



NAMI Ask the Expert:
How to Use the Solutions Suite for Health and Recovery
Featuring Dr. Judith Cook

Ken Duckworth (00:00:00):

Hello everybody. Thank you, Teri. It's a pleasure today to have Dr. Judith Cook, who's a professor of psychiatry at the University of Chicago, and is really a national leader in doing research applications around the peer movement and community based care. I've admired her work since I read her study of the wellness recovery action plan about a decade ago. And it's a great honor to have her with us. She's going to review the work she has created with her team to create a solution suite that you can use in the service of your recovery. And at the end, I'm going to take all your questions and we'll have a conversation. Dr. Judith Cook. Thank you so much for joining us today. Thank you for all you do and take it away.

Judith Cook (00:00:56):

Thank you so much, Ken and thank you all for joining me today. I'm going to turn off my camera in order to preserve as much bandwidth as I can. But I will come back on for the questions and answers a little bit later on in today's presentation. Before getting underway, I'd like to acknowledge our funding as a rehabilitation research and training center from the National Institute on Disability, Independent Living and Rehabilitation Research, and also SAMHSA's financial contribution to our center. Today's presentation does not represent the policy of, or endorsement by any agency of the federal government. And I have no conflicts of interest to disclose in regard to the material that I will be presenting today.

Sorry about that. Today I'm going to be focusing on our center solution suite, which is a free set of products designed for use with and by people in recovery from mental health and substance use disorders. We designed it with Microsoft Office suite in mind. Most of you are probably familiar with office suites products, including Microsoft Word, Excel spreadsheet, PowerPoint, which I'm using for today's presentation and Outlook. The idea here is that each component serves a different purpose, but it's compatible with other programs than the package. And the same is true with our solution suite, as you'll learn today. The framework we used in designing the suite is based on what we heard from the field in our 30 years of operating a rehabilitation research and training center. First, the suites products are available for free, that's very important. Most programs or many programs don't have the ability to spend money in order to purchase interventions and manuals.

Also the products are designed to be delivered at minimal cost. Another very important thing. They are all rehabilitation and recovery oriented and they address goals that people with lived experience have told us they value. The tools can be used with minimal to moderate training and that training is also provided in the suite in the form of a podcast and a webinar that cover how to deliver it or use it or teach it. Suite products are designed to compliment traditional behavioral health treatment, such as psychotherapy, medication, case management and addictions treatment. The products are supported by research and evaluation studies and some are evidence-based practices such as supported employment and rep. All the products were designed by us and our centers collaborators to respond to documented needs of service recipients and also community providers.



Judith Cook (00:04:16):

One special feature of the suite, is that all of its products are supported by free technical assistance, which is delivered by my center via telephone and email. Finally, many of these products can be delivered by peers, if they view the training webinar. And in some cases, if they have experienced leading groups or working with people individually. We developed this suite with our partners, Dr. Peggy Swarbrick and Pat Nemec, whom I'm sure many of you know from collaborative support programs of New Jersey, a large peer run organization. Solutions suite products are grouped into two categories, tools that integrate health and behavioral health care and tools that promote self-directed recovery. Here's a page from the solution suite website listing the 10 products that integrate behavioral health and primary care.

I know you can't read the titles. This is just to show you what it looks like when you go there on the web. I'll say more about each of these in a moment. Here's the look at the page showing the eight products that promote self-direction in behavioral health treatment. I'll also be covering all of these today. Each product is presented in the same format, and it's good to know this, because what we try to do in the landing page, and we're looking at a landing page right now for our weight management curriculum. It's good to know that all this information will be there if you are first learning about a tool and thinking about using it. This is the landing page for the weight management curriculum. And I'll talk more about the curriculum in a moment.

But starting with the left hand panel at the top of the page, you'll see a picture of the product itself, which you click on to download. I get lots of questions about this. Where can I download it? You just click on the picture of the product and it will download. Then to the right of that picture and scrolling down, we present information, starting with what is the program, which offers a brief description of the product. Next is who can use it. This section describes who the product is designed for. After that comes the section called, how does it work? This section describes what the active ingredients and change mechanisms of the project are. I'll say a little bit more about that later in today's presentation. Moving now to the right hand panel of the slide, what resources are needed? Tells you the resources required to use or teach the product. Finally, what experience is needed describes the expertise and experiences required by people who want to teach or deliver the product.

If you scroll down further, you'll see three boxes. The one on the left is a red microphone. If you click on this, you'll listen to a podcast about the product and how it's being used in the field. To the right of that is a blue box, this links to an audio webinar with slides that teaches you how to deliver the product or use it with others. And in some cases how to use the project for yourself, depending on its nature. Some are products that you can use alone by yourself and others are classes and still others are implementation manuals. I'll say more about that in a moment. All the podcasts and webinars have transcripts for those, with hearing challenges. Finally, at the bottom of the page is that all important red oblong box, which you can click on to request free technical assistance on using and implementing it in your program or service system.

