



STAR Center

Support, Technical Assistance and Resources Center

A 3-part Series

Learning About Us, Learning to Help Us

*Supporting People with Psychiatric Disabilities
in the Criminal Justice System*



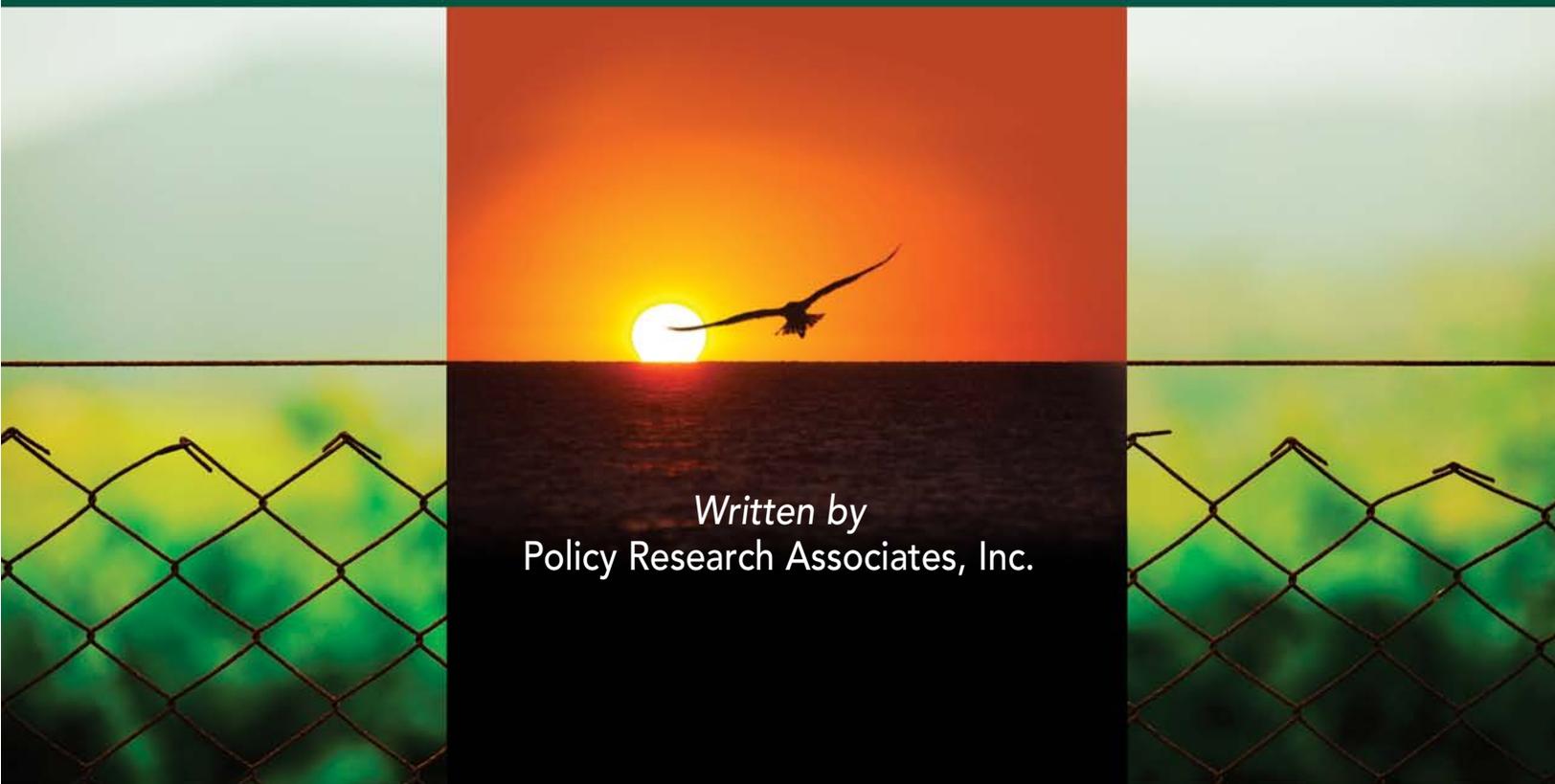
Self-Advocacy and Empowerment Toolkit

For Individuals Currently Involved with the Justice System



Promising Practices Guide

Supporting the Recovery of Justice-Involved Consumers



Written by
Policy Research Associates, Inc.



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The National Alliance on Mental Illness (NAMI)
3803 N. Fairfax Dr., Suite 100, Arlington VA 22203
www.nami.org
HelpLine: (800) 950-NAMI (6264)
Twitter: NAMICommunicate
Facebook: www.facebook.com/officialNAMI

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The NAMI STAR Center is a SAMHSA-funded technical assistance center dedicated to promoting and enhancing recovery, mental health, and wellness through information, training, and resources on effective self-help and multicultural competence and social inclusion approaches with a special focus on working with underserved communities.

www.consumerstar.org



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The views and opinions presented in this document do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services and should not be construed as such.

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LaVerne D. Miller, JD
Latrease Moore, MS
Chanson D. Noether, MA
Matthew Canuteson
Samantha Califano, MS

STAR Center Staff:

Philip Qualo, J.D.
Program Manager

Stephen Kiosk, M.Div., LPC
Director

The Journey

*Yearning for...searching for...and asking why?
The struggle to find the answers ran wild.
Then I stopped and asked and then I heard...I am here.
I have always been here and I will always take care of you.
For so long what I have searched for I found...*

Hope

*This small word with such enormous meaning...
Has been the light that guides me on my journey of*

Acceptance

Forgiveness

Healing and...

Recovery

By Tracy C. Love

Published with Permission from the Author

Acknowledgements

Each recovery journey begins with just one step and we hope *Learning About Us, Learning to Help Us: Supporting People with Psychiatric Disabilities in the Criminal Justice System* will help you assist people as they begin and progress through their recovery journeys. Developing this guide was truly a collaborative effort and we were driven throughout the process by the conversations we had with the consumers who played an indispensable role in its development.

Whether it was someone experiencing his or her first contact with the police or someone looking for employment upon release from a long period of incarceration, their strength and optimism truly inspired this guide's creation. Most importantly, the consumers who provided input made us even more aware of the types of resources and supports that are the most helpful to people in their recovery processes. We would like to extend our heartfelt thanks to the dozens of justice-involved consumers who shared their recovery journeys with us. They shared their challenges and successes in an effort to ensure that this guide was developed by people who know the most about the true predicament of justice-involved consumers in our country consumers themselves.

For this project, members of this largely invisible community chose to break their silence to bring a message of hope to others, many times sharing painful experiences. In so doing, they picked hope over fear, success over failure and forgiveness over anger.

Lastly, we thank the members of the Advisory Committee for providing invaluable support and guidance for this project; without their leadership, none of this would have been possible.



STAR Center

Support, Technical Assistance and Resources Center

Part 1 of a 3-part
Series

Learning About Us, Learning to Help Us



*Supporting People with Psychiatric Disabilities
in the Criminal Justice System*

Written by
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Getting Started

Learning About Us, Learning to Help Us: Supporting People with Psychiatric Disabilities in the Criminal Justice System is accompanied by the Consumer Toolkit and Personal Narratives. The Consumer Toolkit is designed to share with the consumers with whom you work. It provides descriptions of resources that people can use to support their personal recovery journeys. Readers can easily locate specific resources to help them access housing, information about benefits, peer support and other tools useful in their journey. Personal Narratives is a series of personal stories designed to assist you in learning about individuals with psychiatric disabilities and their involvement in the criminal justice system. They are beneficial in bringing inspiration and understanding to others with similar experiences, providing powerful examples of hope, responsibility, personal empowerment and the critical role of peer support. Personal Narratives are available in both audio and written form.

Community members, family members, friends, providers, criminal justice staff and consumers themselves can use these tools to learn more about people with psychiatric disabilities and their involvement in the criminal justice system and how to best to support recovery. We encourage everyone to share this guide, the accompanying Personal Narratives and the Consumer Toolkit with anyone who could benefit from them. These tools are designed to be used alone or in complementary fashion.

For some readers and listeners, this may be the first time reading and hearing the terms used to describe concepts such as recovery and peer support. Some may be unfamiliar with the tools we discuss in the Self-Exploration and Recovery Tools Section of this document, tools such as *Wellness Action Recovery Plans (WRAP® Plans)*, *Pathways to Recovery: A Strengths Recovery Self-Help Workbook*, *South Carolina Share Recovery Planner* and 12-step supports. By using this guide and reading or listening to the Personal Narratives, readers will become familiar with these terms and what they mean and ultimately be better prepared to support justice-involved people with psychiatric disabilities.

To maximize the usefulness of this guide, you may wish to familiarize yourself with other terms used here. The term justice-involved is used to describe people having a wide range of involvement with the criminal justice system,

from those experiencing initial contact with the police, to those reentering their communities following short or long periods of incarceration and even people on parole or probation. Another important term is jail diversion, which is the avoidance of or radical reduction in jail time by using community-based treatment as an alternative. A glossary is located in the back of this guide.

We have elected to use this approach to ensure that this guide, the Consumer Toolkit and the accompanying Personal Narratives are valuable resources, accessible to as many people as possible. We would first like to establish some common ground to ensure you learn as much as possible from the resources herein and as quickly as possible.

What is Recovery?

Recovery is a term used frequently throughout this guide, in the Consumer Toolkit and in the Personal Narratives. You have probably heard this term in the context of stopping the use of drugs or alcohol or getting better from an illness or an injury. In December 2011, SAMHSA released a working definition of recovery and a set of guiding principles. This definition was the result of a comprehensive process that began with an August 2010 Dialogue Meeting and ended with a formal public engagement process in August 2011. At the time SAMHSA released the working definition, SAMHSA indicated that they would continue dialogue to refine the definition and principles and based on additional stakeholder input, SAMHSA then issued a slightly revised definition.

SAMHSA's Working Definition of Recovery from Mental Disorders and/or Substance Use Disorders

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

The revised definition is below.

Recovery from Mental Disorders and/or Substance Use Disorders: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Four major dimensions that support a life in recovery:

- **Health:** overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
- **Home:** a stable and safe place to live;
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love, and hope.

Guiding Principles of Recovery

Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds including trauma experiences that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities,

resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

Recovery is supported through relationship and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person’s ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally-based and influenced: Culture and cultural background in all of its diverse representations including values, traditions, and beliefs are keys in determining a person’s journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual’s unique needs.

Recovery is supported by addressing trauma: The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social

responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect: Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one’s self are particularly important.¹

While it has been some time since the development of the National Consensus Statement on Recovery and despite self-directed care being listed as the first essential component of recovery in the Statement, there are only a handful of states with self-directed care pilots or established programs for adults with psychiatric disabilities. These states include Florida, Iowa, Maryland, Michigan, Oregon and Texas.²

The programs are in various stages of development and serve only a very small number of individuals. They vary in the level of self-direction allowed, the extent consumers are able to direct services and the extent to which individual budgets are separate from Medicaid funding (whether or not people control the way Medicaid funds are utilized).³

The National Empowerment Center strongly promotes **self-directed care/services** and is an excellent resource of information about the various self-direction projects across the country. (The National Empowerment Center is listed in the Resources Section on page 26.)

Another important tool related to self-direction that is being used more and more across the country is the **Psychiatric Advance Directive (PAD)**. PADs are legal instruments used to record an individual’s preferences regarding future mental health treatment, in the event the person loses capacity or become unwell.⁴ A great resource about PADs is the National Resource Center on Advance Directives (NRC-PAD). Information about

¹ Substance Abuse and Mental Health Services Administration. (2011). SAMHSA’s Working Definition of Recovery from Mental Disorders and/or Substance Use Disorders. Rockville, Md.: Author.

² Substance Abuse and Mental Health Services Administration. (2005). National consensus statement on mental health recovery. Rockville, Md.: Author.)

³ Alakeson, V. (2007). The contribution of self-direction to improving the quality of mental health services. Washington, D.C.: Harkness Fellow.

⁴ Henderson, C., Swanson, J.W., Szmukler, G., Thornicroft, G., & Zinkler, M. (2008). A typology of advance statements in mental health care. *Psychiatric Services*, 59, 63-71.

how to connect with the NRC-PAD can be found in the Resources Section on page 27.

Person-centered planning (PCP) is especially beneficial for justice-involved consumers because it focuses on people's needs by putting them in charge of the direction of their lives—many times after having spent considerable periods of time with their lives in the control of others. Person-centered planning involves the creation of a “toolbox” that enables people to choose their own pathways to recovery; supporters simply help them figure out where they want to go and what are the best or most efficient means of getting there.

Person-centered planning is used within other interventions, such as Supported Employment and Psychiatric Rehabilitation.⁵ Information about PCP can be found at the Employment and Disability Institute, at Cornell University's School of Industrial and Labor Relations. The Institute's contact information is provided in the Resources Section on page 27.

It is important to note that justice-involved consumers face unique challenges in finding or accessing recovery-oriented services, particularly if incarcerated, on parole or probation or under other types of community supervision. Justice-involved consumers may be unaware that recovery-oriented services and peer support services are available in their communities. In addition, some elements of recovery, such as the nonlinear nature of the process, match up poorly with the goals of most criminal justice settings, which are mostly based on compliance.

Although criminal justice programs have been slow to integrate recovery-oriented services in their programs, there is growing recognition over the past few years that the core principles of recovery can work in criminal justice settings. Mental health agencies, including the Substance Abuse and Mental Health Services Administration (SAMHSA), have been receptive to the addition of recovery-oriented services and peer support services to criminal justice programs.

What is Cultural Competence?

It is important to point out that as you support the people you serve you must keep in mind the important role culture plays in the lives of people and therefore the critical place it holds in the work you do. Culture is a person's beliefs, norms, values and language and therefore plays a key role in how people understand and experience their lives. To effectively serve people with psychiatric disabilities, you need to understand and respect cultural differences.

Cultural competence is the ability to work effectively and sensitively within various cultures. The U.S. Department of Health and Human Services (DHHS) defines it as “a set of values, behaviors, attitudes and practices within a system that enables people to work effectively across cultures” and says the term “refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services.”⁶

For consumers of color, access to mental health services and the quality of the services they receive are negatively affected by the widespread lack of cultural competence in service delivery. *The Mental Health: Culture, Race and Ethnicity Report* (2001) acknowledged that people of color may not seek services in the formal system, cannot access treatment, drop out of care or are misrepresented in research because of the lack of cultural competence.⁷

Because people of color are disproportionately represented in most criminal justice venues, demonstrating cultural competence in all aspects of your work is critical to your success in supporting people. Keep in mind that ethnicity is not the only determining factor when discussing culture. Providing culturally competent services and supports to LGBTQ, youth and individuals of various socioeconomic backgrounds is also important.

⁵ Cornell University Industrial and Labor Relations School Employment and Disability Institute. (2010). Person-centered planning education site. Retrieved July 21, 2010, from <http://www.ilr.cornell.edu/edi/pcp/index.html>.

⁶ Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). *Towards A Culturally Competent System of Care*, Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

⁷ U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race and ethnicity – A supplement to mental health: A report of the surgeon general*. Rockville, Md.: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

NAMI STAR Center is an excellent source of information on this topic and on other recovery-oriented topics; the Center is listed in the Resources Section on page 26.

Who is a “Consumer?”

In this document, we have striven to use person-first language and tried not to label or stigmatize anyone because of their experiences. However, we use some controversial terms here simply as a means to convey information.

It is unclear exactly where the term “consumer” originated and there are ongoing discussions as to whether its use labels and stigmatizes individuals. In describing “people with mental illness” in this document, we use instead “people with lived experience,” “consumer,” and “person/people with a psychiatric disability.” It is important to note that it is up to the individuals with whom you are working to describe themselves in ways they are comfortable with.

Who is a “Peer?”

The term peer is commonly used to describe people who share the same or similar experiences. In the context of this guide, these experiences typically include involvement with the criminal justice and mental health systems. Peers can serve as role models, supporters and navigators who help people identify the services helpful to supporting their recovery processes. In addition, peers hold hope for people and give it to them when they are ready to take it.

When asked what has been the most helpful component to the success of various recovery processes, most reply that it is having people who have been through the same challenges they have by their side to support them.

Many of the traditional ways that people receive recovery supports, such as 12-step programs like Alcoholics Anonymous and Narcotics Anonymous, are rooted in the principle that people receive the best support from others who are overcoming similar challenges.

One of the primary reasons that peer support is so important is because in the early stages of the recovery process, it is often difficult to remain hopeful. Consumers may identify dozens of things that they want to accomplish or resolve, such as to find permanent housing or obtain a job. These efforts are often challenging and many times it is peers who help people remain hopeful in spite of frustrating obstacles they encounter along the way.

The need for connections with peers is a reflection of the need to connect with other people engaged in recovery—the need for community. Like a chain reaction, peer supporters can often help people identify additional supportive individuals or peer communities ready, willing and able to support their recovery needs.

Peer support is not a new concept in the mental health arena. Over the past 20 years, the traditional mental health system has become more and more accepting of the role peers can play in the recoveries of people with psychiatric disabilities. To this end, there has been a vast expansion in the use of peers in professional mental health settings.⁸

Some examples of this expansion include peer “bridgers” who help people reenter the community after long psychiatric hospital stays and peer specialists who support people in a number of different mental health settings. The acknowledgement of the important role of peers has played a major role in the development of mental health organizations operated and staffed by peers; peers may comprise part or all of the organization’s board, management and staff.⁹

In many states, mental health consumer advocates have pushed for and won the integration of peer support services into mental health services and the criminal justice system. Advocates in states such as New York have been instrumental in getting their states to revamp the way that disciplinary actions are levied against people with psychiatric disabilities while they are incarcerated.¹⁰

⁸ Campbell, J. & Leaver J. (2003). Report on emerging practices in organized peer support. Alexandria, VA: National Technical Assistance Center for State Mental Health Planning.

⁹ Corrigan, P.W. (2006). Impact of consumer-operated services on empowerment and recovery of people with disabilities. *Psychiatric Services*, 57(10), 1493-1496.

¹⁰ New York Advocates Urge Governor to Support SHU Legislation. (2007, June 18). *Mental Health Weekly*, 17(24).

Although much less developed, there has been an increase in joint initiatives by mental health providers and the criminal justice system that are designed to help individuals connect with organizations in their community that provide support to justice-involved consumers.

The movement toward the use of peers in various settings has led to more and more calls for the credentialing of peer supporters, which usually accompanies the funding of any profession. We include a list of peer support/self-help organizations at the end of this guide and recommend that you help people to contact these organizations if they are interested in becoming a part of these supportive communities.

It is important to note that over time peer groups may change to include peer supporters who have neither a psychiatric disability nor a history of justice system involvement. For example, one's peer group could start by including the individuals one attends therapy with and later expand to include coworkers, neighbors, friends and others with whom one forms a supportive connection.

Who is a "Recovery Partner?"

Another term you will find in this guide is **recovery partner**. Recovery partners are individuals or organizations that support people through their recovery process. They can be peers, family members, clinicians, case managers, parole officers, probation officers, corrections officers or any groups that people in recovery have a personal connection with and that support their recovery journey.

In some instances, people in recovery find support where they don't necessarily expect it. For instance, in *Personal Narratives* consumers talk about the positive relationships they have developed with parole and probation officers. Although people may have had little choice in entering into these relationships, they can become a source of strength and support.

