus institutional or sterile?

Is there adequate lighting with the appropriate warmth?

Is artwork displayed in a comforting and soothing manner?

Do the wall art and postings reflect hope, recovery, and resiliency principles?

How are messages about natural supports and resources displayed?

How are the talents and successes of individuals receiving services featured?

Are consumer rights and grievance procedures posted prominently?

Are appropriate and current reading materials available in waiting rooms and other areas?

Is WRAP and recovery education literature readily available?

Are Recovery and Empowerment Handbooks available for all persons served?

Do agency policies and procedures explicitly promote self-directed care?

Do policies and procedures support personal, community and systems advocacy?

Do agency communications promote RSSs as equal team members?

Are you prepared for any organizational pushback that could interfere with these concepts?

Exercise 11: Who does not appreciate a pat on the back, a glowing performance review, or just being thanked for a job well done? Not only does positive recognition benefit the person receiving it, it provides an incentive and hope for others. Every opportunity to celebrate recovery successes can help reinforce and sustain an emerging recovery culture. Possible ways to promote a positive recovery culture include:

- **Recovery Graduation:** Graduation ceremonies or celebrations are sometimes held when individuals have completed a particular agency program or are deemed to be no longer in need of agency services. While these celebrations primarily focus on the accomplishments of individuals graduating, they also provide an opportunity for them to reflect on the support they received during their recovery journey and to express their gratitude. RSSs are typically the recipients of much of the expressed gratitude, and these events rarely conclude with a dry eye to be found. When properly planned and supported as momentous occasions, these events should help your RSS staff's morale soar as your clinical staff

witness first-hand how valuable your RSSs are to the service team and to the recovery of the persons honored. Affirmation that our collaborative team efforts enabled others to experience the miracle of recovery is inspiring for all.

- **Newsletters:** A newsletter composed by individuals receiving services written specifically for individuals receiving services is a way for people to promote hope and share the wonders of recovery. Include a segment where clinical staff and RSSs provide input. Mutual respect and cooperation is fostered when physicians, clinicians, and RSSs are invited to contribute to the newsletter in collaboration with one another, representing their specific areas of expertise.
- **Gratitude Boards:** Displaying gratitude boards in common areas affords individuals receiving services and those providing services with an opportunity to highlight their recovery efforts and thank those who helped them. These expressions of gratitude can help grow the recovery culture and foster feelings of mutual respect.
- **Meet and Greets:** Meet and greet events are often set up in conjunction with group fairs with tables or booths, enabling people to visit and talk to various RSS staff, clinicians, program personnel, supervisors, and individuals receiving services. This forum provides an opportunity for people to network and build partnerships, share how various services or groups have helped them, and serve as referral sources.

How does your organization celebrate recovery successes (list below)?

Demonstrate to RSSs that they are Full and Essential Members of the Service Team

One of the challenges of implementing a program that employs RSSs is establishing their credibility among the other staff. It is essential that all staff receive comprehensive training on recovery and the role of RSSs at every phase of the program's implementation. Warning signs that the staff are not adequately informed and prepared may include comments such as "they're probably too emotionally fragile to handle this kind of work," "what if something triggers them and they relapse?," "they do not have a license or even a bachelors' degree," "I'm concerned they haven't had enough training to provide services," or "they won't be able to maintain confidentiality."

Expressions of concern and other warning signs must be addressed as soon as possible. While usually well-meaning, worries and concerns are more often driven by misunderstandings about RSS competencies and resiliencies than by actual deficits. In Illinois, persons obtaining their CRSS must complete at least 100 hours of training in the four domains of the CRSS, acquire 2,000 hours of relevant experience, 100 hours of supervision related to their work associated with the domains, and pass a rigorous examination. They must also participate in continuing education to maintain their certification. This is often more specific mental health training than students receive while earning a bachelor's degree in social work or related human services field.

When addressing obstacles to your organization's recovery culture and establishing its RSSs as essential team members, it is recommended that you:

- Be definitive when announcing the launch of the agency's Recovery Support Services program
- Bring in outside speakers that are successfully working in the field and have obtained their CRSS
- Utilize your Regional Recovery Support Specialist as a person that can speak to your staff, educating and modeling the competencies of people in recovery working in the field

Possible Benefits:

- Clinicians will be reassured that RSSs are skilled professionals who complement the service team, helping them to understand that the role of the RSS is distinctly different than theirs
- Individuals receiving services who have been seeing a clinician for an extended period of time will gain a greater awareness of how recovery services can assist them with their wellness
- Will offer another service alternative for individuals who have not been able to maintain recovery through traditional clinical services alone
- Services will come to be viewed as less regimented and more individualized and recovery driven

Exercise 12: Providing RSSs with opportunities to lead groups and conduct staff educational workshops enable them to demonstrate their competencies and capabilities. It also enhances relationships and underscores the value of mutuality and personal accountability when providing recovery services. Through the process RSSs will have an opportunity to gain confidence and enhance their leadership and role modeling skill sets. Regional Recovery Support Specialists can assist you with organizing your program and in teaching your RSSs how to tell their story in a timely and efficient manner that is concise and hopeful. Recovery stories can be very helpful with furthering your community's understanding of the amazing progress a person with a mental illness can achieve.