Judith Cook ([00:08:23](#)):

One focus of the suite is on addressing the different areas of people's lives that are so important to recovery from a mental health or substance use disorder. And one very popular product in the suite that addresses this, is a workbook called wellness in eight dimensions. It introduces people to the idea that wellness is much broader than just mental health and includes seven other dimensions that make up the eight dimensions of wellness. These other dimensions include financial wellness, which involves being able to manage one's personal finances and feeling financially secure. Social wellness, which includes having relationships with family, friends and the community, and having an interest in and concern for the needs of others. Spiritual wellness, which includes not only organized worship, but also so having meaning and purpose in one's life and living according to values, principles.

Another dimension is environmental wellness, which encompasses residential quality, the physical safety of one's dwelling and neighborhood and the atmosphere in the surrounding community. The following two dimensions are physical wellness, which includes the maintenance of a healthy body, good nutrition and exercise and obtaining appropriate healthcare. And finally, there's intellectual wellness, which includes both formal education and informal lifelong learning. After brief introductions to each of the eight dimensions shown by a page from the manual on the left-hand side of your screen, people consider what strengths they already have in each dimension. Then they complete a brief self assessment of things they could do, and maybe already are doing to maintain their wellness in that area.

Based on that self-assessment they write down any things that they would to add to their lives, to enhance their wellness on that dimension. And after that they know what supports or help they might need in order to do those things. All of this information feeds into the creation of a daily wellness plan shown on the right, laying out what people would to do each day of the week, to work on the wellness dimensions that matter to them. And here it's important to note that some people do a wellness daily plan that includes the social dimension and the occupational. Some are only interested in the intellectual. So it's really up to the individual, what area or areas of wellness they want to concentrate on. This is a very simple tool. And interestingly enough, it's one of our most popular one.

It can be used in a group setting or done with a therapist, family member, peer or other supporter. And again, there's a podcast about it, a webinar on how to use or deliver it to other people and free technical assistance for people who want to implement it. I mentioned financial wellness, which involves having access to adequate income, knowledge, and skills to manage personal finances. And also the feeling of financial security. All of that is encompassed by financial wellness. Interestingly it's a part of wellness that many people with lived experience don't have. Research shows us that these factors are important to many people's recovery. So to address this need, the suite contains a product called building financial wellness. This is a six session financial education curriculum with classes that start with introduction to basic financial concepts, use of personal reflection in defining one's own picture of financial wellness.

Judith Cook (00:12:23):

Because financial wellness is different for different people who are in different economic circumstances, different family situations and maybe have different goals. Also we teach use of standard money management tools to set and pursue any financial goals the person might have. The primary focus of the classes is teaching people budgeting skills while also helping them deal with their worries about money and feeling that they're unable to save money for valued purchases if they wish. We found that many people spend a lot of time worrying about money and that it can influence their mental health and sense of wellbeing. Not everybody who participates in the curriculum wants to save money, but there are ways for low-income individuals to save for financial goals that really matter to them. So no one's forced to save, but people are helped to do so if they wish.

This tool includes an instructor guide, which has a teacher script for each class, all the class materials and how to prepare for each class. Also provided is a participant guide, which includes all the handouts and exercises that culminate in the person's own action plan to reach a specific financial goal that has meaning for them. Here's one of my favorite parts of the manual. It explains the difference between needs and wants. Needs are the things that we have to have in order to live a healthy, happy life, basic resources, such as food and shelter. Wants are the things we prefer to have, and we often spend money on them out of habit without thinking. You need food to survive and fuel your body, but you want a McDonald's meal or to eat out at a restaurant. You need clothing to cover your body and for modesty, but you want a pair of designer jeans or the newest Nike's.

When people learn to separate these, they often discover ways they can save money for things that really matter to them. Learning the difference between needs and wants, understanding that you may need coffee in the morning, but you want to get it at Starbucks and if you made your figuring out how much you might save in a month, you start thinking about whether that might enable you over a period of months to take a trip to see your family that you wanted to do, or to go to the beach. Participants also learn about financial services, such as setting up free banking, savings and checking accounts. Banking is an important part of modern life and a lot of folks in recovery don't have access to banking. Many people with low incomes don't have access to banking. This group is referred to as the unbanked, which I think is an interesting concept.

What's important about this is that these individuals don't have a chance to build credit. They don't have an opportunity to use direct deposit. In the curriculum, we help people set up free banking, savings, and checking accounts so that they can participate in this aspect of modern life. Finally, they learn about credit and debt and ways to improve their credit rating and pay off any loans that they might have. That's a look at building financial wellness in the solution suite. Another life area central to many people's recovery is employment, and the suite has multiple materials for people who are thinking about work, looking for services that will help them get and keep good jobs and wanting to build careers. One of our most popular solution suite products is a booklet designed for people who are looking for services to help them work. It's called seeking supported employment.