We hope that by using this guide and listening to or reading the *Narratives*, you gain the hope, connection and personal empowerment needed to support people in their successful journey of self-discovery and transformation described in the National Consensus Statement on Recovery.

Most importantly, we hope that together these resources provide guidance in helping the people with whom you work make many of the important decisions they will face in their recovery journey and provide assistance to successfully overcome whatever obstacles they encounter along the way.

How You Can Help

Justice-involved consumers often express that shame, guilt and anger are the three feelings that most frequently get in the way of their moving forward in recovery. Many describe this as "stinking thinking"—feelings that hinder their focus on recovery. Many times justice-involved consumers feel shame about their involvement with the criminal justice system and at being diagnosed with a psychiatric disability. They often feel emptiness due to the loss of relationships with their children and other loved ones. They often are angry because their involvement in the criminal justice system may limit their ability to have the full range of personal choices regarding treatment or support.

This guide can help you understand how to support people in being proactive and turning these feelings into positive action. Be hopeful and resilient about this recovery journey. Recovery is not a destination but an ongoing process.

Many justice-involved consumers report that hope is the most essential component to recovery. The *Personal Narratives* describe how hope is sustained by each speaker or writer through many difficult periods in their lives—hope that recovery is possible and hope that their futures hold opportunities for employment, family reunification, a home in the community and all the other important benefits of community life.

Using the Personal Narratives

As discussed, this series of resources includes *Personal Narratives*, a selection of written and spoken accounts of recovery journeys that describe the real life recovery experiences of justice-involved consumers. Historically, such narratives have often provided firsthand accounts of the various experiences of the speaker or writer. Currently, such narratives are used more and more to recount an individual's recovery



Full personal narratives for the clips used throughout this guide are available here.

[David](#)

[Erick](#)

[Jennette](#)

[John C](#)

[Keysha](#)

[Lacy](#)

[Robert](#)

[Ruben](#)

[Tom](#)

[Tracy](#)

process.¹¹ The Personal Narratives in this series are organized in two ways.

You can choose to listen to or read the complete narrative of one speaker as he or she takes you through their recovery journey. Alternatively, you can listen to a group of narratives on a particular subject. How you use it depends on your work setting and the issues the people with whom you work are facing. We recommend you experiment with the narratives to decide what strategy works best for you.

For example, if you are currently working with incarcerated individuals preparing to leave prison or jail, you may find the narratives focusing on how to prepare people for return back into the community helpful. Similarly, if you are working with people dealing with disappointment over the pace of reconciliation with family members, most particularly parents and children, the narratives on family reunification could be an important resource.

Viewed collectively, the Personal Narratives provide clear examples of hope and resiliency for you to draw upon. Neither psychiatric disability nor involvement with the criminal justice system marks the end of a person's life. These experiences are life changing but not life ending. Many times people face significant challenges as they begin to focus on recovery and make changes in their lives. These challenges can be overcome and, with information and support, people can assume the responsibilities and benefits of community life.

¹¹ Roberts G.A. (2000). Narrative and severe mental illness: What place do stories have in an evidence-based world? *Advances in Psychiatric Treatment*, 6, 432-441.

Grief and Overcoming Loss

You may ask why we have chosen to include a discussion on overcoming grief and loss in this guide. We have done so because many consumers experience profound personal losses during the course of their lives, not least during the period of their criminal justice involvement. When we think about grief and loss, typically we think about the death of a loved one. However, grief is not limited to death and dying; for example, it also can stem from the loss of freedom and or relationships with family members, which is often the case when one becomes involved with the criminal justice system.

While some losses are temporary, they nevertheless can have a significant impact on the recovery process. Below are examples of just some of the grief-inducing events that justice-involved consumers experience:

- Loss of freedom
- Death of loved one while incarcerated
- Loss of family
- Loss of status in the family and community
- Loss of employment
- Loss of housing or education

We encourage you to think about the losses sustained by the people you are working with and reflect on how these losses may have impacted their recovery.

The loss of family is a consistent theme in many of the narratives and many speakers talk about the importance of coming to terms with these losses as part of their recovery. Moreover, many report that they have not had the time or support needed to grieve and ultimately overcome these losses. The failure to acknowledge and discuss the impact that irretrievable losses have upon the recovery process often undermines recovery because, left unresolved, these feelings frequently result in relapse and self-sabotage.



The spoken accounts below describe the real life losses experienced by justice-involved consumers. Erick shares that there is hope, while Tom speaks to the lack of control in situations of grief and loss.

[Erick - Grief & Loss](#)

[Tom - Grief & Loss](#)

Many justice-involved consumers have found Elizabeth Kubler-Ross’s work, *On Death and Dying*, helpful in describing the emotional and psychological responses that people experience when faced with a life-threatening illness or a life-changing event. Kubler-Ross identified stages people experience when dealing with loss. They include: denial, anger, bargaining, depression and acceptance. However, not everyone goes through all of the five stages, nor does everyone experience them in the chronological order she describes.¹²

The table below shows the five stages of grief as described by Elizabeth Kubler-Ross and the ways justice-involved consumers experience these losses. The table also includes some suggestions you can use to help people overcome them.

A review of these stages may be useful in helping you identify what people are feeling and why. In addition, it could help you to begin to talk to the people you work with about these losses, giving them permission to engage in a grieving process and ultimately gain some acceptance of these losses. These stages help you support people in putting words to their feelings and provide some suggestions for work they can do. When people come to terms with their losses, they are often freed from much of the guilt and shame they experience in response to their losses.

It is important to note, however, that reaching the acceptance stage does not mean that the people you are working with will forget about these losses; acceptance simply means that they have overcome these losses in a way that does not undermine their recovery journey.

Table 1. The Five Stages of Grief: Action Steps

Stage	Feelings	Action Steps
Denial	I don’t have a problem; the cops who arrested me have the problem and they should just leave me alone.	Reflect on the impact that your failure or inability to address your “problem” has had on your involvement in the criminal justice system.
Anger	Why did I have to be the one to get this illness? I am angry and am never going to get better!	Talk with other justice-involved consumers who are on their recovery journeys. Learn about the kinds of support that might be helpful and take advantage of them. Find something that works for you.
Bargaining	“You” make me better. I promise to take my medication.	Bargaining could set you up for something that you have little control over. Focus on the things you do have control over and spring into action.
Depression	This is really all my fault. It’s because I am a bad person. I deserve to be sick and I will never get better. I might as well sit back and wait to die!	It is okay to temporarily feel depressed about your losses. Making progress towards your goals will help you feel better. Also, give yourself permission to have joy once again in your life and do things that make you happy.
Acceptance	My experiences in the criminal justice and mental health systems have impacted my life and those I care about. I will now work with those who love and support me to do whatever needs to be done so that I can regain a life in society. I want to work and have my own place to live!	Focus on your recovery journey and your future. Focus on things you have control over.

¹² Kubler-Ross, E. (1969). *On Death and Dying*. New York: Touchstone Press.

There are also some things that people can do to prevent these losses or to minimize the impact these losses have. It is important that people take advantage of the mental health and substance abuse services available in many jails and prisons. For example, if you are currently working with incarcerated individuals, you may want to encourage them to seek out and attend peer support groups.

One way of approaching these issues is to help people plan for release from the first day of their incarceration. Many jails and prisons have reentry coordinators or other staff who can assist people in this planning process. WRAP® plans and other resources discussed in this guide can help people obtain and retain wellness during incarceration and beyond.¹³

Similarly, taking advantage of educational and employment programs, such as supported education and supported employment, increase the likelihood of future employment. These experiences have the added benefits of increasing opportunities to create new places for people in the community.

Thinking About What is Possible: Helping People Envision Their Futures

In the early stages of the recovery process, it is important that people develop ways to envision their futures and what is possible for their lives. Visualizing what they would like their futures to be is helpful for identifying goals and milestones to accomplish.

This guide and the accompanying *Personal Narratives* offer you the ability to understand how to support others in a new way of thinking and being.

Like a new pair of shoes, understanding recovery can be a little uncomfortable at first, but as people stretch they will become more comfortable with the changes they are making and gain confidence in your ability to help them succeed.

Remember that recovery is a journey and not a destination! While people might experience detours along the way, as a helper, you will be aware of the choices people have and of your power to help them overcome whatever real or imagined obstacles that may have stalled their journey.

The Impact of Involvement with the Criminal Justice System

Each year thousands and thousands of individuals with psychiatric disabilities have contact with the criminal justice system. These contacts range from family members calling for assistance and support during a loved one's crisis to arrest, prosecution and conviction and community supervision services provided by probation and parole. These contacts, no matter how brief, have likely had a lasting impact upon their lives and the lives of their loved ones.

Jails and prisons have cultures of their own. People may have developed attitudes and behaviors that made it easier for them to fit in and feel protected. They may have found it difficult to walk away from a confrontation for fear of being labeled weak or refused to ask for help for fear of being labeled crazy. In addition, they may have grown accustomed to keeping to themselves and avoiding speaking with staff or peers for fear of being labeled a snitch.¹⁴ Some individuals report that talking with

¹³ Copeland, M.E. (2002). Wellness Recovery Action Plan®: A system for monitoring, reducing and eliminating uncomfortable or dangerous physical symptoms and emotion feelings. *Occupational Theory in Mental Health*, 17: 127-150.

¹⁴ Rotter, M., McQuiston, H.L., Broner, N. & Steinbacher, M. (2005). The impact of the incarceration culture on reentry for adults with mental illness: A training and group treatment model. *Psychiatric Services*, 56: 265-267.



The personal narratives of Erick, David, and Ruben remind us about the importance of planning for the future and all of the opportunities the future holds, like spending time with one's children or supporting peers in the community. Optimism for the future is immensely valuable.

[David - Recovery 2](#)

[Ruben - Recovery 4](#)

[Erick - Family](#)



The stories of justice-involved individuals shed light on the magnitude of the impact of the criminal justice system on people’s lives. Incarceration can traumatize people or even contribute to their isolation upon reentering the community. Involvement in the criminal justice system not only impacts those people justice-involve individuals, but their families as well – as the stories below share. While incarceration poses obvious challenges for people, it also offers opportunities for getting sober and even provides a sense of safety for people, as we see below.

[Ruben - Recovery 6](#)
[Ruben - Recovery 3](#)

[Erick - Family 2](#)
[Tom - Family 2](#)
[John C - Jail 1](#)

[Ruben - Trauma 1](#)
[Erick - Community](#)
[Rober C - Police Contact](#)

staff or peers made them vulnerable to attacks by other inmates and others report that they learned a new “language” that is not easily understood by individuals who have not been incarcerated.

They may often find themselves having to explain to others the meaning of terms they use or behaviors they acquired that helped them survive jail or prison. For example, they might talk about their stint in jail or prison as a *bid*, while most people associate the term *bid* with auctions or the selling of goods!

An example of a learned behavior is never sitting with their backs to a door to reduce the chance of surprise attacks by others. Finally, they may have had to posture themselves so that they would not be seen as vulnerable. These are things that can be easily misinterpreted by others with little personal knowledge about jail or prison. Your support and the *Personal Narratives* will help them talk about these experiences; most important, they will understand how these experiences might impact their recovery.

There are probably many other examples of behaviors people have developed to survive jail or prison, but recovery will require them to think about the benefits of changing the attitudes and behaviors that are obstacles to recovery. It is very important that they are willing to learn new ways to interact and seek out supports. Peers can provide support as they begin to explore the changes they would like to make during the course of their journey.

One area that is strongly affected by people’s criminal justice histories is their ability to become employed. Having a psychiatric disability should not be a barrier to becoming employed; in fact, most people in recovery speak to the fact that

employment has played a critical part of their recovery. However, significant barriers, including poor availability of appropriate employment support services and discrimination by employers, as well as a lack of coordination among service systems, have resulted in unnecessarily high unemployment rates of 60–80 percent for people with psychiatric disabilities.¹⁵ This is especially troublesome for justice-involved consumers, who often face even more stigma and systematic barriers to becoming employed.

The good news is that research shows that, given the services and supports they request, people with psychiatric disabilities can recover and become employed. Work enhances self-esteem and provides people with valuable social support, but more than that, work is a way for people with psychiatric disabilities to escape poverty and avoid homelessness and it is important that you support people in their journey to become employed. The Social Security Administration (SSA) has a host of information about disability employment and financial incentives to work; the SSA is listed in the Resources Section on page 25.

Self-exploration and Recovery Tools

Self-exploration is an important part of the recovery process. Unfortunately, many justice-involved consumers are labeled and come to believe that they are defined by their involvement in the systems. People might avoid self-exploration because they feel that it would be too painful or perhaps that it would take too much time, but the benefits of self-exploration far outweigh the personal cost of not doing so.

¹⁵ National Association of State Mental Health Program Directors (NASMHPD) and Advocates for Human Potential, Inc. (2007). *Promoting independence and recovery through work: Employment for people with psychiatric disabilities*. National Governors Association, Center for Best Practices (NGA).



The first-hand accounts of recovery tell us what works for people with lived experience in the justice system. For some, like David, Cognitive Behavioral Therapy (CBT) makes a dramatic impact. David also finds therapy to be helpful – therapy also works for Keysha and John. Ruben and Jennette found the Wellness Recovery Action Plan (WRAP) to be an instrumental recovery tool. We’re also reminded that physical health cannot go overlooked in recovery – nutrition, rest, and other essentials are necessary regardless of the selected recovery tool.

[Jennette - Recovery](#)
[Keysha - Recovery 4](#)

[John C - Treatment 1](#)
[David - Services](#)
[David - Services 2](#)

[Keysha - Services](#)
[Lacy - Services 1](#)
[Ruben - Recovery 4](#)
[David - Recovery](#)

Many people find it helpful to start keeping a personal journal to help them experiment with new ways of dealing with the problems or issues they want to confront and overcome during their recovery journey. Journaling is an effective way to chart feelings about trying new behaviors and the benefits that these new ways of behaviors have on recovery. Journaling can also help people explore ways to reunite with friends and family.

Several tools have proven to be very successful in helping consumers avoid crisis or relapse. The *Wellness Recovery Action Plan*[®], more commonly known as WRAP[®], was developed to help people maintain their wellness and recovery. Research has found that WRAP[®] is very helpful in helping people avoid crisis and relapse.¹⁶

The key elements of each WRAP[®] plan are the following:

1. Wellness Toolbox
2. Daily Maintenance Plan
3. Identifying Triggers and an Action Plan
4. Identifying Early Warning Signs and an Action Plan
5. Identifying When Things Are Breaking Down and an Action Plan
6. Crisis Planning
7. Post Crisis Plan, Post Crisis Plan Description

Increasingly, WRAP[®] is being used by justice-involved consumers. If you are interested in learning more about WRAP[®] plans and helping consumers develop their own WRAP[®] plans, we recommend that you contact the Copeland Center to find a trained facilitator in your area.

In the event you do not have access to a trained facilitator, you can help people develop their own individual plans by using the format used below.

Guide to Developing a WRAP[®]: Wellness Recovery Action Plan^{®17} By Mary Ellen Copeland

Getting Started

The following is a list of supplies that are important to developing a WRAP[®]. While these items are suggested, only a writing utensil and paper is absolutely necessary.

1. A three-ring binder, one inch thick
2. A set of six dividers or tabs
3. A package of three ring filler paper; most people preferred lined
4. A writing instrument of some kind
5. A friend or other supporter to give you assistance and feedback (optional)

The three-ring binder should be divided into six sections; these sections or categories are listed below:

Section 1: Wellness Toolbox

- On the first tab, write “Wellness Toolbox.”
- On the first page, make a list of activities you do to stay well and feel better when you are not feeling well.
- Some common wellness tools are: taking a nap, exercising, eating three healthy meals per day and writing in a journal.
- Tools can be added and removed as you discover new activities you enjoy.

Section 2: Daily Maintenance List

- On the next tab, write “Daily Maintenance List” and insert it in the binder followed by several sheets of filler paper.
- On the first page, describe (in list form) yourself when you are feeling safe and healthy.

¹⁶ Cook, J.A., Copeland, M.E., Hamilton, M.M., Jonikas, J.A., Razzano, L.A., Floyd, C.B., Hudson, W.B., Macfarlane, R.T & Grey D.D. (2009). Initial outcomes of a mental illness self-management program based on Wellness Recovery Action Planning. *Psychiatric Services*, 60(2): 246-249.

¹⁷ Council of State Governments Justice Center. (2008). *Mental health courts: A primer for policy makers and practitioners*. New York: Author.

- On the next page, make a list of things you need to do for yourself every day to keep yourself feeling safe and well.
- On the next page, make a reminder list for things you might need to do to remain safe and healthy; reading through this list daily helps keep us on track.

Section 3: Triggers

Triggers are external events or circumstances that, if they occur, might produce serious symptoms that make you feel like you are in relapse. These are normal reactions to events in our lives, but if we do not respond to them and deal with them in some way, they might actually cause a worsening of our symptoms.

- On the next tab, write "Triggers" and put in several sheets of binder paper.
- On the first page, write down those things that, if they happened, might cause an increase in your symptoms. They may have triggered or increased symptoms in the past.
- On the next page, write an action plan to use if triggers come up, using the Wellness Toolbox at the end of this handout as a guide.

Section 4: Early Warning Signs

Early warning signs are internal and might be unrelated to reactions to stressful situations. In spite of our best efforts at reducing symptoms, we may begin to experience early warning signs, subtle signs of change that indicate we might need to take some further action.

- On the next tab write "Early Warning Signs". On the first page of this section, make a list of early warning signs you have noticed.
- On the next page, write an action plan to use if early warning signs come up, using the Wellness Toolbox.

Section 5: Things Are Breaking Down or Getting Worse

In spite of our best efforts, our symptoms might progress to the point where they are very uncomfortable, serious and even dangerous, but we are still able to take some action on our own behalf. This is a very important time. It is necessary to take immediate action to prevent a crisis.

- On the next tab write, "When Things are Breaking Down" and make a list of the symptoms which, for you, mean that things have worsened and are close to the crisis stage.

- On the next page, write an action plan to use "When Things are Breaking Down," using the Wellness Toolbox.

Section 6: Crisis Planning

In spite of our best planning and assertive action, we may find ourselves in a crisis situation where others will need to take over responsibility for our care. We might feel like we are totally out of control.

Writing a crisis plan when you are well to instruct others about how to care for you when you are not well keeps you in control even when it seems like things are out of control. Others will know what to do, saving everyone time and frustration, while insuring that your needs will be met. Develop this plan slowly when you are feeling well. The crisis planning form includes space to write:

- Those symptoms that would indicate to others they need to take action in your behalf
- Who you would want to take this action.
- Medications you are currently taking, those that might help in a crisis and those that should be avoided.
- Treatments that you prefer and those that should be avoided.
- A workable plan for at home care.
- Acceptable and unacceptable treatment facilities.
- Actions that others can take that would be helpful.
- Actions that should be avoided.
- What my supporters should do if I am a danger to myself or separate instructions about when the plan no longer needs to be used.

Pathways to Recovery: A Strengths Recovery Self-help Workbook

Another great tool being used to help consumers embrace a recovery perspective in their lives is the *Pathways to Recovery* self-help workbook. The tool was created by staff at the University of Kansas School of Social Welfare in 2002 along with an advisory group of peer providers, directors of consumer-run organizations and other progressive mental health providers.