What RSS-led groups and educational workshops does your agency offer?

Start your list here:

Do you have at least two RSSs who are or are becoming certified WRAP facilitators (extremely important)? Yes No

Talk with your Regional Recovery Support Specialist and other agencies with well-established recovery programs to learn more about WRAP facilitator opportunities and other possibilities for RSS-led groups and educational workshops.

Exercise 13: WRAP is an evidenced based practice and is considered one of the best tools an agency can use to promote self-directed care. WRAP is non-coercive, voluntary, and holds all participants in the highest possible regard. A WRAP class is facilitated by a Certified WRAP Facilitator. The class is not the facilitator’s class, nor is the facilitator considered a teacher, leader or instructor. To “facilitate” means to “make easy,” and a WRAP facilitator’s role is do just that, allowing the attendees to take ownership of the class as well as their own personal recovery.

It is recommended that the entire agency staff receive a WRAP orientation, giving individual employees the option to create their own WRAP for Work. WRAP is not conducted in a didactic learning environment. It is facilitated within a mutual learning environment that builds on strengths and guides participants in identifying when they are feeling well or unwell. Consulting with your agency’s Regional Recovery Support Specialist about WRAP’s benefits for agencies, employees, and recovery programming is strongly recommended.

Possible Benefits:

- The self-directed care component can easily be disseminated throughout the organization
- The non-coercive, voluntary participation found in the values and ethics are role modeled
- Seeing individuals take control of their own recovery is inspiring and promotes other successes
- Promotes the value of Evidenced Based Practices and positively impacts the agency’s culture
- Through agency wide orientations it promotes the Foundational Principles of Wellness

List your WRAP training goals and other RSS-led groups and educational pursuits here:

Exercise 14: How communities view mental health organizations impacts the culture inside their doors. Based on your observations and conversations with others, how do you think your community views your organization? Is it viewed as one that treats people with overwhelming problems and a bleak future, or one that has a vision of people getting better through shared decision making, self-directed care, and the restoration of a meaningful and productive life? You can forge healthier community relationships and understanding by having your RSSs speak in public; talk about recovery and wellness; provide community recovery education; and develop relationships with various community groups.

With your guidance and support, RSSs can be excellent recovery ambassadors and powerful public opinion change agents. What better voice of hope and recovery is there for your organization than someone who has navigated the system, fought through adversity, and ultimately achieved recovery?

Possible Benefits:

- Demonstrates that recovery is not only possible it is achievable
- Shows a holistic approach (treating the “whole person”) is vital to mental health and recovery
- Meets everyone - staff, individuals receiving services, and community members - where they are
- Emphasizes that people are more than their illness
- Informs community members recovery is an ongoing process we all go through in some manner

Use the checklist below to monitor your community recovery communication progress, placing a checkmark to the right when completed:

✓

_____ Establish a Speaker’s Bureau from among your employees, including RSSs.

_____ Contact your Regional Recovery Support Specialist to assist your RSS’s presentation preparations.

- _____ Have an RSS contact the National Association on Mental Illness (NAMI).
- _____ Have an RSS reach out to the Depression and Bipolar Support Alliance (DBSA).
- _____ Contact local service clubs (Rotary, Kiwanis, etc.) to schedule presentations.
- _____ Set up presentations with local support groups (Emotions Anonymous, etc.).
- _____ Check with the local library and chamber to learn about other opportunities.
- _____ Partner with other agencies and presenters to set up other community training events, such as Mental Health First Aid, involving your RSSs in the training .

Exercise 15: Whether or not your organization has an Individualized Placement and Support Employment (IPS) program, the desire of returning to work and earning a livelihood can have an amazing impact on a person’s hopefulness and self-esteem. If an agency does not have an IPS program it can still promote the concept and support job search efforts through referrals to Benefits Planning or the Work Incentive Planning and Assistance Program (WIPA), the Illinois Department of Employment Securities (IDES), Division of Rehabilitation Services (DRS) and other local civic organizations.

Possible Benefits:

- Strengthens the team concept with IPS participants, RSSs and Employment Specialists
- Demonstrates to others the importance of employment as a pathway of recovery
- Instills hope, builds confidence, and a sense of self-worth
- Shows the importance of self-directed care to other staff
- Highlights and complements a person-centered, recovery-oriented approach to helping others
- Shines a positive light on the agency when others see people enter the workforce
- Reinforces IPS as an effective and sustainable program

What does your organization do to promote employment as a pathway to recovery?