Judith Cook ([00:16:31](#)):

It educates users about what supported employment services actually involve and how supported employment can help them obtain a competitive job, which is a real job that belongs to them for real wages. Then the user is guided to visit employment programs in their local community, meet with a vocational staff person there and ask a series of questions about the program services and philosophy. What's important about these questions, is that each asks about a service that research has shown helps people with serious mental health and substance use conditions get and keep competitive jobs. Here's a page from the manual showing some of the questions and the boxes people check as staff give their answers. They include questions such as, do people get placed in jobs that are permanent in your program? And can people get a job and also keep their SSI or SSDI benefits? And do people get jobs that minimum wage or above?

These are all services delivered in evidence-based practice, supported employment. And it's important to know whether those things are going to be in the services that you receive. These answers are added up to allow the user to compute a score that summarizes the degree to which the program contains the active ingredients of evidence-based practice, supported employment. If it gets the top score, users are told, this is an excellent program and you should consider getting services here. Or if it gets the lowest score, people are informed this program lacks all or most services that will help you work competitively. So you might consider looking elsewhere or looking for work on your own. These questions can be asked of staff over the phone, but we found that it's much better to go and visit the program and see what the environment is like and get a feel for it.

The tool also helps guide people toward evidence-based practice vocational services, and it empowers them to look for services, knowing that they've been shown to result in high quality employment. It's also been used with people who are just starting to think about working. Okay. I hear a little feedback, so just want to make sure everybody's muted. Thank you. It empowers them to look for services knowing that they've been shown to result in high quality employment, which is really important. You don't want services that are really not that effective in helping you get a competitive job. It's also been used with people who are just starting to think about working and want to know what supported employment is and how it works.

I've been talking a lot and you've been listening, which I appreciate, but I want to stop for a minute and see if there are any questions that people have, particularly some basic questions either about how the suite works or maybe about one of the tools I've presented so far.

Ken Duckworth ([00:19:40](#)):

Yeah. Let me ask you a couple of quick questions, Dr. Cook. Are you thinking that a program uses this, this is a free suite of services. So my local team gets it, or can I as an individual access it or is it both? I know it's free to all, but is it like my non-profit down the street does this for me or do I just find it on my own? That was my first question.

Judith Cook ([00:20:14](#)):

Excellent question. Many of the suites products are designed to use on your own. This is a really good example of one. You could pick up seeking support and employment. You could find some vocational programs, get some from your local vocational rehabilitation authority and go and visit them and ask them these questions, add up the score. And no I want to go to program X, I don't want to go to program Y. This has also been used by people that lead vocational support groups, for example. What they do is they call different programs and report back to the other members in the group about what each program's score is. That's an example of one that can be used in a variety of different ways. Building financial wellness, you could read it, but it's mainly a curriculum of classes that you would teach. But if-

Ken Duckworth ([00:21:11](#)):

You would teach or you would take?

Judith Cook ([00:21:14](#)):

Both.

Ken Duckworth ([00:21:16](#)):

Develop that idea, I've run across a few people who would not describe themselves as good with money. How might they teach a class on money?

Judith Cook ([00:21:25](#)):

Okay. That's a really good point. Because some people that would like to teach some of the solutions suite programs say to themselves, well, I'm not an expert on financial education, so I couldn't teach that. Here's what's important to know about the suite. You're responsible if you teach or use the materials with other people, you're responsible for knowing what's in the materials, not for being an expert in any particular area. If you want to teach building financial wellness, and you don't know tons about financial education, you would listen to the podcast, watch the how to webinar, which is about how to teach it to other people. Then you'd make sure you've read all of the materials, the participant guide, and the teacher guide. And we recommend that you teach a class or two to some unsuspecting audience, maybe your family, or other people in your program that are willing to see and not yet ready for prime time version.

And if you're teaching it and people start asking questions that are outside your area of expertise, you feel perfectly okay to say, hey, I'm not a financial expert. I know the things in this curriculum, but I can't answer all your questions about this.

Ken Duckworth ([00:22:44](#)):

This reminds me a little bit, I know this isn't medical culture at all. In fact, it's the most empowering peer-driven idea ever, but in medical culture, they have a thing called see one, do one, teach one. You watch somebody do something, then you actually are supposed to do it, which always terrified me. And then you're supposed to teach someone else on how to do it. And your idea is you really engage people in a very fundamental way, is the idea that the teacher also learns as we go, because that is another phenomena, right? You're helping others, therefore you learn as you do it.