The workbook explores recovery in a strength-based way and helps people look at their personal, interpersonal and cultural strengths and identify interests or dreams across several areas of life. A major component of this tool is that it helps individuals set goals and addresses negative aspects of recovery such as self-stigma and the impact of discrimination.



By using the book, people set their recovery mission and develop their own recovery plans with attainable objectives. The workbook includes self-assessments, personal narratives and a series of easy to use self-help strategies. This resource, because it is based on self-help, is a great fit for people involved in the criminal justice system, especially people who are incarcerated, because it can be used by people who have limited contact with others.¹⁸

In addition to WRAP® and the Pathways tool, *The South Carolina Share Recovery Planner* is a quick and easy “workbook” that helps people think about goals and areas they need to concentrate on. The booklet focuses on Change, Positive Self-Talk, Physical Health, Emotional/Mental Wellness, Stress, Substance Use, Living Space, Money, Down Time, Employment/Volunteer work, Education/Training, Relationships, Legal Issues, Spirituality and Daily Routine.¹⁹

Consumer-run programs that provide recovery-orientated supports, traditional self-help organizations and 12-step support groups are all places known for providing programming that helps individuals with their individual journeys of self-exploration.

Information about how to access these tools is found in the Resources Section on pages 25-27.

Supporting Us in Talking About Ourselves, Our Dreams, Our Aspirations

Most consumers divide their lives into two separate periods: life before and life after psychiatric disability and experience with the criminal justice system. Many consumers with histories of involvement with the criminal justice system talk vividly about the dreams and aspirations they had before they became involved in the system. Those that become ill often have difficulties sharing their feelings and thoughts with other inmates.

Unfortunately, this code of silence frequently hinders recovery; in contrast, talking about feelings is important to healing. Consumers report that this

Like the narratives in **Thinking About What is Possible: Helping People Envision Their Futures**, these stories talk about dreams for the future, but they also discuss the personal responsibility consumers must take when thinking about their life before and life after psychiatric disability and experience with the criminal justice system. Talking about feelings with people like a therapist, as shared in *Self-Exploration and Recovery Tools*, is valuable, but self-discovery, self-efficacy, and a sense of personal responsibility for the past and future are invaluable. This responsibility includes opening up and being able to ask for help and communicating with others.

- [Keysha - Recovery 2](#)
- [Eric - Recovery](#)
- [Erick - Recovery](#)
- [Keysha - Recovery](#)
- [Ruben - Recovery 5](#)
- [Erick - Family 2](#)

- [Jennette - Probation](#)
- [Lacy - Recovery 4](#)
- [Ruben - Recovery](#)
- [Tom - Recovery 2](#)
- [Tom - Recovery 2](#)
- [Tom - Recovery 3](#)
- [Tom - Recovery](#)

is one of the most difficult patterns to break out of, yet it is one of the most important patterns to break. As a graduate of the Howie the Harp Peer Advocacy Center in New York City observed, “(G) oing to prison, I lost everything—freedom, home, family, job, clothes, self-esteem, self-worth and the will to live. The only goal I needed to accomplish was to find myself.”

In the Personal Narratives, many consumers talk about the fact that sharing stories about what happened to them was critical to moving forward in their recovery. Most report experiencing feelings of relief and personal empowerment in talking about themselves and their experiences. Remember that self-discovery is part of recovery.

Regardless of what type of treatment and support people find most helpful, they all will require some degree of personal disclosure. It is important to help people get comfortable talking about themselves, what happened to them and most importantly, what they need from you.

Once again, journaling can play a critical role in helping people learn to talk about themselves. For instance, people may find it helpful to record the

¹⁸ The University of Kansas, School of Social Welfare. (2003). *Pathways to recovery: A strengths recovery self-help workbook*. Retrieved July 21, 2010, from <http://www.socwel.ku.edu/mentalhealth/projects/value/pathways/workbook.shtml>

¹⁹ South Carolina SHARE. (2008). *Recovery planner*. Retrieved July 21, 2010, from http://www.sshare.com/recovery_programs.html.

milestones and goals they want to achieve during the course of their recovery journey. They may want to write about life experiences and the emotional impact the experiences have had upon them.

Building Trust

Trust is commonly defined as “reliance on the integrity, strength, ability of a person or thing; confidence or expectation of something; hope.” Many justice-involved consumers report that trust is the first human emotion they lose during the course of their involvement in the criminal justice system. Trust may be damaged during incarceration in jail or prison. They also report that jail and prison environments are frequently violent and that trusting anyone makes them more vulnerable to violence and personal harm. Studies also show that while incarcerated, people with psychiatric disabilities are much more likely to be victimized by their fellow inmates. So, it may take some time for them to feel comfortable trusting other people again, including service providers and even peers.²⁰

Similarly, many justice-involved consumers report that they have had adverse childhood experiences or have experienced traumas, such as neglect and

physical, sexual and emotional abuse. Later in this guide we will discuss the types of strategies that might help you understand the impact of trauma and what types of services may be most helpful in supporting the healing process.

People do not have to embark upon their recovery journeys by themselves—there are many people who deeply committed to supporting and helping them. The most important thing people can do at the beginning of their recovery journey is to learn to trust others and to have hope in the future.

Even when people are incarcerated or have other restrictions placed upon them as a condition of parole or supervision, they retain the ability to make choices that support recovery. It is important to help them have hope and trust in your ability to help them recover and live a meaningful life. This may include helping them to reach out to mental health services in the facility they reside or attend groups or programs that focus on self-development and building coping strategies.

Stages of Change and Recovery

Above, we talked about the impact that involvement in the criminal justice system has upon consumers. To have a successful recovery, people might have to commit to making changes in key areas of their life. To do this, they may have to consider how previously learned behaviors and attitudes have impacted or hurt their recovery process. William Durant said “*Forget past mistakes. Forget failures. Forget about everything except what you’re going to do now.*”²¹



For many justice-involved individuals, trust is lacking from the present and their pasts and building trust for the future is essential to recovery and success. Support, healing, and self-reflection are all necessary for these individuals to begin trusting themselves and others again. Peer support, community, and even criminal justice professionals are important to this process of building trust.

[Jennette - Community 2](#)
[Jennette - Community](#)
[Jennette - Community 3](#)
[Keysha - Community 2](#)
[Keysha - Employment](#)
[Keysha - Parole](#)

[John C - Correction Life 1](#)
[Erick - Trauma 1](#)
[Tom - Don't Give Up](#)
[Tom - Services](#)
[David - Recovery 2](#)



Here are a variety of stories about recovery. You can hear the various components of the Stages of Change Model in these stories. For the full clips, refer to [Using the Personal Narratives](#).

²⁰ Miller, L. D. (2010). Reentry as part of the recovery process. In H.A. Dlugacz (Ed.), *Reentry planning for offenders with mental disorders, policy and practice* (Chapter 10). New Jersey: Civic Research Institute.

²¹ Here's what they are saying. (1936, Sept. 21). *The Telegraph-Herald*, p 6.

Here it is important to emphasize that everyone at some time in their life experiences change and transition. This is not unique to justice-involved consumers. Taking action is critical to becoming the change they want to see. It is sometimes overwhelming to know where to start when there are so many things you want to do and accomplish during your recovery journey. Change is often uncomfortable in the beginning and sometimes becomes an added stressor. But change is necessary when the behaviors that were once relied on no longer apply.

Justice-involved consumers report that they want to change the attitudes and behaviors that often lead to repeated involvement with the criminal justice system. They also relate the difficulty of overcoming many of the significant obstacles they face in their journey. Change is never easy, particularly when attitudes or behaviors have provided a sense of security or safety. Similarly many people report feeling hopeless and believe that change is impossible or wonder whether there are any real benefits to changing.

Take a moment and reflect back on the times when you set a clear goal for yourself but were unable to accomplish it. Next, think carefully about the possible reasons you were unable to accomplish your goal. For example, did you encounter an obstacle you felt was too great to overcome and become frustrated? Were you disappointed over the lack of support by family members and thus abandon your goal to maintain contact with your family? The same feelings are encountered by the people you are working with.

Life transitions are a great time for people to look at opportunities for personal growth and take action steps that move them forward in their recovery journey. One example was given by a mother who talked in her personal narrative about her strong desire to be a positive force in her grandchildren's lives as motivating her to change her lifestyle and get treatment. Simply put, she no longer ignored the impact that her behavior continued to have upon her children and grandchildren; she identified the obstacles that prevented her from remaining in

treatment and then took action to find supportive treatment, for herself and for family members.

Readiness for Change

All of the Personal Narratives speak of critical moments in speakers' lives where they acknowledge they were not ready for change, which in this context refers to not being ready to recover. A lack of readiness led to repeated involvement with the justice system. Yet all speak about eventually finding what was most helpful in motivating them to take action. If you have ever attempted to make a significant change and did not obtain the results you sought, you may have developed an aversion to attempting new behaviors. You may have tried to avoid thinking about change because you felt powerless. Unfortunately this is a common pattern for consumers in the criminal justice system.

In thinking about your situation, most likely you did not abandon previous efforts to change due to the benefits not happening quickly enough for you. That is exactly where you come in, being there to support the people you are working with so that they too do not abandon their efforts to succeed.

Motivation to change must come from desire and commitment. Despite obstacles, it is important to remember that change is essential to recovery. Only you can decide whether you want to change and what the benefits of this change will be to you, your family and your community. Change is an "inside out" process, meaning that while you will be supporting people's efforts, they must do most of the work themselves.

Justice-involved consumers have various motivations for change. Some of this motivation might come from wanting to avoid re-incarceration or other negative consequences of not changing. However, relying solely on the avoidance of negative consequences for motivation does not result in real change. The type of change that we are talking about is much deeper. It impacts how you view yourself and the world around you. These changes are more positive and long-term in nature, such as reuniting with family and obtaining housing and employment.²² This guide focuses on the positive motivations for change and

²² Prochaska, J.O., Velicer, W.F., Rossi, J.S., Goldstein, M.G., Marcus, B.H., Rakowski, W., Fiore, C., Harlow, L.L., Redding, C.A., Rosenbloom, D. & Rossi, S.R. (1994). Stages of change and decisional balance for 12 problem behaviors. *Health Psychology*, 12: 39-46.

one important benefit of personal transformation for the people you are working with is the lack of future involvement in the criminal justice system.

Understanding Change Theory

Sometimes it is difficult for people to understand exactly where they are in their change process and what types of support and activities are most useful in helping them progress to the next stage. Prochaska and DiClemente developed the *Stages of Change Theory Model* to promote an understanding of the stages that a person goes through in moving from just thinking about something to taking action. They describe six stages of personal change and we adapt that model to help you understand what people may be feeling and why. Most importantly we identify things that you can do to help people empower themselves during their recovery journey.²³

The term “relapse,” as used in the table below, includes any return to old behaviors that put people at risk for future involvement in the criminal justice system or that undermine their recovery. This includes

failing to do the things that help them maintain recovery and personal wellness.

Regardless of what stage of change individuals are at in their recovery process, the Personal Narratives and this guide can help you identify strategies that may assist them in not just thinking about change, but actually taking action to successfully dealing with relapse.

If they are on parole, probation or participating in a jail diversion program, the consequences for these types of relapses are great. Therefore, it is important they fully understand the triggers that might lead them to relapse and to be proactive in taking responsibility for their overall wellness to reduce the likelihood of relapse and its negative consequences.

Although the speakers in the Personal Narratives emphasize that relapse is a natural part of the recovery process and can be a valuable learning experience, relapse is not inevitable.

Table 2. Adaptation of Prochaska and DiClemente’s Stages of Change Model

Stage of Change	Characteristics	What You Can Do
Pre-contemplation	Not currently thinking about change	<ul style="list-style-type: none"> • Understand that the decision to change is yours • Think carefully about your current behavior and its consequences • Explore your life experiences and the impact they have on you and the decisions you make
Contemplation	Not really sure about change and what it means for you	<ul style="list-style-type: none"> • Understand that the decision to change is yours • Think about the cost and benefits of not changing • Set some new and positive goals for yourself
Preparation	You have made some changes and want to make more	<ul style="list-style-type: none"> • Identify and develop strategies for overcoming obstacles • Identify and use supports • Remember you have the skills to change • Continue to take small steps
Action	Practicing new behavior	<ul style="list-style-type: none"> • Check in with supports about your progress • Empower yourself to personally overcome obstacles and feelings of loss
Maintenance	Continued commitment to sustaining your new behavior	<ul style="list-style-type: none"> • Plan for follow-up support • Reward yourself for your accomplishments
Relapse	Resumption of old behaviors: “Fall from grace”	<ul style="list-style-type: none"> • Identify “triggers” for relapse • Develop a plan for identifying stressors that lead to relapse and develop strategies for coping with them (WRAP® Plan is a good tool)

²³ Prochaska, J.O., DiClemente, C.C. & Norcross, J.C. (1992). In search of how people change: Applications to addictive behavior. *American Psychologist*, 47(9): 1102-1114.

Wellness Tools

Over the past few years there has been growing recognition that mental health is related to overall health and wellness. This approach encourages consumers and others to integrate physical wellness and spiritual wellness into all systems of care. Unfortunately, it might be difficult to do “one-stop shopping” in this area even though more and more treatment providers and consumer-operated services are taking a holistic approach to recovery. This guide provides an overview of overall wellness and ways that people can take ownership of their overall well-being in other areas, not just mental health.

Physical Wellness

Studies indicate that consumers die on average 25 years earlier than members of the general population. Only recently have consumers, programs and researchers began to look at the possible causes for this large difference. Many consumers recover from psychiatric disabilities and substance abuse only to be confronted with such chronic diseases as high blood pressure, diabetes and congestive heart failure.²⁴ There are three basic components to physical wellness: prevention, recovery and maintenance. Prevention is doing all you can to prevent the onset of preventable diseases and conditions. Recovery is working hard to recover from diseases and conditions. Maintenance is doing all you can to maintain your physical wellness.

The good news is that many of these diseases are preventable or at least reversible. Physical wellness is as important as mental wellness and physical health can negatively impact mental health. For example, think about how refreshed you feel after a brisk walk on the beach or at a local nature center. Consumers have shifted from focusing solely on their mental

health to thinking about their overall health: the mind, body and the spirit.

One of the most important ways to assist individuals in setting and achieving wellness-related goals is to help them recognize the need for safely taking medications, engaging in physical activities, maintaining a healthy diet and getting sufficient sleep.²⁵ You can offer support, encouragement and reinforcement to help individuals make lifelong behavioral changes.

Spiritual Wellness

Spiritual wellness is a personal matter involving values and beliefs that provide a purpose in our lives. While people may have different views of what spiritualism is, it is generally considered to be the search for meaning and purpose in our recovery processes. It is important for everyone to explore what they believe is their own sense of meaning and purpose.

The path to spiritual wellness might involve meditation, prayer, affirmations or specific spiritual practices that support people’s connection to a higher power or belief system.

Having compassion, the capacity for love and forgiveness, altruism, joy and fulfillment help people enjoy spiritual health — religious faith, values, beliefs, principles and morals define one’s spirituality.

To help people assess if they are engaged in the process of spiritual wellness, suggest they ask themselves these few simple questions:

- Do I make time for relaxation in my day?
- Do I make time for meditation and/or prayer?
- Do my values guide my decisions and actions?
- Am I accepting of the views of others?



We find that consumers rely on a variety of tools to obtain and maintain wellness, including spiritual tools, employment, education, and community involvement. Stories of overcoming trauma and recovery help us understand the value of a variety of wellness tools for justice-involved individuals. We also hear about the ways in which the community can prevent wellness through the elimination of stigma.

[Erick - Trauma 1](#)
[David - Community](#)
[Ruben - Trauma 2](#)
[Keysha - Recovery 3](#)

[Ruben - Recovery 4](#)
[David - Recovery](#)
[Jennette - Education](#)
[Tom - Employment](#)

[David - Employment](#)
[Keysha - Community 2](#)
[Jennette - Community 2](#)
[Jennette - Community 3](#)

²⁴ National Association of State Mental Health Program Directors (NASMHPD) (2006). *Morbidity and mortality in people with serious mental illness*. NASMHPD Research Institute, Inc. Retrieved May 20, 2010 from <http://www.nasmhpd.org/publications.cfm>.

²⁵ SAMHSA 10 x 10 wellness campaign. (2010). Retrieved May 20, 2010, from <http://www.promoteacceptance.samhsa.gov/10by10/default.aspx>.

The Eight Dimensions of Wellness

In addition to the information regarding wellness described, SAMHSA also offers a host of information designed to help people achieve and maintain wellness in a number of other important areas such as:

Emotional - Coping effectively with life and creating satisfying relationships

Environmental - Good health by occupying pleasant, stimulating environments that support well-being

Intellectual - Recognizing creative abilities and finding ways to expand knowledge and skills

Occupational - Personal satisfaction and enrichment from one's work

Social - Developing a sense of connection, belonging, and a well-developed support system²⁶

These resources can be accessed through the SAMHSA 10x10 Wellness Campaign at www.promoteacceptance.samhsa.gov/10by10/default.aspx

Financial Management

Financial wellness is another important part of the recovery puzzle for justice-involved consumers. Finances are one of the leading stressors faced by justice-involved consumers—in turn, living with healthy financial practices is one of the great benefits of lives lived in recovery.

Keeping track of finances and keeping to a budget can be hard at the best of times, but can be especially hard for people who are also engaged in major life changes, such as reentering the community after long periods of incarceration. The situation can be made worse for people who have been unable to work and have a limited income. Learning how to manage money is empowering and can give people more choices in life.

In addition, it may be beneficial for people to talk with someone who is in a similar situation, that is, who is living on a small income and has figured out ways to make the most of their income. This is just another role in which peers can be extremely helpful in supporting others' needs.

Sometimes people have a long history of not being able to manage their disability benefits and being unable to meet their basic needs for shelter and food. If this happens, the Social Security Administration may

decide they cannot safely manage their money and representative payees are appointed for them. This limits people's autonomy and chance to grow; however, you can provide people with the resources to help them regain or gain self-sufficiency in this area of their lives.

One of the first tasks in helping people manage their money is helping them know and understand how much money they have and how much money they need to spend. Having a budget helps them understand where their money is coming from and where it is going.

You can assist people in learning how to manage money and gain control of debt. Resources dedicated to this topic are provided in the Resources Section on page 25.

Impact of Trauma and Adverse Life Experiences on Wellness

Psychological trauma can have a deep effect on the overall wellness of the individuals you are working with. Caused by short- or long-term reactions to traumatic events, many times trauma leads to posttraumatic stress disorder, which damages the person's ability to adequately cope with stress.

A traumatic event can involve a single experience or an enduring or repeating event or events that completely overwhelm an individual's ability to cope with life's experiences. The sense of being overwhelmed can be delayed by weeks, years or even decades as the person struggles to cope with the immediate circumstances.

Trauma can be caused by a wide variety of events, but there are a few common aspects. There is frequently a violation of the person's view of the world and of their human rights, many times putting the person in a state of extreme confusion and insecurity. This is also seen when people or institutions depended on for survival violate or betray a person in some way.