Promoting Recovery and Employment

EXHIBIT 1A

Person First Language

The language we use is critical to ensuring a recovery-oriented and person-centered approach. The following phrases to the left are recommended as substitutes for those appearing to the right:

Say:

- He has schizophrenia/a diagnosis of schizophrenia
- He served in the military and has a disability
- She has a cognitive disability (diagnosis)
- He has biplar disorder/a diagnosis of bipolar disorder
- She has an emotional disturbance/mental illness
- He has autism (or an autism diagnosis)
- She has a diagnosis of Down syndrome
- He has a learning disability (diagnosis)
- She has engaged in self-harm
- He has a substance use disorder
- People without signs and symptoms
- She has adapted to stress/trauma by...
- He has fear/apprehension about treatment
- He has a brain injury/traumatic brain injury
- She frequently reaches out for help/affirmation
- He has a co-occurring disorder
- An alternative approach might be a better option for her
- He is a person who we recognize as an individual
- She's having thoughts/impulses about killing herself
- Person/people/individuals (plural) with mental illness

Instead of:

- He's a schizophrenic
- He's a disabled vet
- She's mentally retarded
- He's bipolar
- She's mentally ill
- He's autistic/on the spectrum
- She's Down's
- He's LD
- She's a cutter
- He's an addict
- Normal or healthy people
- She's her own worst enemy
- He's treatment adverse/resistant
- He's brain damaged
- She's an attention-seeker
- He's co-morbid/has co-morbidity
- She's not motivated/non-compliant
- He's a client, consumer, recipient
- She's suicidal
- The mentally ill

The language we use should focus on strengths and choices people are likely to seek as opposed to language which promotes labeling and passing judgment. Judgmental language and labels reinforce discrimination, isolation, and negative thoughts. They are hurtful and detrimental to the recovery process. People receiving services have been called a variety of things by well-meaning mental health professionals and caregivers—"clients," "patients," "inmates," "consumers," "peers," and "survivors." While these terms may not appear to be offensive or hurtful, they do not exemplify a trauma-informed approach to care or person-centered language.

Some general rules to follow for speaking, writing, respecting, and empowering language are provided on the next page:

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. 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”).</p> <p>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>

EXHIBIT 1B
Principles of Recovery

The Foundational Principles of Recovery



A VISION OF RECOVERY
THE FOUNDATIONAL PRINCIPLES
Adapted from M.E. Copeland
Nanette V. Larson, B.A.
Illinois DHS/DMH - 2003

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EXHIBIT 1C

Web-Based Resources

Alternative Mental Health Resources (when a therapist is not available): Greatest.com lists 81 different apps, websites, forums, and hotlines at <https://greatist.com/grow/resources-when-you-can-not-afford-therapy>

Anxiety: Create your own profile at Anxiety Social Net (anxietysocialnet.com) to connect with people dealing with everything from social anxiety to agoraphobia. State-by-state list of support groups available through the Anxiety and Depression Association of America's website (adaa.org).

Behavioral Health Treatment Locator: A SAMHSA site tool offering help in searching for local treatment programs (<https://findtreatment.samhsa.gov>)

Depression or Bipolar Disorder: Locate an in-person or online group at the Depression and Bipolar Support Alliance site (dbsalliance.org)

Eating Disorders Recovery Support: Eating Disorder Hope catalogs online support groups (eatingdisorderhope.com/recovery/support-groups/online) offer help and advice for those close to someone struggling to overcome an eating disorder.

Grieving Someone Who Died by Suicide: offers many groups for survivors listed on the American Foundation for Suicide Prevention website (afsp.org).

Illinois Department of Human Services: the IDHS website offers an array of information and other website links for providers and customers (<http://www.dhs.state.il.us>)

Intentional Peer Support: A wealth of resources about the “other IPS” and training offers (Intentional Peer Support) are available through the organization’s website (www.intentionalpeersupport.org)

National Alliance on Mental Illness: The NAMI provides support and referral for mental illness (www.nami.org)

Postpartum Depression: The Postpartum Progress site (postpartumprogress.com) lists support groups in nearly every state as well as in Canada and maintains an online forum.

Schizophrenia: The Schizophrenia and Related Disorders Alliance of America facilitates groups nationwide listed on its site (sardaa.org).

Obsessive-Compulsive Thoughts and Behaviors: More than 200 groups are listed with the International OCD Foundation (iocdf.org), which aids those affected by the disorder and their

families.

Stress and Compassion Fatigue: Meditations and exercise guide (<http://www.self-compassion.org/guided-self-compassion-meditations.mp3.html>)

Survivor of Rape, Sexual Assault or Incest: After Silence (aftersilence.org) is a message board and chat room for victims of sexual violence. Additionally, Adult Survivors of Child Abuse (ascasupport.org) organizes support groups around the U.S. and abroad, and offers resources for those who want to start their own.

Sex Addiction: Sex Addicts Anonymous (saa-recovery.org), similar to Alcoholics Anonymous, offers a widespread network of in-person, online, and phone meetings.

Self-Harm: DailyStrength hosts a web forum where people dealing with self-injury can find encouragement, understanding, and a new way to cope (<http://www.dailystrength.org/group/self-injury>)

Wellness Recovery Action Planning and Crisis Planning: The Copeland Center (www.copelandcenter.com and <http://mentalhealthrecovery.com/>)

Veteran Who Is Injured: The Vet Center program site (vetcenter.va.gov) can direct visitors to counseling services.