Psychological trauma might accompany physical trauma or exist independently of it. Typical causes of psychological trauma are sexual abuse; violence; the threat of either; and the witnessing of either, particularly in childhood. Long-term exposure to situations such as extreme poverty or milder forms of abuse, such as verbal abuse, can also be traumatic (verbal abuse can be as traumatic as a single event).

²⁶ Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, 29,(4) 311- 314.

Different people will react differently to similar events. One person may experience an event as traumatic, while another person does not suffer trauma as a result of the same event. In other words, not all people who experience a potentially traumatic event will actually become psychologically traumatized. People with psychiatric disabilities who have involvement with the criminal justice system have high rates of exposure to trauma in their lives.

A number of important tools are available to help you discover the impact of trauma on the lives of others. One of them is the ACE Study, an ongoing collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente. Led by Co-principal Investigators Robert F. Anda, M.D., M.S. and Vincent J. Felitti, M.D., the ACE Study uses a simple scoring tool that counts nine categories of childhood trauma, listed below:

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Contact sexual abuse
4. An alcohol and/or drug abuser in the household
5. An incarcerated household member
6. Someone who is chronically depressed, mentally ill, institutionalized or suicidal
7. Mother is treated violently
8. One or no parents
9. Emotional or physical neglect

The ACE Study uses a simple scoring method to determine the extent of exposure to childhood trauma. Exposure to one category (not incident) of ACE, qualifies as one point. When the points are added up, the ACE Score is achieved. An ACE Score of 0 (zero) would mean that the person reported no exposure to any of the categories of trauma listed as ACEs above. An ACE Score of 9 (nine) would mean that the person reported exposure to all of the categories of trauma listed above.²⁷

Additional resources and tools to help you support a person's recovery from the effects of trauma are offered in the Resources Section on pages 25-27.

Overcoming Stigma and Discrimination

Stigma is a challenge faced by many people with psychiatric disabilities, especially if they also have involvement with the criminal justice system. Based on negative stereotypes, stigma is a negative judgment based on personal traits, in this case, having a mental health condition and being labeled a "criminal."

It was once a common perception that having a psychiatric disability was due to a personal weakness or that people with mental health conditions were "bad" people. While advances have been made, we still have a long way to go to overcome the many misconceptions, fears and biases people have about mental health and the stigmas these attitudes create.

Stigma is sometimes direct, such as someone publically making a negative remark about mental health conditions or treatment. Stigma can also be hidden, such as the misconception that people with psychiatric disabilities are overly violent, when in fact this is not true and people with mental health conditions are 11 times more likely to be the victims rather than the perpetrators of violence.²⁸

The consequences of stigma are often tragic and include:

- Pretending nothing is wrong and a refusal to get help
- Educational or employment-related difficulties
- Struggles in finding housing
- Physical violence and/or harassment
- Unfair public policies, such as unequal health insurance coverage for mental health treatment
- Stigma-related stress
- Not being accepted by family, friends, coworkers

Helping people learn to accept their differences and recognize what they need to do to treat and seek support for their differences is important; helping educate others in society is likewise. Below are some important messages you can give the people you are supporting, regarding ways they can cope with stigma. You can encourage people to:²⁹

²⁷ Felitti, V.J., & Anda, R.F. (2007). Adverse childhood experiences and stress: Paying the piper. *ACE Reporter*, 1(4), 1-4.

²⁸ Teplin, L.A., McClelland, G.M., Abram, K.M., & Weiner, D.A. (2005). Crime victimization in adults with severe mental illness. *Archives of General Psychiatry*, 62, 911-921.

²⁹ Mayo Clinic. (2009). *Mental health: Overcoming the stigma of mental illness*. Retrieved June 21, 2010, from <http://www.mayoclinic.com/health/mental-health/MH00076>.

- Seek support. Many times people with psychiatric disabilities have a hard time deciding who to tell, if anyone and how much to tell. Because stigma can lead to social isolation, it is especially important to stay in touch with family and friends; isolation can make symptoms feel even worse.
- Avoid equating themselves with their differences. They are not an illness or a disability. Encourage them to say they are a person with a psychiatric disability or a consumer instead of, for example, "I'm bipolar." Remember, however, it is up to them to refer to themselves in whatever way they prefer.
- Take advantage of Federal, state and nonprofit resources and supports. Refer people to the Resources Section on pages 25-27.
- Join advocacy groups. Some local and national groups have programs that watch for and correct stereotypes, misinformation and disrespectful portrayals of people with psychiatric disabilities. Some of these resources are listed in the Resources Section on pages 25-27.

the knowledge of services available to them, other times because they do not trust the people offering the services provided. To best identify what services are right for consumers when choosing methods for starting and sustaining recovery, they must first educate themselves about the options available in their community.

According to the National Survey on Drug Use and Health (NSDUH), in 2008 an estimated 4.4 percent (9.8 million) of all adults aged 18 or older in the United States had a serious mental illness in 2007. Among this same group, 58.7 percent (5.7 million) had received treatment for a mental health problem, including: 52.6 percent who received prescription medication, 40.5 who percent received outpatient treatment and 7.5 percent who received inpatient treatment for a mental health problem. Many of these individuals received multiple forms of care.³⁰

The mental health service system is composed of four individual sectors that provide both inpatient and outpatient mental health care to adults and juveniles. Within this system, it is important to note that there are many types of mental health care and multiple ways that services and support can be accessed. Several options include: specialty mental health providers (psychiatrists, psychologists, psychiatric social workers and psychiatric nurses); general medical/primary care providers (family physicians, nurse practitioners and pediatricians); human services (social welfare, criminal justice and religious); or voluntary support networks (self-help groups).³¹

Understanding the Mental Health System

Many people look to the mental health system as a support for recovering from psychiatric disabilities. Even more do not, sometimes because they lack

For people involved in the mental health system, understanding the system is crucial. We hear from David who made a conscious effort to learn about the services available through the mental health system, as well as Jennette and Ruben who made understanding the mental health system and education a priority. For Tom, a justice-involved consumer, it was not until working in the mental health field that he realized trauma's effect – which can help him to better understand the system and the people it serves.

[David - Services](#)

[David - Services 2](#)

[Ruben - Recovery 4](#)

[Ruben - Recovery 6](#)

[Jennette - Education](#)

[Tom - Trauma](#)

³⁰ Substance Abuse and Mental Health Services Administration. (2009). *Results from the 2009 national survey on drug use and health: National findings*. (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, Md.: Author.

³¹ U.S. Department of Health and Human Services. (1999). *Mental health: A report of the surgeon general – Chapter 2: The fundamentals of mental health and mental illness*. Rockville, Md.: Author.

The list provided here does not comprise all methods for receiving mental health care but is a starting point for making choices about available care. Communities will vary on the number of services available and the extent of services offered. To identify support networks and treatment options in your community, contact your local peer support network or mental health authority.

Involvement of Justice-involved Consumers in the Recovery Movement

The consumer/ex-patient/survivor movement of the 1970s paved the road for the inclusion of consumers as partners in mental health transformation and the recovery movement. The goals set out by the consumer movement were to protect the rights of consumers/survivors and to overcome the oppression of “top-down” psychiatry. During the movement, consumers started to develop groups and support networks that focused on expelling stigma, preventing discrimination, promoting recovery and increasing self-determination. As the movement progressed, many ex-patients started to take part in various forums, legislative hearings and committee meetings despite the fact that their opinions and viewpoints were frequently dismissed as confrontational and disruptive. Although most

of these groups disbanded after a few years, their organizing principles continue to be guiding values for today’s consumer networks and support groups.³²

Consumers/survivors have often worked as peer supporters in community organizations that promote recovery from substance abuse, alcohol abuse and psychiatric disability. In more recent years, many consumers have been involved in support roles within institutions, in the judicial system and as part of community corrections. These roles have included assisting peers with community reintegration and providing support to them through the recovery process. The consumers in these roles are often referred to as Forensic Peers Specialists. These specialists are individuals with histories of psychiatric disability and criminal justice involvement and who have been trained to assist people through multiple services and roles. Forensic Peer Specialists frequently serve as community guides, coaches and advocates. Much of their work is centered on working to link peers to housing, vocational and educational opportunities and community services. But most importantly, Forensic Peer Specialists provide hope to others that recovery is possible.³³



Peer support in the recovery movement has an amazing impact on consumers. When people with lived experience connect with consumers, they are able to relate to and understand the complex circumstances of that consumer and provide support a provider would otherwise be unable to offer without having been through the same experiences. Ruben recognized that he can use his experience to help others and Keysha shares with us the value of a peer advocacy program.

[Ruben - Reovery](#)

[Keysha - Employment](#)

³² Chamberlain, J. (1990). The ex-patients’ movement: Where we’ve been and where we’re going. *The Journal of Mind and Behavior*, 11(3), 323-336.

³³ Davidson, L. & Rowe, M. (2008). *Peer support within criminal justice settings: The role of forensic peer specialists*. Delmar, NY: CMHS National GAINS Center.

Sequential Intercept Model and Diversion Explained³⁴

As this is a guide created to help people who work with consumers involved in the criminal justice system, it is important that you have a solid understanding of the different stages of criminal system involvement. One good way to do this is to analyze the *Sequential Intercept Model*.

The *Sequential Intercept Model* creates a framework to review the various stages of the criminal justice system and many times the model is used by communities to organize ways to help justice-involved individuals with psychiatric disabilities.

The *Sequential Intercept Model* is divided into five intercept points, points that are actually opportunities to link consumers to services to prevent them from penetrating further into the criminal justice system.

The five intercept points identified in the model, depicted below, are: (1) law enforcement and emergency services; (2) post-arrest (initial detention and hearings); (3) post-initial hearings (jail, courts, forensic evaluations and forensic commitments); (4) reentry from jail, state prison and forensic hospitalization; and (5) community corrections and community support.³⁵

Following is a detailed description of the five intercept points:

Law enforcement: 911 dispatcher training, police Crisis Intervention Teams, police-friendly crisis drop-off centers and mental health mobile crisis teams;

Initial detention/initial court hearings: Screening and referral processes for identifying defendants with psychiatric disabilities at jail intake or at a point prior to initial appearance court hearing, pre-trial jail diversion;

Jails/courts: Pre-sentence jail diversion, specialty court dockets and jail-based services and linkages; Jail and prison reentry: Transition planning, linkage to community-based supports, gap medication services and pre-discharge benefit enrollment/activation (SSI/SSDI, Medicaid, Medicare);

Community corrections: Specialized probation and parole caseloads, diversion of probation and parole violators and use of graduated sanctions for noncompliance.³⁶

As this model is used by communities across the nation to develop strategies to prevent consumers from penetrating further into the system, it is worthwhile to discuss some of the mechanisms and service models currently used to divert people from the criminal justice system and into adequate mental health services.

Jail diversion programs can be divided into two basic categories: those that divert people before they are booked into jail are referred to as pre-booking, while programs that divert people after booking are called post-booking. Pre-booking programs operate at intercept one, while post-booking program operate at intercept points two and three.

Pre-booking Jail Diversion: The most prevalent pre-booking diversion programs rely on law enforcement officers trained with skills for effective interactions with people with psychiatric disabilities in crisis. Specially trained officers who encounter a person exhibiting symptoms of a psychiatric disability are allowed to use their discretion to determine the necessity of arrest. The most recognized pre-booking program is the Crisis Intervention Team (CIT) developed in Memphis, TN. Another law enforcement-based approach relies on mental health specialist—who are civilian employees of the law enforcement agency—to provide on-site or telephone consultation to officers. A third approach is a specialized community mental health response where a mental health mobile crisis team is dispatched upon request from law enforcement.

³⁴ This information has been adapted with permission from the *Judge's Guide to Mental Health Diversion: A Reference for Justice Systems Practitioners*, CMHS National GAINS Center.

³⁵ Munetz, M.R. & Griffin, P.A. (2006). *Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness*. *Psychiatric Services*, 57(4): 544-549.

³⁶ CMHS National GAINS Center. (2009). *Developing a comprehensive plan for mental health and criminal justice collaboration: The sequential intercept model*. Delmar, N.Y.: Author.

Post-booking Jail Diversion: The majority of jail diversion programs fall into the post-booking category. Depending on where the bulk of the screening and identification occurs—either the jail or the court—a post-booking program is either jail based or court based. Some programs assign participants to a regular or specialty mental health probation caseload, while others rely on pre-trial services case managers or day reporting. The major activities include screening for psychiatric disability, evaluating referred individuals against program eligibility criteria, negotiating with the court, coordinating mental health and other service systems to develop an integrated supervision/ service plan and linking people accepted into the program to those services. Community-based supervision generally accompanies linkage to treatment services, although the form and duration of monitoring varies by program.

Court-based programs can be established to identify individuals at any point within the criminal case process, from initial appearance to pre-sentencing. Moreover, court-based programs might rely on the regular criminal courts to process the diversion cases or employ a specialized court docket responsible for all such cases. The most common specialized docket is the mental health court.

Mental Health Courts: The Council of State Governments Justice Center defines a mental health court as: “A specialized court docket for certain defendants with mental illnesses that substitutes a problem-solving model for traditional criminal court processing. Participants are identified through mental health screening and assessments and voluntarily participate in a judicially supervised treatment plan developed jointly by a team of court staff and mental health professionals. Incentives reward adherence to the treatment plan or other court conditions, non-adherence may be sanctioned and success or graduation is defined according to predetermined criteria.” Mental health courts vary in terms of legal criteria, clinical criteria, program duration, use of sanctions and more, since there are no Federal, state or disciplinary requirements.³⁷

Many Forensic Peer Specialists work in mental health courts and other diversion programs,

helping diversion participants engage in treatment and support services. Because Specialists have similar histories to the individuals going through the program, they can anticipate and address the psychological, social and financial challenges of reentry. They can also support individuals by helping them adhere to conditions of supervision. The Specialists’ role is to model skills and problem-solving strategies that will assist the diveree to successfully complete the diversion program.

Conclusion

It is our hope that this guide serves as an important tool to help you support people with psychiatric disabilities who have come into contact with the criminal justice system.

While all of the resources and tools provided in this guide serve an important purpose, the most important resource in the lives of the people you are working with is you! The importance of your role in the lives of the people you serve is immeasurable.

The individuals you are working with may be at a low point in their lives; in fact, they may be at their lowest. While this may seem like a negative situation, it is quite the opposite. While people in recovery share different and important stories of how they entered the wonderful and inspiring world of recovery, many times contact with the criminal justice system is just the catalyst needed to push people onward and upward in their lives.

As you are supporting individuals in their current “crisis” or “predicament,” you are also witnessing a very pivotal point in their lives. You are there to witness the point where many times people for the first time are reaching out for support, being reunited with their families and children, becoming employed and enjoying the many other rewards of recovery.

While people’s struggles may seem insurmountable, you are the person who can bring hope and meaning to them until they find these ideas themselves. You are the holder of hope, the one who can help others see that there is a light at the end of the tunnel.

³⁷ Council of State Governments Justice Center. (2008). *Mental health courts: A primer for policy makers and practitioners*. New York: Author.

The most important fact that must be stated is that people can and do recover. We hope these resources help you give people the tools and the hope they need so that they can enjoy all the opportunities and benefits of recovery and community life.

Resources

Accessing Benefits/Financial Management

Annual Credit Report Request Services

P.O. Box 105281
Atlanta, Ga. 30348
(877) 322-8228
www.annualcreditreport.com

Benefits.Gov: Your Benefits Connection

www.govbenefits.gov/govbenefits_en.portal

Center on Budget and Policy Priorities

820 First Street, NE, Suite 510
Washington, D.C. 20002
(202) 408-1080

State-by-State Information About Key Low-Income Benefit Programs; Links to Policy Manuals, Descriptive Information and Applications for State Food Stamp, TANF, Child Care, Medicaid and SCHIP Programs
www.cbpp.org/cms/index.cfm?fa=view&id=1414

First Step: On the Path to Benefits for People Who Are Homeless

<http://homeless.samhsa.gov/resource/first-step-on-the-path-to-benefits-for-people-who-are-homeless-22889.aspx>

Real Economic Impact

A Vision of the National Disability Institute
1667 K Street, NW, Suite 640
Washington, D.C. 20006
(202) 296-2040
www.realeconomicimpact.org

Social Security Administration

Office of Public Inquiries
Windsor Park Building
6401 Security Blvd.
Baltimore, Md. 21235
(800) 772-1213
www.ssa.gov/

Employment and Training

National Association of Peer Specialists

775 Alta Dale SE
Ada, Mich. 49301
(616) 773-8866
<http://naops.org>

ABILITY Jobs

The goal of ABILITYJobs and JobAccess is to enable people with disabilities to enhance their professional lives by providing a dedicated system for finding employment. By posting job opportunities or searching resumes, employers can find qualified persons with disabilities as well as demonstrate their affirmative action and open door policies.
<http://www.jobaccess.org/>

Federal Agencies

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road
Rockville, Md. 20857
(877) 726-4727
www.samhsa.gov

U.S. Department of Education Rehabilitation Services Administration

400 Maryland Ave., SW
MES Building, Room 3220
Washington, D.C. 20202
(202) 245-7468
www.ed.gov

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.
Washington, D.C. 20201
(877) 696-6775
www.hhs.gov/

**U.S. Department of Justice
Housing and Civil Enforcement Section
Civil Rights Division**

950 Pennsylvania Ave., NW
Washington, D.C. 20530
(202) 514-2000
www.justice.gov

**U.S. Department of Housing and Urban
Development**

451 7th Street, SW
Washington, DC 20410
(202) 708-1112
<http://portal.hud.gov>

**U.S. Department of Veterans Affairs
Health Care for the Homeless Veterans Program**

810 Vermont Ave. NW
Washington, D.C. 20420
(800) 827-1000
www.va.gov

**Mental Health Advocacy/Educational Resources
Consensus Project**

Local Criminal Justice/Mental Health Program
Database
100 Wall Street, 20th Floor
New York, N.Y. 10005
(212) 482-2320
www.consensusproject.org/programs_start

**Council of State Governments
Reentry Programs Database**

100 Wall St., 20th Floor
New York, N.Y. 10005
(212) 482-2320
<http://reentrypolicy.org/reentry-program-examples/reentry-programs-start>

Depression and Bipolar Support Alliance (DBSA)

730 N. Franklin Street, Suite 501
Chicago, Ill. 60654-7225
(800) 826-3632
<http://www.dbsalliance.org/site/PageServer?pagename=home>

Dual Diagnosis Website

<http://pobox.com/~dualdiagnosis>

Mental Health America

2000 N. Beauregard Street, 6th Floor
Alexandria, Va. 22311
(800) 969-6642
www.nmha.org

National Alliance on Mental Illness (NAMI)

3803 N. Fairfax Dr., Suite 100
Arlington, Va. 22203
(800) 950-NAMI
www.nami.org

NAMI STAR Center

3803 N. Fairfax Dr., Suite 100
Arlington, Va. 22203
(866) 537-7827
www.consumerstar.org

The STAR Center provides support, technical assistance and resources to assist consumer-operated and consumer-helper programs in meeting the needs of underserved groups, such as the LBGTO, Latino, Black and Asian populations.

National Association for the Dually Diagnosed

132 Fair Street
Kingston, N.Y. 12401
(800) 331-5362
<http://www.thenadd.org>

**National Association of Protection and Advocacy
Systems**

900 Second Street, NE, Suite 211
Washington, D.C. 20002
(202) 408-9514
<http://www.napas.org>

National Center for Trauma Informed Care

66 Canal Center Plaza, Suite 302
Alexandria, Va. 22314
(866) 254-4819
<http://mentalhealth.samhsa.gov/nctic>

National Empowerment Center

599 Canal Street
Lawrence, Mass. 01840
(800) 769-3728
<http://www.power2u.org>

**National Mental Health Consumers' Self-Help
Clearinghouse**

1211 Chestnut Street, Suite 1207
Philadelphia, Pa. 19107
(800) 553-4539
<http://www.mhselfhelp.org>

**National Resource Center on Psychiatric Advance
Directives (NRC-PAD)**

<http://www.nrc-pad.org>

**Peerlink National Technical Assistance Center
c/o Mental Health America or Oregon**
10150 SE Ankeny St.
Suite 201-A
Portland, Oregon 97216
(503) 922-2377

CAFE TA Center
1332 N. Duval Street
Tallahassee, Florida 32303
(850) 224-4670

**The SIDRAN Institute
Traumatic Stress Education and Advocacy**
200 E. Joppa Road, Suite 207
Baltimore, Md. 21286
(410) 825-8888
<http://www.sidran.org>

U.S. Psychiatric Rehabilitation Association
601 Global Way, Suite 106
Linthicum, Md. 21090
(410) 789-7054
<https://netforum.avectra.com/eWeb/StartPage.aspx?Site=USPRA>

Mental Health Advocacy and Legal Resources

Bazelon Center for Mental Health Law
1101 15th Street, NW, Suite 1212
Washington, D.C. 20005-5002
(202) 467-5730
<http://www.bazelon.org>

**Commission on Mental and Physical Disability Law
American Bar Association**
740 15th St., NW
Washington, D.C. 20005
(202) 662-1570
<http://www.americanbar.org/groups/disabilityrights.html>

National Resource Center on Psychiatric Advance Directives
<http://www.nrc-pad.org>

Self-Help and Recovery Resources

Alcoholics Anonymous
P.O. Box 459
New York, N.Y. 10163
(212) 870-3400
<http://www.aa.org/?Media=PlayFlash>

Copeland Center for Wellness and Recovery
PO Box 6471
Brattleboro, Vt. 05302
(802) 254-5335
<http://copelandcenter.com>

**Cornell University
School of Industrial and Labor Relations**
Ithaca, N.Y. 14853
(607) 255-7727
<http://www.ilr.cornell.edu/edi/m-services.cfm>

Narcotics Anonymous
P.O. Box 9999
Van Nuys, Calif. 91409
(818) 773-9999
<http://www.na.org/>

South Carolina SHARE
427 Meeting Street
West Columbia, S.C. 29169
(800) 832-8032
www.scshare.com/

Supported Education Group

**Pathways to Recovery: A Strengths Recovery
Self-Help Workbook**
1545 Lilac Lane
Lawrence, Kan. 66044
(785) 864-4720
<http://www.socwel.ku.edu/mentalhealth/projects/value/pathways/workbook.shtml>

Recovery Clubhouses
Guide to Mental Health Recovery in the United States with Emphasis on Alcoholism and Chemical Dependency
<http://www.usrecovery.info/Clubhouses/index.htm>

Glossary

Below is a list of terms commonly used in the criminal justice and mental health fields. These terms do not capture the complete list, but are provided as a reference to those in the justice system and to the people working to support these individuals.

Psychiatric Advance Directive (PAD)

A PAD is a legal document created by a person with a psychiatric disability while they are well. The purpose of the document is to allow the person to give instructions for future mental health treatment or appoint an agent to make future decisions about mental health treatment. The document is used when the person who created the document experiences acute episodes of psychiatric illness and becomes unable to make or communicate decisions about treatment.

Advocacy

A service-delivery model that provides comprehensive, community-based treatment to people with psychiatric disability.

Assertive Community Treatment (ACT)

A service-delivery model that provides comprehensive, community-based treatment to people with psychiatric disabilities. ACT provides individualized services directly to consumers through a team that provides treatment and supports in their own home and other nonclinical community settings. Team members are trained in psychiatry, social work, nursing, substance abuse and vocational rehabilitation. These services are available every hour of every day.

Boundary Spanner

A boundary spanner provides coordination across multiple organizations or systems. In jail diversion programs, a boundary spanner might be employed by the local mental health agency yet his or her office located in the county jail or courts. This person's role may be to coordinate the approval of treatment and supervision plans by the mental health agency and the courts or to coordinate the systems at an administrative level.

Clubhouse

A place where people with psychiatric disabilities, known as members, participate in their own recovery process by working and socializing together in a safe and welcoming environment.

Community-Based Treatment

Treatment that takes place in a community setting, as opposed to treatment that takes place in an inpatient setting, a State hospital or a correctional setting. Community-based treatment might take place at the offices of services providers or in vivo, such as in an individual's home or workplace.

Consumer

A person who previously used or is currently using, mental health and/or substance abuse services. Sometimes used interchangeably with the term "peer."

Co-occurring Disorders (COD)

An individual with co-occurring disorders (COD) has both a psychiatric disability and a substance use disorder. From a treatment perspective, both disorders are primary. Although the disorders may impact each other, neither are merely symptoms of the other.

Consumer-operated Services

An organization providing mental health services in which consumers constitute the majority (at least 51 percent) on the board or group that decides all policies and procedures. With limited exceptions, staff

consists of consumers who are hired by and operate the program and have control of the operating budget. Role opportunities for participants might include board and leadership positions, paid staff positions and volunteer jobs.

Crisis Intervention Team (CIT)

A law enforcement-based model of specialized response to people experiencing a mental health crisis in the community. Crisis Intervention Team (CIT) programs comprise a volunteer cadre of officers who have completed a 40-hour training on recognizing the signs and symptoms of psychiatric disability, identifying a mental health crisis situation and de-escalation techniques. Crisis Intervention Team (CIT) programs are a form of community partnership among local law enforcement agencies, local mental health agencies, mental health advocacy groups, mental health consumers and families.

Cultural Competence

The set of attitudes, skills, behaviors and policies that enable effective interactions in cross-cultural situations and incorporating these attributes in all aspects of policy making, administration, practice and service delivery.

Detainee

An unsentenced individual held in pre-trial custody.

Evidence-based Practice (EBP)

An intervention that, through research, has been found to be beneficial, effective and replicable for people with psychiatric disabilities.

Forensic Assertive Community Treatment (FACT)

An adaptation of Assertive Community Treatment (ACT) that addresses an individual's risk for arrest and incarceration in addition to the model's public health goals.

Family Psychoeducation

The practice of working in partnership with families to help them develop positive coping skills for handling problems posed by a psychiatric disability in their family and skills for supporting the recovery process. The Center for Mental Health Services (CMHS) has designated family psychoeducation as an evidence-based practice (EBP).

Gender-Specific Services

Services designed for individuals of one gender, at the exclusion of the other.

Health Information Portability and Accountability Act (HIPAA)

The Federal Health Information Portability and Accountability Act (HIPAA) provides protections for the privacy of an individual's health care information. To comply with HIPAA, covered entities such as hospitals, primary care providers and mental health service providers must obtain permission from an individual prior to sharing health care information with other service providers. State and local laws may demand stricter standards for the sharing of health care information than are required for a service provider to comply with HIPAA.

Housing First

A housing approach that relies on providing people who are homeless with quick access to permanent supportive housing. Support services are provided following the housing placement to meet housing stability and individual needs. Housing is not contingent on treatment compliance, such as taking medicine or remaining clean or sober.

Illness Management and Recovery (IMR)

Illness Management and Recovery (IMR) is a set of practices that provides people with psychiatric disabilities

skills to manage their illness in order to achieve personal recovery goals. Practices include psychoeducation, relapse prevention skills and the development of coping strategies. Illness Management and Recovery is often referred to as Wellness Management and Recovery (WMR) and Symptom Self-Management.

Inmate

An individual, either sentenced or awaiting sentencing, involuntarily confined in a jail, prison or other correctional facility.

Integrated Dual Disorders Treatment (IDDT)

Treatment of co-occurring disorders is integrated when mental health and substance use treatment takes place in the same service setting with cross-trained staff.

Jail Diversion

The avoidance of or radical reduction in, jail time by using community-based treatment as an alternative to incarceration.

Management Information System (MIS)

An information collection and analysis system, usually computerized, that facilitates access to program and participant information. It is usually designed and used for administrative purposes.

Mental Health Court

A specialized court docket for certain defendants with psychiatric disabilities that substitutes a problem-solving model for traditional criminal court processing. Participants are identified through mental health screening and assessments and voluntarily participate in a judicially supervised treatment plan developed jointly by a team of court staff and mental health professionals. Incentives reward adherence to the treatment plan or other court conditions, non-adherence might be sanctioned and success or graduation is defined according to predetermined criteria.

Peer

A person who shares the same or similar lived experience.

Peer Programs

Peer programs are mental health service programs administered and staffed by individuals in recovery.

Peer Specialist

Peer Specialists are individuals with histories of psychiatric disabilities who provide support to other consumers.

Post-booking Diversion

Jail diversion programs that divert people after they have been booked into jail. Post-booking jail diversion programs may be court based or jail based.

Pre-booking Diversion

Jail diversion programs that divert people to services in the community as an alternative to arrest.

Psychiatric Advance Directive (PAD)

A legal instrument that may be used to document an individual's specific instructions or preferences regarding future mental health treatment as preparation for the possibility that the person may lose capacity to give or withhold informed consent to treatment during acute episodes of psychiatric symptoms.

Recidivism

Mental health recidivism is the use of emergency services or hospitalization for psychiatric symptoms following a period of receiving mental health services. Criminal recidivism is measured by reoffense, re-arrest, reconviction or technical violation following a period of incarceration.

Recovery

Recovery in the context of mental health means to live one's life completely despite illness or loss.

Recovery Partner

Individuals or organizations that support a person through the recovery process. They can be peers, family members, clinicians, case managers, parole officers, probation officers, corrections officers or anyone else who supports the recovery.

Reentry

A term that covers issues relating to the transition of individuals from correctional settings into the community.

Service Coordinator

A means of coordinating the services available in a community to ensure continuity of mental health care across a nonintegrated service system. While some models of case management provide the services directly to an individual with psychiatric disability, most case management programs act as brokers by developing service plans, linking people to services, monitoring those services and determining additional areas of need.

Sequential Intercept Model

A strategic model that identifies points where communities can implement interventions to prevent further criminal justice involvement of people with psychiatric disabilities. There are five intercept points: law enforcement and emergency services, initial detention and initial court hearings, jails and courts, re-entry and community corrections and community supports.

Supported Employment

A set of supportive services, including follow-along support, for people with psychiatric disabilities who want to pursue and maintain competitive employment.

Supportive Housing

Affordable rental housing with support services. Support services, such as case management or vocational training, may be offered on-site or at locations in the community.

Therapeutic Jurisprudence

Approaches that are concerned with the impact of the law on an individual's emotional and psychological well-being.

Transition Planning

Often called discharge planning, transition planning from jail to community-based services entails assessment of an individual's service needs, development of a comprehensive service plan, identification of agencies responsible for treatment and supervision and effective linkages to those services and supports.

Trauma-informed Services

Services that respond to the needs of people with histories of trauma. Trauma-informed services involve understanding and responding to the special needs that a person with trauma histories may have in a particular setting or service.

Trauma-specific Services

Services that acknowledge the special needs individuals with trauma histories may have in a particular treatment setting or service by promoting empowerment and acknowledgement of the impact of trauma on peoples' lives.

WRAP®

WRAP® is the acronym for Wellness Recovery Action Plan®, developed by Mary Ellen Copeland. It is a tool used to relieve difficult feelings and maintain wellness.



STAR Center

Support, Technical Assistance and Resources Center

Part 2 of a 3-part
Support Series

Self-Advocacy and Empowerment Toolkit



*For Individuals Currently Involved with
the Justice System*

Written by
Policy Research Associates, Inc.

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“I did not use my past as an excuse to fail; I used it as a source of strength and truth to move me forward. I learned to love again; first myself and then others. I learned to forgive, it set me free.”
—David F.

The Self-advocacy and Empowerment Toolkit identifies resources and strategies to guide you, its readers—individuals with behavioral health issues and past or current contact with the criminal justice system—in achieving personal recovery goals. The Toolkit responds to the expressed need of justice-involved people with behavioral health issues for additional resources to assist them in making informed decisions about their futures in a manner that accounts for their unique challenges. Although all consumers experience challenges, justice-involved consumers face a special set of challenges and barriers in their recovery journeys. These tools were designed to help you overcome these challenges and allow you to enjoy all the opportunities and benefits of a full life in the community.

This toolkit discusses services and supports and provides you with contact information to help you access them. Most importantly, these resources can connect you with something necessary to move forward with your life – hope. Hope is one of the keys to being able to overcome life’s challenges.

What is Recovery?

Recovery is a term used frequently throughout this guide, in the Consumer Toolkit and in the Personal Narratives. You have probably heard this term in the context of stopping the use of drugs or alcohol or getting better from an illness or an injury. In December 2011, SAMHSA released a working definition of recovery and a set of guiding principles. This definition was the result of a comprehensive process that began with an August 2010 Dialogue Meeting and ended with a formal public engagement process in August 2011. At the time SAMHSA released the working definition, SAMHSA indicated that they would continue dialogue to refine the definition and principles and based on additional stakeholder input, SAMHSA then issued a slightly revised definition.

The revised definition is below.

Recovery from Mental Disorders and/or Substance Use Disorders: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Four major dimensions that support a life in recovery:

- **Health:** overcoming or managing one’s disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—

and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

- **Home:** a stable and safe place to live;
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love, and hope.

Guiding Principles of Recovery

Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds including trauma experiences that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by

“I’m stronger now...when you heal you become a different person. Having an illness doesn’t define who you are. It’s going to take a lot of work, a lot of voices and a lot of healing. The system is healing.”

—Tracy L.

continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic: Recovery encompasses an individual’s whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one’s self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

Recovery is supported through relationship and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person’s ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally-based and influenced: Culture and cultural background in all of its diverse representations including values, traditions, and beliefs are keys in determining a person’s journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual’s unique needs.

Recovery is supported by addressing trauma: The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

“I got involved with a wonderful support group with other mothers who were on parole. I learned that it was a process. I could work and move forward. I had a support network of peers and providers to help me through this process. They met me where I was at and did not impose standards on me but held me accountable for my actions. They helped me reconnect with my family.”
— Jeanette B.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect: Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one’s self are particularly important.¹

Components of Recovery



¹Substance Abuse and Mental Health Services Administration. (2011). SAMHSA’s Working Definition of Recovery from Mental Disorders and/or Substance Use Disorders. Rockville, Md.: Author.

“The best part about my journal was when I looked back at what I had written, months and years later. I was able to gain even more strength from reading how I was able to get through life’s trials and tribulations...it gave me hope to use when new challenges arose later in my recovery.”
— Matt C.

Self-help and Peer Support Services

Self-help Groups

Consumers have developed many self-help programs where people provide support to each other in recovery. A number of well-known self-help groups and organizations in your community may assist your recovery process. Consumer self-help groups and 12-step programs, such as Alcoholics Anonymous and Narcotics Anonymous, are founded on the principle that people receive the best support from others who are overcoming similar challenges. It is important that you find self-help groups that welcome you and that meet your individual needs. These programs and groups are often a good place to begin the transition back into your community following incarceration. You may be looking for a self-help group for parents or you may be looking for a self-help group to help you remain “clean and sober”—most communities have many different groups and we suggest that you try out a few before deciding which one(s) you want to attend regularly.

Nothing prevents you from attending more than one support group at a time. If you are looking to establish new friendships, self-help groups are a wonderful way to meet new people and to socialize.

These groups complement other forms of treatment you may be receiving. To find self-help groups and peer support services in your area, contact:

Alcoholics Anonymous
A.A. World Services, Inc
P.O. Box 459
New York, N.Y. 10163
(212) 870-3400
<http://www.aa.org>

“I am now empowered to learn about trauma, PTSD, depression and all the mental health things that would help me and help me... advocate for myself. This journey was the hardest and probably still is the hardest thing in my life. I have gotten training on WRAP Plans and I worked with others that have similar trauma experiences just like me.”

— Ruben B.

Narcotics Anonymous

P.O. Box 9999
Van Nuys, Calif. 91409
(818) 773-9999
<http://www.na.org>

Peer-to-Peer Organizations

National Mental Health Consumers' Self-Help Clearinghouse

1211 Chestnut Street, Suite 1207
Philadelphia, Pa. 19107
(800) 553-4539
<http://www.mhselfhelp.org>

SAMHSA's Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health (ADS Center)

4350 East West Highway, Suite 1100
Bethesda, Md. 20814
(800) 540-0320
<http://promoteacceptance.samhsa.gov>

Warm Lines

Consumer-operated warm lines are phone numbers people can call to receive peer support over the phone. Warm lines are available in many communities to assist individuals who are unable to travel to peer support groups or are in need of immediate support. Warm line operators receive peer support training and ongoing supervision by the organization operating the warm line. Most warm lines have toll-free numbers and many operate 24 hours a day. To find out more information about warm lines and to locate one in your community visit <http://buzz.freeshell.org/wlines/> or contact:

National Empowerment Center

599 Canal Street
Lawrence, Mass. 01840
(800) 769-3728
<http://www.power2u.org>

National Mental Health Consumers' Self-Help Clearinghouse

1211 Chestnut Street, Suite 1207
Philadelphia, Pa. 19107
(800) 553-4539
E-mail: info@mhselfhelp.org
<http://www.mhselfhelp.org>

Self-exploration Tools and Recovery Tools

Each year thousands of people with mental health issues come into contact with the criminal justice system. Jails and prisons have cultures of their own. The same behaviors and attitudes you may have developed in jail or prison to make it easier to fit in and feel protected may become major obstacles to your recovery. We would like to support you in finding new ways of thinking about your life. Below is a list of resources that can be used by you to help support you in your recovery journey.

Personal Journals

Journals are a good way to begin the process of talking about yourself, your feelings, your past, your needs and your dreams and aspirations. Keeping a personal journal can help you experiment with new ways of dealing with the problems or issues you want to confront and overcome during your recovery journey. You can chart your feelings about trying new behaviors and the benefits these new behaviors have on recovery. By keeping a journal and charting the ways that you were able to get through tough times in your life, you will be able to look back at these tough times with a clear view of the ways you were able to overcome challenges, while keeping consistent with your path to recovery. This helps you understand that, while some time periods may be harder than others, you can still overcome and get through anything.

WRAP®

The Wellness Recovery Action Plan® (WRAP®), was developed to empower consumers to take personal responsibility for maintaining their personal wellness and recovery. This innovative evidence-based practice can be used to identify your own wellness tools and how to use them when you are feeling unwell or unsafe.² Increasingly, WRAP® is being used by justice-involved consumers. Research has found that WRAP® is very helpful in helping people avoid crisis and relapse.

If you are interested in developing your own WRAP® or finding a WRAP® facilitator in your community, contact the Copeland Center:

Mary Ellen Copeland
Mental Health Recovery and WRAP®
PO Box 301
W. Dummerston, Vt. 05357
(802) 254-2092
www.mentalhealthrecovery.com

Pathways to Recovery: A Strengths Recovery Self-help Workbook

The Pathways to Recovery self-help workbook was created by staff at the University of Kansas School of Social Welfare together with an advisory group of peer providers, directors of consumer-run organizations and other progressive mental health providers. The lead author of Pathways to Recovery is Priscilla Ridgway. This tool can help you set goals and address difficult aspects of recovery, such as self-stigma and the impact of discrimination.³

For a copy of the *Pathways to Recovery: A Strengths Recovery Self-Help Workbook* contact:

Office of Mental Health Research and Training
KU School of Social Welfare
Twente Hall
1545 Lilac Land
Lawrence, Kan. 66044
(785) 864-4720
<http://www.socwel.ku.edu/mentalhealth/projects/value/pathways/workbook.shtml>

The South Carolina Share Recovery Planner

The South Carolina Share Recovery Planner is a quick and easy workbook that can help you think about goals and areas to focus on. It addresses change, positive self-talk, physical health, emotional/mental wellness, stress, substance use, living space, money, down time, employment/volunteer work, education/training, relationships, legal issues, spirituality and daily routine. The Planner is available in both English and Spanish.⁴

To access a copy of the South Carolina Share Recovery Planner, contact:

South Carolina Share
427 Meeting Street
West Columbia, S.C. 29169
(800) 832-8023
<http://www.scshare.com/about.html>

Wellness Tools

Over the past few years there has been a growing recognition that mental health is related to overall health and wellness. This guide provides an overview of wellness and ways that you can take ownership for your overall well-being. Wellness services and activities are often available in your community for little to no cost. Many wellness activities can be pursued individually, such as a walk on the beach or at a nature center at the end of a long day. To learn more about the services and activities offered in your community, contact your local chamber of commerce. Below are several tools you can use to take control of your overall health and wellness. Four “categories” of wellness are portrayed in the diagram below; discussed here are physical, spiritual and financial wellness.

Physical

Physical wellness is as important as mental wellness and poor physical health can negatively impact mental health. There are three basic components to physical wellness: prevention, recovery and maintenance.

² Copeland, M.E. (2010). Wellness Recovery Action Plan®. Retrieved July 21, 2010, from <http://mentalhealthrecovery.com/aboutwrap.php>.

³ University of Kansas, School of Social Welfare. (2003). Pathways to recovery: A strengths recovery self-help workbook. Retrieved July 21, 2010, from <http://www.socwel.ku.edu/mentalhealth/projects/value/pathways/workbook.shtml>.

⁴ South Carolina SHARE. (2008). *Recovery planner*. Retrieved July 21, 2010, from http://www.scshare.com/recovery_programs.html



Begin by setting a wellness goal. Some examples of physical wellness are safely taking medications, engaging in physical activities, eating a nutritious diet, maintaining healthy sleep habits and connecting with nature. Chart your daily activities; start slowly and work your way up to a lifelong behavioral change. Charting how you feel after physical activities and how you feel after a full night's sleep will help you understand what your body needs to feel healthy. For more information on the importance of mental and physical wellness contact:

**Physical Activity Guidelines for Americans
Centers for Disease Control and Prevention**

1600 Clifton Rd.
Atlanta, Ga. 30333
<http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html>

USDA Center for Nutrition Policy and Promotion

3101 Park Center Drive
Alexandria, Va. 22302-1594
(888) 779-7264
ChooseMyPlate.gov

SAMHSA 10 x 10 Wellness Campaign

2121 K Street, NW, Suite 300
Washington, D.C. 20037
10x10@samhsa.hhs.gov <http://www.promoteacceptance.samhsa.gov/10by10>

Spiritual

Spiritual wellness is a personal matter involving values and beliefs that provide a purpose in our lives. While different individuals may have different views of what spirituality is, it is generally considered to be the search for meaning and purpose in our recovery processes. It is important for everyone to explore what they believe is their own sense of meaning and purpose. Below are four ways to explore your values and beliefs.

1. Make time in your day to relax.
2. Make time for meditation and/or prayer.
3. Reflect on your values. Do your values guide your decisions and actions?
4. Reflect on others' values. Do you accept the views of others?

As we discussed in a previous section, journaling can be a good way to reflect on your values and on others' values. To learn more about spiritual growth and its impact on your recovery, contact NAMI's STAR Center:

NAMI STAR Center

3803 N. Fairfax Dr., Suite 100
Arlington, Va. 22203
(866) 537-7827
star@nami.org
<http://www.consumerstar.org>

Financial

Finances are one of the leading stressors faced by justice-involved consumers. Financial problems can impact housing, employment and education. Confronting the challenges related to your finances is important because it is difficult to focus on your recovery when you do not have a source of income, medical coverage or a place to live. You may be eligible for disability benefits and other benefits that can provide a safety net during your recovery process. Obtaining many of these benefits can be time-consuming and frustrating. Many justice-involved consumers abandon efforts to obtain benefits because of the time and energy involved in applying for them. Although employment is an important part of the recovery process and employment may be one of your recovery goals, applying for and receiving these benefits do not prevent you from

pursuing employment. We recommend that you carefully explore the options available to you and then make informed choices about how you want to move forward.

Social Security Benefits

Social Security disability benefits can help individuals obtain housing, treatment and other services. Contact your local Social Security Administration field office or the Social Security Administration for information and resources related to Social Security disability benefits.

Social Security Administration

Office of Public Inquiries
Windsor Park Building
6401 Security Blvd.
Baltimore, Md. 21235
(800) 772-1213
www.ssa.gov

Annual Credit Report

Many justice-involved consumers find they have difficulty obtaining credit or approval for housing or employment. Many of these difficulties can be traced to negative information contained in credit reports. In general, a credit report contains information about your previous credit history, as well as legal judgments.

A judgment is obtained where legal action is taken by a "creditor," such as a landlord, bank or credit card company, seeking compensation and the creditor is awarded money (the judgment) because the creditor either wins the court case or the defendant fails to appear in court. We are finding in many instances that justice-involved consumers are either unaware they are being sued or simply ignore notices summoning them to court. These judgments do not go away and most remain on your credit report for at least seven years. Consequently, it is important to be proactive and obtain a copy of your credit report and carefully review it. Once you review your credit report, you can exercise your right to dispute information contained in the report. The reporting agencies are required by law to investigate your claim and provide the outcome of their investigation to you.

My Vocational Rehabilitation Counselor told me to "stop beating myself up." She helped me improve my self-esteem. I applied for a Peer Advocacy position in hospital and I got the job."

— Keisha

The Federal Trade Commission has set up a website where you can request to view your free credit report from the three largest nationwide credit reporting companies and file your dispute electronically or you can request by phone or by mail a copy of your free report. You can obtain a free copy of your current credit report annually. This allows you to keep track of your current credit history. To obtain a copy of your free credit report contact:

Annual Report Request Services

P.O. Box 105281
Atlanta, Ga. 30348
(877) 322-8228
<https://www.annualcreditreport.com>

Alternative Approaches to Wellness

Many justice-involved consumers successfully use alternative activities/services/treatments as an important part of their overall wellness routine. These alternative approaches often replace or complement traditional behavioral health services. Many of these activities/services/treatments may be provided at no or low cost by local community-based organizations or by community-based volunteers. Below is a small sample of some of the alternatives you may want to explore.⁵

National Empowerment Center

599 Canal Street
Lawrence, Mass. 01840
(800) 769-3728
<http://www.power2u.org>

⁵ SAMHSA Health Information Network. (2003). *Alternative approaches to mental health care*. Retrieved August 31, 2010 from <https://store.samhsa.gov/product/KEN98-0044>

Approaches	Descriptions
Spiritual Counseling	Some individuals seek counseling from pastors, rabbis, priests or other spiritual advisors.
Animal Assisted Therapies	A therapeutic approach that uses animals as a part of the support given to people to help them with communication, self esteem and other treatment goals.
Expressive Therapies are healing	Art therapy, dance/movement therapy and music/sound therapy therapeutic approaches that use the arts to support people's processes
Culturally Based Healing Arts	Approaches usually connected to the traditional healing techniques of certain ethnic or spiritual groups: acupuncture, reiki, yoga and talking circles incorporate herbal/natural remedies, nutrition, exercise and medication/prayer to help individuals balance their spiritual, physical and mental "selves."

National Mental Health Consumers' Self-Help Clearinghouse
 1211 Chestnut Street, Suite 1207
 Philadelphia, Pa. 19107
 (800) 553-4539
 info@mhselfhelp.org
<http://mhselfhelp.org> Community Connections

U.S. Department of Housing and Urban Development
 451 7th Street S.W.
 Washington, D.C. 20410
 (202) 708-1112
<http://portal.hud.gov/portal/page/portal/HUD/topics/homelessness/localassist>

Community Connections: Housing, Employment/ Education, Voting Rights

Housing

Involvement with the criminal justice system frequently leaves individuals facing many challenges around community connections in housing, employment/ education and voting rights.

Supportive housing programs are available nationwide to ensure that temporary and permanent housing options are available to justice-involved consumers. To learn more about the housing assistance options in your community and state, contact your local county behavioral health agency and/or the U.S. Department of Housing and Urban Development (HUD):

Employment/Education

Justice-involved consumers are often faced with obstacles that may prohibit their employment in particular professions. Through the U.S. Department of Education, each state provides counseling, evaluation and job placement services. To find a vocational rehabilitation agency in your state contact:

U.S. Department of Education State Vocational Rehabilitation Agency
 400 Maryland Avenue, S.W.
 Washington, D.C. 20202-4760.
http://wdcrobcop01.ed.gov/Programs/EROD/org_list.cfm?category_ID=SVR

The National H.I.R.E Network
 236 Massachusetts Ave. NE, Suite 505
 Washington, D.C. 20002-4980
 (202) 544-5478
<http://www.hirenetwork.org>

Criminal Records

It is important for justice-involved consumers to obtain an official copy of their “rap sheet.” Rap sheets often contain inaccurate information and it is important for justice-involved consumers to get an idea of what type of information a potential employer may see when conducting a background check. It may be difficult to revisit the information contained in these records; however, it is equally important to directly confront it. Virtually every state has a criminal justice advocacy agency that can assist justice-involved consumers in obtaining a rap sheet and in resolving any inaccurate information contained in the record. These services are usually free.

Similarly, many states have enacted statutes that eliminate many of the legal barriers that justice-involved consumers may face. Most of these statutes require you to “petition” a court for “relief from civil disabilities” (the title of this type of action may be different depending on the state you live in). You can be proactive in learning about your legal rights and responsibilities by contacting the Legal Action Center or other legal advocacy organizations in your community.

The Legal Action Center is an advocacy organization devoted to advocating for the rights of all individuals who have been involved in the criminal justice system. They have developed a website that lists advocacy organizations in each state that assist justice-involved consumers in obtaining their rap sheets and requesting corrections of inaccuracies and provide other types of support. For more information about accessing your criminal justice system records and the availability of other resources in your state contact:

Legal Action Center

225 Varick Street
New York, N.Y. 10014
(800) 223-4044
<http://www.lac.org>

Voting Rights

In many states, justice-involved individuals are faced with disenfranchisement laws that prohibit them from voting due to their histories of justice system

involvement. Unfortunately, many justice-involved individuals are unaware of the law and voting rights restoration process in their state. Most states restore justice-involved individuals’ voting rights after a condition of their sentence is met. For more information on your state’s voting rights restoration process contact your local board of elections and:

Bazon Center for Mental Health Law

1101 15th Street, NW, Suite 1212
Washington, D.C. 20005
(202) 467-5730
<http://www.bazon.org>

National Conference of State Legislatures (NCSL)

Voting Rights Restoration Process
444 North Capitol Street, N.W., Suite 515
Washington, D.C. 20001
(202) 624-5400
<http://www.ncsl.org/default.aspx?tabid=16529>

Understanding the Behavioral Health System

The mental health service system is composed of four sectors that provide both inpatient and outpatient mental health care to adults and juveniles. These sectors are: specialty mental health providers (psychiatrists, psychologists, psychiatric social workers and psychiatric nurses); general medical/primary care providers (family physicians, nurse practitioners and pediatricians); human services providers (social welfare, criminal justice and religious); and voluntary support networks (self-help groups).⁶ It is important to educate yourself about the options available in your community before choosing the services you feel are best for you. For more information on behavioral health services available in your community contact:

Mental Health America

2000 N. Beauregard Street, 6th Floor
Alexandria, Va. 22311
(800) 969-6642
<http://www.nmha.org>

⁶ U.S. Department of Health and Human Services. (1999). Mental health: A report of the surgeon general – Chapter 2: The fundamentals of mental health and mental illness. Rockville, Md.: Author.

National Alliance on Mental Illness (NAMI)

3803 N. Fairfax Dr., Suite 100

Arlington, Va. 22203

(703) 524-7600

<http://nami.org>

Sequential Intercept Model

Since this toolkit was designed to empower you to overcome challenges and to enjoy all the opportunities of community life, it is important that you have a solid understanding of the different stages of criminal justice system involvement. A good way to start is to look at the *Sequential Intercept Model*.⁷

The *Sequential Intercept Model* is a general description of the different stages of the criminal justice process, from first contact with law enforcement to release from jail or prison. The model is organized in a way that can help you identify different parts of the system that might provide opportunities for you to receive needed services.

Below you will find a detailed description of the five intercept points and interventions that may be available in your community:

Law enforcement: police Crisis Intervention Teams, police-friendly crisis drop-off centers and mental health mobile crisis teams;

Initial detention/initial court hearings: Screening and referral processes for identifying defendants with psychiatric disabilities at jail intake or at a point prior to initial appearance court hearing, pre-trial jail diversion;

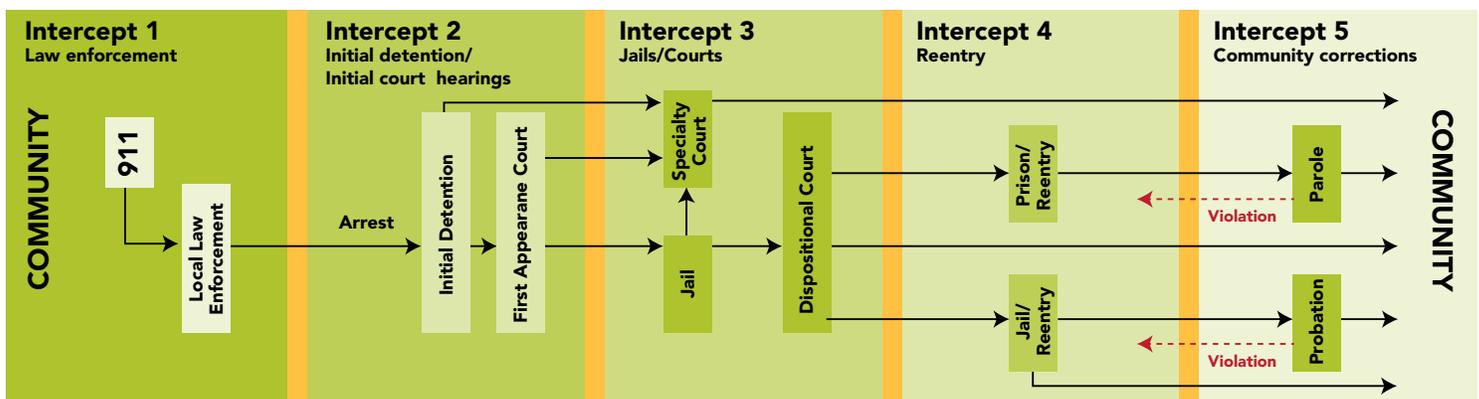
Jails/courts: Pre-sentence jail diversion, specialty court dockets and jail-based services and linkages; Jail and prison reentry: Transition planning, linkage to community-based supports, gap medication services and pre-discharge benefit enrollment/activation (SSI/SSDI, Medicaid, Medicare);

Community corrections: Specialized probation and parole caseloads, diversion of probation and parole violators and use of graduated sanctions for noncompliance.⁸

It is important to understand each stage and how you can best prepare yourself and assist advocates, family members and other supporters in ensuring that you have the best possible opportunity to start or continue your recovery journey.

Intercept 1: Crisis and 911 Calls

Many communities have crisis services available and it is important to be aware of the services available in your community. You can learn about the services in your community by contacting your local behavioral health agency. In some communities, consumer-operated services provide crisis respite services that enable you to stay in a warm homelike environment with the support of trained peers in the event you are unwell. A list of these services and contact information is provided in the resources section of this document.



⁷ Munetz, M.R., & Griffin, P.A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57, 544-549.

⁸ CMHS National GAINS Center. (2009). Developing a comprehensive plan for mental health and criminal justice collaboration: The sequential intercept model. Delmar, N.Y.: Author.

Always remember that it is better to be prepared and knowledgeable about the available services when you are well than to wonder what they are and how to reach them when in crisis.

Many communities have Crisis Intervention Teams comprising specially trained officers who have either chosen or been selected to respond to 911 calls involving a person with a history of behavioral health issues. These officers are also very familiar with the services that are available in a community and can help you make choices about what services you may want or need.

Again, it is important to know what is available in your community to be prepared to call your local police department and behavioral health agency before a crisis event ever occurs.

Intercept 2 and 3: Arrest and Jail Diversion

In the event you are arrested, you may want to consider taking action to avoid additional involvement with the criminal justice system or to make sure you receive the services and support you need while you are at the earlier stages of this process.

Depending on where you live and the type of court that you are in, you may want to consider whether to continue moving through the criminal justice system process like others charged with a crime or whether to learn about alternatives that you may be eligible for.

Your locality may operate a behavioral health court or other form of jail diversion or alternative-to-incarceration program. There are different types of jail diversion and alternative-to-incarceration programs you may be eligible to participate in. You, a family member or trusted friend can ask about your participating in these programs rather than remaining in jail or continuing along the traditional criminal justice process. Most of these programs enable you to leave jail with the agreement that you will adhere to follow a predetermined treatment plan.

Always remember, the choice to participate in a program is yours and you should carefully weigh your options with your family, attorney and other people there to support your needs.

Intercept 3 and 4: Incarceration and Reentry

In the event that you are sentenced to a term of incarceration in jail or prison, there are usually opportunities for you to receive services and start or continue your recovery journey while you are incarcerated. These services can range from peer support groups to psychotherapy. Forensic Peer Specialists or Peer Specialists may be available to provide support and connections to additional supports/services.

In addition, many jails and prisons provide discharge planning services that can help you link to services in your community and assist you in such areas as applying for benefits and housing. Most importantly, they can give you hope that you can recover.

Intercept 5: Parole and Probation

Parole and probation are types of community supervision. It is important that you know the conditions of your parole or probation. These conditions are detailed in an agreement you sign. You will be interviewed by parole and probation staff so they can prepare a report and make recommendations regarding your release. During this process you have an opportunity to discuss your goals for the future and what types of services and support you will need to achieve these goals. Speak up and discuss what has been working for you and what you need. It is important for you to establish a good relationship with your parole or probation officer and to honestly discuss challenges you are experiencing. Some probation/parole jurisdictions even offer specialized probation/parole programs for people with substance abuse issues or mental health concerns.

For more information and additional resources on the Sequential Intercept Model, pre-booking jail diversion, post-booking jail diversion and behavioral health courts, contact:

SAMHSA National GAINS Center

345 Delaware Ave
Delmar, N.Y. 12054
(800) 311-GAIN
gains@prainc.com
www.gainscenter.samhsa.gov

The Criminal Justice/Mental Health Consensus Project

100 Wall Street
20th Floor
New York, NY 10005
(212) 482-2320
<http://justicecenter.csg.org>

Conclusion

We hope that this toolkit helps you understand how planning, advocacy and support can help you successfully overcome many of the challenges that you, as a justice-involved consumer, might encounter in your recovery journey. We strongly encourage you to continue your search for tools and resources that are helpful and share them with us and your peers. Knowledge is power.

Glossary

Below is a list of terms commonly used in the criminal justice and behavioral health fields. These terms do not capture the complete list but are provided as a reference for those with justice system involvement.

Advocacy

A service delivery model that provides comprehensive community-based treatment to people with serious psychiatric disabilities.

Behavioral Health Courts

A specialized court docket for certain defendants with psychiatric disabilities that substitutes a problem-solving model for traditional criminal court processing. Participants are identified through mental health screening and assessments and voluntarily participate in a judicially supervised treatment plan developed jointly by a team of court staff and mental health professionals. Incentives reward adherence to the treatment plan or other court conditions; non-adherence may be sanctioned; and success or graduation is defined according to predetermined criteria.

Clubhouse

A place where people with psychiatric disabilities, known as members, participate in their own recovery process by working and socializing together in a safe and welcoming environment.

Consumer

A person who previously used or is currently using mental health and/or substance abuse services. Sometimes used interchangeably with the term "peer."

Co-occurring Disorders (COD)

An individual with co-occurring disorders (COD) has both a psychiatric disability and a substance use disorder. From a treatment perspective, both disorders are primary. Although the disorders may impact each other, neither are merely symptoms of the other.

Consumer-operated Services

An organization providing behavioral health services in which consumers constitute the majority (at least 51 percent) on the board or group that decides all policies and procedures. With limited exceptions, staff consists of consumers who are hired by and operate the program and control the operating budget. Role opportunities for participants might include board and leadership positions, volunteer jobs and paid staff positions.

Cultural Competence

The set of attitudes, skills, behaviors and policies that enable effective interactions in cross-cultural situations and the incorporation of these attributes in all aspects of policymaking, administration, practice and service delivery.

Forensic Peer Specialist

A specialized position for trained peer staff having histories of psychiatric disability and incarceration.

Illness Management and Recovery (IMR)

Illness Management and Recovery (IMR) is a set of practices that provides people with serious psychiatric disabilities the skills to manage their illness in order to achieve personal recovery goals. Practices include psychoeducation, relapse prevention skills and the development of coping strategies. Illness Management and Recovery is often referred to as Wellness Management and Recovery (WMR) and Symptom Self-Management.

Integrated Dual Disorders Treatment (IDDT)

Treatment of co-occurring disorders is integrated when mental health and substance use treatment take place in the same service setting with cross-trained staff.

Jail Diversion

The avoidance of or radical reduction in jail time by using community-based treatment as an alternative to incarceration.

Peer

A person who shares the same or similar lived experience as another.

Peer Programs

Peer programs are mental health service programs administered and staffed by individuals in recovery.

Peer Specialist

Peer Specialists are individuals with histories of psychiatric disabilities who provide support to other consumers.

Post-booking

Jail diversion programs that divert people to services after booking into the jail. Post-booking jail diversion programs may be court-based or jail-based.

Pre-booking

Jail diversion programs that divert people to services in the community as an alternative to arrest before they are booked into jail.

Psychiatric Advance Directive (PAD)

A legal instrument that may be used to document an individual's specific instructions or preferences regarding future mental health treatment, as preparation for the possibility that the person may lose capacity to give or withhold informed consent to treatment during acute episodes of psychiatric symptoms.

Recovery

Recovery in the context of behavioral health means to live one's life completely despite illness or loss.

Recovery Partner

Individuals or organizations that support a person through the recovery process. They can be peers, family members, clinicians, case managers, parole officers, probation officers, corrections officers, self-help groups or any other individual or group that supports the recovery.

Re-Entry

A term that covers issues relating to the transition of individuals from correctional settings into the community.

Supported Employment

A set of supportive services, including follow-along support, for people with psychiatric disabilities who want to pursue and maintain competitive employment.

Supportive Housing

Affordable rental housing with support services. Support services, such as case management or vocational training, may be offered on-site or at locations in the community.

Transition Planning

Often called discharge planning, transition planning from jail to community-based services entails assessment of an individual's service needs, development of a comprehensive service plan, identification of agencies responsible for treatment and supervision and effective linkages to those services and supports.

Trauma-informed Services

Services that acknowledge the special needs individuals with trauma histories may have in a particular treatment setting or service by promoting empowerment and acknowledgement of the impact of trauma on peoples' lives.

WRAP®

WRAP® is the acronym for Wellness Recovery Action Plan®, developed by Mary Ellen Copeland. It is a tool used to relieve difficult feelings and maintain wellness.



STAR Center

Support, Technical Assistance and Resources Center

Part 3 of a 3-part
Series

Promising Practices Guide



*Supporting the Recovery of
Justice-Involved Consumers*

Written by
Policy Research Associates, Inc.

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Background

The promising approaches and practices reviewed in this guide have been identified by the CMHS National GAINS Center as part of its Adapting Evidence-Based based Practices for Justice-Involved involved Populations Initiative. As a key component of this initiative, the GAINS Center hosted a series of expert panel meetings on each topic to review best practices and identify promising programs across the United States that have implemented these practices and are helping to develop the evidence base for their efficacy. The output of the GAINS Center expert panel meetings resulted in a fact sheet series that examines the adaptation and implementation of evidence-based practices (EBPs) with justice-involved consumers, reviews the evidence base, and and highlights the experiences of consumers and program staff members who have participated in EBP delivery.

Throughout this guide several key terms will be used to describe these programs:

The term **evidence-based practice** refers to an intervention that is found through empirical evidence to be effective and replicable for people with mental illness. It is recognized that identifying priorities, building organizational supports, aligning payment policies with quality improvement, and and preparing the workforce are critical elements for achieving the vision of a quality-focused health care system based on utilization of EBPs. In 1999, the U.S. Surgeon General’s Report on mental health pointed out that there “is a huge gap between knowledge and practice, between what is known through research and what is implemented in many public health systems around the country.”¹ Since the publication of this report, and and in direct response to the recommendations made by the report, we have witnessed an increased emphasis on the part of Federal, state, and and local governments to identify practices that are *proven effective*, namely EBPs, and and to encourage their use by implementing policies that promote their implementation and expansion.

The term **promising practices** refers to sets of clinical interventions or administrative practices that have empirical evidence supporting their efficacy and that

show promising results of achieving mental health or public safety outcomes but lack the strong empirical evidence that they produce both outcomes.²

The term justice-involved refers to the wide range of an individual’s involvement with the criminal justice system, including, but not limited to, contact with police, involvement with the courts, incarceration in jail or prison, and and parole or probation.

The term **consumer** refers to a person who previously received or is currently receiving mental health and/or substance abuse services. It is unclear where the term consumer originated, and and there are ongoing discussions on whether its use labels and stigmatizes individuals. In this guide, we have chosen to use the terms consumer and person with a psychiatric disability instead of person with mental illness when describing individuals living with “mental illness.”

Overview

Over the past 10 years, we have witnessed an increased interest in developing services that meet the unique needs of justice-involved consumers. The emergence of jail diversion and reentry programs and a growing emphasis on community-based supports and community reintegration have resulted in the development of many innovative practices. Like many promising practices, these innovations have evolved largely due to the vision and creativity of program managers and the involvement of other critical stakeholders, such as community-based providers, faith-based institutions, consumers and family members. This guide highlights several emerging promising practices that provide rich examples of the innovations that are taking place.

The successful integration of these practices into mental health/criminal justice initiatives frequently requires the development of new and innovative collaborations between systems. These collaborations carefully balance public safety interests with the desire to expose justice-involved consumers to services that promote recovery, self-determination and peer support. The most successful programs effectively

¹ U.S. Department of Health and Human Services. (1999). *Mental health: A report of the surgeon general*. Rockville, MD: Author.

² Osher, F.C. (2005). *Integrated mental health/substance abuse responses to justice- involved person with co-occurring disorders*. Delmar, NY: CMHS National GAINS Center.

harmonize many of the compulsory requirements of jail diversion and reentry programs with the core principles of recovery.

The field is gradually recognizing that reduced recidivism and treatment compliance are just two indicators of success. Stable housing and employment are other indicators. Increasingly, programs are integrating evidence-based practices (EBPs) into their program models. However, existing EBPs often need to be adapted or modified to address the “culture of incarceration” and specific issues (e.g., housing, employment and family reunification) germane to justice-involved consumers reentering the community. Because EBP models require adaptations to adequately address the unique needs of justice-involved consumers, many of the practices we review in this guide are characterized as “promising practices.” Most have not yet achieved the level of rigorous validation with justice-involved populations needed to elevate them to EBP status. Nevertheless much can be gained by learning about these practices and the programs in which they are utilized.

We encourage readers to explore how these promising practices might inform their current or future work with justice-involved consumers. Collectively, the programs highlighted demonstrate how far the field has progressed in its thinking and practice in preparing justice-involved consumers and their families for meaningful lives in their communities.

For the purpose of this guide, promising approaches and practices for working with justice-involved consumers are identified across the following seven core areas:

- peer support/peer-delivered services
- planning for reentry and community reintegration
- treatment services
- trauma-informed care/trauma-specific services
- supportive housing
- supported employment
- family reunification

This guide also includes specific examples of how promising practices and approaches are being implemented across the United States to improve the integration of justice-involved consumers into the community.

Promising Practices

Peer Support/Peer-delivered Services

Over the past decade, peer support has expanded and is now recognized as an important element of a consumer’s recovery process. Fairly recently, there has been an increase in the integration of peer support services in reentry and diversion programs. Individuals with histories of involvement in the criminal justice and mental health systems and who work almost exclusively with justice-involved consumers may be described as either Peer Specialists or Forensic Peer Specialists.

Forensic Peer Specialists play an instrumental role in helping justice-involved individuals successfully reenter the community by providing a variety of services. These staff members understand the impact of incarceration and are uniquely qualified to assist other justice-involved consumers in their recovery journeys.

One of the most significant roles of a Forensic Peer Specialist is to instill hope that recovery is possible by serving as an example. Forensic Peer Specialists provide support and services by sharing experiences, helping individuals change the attitudes and behaviors that were learned to survive in a jail/prison environment and supporting the engagement into mental health and substance abuse treatment services in the community.

Forensic Peer Specialists also serve as advocates and guides to help individuals with treatment, housing, employment and educational opportunities.³ Although peer support is a promising practice in and of itself, the integration of peers into all program models is an essential element of each of the promising practices discussed in this guide. Many programs have developed innovative strategies that incorporate peer support into their programs to enhance the recovery process of justice-involved consumers. In all of the programs reviewed, peer staff plays essential roles in the delivery of the services.

³ Davidson, L., & Rowe, M. (2008). *Peer support within criminal justice settings: The role of forensic peer specialists*. Delmar, NY: CMHS National GAINS Center.

Reentry Planning and Community Reintegration

People with psychiatric disabilities are overrepresented in the criminal justice system. Approximately 15 percent of men and 31 percent of women in jail have a serious mental illness.⁴ This section examines promising approaches for working with justice-involved consumers reentering the community.

A growing body of evidence supports the necessity of beginning the planning process for a person's reentry into the community from the day he or she walks through the door of the jail or prison.⁵ Reentry services include, but are not limited to, discharge planning and linkages before a justice-involved consumer is released from jail or prison. Below are some examples of emerging promising practices that can have a tremendous impact upon a justice-involved consumer's recovery process and successful integration into all aspects of community life.

SPECTRM (Sensitizing Providers to Effects of Incarceration on Treatment and Risk Management)

Many mental health providers struggle to understand the adaptive behaviors that justice-involved consumers acquire to survive jail or prison. For example, providers may misinterpret these behaviors and attitudes as lack of motivation. The "culture of incarceration" often requires people who are incarcerated to adopt behaviors that provide some degree of security and safety while incarcerated but that can also be formidable barriers to treatment and recovery both during incarceration and following community reentry. Providers and consumers have an interest in identifying these behaviors and their root causes and developing strategies for the acquisition of new and different ways of thinking and acting.

SPECTRM assists treatment providers in better understanding and treating their clients by teaching

them about experiences and behaviors that are often adapted during incarceration. RAP (Reentry After Prison/Jail) helps individuals change behaviors they adopted in jails and prisons into skills that will help them achieve personal goals.⁶

Peer-run, recovery-focused organizations can play a valuable role in providing these services in a unique and innovative way. Peer staff can serve as "cultural translators" in explaining behaviors to those who have not experienced incarceration, while simultaneously serving as role models to justice-involved consumers. Studies on adult-based learning and transformational learning suggest that adults learn by doing and also by observing effective communication and leadership styles and then appropriating these styles for themselves.⁷

The APIC Model

Due to inadequate transition planning, justice-involved individuals with psychiatric disabilities are often put back on the streets in crisis, with no place to live, work or receive treatment. The integration of services is essential in transition planning. The APIC (Assess, Plan, Identify and Coordinate) Model relies on coordinating and integrating services and supports provided by the criminal justice, mental health and substance abuse treatment systems. The overall goal of this model is to link individuals to community services immediately upon community reentry to reduce the likelihood that the individuals will reoffend, be arrested and placed back in jail.

The essential elements of the APIC model for jail/prison reentry are described below:

Assess the clinical and social needs and public safety risks of the individual; this includes his or her psychosocial, medical and behavioral needs;

⁴ Steadman, H.J., Osher, F.C., Robbins, P.C., Case, B., & Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services, 60*, 761-765.

⁵ Osher, F., Steadman, H.J., Barr, H. (2002). *A best practice approach to community re-entry from jails for inmates with co-occurring disorders: The APIC model*. Delmar, NY: CMHS National GAINS Center.

⁶ CMHS National GAINS Center. (2007). *Sensitizing providers to the effects of incarceration on treatment and risk management (SPECTRM): Expanding the mental health workforce response to justice-involved persons with mental illness*. Delmar, NY: Author.

⁷ Taylor, E.W. (2007). An update of transformative learning theory: a critical review of empirical research (1999-2005). *International Journal of Lifelong Education, 26*(2), 173-191.

Plan for the treatment and services required to address the individual's needs, including short-term and long-term needs;

Identify required community and correctional programs responsible for post-release services; and

Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based services.⁸

Based on the APIC Model, the CMHS National GAINS Center developed the *Re-Entry Checklist*. This purpose of this checklist is to assist jail staff in transition planning for individuals with mental illness and co-occurring substance use disorders.

The GAINS *Re-Entry Checklist* is a quadruplicate form offering a centralized record of the individual's potential needs and the steps taken by jail staff to ensure those needs are met upon reentry. The four copies of the form can be distributed to the files of the correctional facility, the mental health unit, the medical unit and the consumer. Facilities interested in evaluating the *Re-Entry Checklist* for use in their own reentry planning procedures can request, free of charge, a start-up/pilot packet containing 20 checklists and supportive materials from the GAINS Center by visiting the GAINS Center's website www.gainscenter.samhsa.gov.

⁸ Osher, F., Steadman, H.J., Barr, H. (2002). *A best practice approach to community re-entry from jails for inmates with co-occurring disorders: The APIC model*. Delmar, NY: CMHS National GAINS Center.

Model Reentry Programs

Below are examples of innovative reentry programs and practices that help prepare justice-involved consumers for life in the community. It is important to note that many of these services are provided by peer staff and interns who have experiences with both the criminal justice and mental health systems.

University Legal Services' DC Jail Advocacy Project, Washington, D.C.

The DC Jail Advocacy Project assists Washington, D.C. residents with mental illness who are in jail or prison across the District plan their return into the community. Staff members include attorneys, social workers, and peer advocates. ULS staff visit the DC Jail several times each week to support individuals in asserting their right to mental health discharge planning. The project also provides public education and training to empower self-help/peer supports and enhance the public understanding of the rights of justice-involved consumers. The DC Jail Advocacy Project has developed and implemented a Peer Education initiative that trains formerly incarcerated men and women about mental health rights and advocacy and pays them to help lead "Know Your Rights" workshops and share their stories of recovery with other consumers returning to their communities from jails or prison. For more information contact Gretchen Rohr at 202-527-7033.

"In 2007, when we started peer-led Know Your Rights trainings, we had no idea they would ultimately lead us to where we are now, organizing a large

constituency of criminal justice/mental health system survivors committed to improving everyone's access to quality treatment, meaningful employment, and freedom from incarceration. The program started with us training 24 Peer Educators to lead workshops across the city in halfway houses, shelters, libraries, and substance abuse programs. The first workshops focused on developing recovery skills and steps to protect oneself against neglect and healthcare abuses. Yet as the participants' awareness grew, the program evolved from a focus on self-help to a focus on community-building. It is so exciting to see men and women who, just a year ago were struggling just to survive, now in a place where they are empowered, resourced, and driven to invest in others."- Gretchen Rohr, University Legal Services DC Jail Advocacy Project Director

"I learned a lot of things about rights as a mental health patient and ex-offender that I didn't know existed. I became more aware of the potential that I had within myself. I found out that I can still function in the real world." – Peer Educator Training participant

Rikers Island Reentry Project, New York City

The Rikers Island Reentry Project is collaboration between the New York City Department of Health and Mental Hygiene (NYCDHMH) and the Howie the Harp Peer Advocacy and Training Center (HTH) in New York City. This project was implemented to increase the involvement of consumers in the discharge planning process as well as increase their involvement with community-based providers following their release from jail.

Interns are selected following a competitive interview process and attend an orientation program designed to familiarize them with their roles and responsibilities, as well as the policies of the New York City Department of Corrections. Interns assist justice-involved consumers in identifying recovery-

oriented goals and community-based providers that best meet their needs. Interns also facilitate onsite peer support groups and provide follow up services following release from jail. Interns are paid a stipend to cover food and transportation costs, and this funding is provided by the New York State Department of Vocational and Educational Services for Individuals with Disabilities as part of HTH's supported employment contract.

Interns are directly supervised by NYCDHMH staff with additional support provided by HTH staff. For additional information, contact Patricia Brown, LCSW Assistant Commissioner Forensic Behavioral Health Services, New York City Department of Health & Mental Hygiene at 212-341-2468, pbrown@healthnyc.gov.

Treatment Services

Treatment is an essential component of the reentry and recovery of justice-involved consumers. As discussed in the previous section, peer support can play a valuable role in the treatment of this population. Three promising approaches used in the treatment of justice-involved consumers are discussed in this section; FACT (Forensic Assertive Community Treatment), CBT (Cognitive Behavioral Therapy) and IMR (Illness Management and Recovery).

Assertive Community Treatment

Assertive Community Treatment (ACT) is an evidence-based model that combines treatment, rehabilitation and support services provided by a team of providers. Over 55 controlled studies have established the effectiveness of ACT. Many of the programs that focus on preventing the arrest and incarceration of individuals with psychiatric disabilities are modeled after ACT. Typically, when these teams serve primarily justice-involved consumers, they are known as Forensic

Forensic ACT Team, King County, WA

Forensic Assertive Community Treatment is a time-unlimited, housing first program that provides a majority of its services in the community. FACT includes case management, medication management and monitoring, housing, individual therapy, chemical dependency and socialization groups, and vocational assistance. The goal of FACT is to help clients who have a high number of jail bookings and hospitalizations maintain housing and decrease incarcerations and hospitalizations. For more information contact David Murphy,

Program Manager, Justice Initiatives at 206-263-8954 or dmurphy@kingcounty.gov.

"I think this program is very helpful for individuals on Social Security. You help us with constructive things, like housing. I am learning to work with you all to stay focused and to make the right decisions. Now I know there is more to life." – FACT program participant

Assertive Community Treatment or FACT, teams. The core elements of the FACT team models are:

- 1) preventing arrest and incarceration as the primary goal
- 2) accepting justice-involved consumers
- 3) accepting the majority of referrals from criminal justice agencies
- 4) development and incorporation of a supervised residential treatment component for high-risk consumers⁹

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is an intervention that helps individuals recognize destructive feelings, behaviors and thoughts and identify their source. CBT interventions for justice-involved individuals should incorporate symptom relief, interpersonal skills and the individual's criminogenic needs into its focus. These needs are specific to the individual's behaviors, attitudes and beliefs. There are several types of cognitive behavioral therapy. Dialectical behavioral

therapy (DBT) has been recognized as particularly suited to addressing self-harm behaviors and has been used successfully in forensic settings. Integrating clinical interventions that focus on recidivism and mental health services can help achieve both public safety and public health goals.¹⁰

Illness Management and Recovery

Illness Management and Recovery (IMR) is a set of practices designed to help people with serious mental illness manage their illness in order to accomplish their recovery goals. IMR includes five evidence-based practices: psychoeducation; behavioral tailoring; relapse prevention skills training; coping strategies; and social skills training. IMR practices can be implemented in jails, prisons and in community corrections or community mental health settings by teaching skills in such areas as social support, coping with stress and recognizing service needs.¹¹ Wellness Self-management (WSM) is an adaptation of these practices that has been introduced into several state prisons in New York state.

⁹ Morrissey, J., & Meyer, P. (2006). *Extending assertive community treatment to criminal justice settings*. Delmar, NY: CMHS National GAINS Center.

¹⁰ Rotter, M., & Carr, A. (2010). *Targeting criminal recidivism in justice-involved people with mental illness: Structured clinical approaches*. Delmar, NY: CMHS National GAINS Center.

¹¹ Mueser, K., & MacKain, S. (2008). *Illness management and recovery in criminal justice*. Delmar, NY: CMHS National GAINS Center.

Wellness Self-Management in New York State Correctional Facilities

This foundation-funded project is the result of a unique collaboration between the Center for Urban Community Services (CUCS), the New York State Office of Mental Health, and the New York State Department of Corrections. From September 2008 to September 2011, CUCS will provide Wellness Self-Management (WSM) classes to inmates diagnosed with a severe and persistent mental illness at three correctional facilities, Fishkill, Bedford Hills (Women's Prison), and Sing Sing. The goals of the project are to assist inmates with mental illness to better manage their illness, resulting in fewer disciplinary actions and decreased use of crisis care services and improved transitions back into the community.

WSM consists of 40 sessions of classes for up to 10 people. Classes include the following

subject matter areas: recovery strategies, stress vulnerability model, building social supports, using medication effectively, reducing relapse, stress management, substance use, and self-advocacy. "Booster" sessions are held following completion of the classes to help individuals continue to move forward with their life goals while in prison or once they are released back into the community. For more information contact Lauren Pareti, Director, CUCS Training and Consulting Services at 212-801-3355.

"My goal was to be able to speak up for myself, especially to deal with my doctors here...because of these classes I'm getting what I need now from my doctors here and things are going well for me."
–Wellness Self-Management participant

Trauma-informed Care/ Trauma-specific Services

Recognition of the high rates of trauma and posttraumatic stress disorder among justice-involved consumers is vital.¹² It is estimated that 85 percent of women in correctional settings have an early experience of physical and or sexual abuse. Other reports estimate even higher lifetime experience of traumatic events and show little difference between genders on the prevalence of trauma and abuse.¹³ In fact, in a recent study of people participating in jail diversion programs across the country both women and men almost universally reported a history of significant traumatic experience prior to incarceration (95.5 percent and 88.6 percent respectively).¹⁴

Providing trauma-informed care means creating an environment in which peoples' trauma histories are acknowledged and respected by the provider as potent contributors to a wide array of issues that

may arise in peoples' lives.¹⁵ Trauma-informed care involves the provision of both trauma-informed and trauma-specific treatment services. *Trauma-informed* services acknowledge the special needs individuals with trauma histories may have in a particular treatment setting or service by promoting empowerment and acknowledgement of the impact of trauma on peoples' lives. *Trauma-specific* treatment services are "interventions designed to address the specific behavioral, intrapsychic and interpersonal consequences of exposure to sexual, physical and prolonged emotional abuse."¹⁶

Clearly, addressing the trauma and traumatic experiences that may underlie many of the precipitating factors to an individual's involvement with the criminal justice system is of paramount importance. Recognizing this need, many programs have successfully incorporated the principles of trauma-informed care and integrated the provision of trauma-specific treatment services into their array of services, two examples of which are described below.

¹⁴ Steadman, H.J. (2009). [Lifetime experience of trauma among participants in the cross-site evaluation of the TCE for Jail Diversion Programs initiative]. Unpublished raw data.

¹⁵ National Center for Trauma-Informed Care. *Revolutionizing Mental Health and Human Services*. Bethesda, MD: Author.

¹⁶ Substance Abuse and Mental Health Services Administration. (2000). *Cooperative agreement to study women with alcohol, drug abuse and mental health (ADM) disorders who have histories of violence* (No. T100-003). Rockville, MD: Author.

TAMAR (Trauma, Addiction, Mental Health and Recovery) Project Community - Maryland

Started in 1998, the TAMAR Project is a voluntary trauma education program for adults incarcerated in one of the seven detention centers in Maryland. In addition, four out of seven detention centers provide trauma-specific treatment to inmates reentering the community. The project uses the Brief Jail Mental Health Screen, the Adverse Childhood Experiences (ACE) Survey, and a modified version of the CAGE Questionnaire to screen prospective candidates. TAMAR is a 10-week, 20-session structured program offered to individuals who fit the following criteria:

- 1) 18 or older who are being detained in detention centers awaiting trial or sentencing
- 2) Have histories of physical or sexual abuse
- 3) History of recent treatment for a mental health condition and alcohol and or drug use

The project also introduces detention center staff, community health care providers, and other stakeholders to trauma-informed care. For additional information, contact Darren McGregor, Director of Jail Based Mental Health and Trauma Programs, at 410-724-3170 or mcgregord@dhmh.state.md.us.

"TAMAR was like breath of fresh air, upon my arrival there was a collective staff that showed great concern for my well being. The language they used to welcome me was different from my entrance to any other program. The surrounding was warm and homey feeling not like a treatment program but a place that you could feel safe."
—TAMAR participant and trauma survivor

Options Plus at Community Connections, Washington, DC

Options Plus provides services for homeless individuals with severe mental illnesses who are part of a post-booking jail diversion program. The goal of Options Plus is to engage individuals in supportive and clinical services to reduce mental health symptoms, increase resources, reduce homelessness, reduce jail time, and improve community safety. This program provides clinical and advocacy services, forensic intensive case management, supported employment, trauma-informed and trauma-specific services, trauma recovery and empowerment model (TREM) groups

for men and women, motivational interviewing, intensive dual diagnosis treatment, and psychiatric and nursing services. For more information contact David Freeman, Options Plus Project Director at 202-281-2934 or dfreeman@ccdc1.org.

“Community Connections helped me turn my life around. I lost everything – my home, my kids, my mind, my self-respect – but little by little I am getting my life back.” – Community Connections participant

Several other trauma-specific treatment models have shown great promise as adapted for use in correctional settings and/or with justice-involved consumers. For example, *Seeking Safety* (developed by Dr. Lisa Najavits) has been implemented in several jail diversion programs across the country and TARGET (developed by Dr. Julian Ford) has shown promise with both adult and juvenile corrections populations.

Supported Housing

Supported Housing is a stabilizing factor that can play a major role in the reentry of a justice-involved consumer. This evidence-based practice has been adapted to link justice-involved consumers to supportive housing options, permanent housing with support services. Support services include case management and vocational training, which may be available onsite or in the community. A

housing provider can utilize a range of support service options, including housing first and housing ready approaches.

The housing first approach provides direct housing for people who are homeless, with support services available but not required. Individuals are required to follow the terms of a traditional lease.

The housing ready model provides transitional housing that begins with treatment and moves through several housing placements with the ultimate goal of permanent housing. Justice-involved consumers can achieve permanent housing with adequate support services.¹⁷

¹⁷ Roman, C.G. (2005). Moving toward evidence-based housing programs for persons with mental illness in contact with the justice system. Delmar, NY: CMHS National GAINS Center.

Returning Home, Ohio

Returning Home is a collaborative project between the Ohio Department of Rehabilitation and Correction and the Corporation of Supportive Housing. Returning Home was designed to prevent homelessness and reduce the recidivism of individuals returning from state prisons. This program works with eight nonprofit organizations in five communities. Housing priority is given to individuals at high risk for becoming homeless

and identified as needing housing linked to support services to maintain housing. This includes individuals with serious mental illnesses, developmental disabilities, severe addictions, co-occurring disorders, and/or who have custody of minor children. *For more information contact Nikki Delgado at 614-228-6263, ext. 223 or ndelgado@csh.org.*

St Andrew's Court, Chicago, IL

St. Andrew's Court provides permanent supportive housing to men leaving prison. St. Leonard's Ministries, co-sponsor of the St. Andrew's Court program, is a member agency of Episcopal Charities and Communities Services, providing case management to help the individual adjust to life after prison. St. Leonard's Ministries' Michael

Barlow Center offers services, including life skills classes, financial management assistance, recreational opportunities, substance abuse relapse prevention, and employment and education programs. *For more information, contact David Rosa, Site Administrator at 312-226-7620 or Sac. siteadmin@att.net.*

Supported Employment

Although, no published study has *specifically* examined the effectiveness of supported employment for justice-involved consumers, one study estimated that supported employment can increase employment among individuals with psychiatric disabilities by as much as 200 percent.¹⁸ A more recent study found that supported employment increased the rate at which individuals with psychiatric disabilities were able to obtain and maintain employment.¹⁹

Supported Employment is an evidence-based practice that can assist justice-involved consumers obtain and retain employment. Justice-involved consumers have one of the highest rates of unemployment and underemployment and, not unlike most consumers, report employment as being an important outcome of their recovery process.

Supported Employment incorporates consumer choice, competitive employment and job retention support with services needed to assist justice-involved consumers in overcoming some of the significant obstacles they face in obtaining and retaining employment. Addressing the collateral consequences of involvement in the criminal justice system is an essential component of these programs.

Unfortunately, justice-involved consumers and the programs providing services to them have historically underutilized Supported Employment services. However, there is a growing awareness on the part of state vocational rehabilitative agencies (primary funders of Supported Employment programs),

providers and justice-involved consumers that Supported Employment works as well for justice-involved consumers as it does for consumers who have had no involvement with the criminal justice system.

Many of the obstacles confronting justice-involved consumers may be attributable to a lack of "formal" work experience and the continuing reluctance of many employers to hire individuals with criminal justice histories. Similarly, many states have statutes that expressly prohibit the employment of "convicted felons" in certain fields. For example, although many diversion and reentry programs are interested in hiring consumers with histories of incarceration, many states have laws that either prohibit or greatly limit the ability of agencies to hire individuals with felony convictions.

Justice-involved consumers are often faced with the task of having to resolve incomplete, inaccurate or misleading information contained in rap sheets before attempting to obtain employment. This task is frequently a major barrier to meaningful employment and is one that is all too often insurmountable, particularly when attempted without the support and assistance of trained advocates.

Supported Employment programs help reduce this barrier by assisting justice-involved consumers to be proactive in obtaining a copy of their rap sheet to ensure that the information is accurate and obtaining written documentation that they successfully completed treatment, training programs and other legal obligations.²⁰

¹⁸ Anthony, W.A., Cohen, M.R., Farkas, M.D., & Gagne, C. (2002). *Psychiatric rehabilitation* (2nd ed.). Boston, MA: Boston University, Center for Psychiatric Rehabilitation

¹⁹ Anthony, W. (2006). *Supported employment*. Delmar, NY: CMHS National GAINS Center.

²⁰ Miller, L.D. & Massaro, J. (2008). *Overcoming legal impediments to hiring forensic peer specialists*. Delmar, NY: CMHS National GAINS Center.

The Bridge's Iyana House, New York City, NY

Iyana House provides permanent housing for justice-involved women with co-occurring disorders, with the goals of reducing recidivism, preventing homelessness, and reducing public cost. All referrals come from the Bedford Hills Correctional Facility. Services available include weekly trauma groups, peer counselor assistance,

case management, and career club. Offsite mental health and substance abuse treatment, vocational training, and medical services are available. *For more information contact Carmen DeJesus, Program Director at 212-423-5732 or cdejesus@thebridgeny.org.*

Supported Employment programs that provide services to justice-involved consumers must also work closely with criminal justice advocacy organizations, justice-involved consumers and potential employers to remove barriers and to ensure employers are aware of and adhere to the antidiscrimination laws that have been enacted in many states.

Family Reunification

Incarceration and involvement with the criminal justice systems frequently leaves family relationships

tattered, with parents and their children being impacted the most. Parental roles often shift as other family members assume responsibility for children and these children are at a higher risk to enter the foster care system. For example, 10 percent of incarcerated mothers have children in foster care and 11 percent of children have mothers who were incarcerated during some portion of their time in foster care. An alarming 85 percent of these children were placed in foster care prior to their mother being incarcerated.²¹

²¹ Annie E. Casey Foundation, Casey Family Programs, & Marguerite Casey Foundation. (2008). *Children of incarcerated parents factsheet*. Retrieved July 16, 2010, from <http://www.fcnetwork.org/AECFChildren%20of%20Incarcerated%20Parents%20Factsheet.pdf>.

Howie the Harp Peer Advocacy and Training Center, New York City, NY

Howie the Harp Peer Advocacy and Training Center (HTH) is a consumer-run employment program within Community Access that provides job training and placement for individuals with histories of mental illness, homelessness, substance abuse, and incarceration. The HTH program focuses on job skills training, life skills development, and workforce preparation. The Center has an increased collaboration with the New York City Department of Health and Mental Hygiene's Brad H. Discharge Planning Unit at Riker's Island to expand employment opportunities for justice-involved consumers.

To address the collateral consequences justice-involved consumers are often faced with, HTH works closely with the individual, the Legal Action Center, the parole and probation departments and agencies that are the Office of Mental Health vendors to inform them of procedures, their rights, and how to address concerns raised by previous convictions. *For more information contact Dwayne Mayes at 212-865-0775.*

"Our Forensic Peer Specialist Training Program serves a dual purpose. The first is to expose mental health consumers who have histories of incarceration to the technical concepts of Wellness and Recovery and how to serve as mentors to others within traditional service models, and the second is providing the supports which allow them to incorporate these concepts into their own individual experiences, thus contributing to their personal wellness and recovery process."

– Dwayne Mayes, Director

"The first place that told me I belonged, I could, and I will achieve whatever goals I set for myself. HTH is a community of people—not a diagnosis and other negative labels. HTH provides real training and real jobs. Hope is the medicine, peers are the support, and work is the treatment."

– David F., HTH program graduate

Many programs have developed innovative strategies to assist justice-involved consumers and their families maintain ties during periods of incarceration and to reestablish ties following release from jail or prison. Such programs promote the development of parenting skills and reduce the impact that having an incarcerated parent can have upon children and other family members.

These programs have been developed in collaboration with departments of correction and community family organizations and provide a wide array of services to

the entire family. Services range from family counseling to social activities that allow family members to enjoy activities together.

These programs also coordinate services in the community, increasing the likelihood that family members will continue to receive much needed services following the reentry of the parent into the community. Below is an example of how this promising practice has been successfully integrated into a wide variety of programs.

Chrysalis House Healthy Start, Baltimore City, Maryland

This project is a collaboration among the Maryland Department of Public Safety and Correctional Services, the Administrative Offices of the Courts, Alcohol and Drug Administration, the Family Health Administration, Baltimore Mental Health System's Inc., and the Archdiocese of Baltimore. The goals of this project are to decrease the involvement of mothers and their children in crime and violence; reduce drug and alcohol use; improve overall wellness; increase the number of safe and healthy pregnancies; prevent the intergenerational cycle of addiction and abuse; and advocate for healthy lifestyles, sober living, and successful parenting.

This program provides a wide array of services to pregnant women who are referred to the program by the court, the state, defense attorney, or the Maryland Department of Health and Mental Hygiene. A comprehensive assessment is conducted by a licensed clinician, and an individualized service plan is developed by each mother and her treatment team.

Following the birth of the child, the mother and child remain together in a residential facility with onsite services, including trauma and attachment-based treatment interventions, substance abuse and co-occurring disorders treatment services, legal services, parenting and childcare services, health education, and housing. A recent evaluation of the project found there were significant improvements reported by mothers in mental health, overall wellness, cognitive functioning, and day-to-day functioning. *For additional information contact Darren McGregor at 410-724-3170 or mcgregord@dnhm.state.md.us.*

"The benefits of providing Family Reunification services through the criminal justice system is that we can address the early adverse childhood experiences on two levels, with the adult survivor and with the child(ren) that may be experiencing difficulty in attachment issues due to the parent's incarceration."

- David Washington, Program Coordinator, TAMAR Program

Conclusion

The landscape of criminal justice and mental health collaborations is rapidly changing as justice-involved consumers, policymakers, program managers and program staff formally integrate recovery-oriented principles and practices in programs. The programs highlighted above demonstrate the impact this shift continues to have on justice-involved consumers' access to services that break the repeating cycles of illness, relapse and involvement in the criminal justice system. These programs empower justice-involved consumers to address the underlying causes of this cycle and to create significant opportunity for their involvement in all aspects of community life.

The common thread running through all of these programs is the belief that recovery is possible and that practices and services must be adapted to meet the complex needs of justice-involved consumers. The programs also systematically focus on eliminating the barriers faced by justice-involved consumers and their families and take an affirmative and active role in successfully partnering with other community-based organizations. These

partnerships serve two critical purposes: increasing the visibility of programs in the larger community and reducing the stigma, self-stigmatization and isolation that so often define the lives of justice-involved consumers and their families.

We hope these programs will inspire you just as they have inspired the justice-involved consumers who have greatly benefited from their services. If you are interested in learning more about these programs, we strongly encourage you to reach out to them to discuss funding, start up and opportunities for replication. It is also important to learn what your county or state is currently doing to address the health, housing and employment needs of justice-involved consumers and to become actively involved in efforts to rethink and transform policy in these areas. These programs are pockets of innovation and excellence that can inform public debates about what types of services work and therefore should be replicated and funded. We hope that they stimulate discussion and action on the part of all stakeholders.



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3803 N. Fairfax Dr., Suite 100
Arlington, Va. 22203-1701
Toll-free: (866) 537-STAR (7827)
Fax: (703) 600-1112

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