Judith Cook ([00:23:24](#)):

Yes, absolutely. I think you've put your finger right on it, Ken. I think that's what's important about feeling empowered to use the suite. If you let's say are a certified peer specialist, you have the training on how to talk to people, how to lead groups. You've got the basic ingredients required to go to the solution suite, look for some products that you're interested in offering, maybe at your peer run program, using them yourself first and then watching the training webinar and the podcast and practicing teaching them to others. Excellent question. Are there any other questions that would be helpful for people to have answered at this part of the presentation?

Ken Duckworth ([00:24:15](#)):

We're going to save them for later, but thank you. You've answered the questions that have come up so far. Thank you.

Judith Cook ([00:24:22](#)):

Okay. That sounds good. Another solution suite product for people who are working or looking for work, is called physical wellness for work. This workbook teaches people about the importance of individual health habits and how those health habits combined to create routines that support holding a job. For example, one section of the manual focuses on the importance of getting adequate sleep and rest, connecting these health routines to the ability to be productive at work, to staying awake and being alert throughout the Workday and having the energy needed in order to get a job done. Another section educates people about the importance of healthy eating. If I can get to that slide, here we go. And various ways that practicing good nutrition can impact job performance. People learn about foods that fuel their body and mind so they can do their jobs.

They reflect on the importance of healthy eating throughout the workday. This includes things like not skipping lunch because you're busy and not using sugar or caffeine in the middle of the afternoon when you're starting to drag and feel tired. Other topics include stress management to handle workplace stressors like evaluation time or deadlines, physical activity to promote the stem and a required for most jobs, and many folks don't have the stamina needed for the kinds of jobs they'd like to hold and engaging in recommended health screening and medical care to keep you healthy and avoid those unpaid sick days. It's a health promotion approach geared toward work. It can also be paired with employment services and used by people who have worked for a while, but want to feel better on the job.

This is another one that you could use on your own, but you could also teach as a group. We've heard a lot in the past two decades about the importance of integrating behavioral health and primary care. We have a number of resources in that area. And two of them focus on prevalent medical conditions that people with serious mental illness and substance use problems encounter, namely obesity and diabetes. The first product is a weight management program called Nutrition and Exercise for Wellness and Recovery or NEW-R. It's an eight week curriculum to help people lose weight through nutritious meal planning, reduce portion sizes, and increase daily physical activity, which by the way, can include dancing. It uses smart goal planning to help people set small achievable goals in a short period of time, along with peer support and a focus on intentionality to help participants stay on track.

Judith Cook ([00:27:30](#)):

There's a leader manual and a participant workbook. Here's a segment on the importance of eating whole foods rather than processed foods. It teaches participants that as you move from eating an apple to eating apple sauce, to eating an apple pop tart, you lose nutritional value and add unhealthy ingredients like sugar. This a segment on reading food labels that participants really enjoy. Here people learn what information is contained in different parts of the label, how to read and make sense of this information. And as part of this segment, people are asked to bring in labels from their favorite foods, so they can discover how nutritious they are, what portion sizes they actually refer to and other important information they can use to make good food choices. Helping people read nutrition labels turns out to be a major, major thing for folks that are trying to manage their weight.

Another fun feature of this tool is the accompanying exercise videos. There are nine of these videos featuring occupational therapy grad students, and people in recovery, working out together. This workout session occurs during the last 20 minutes of every class. And everyone is encouraged to participate regardless of any physical limitations they might have. For example, people who have difficulty standing are encouraged to exercise seated, and the videos include a person doing the activity from a chair, or in this case on the floor. This segment of the class is key, because not only do participants build stamina over eight weeks and people are surprised at how much stronger they feel. Many also noticed that they feel more positive and have more energy. I hope you're all familiar with the research showing that physical activity and exercise lowers feelings of depression, for example.

Having these immediate benefits from exercise through these videos motivates people to keep attending and to continue they've learned after the class is over. Another product I'd to highlight is that our online interactive diabetes education toolkit. I mentioned that certain medical conditions are likely to be affecting people in recovery, and one of these is diabetes. We created a toolkit for many different actors. One is people with diabetes. The other is their medical providers who often aren't using the right kinds of materials to provide diabetes education that people can understand. Another is behavioral health care providers, many of whom feel overwhelmed if they're working with someone with diabetes because they don't understand it and it's difficult to fathom the information.

But this toolkit is also used a lot by family members and other supporters. The toolkit includes an extensive library of one page information sheets written at grade school level, covering the basics of diabetes, how to build and maintain a healthy lifestyle to manage diabetes and recommended medical test. This last part is really important. The American Diabetes Association publishes standards for good diabetes care, and these standards are something everyone with diabetes needs to know to make sure they get the right tests and the right exams, a foot exam, for example, and a dilated eye exam, are two exams that are required at least annually if you're adhering to the American Diabetes Association standards of care. All of the library materials are available in English and Spanish.

These care standards include a number of laboratory and other medical tests. People use the toolkit to learn what these tests measure and how to interpret their test results. Then based on those results, they're linked directly to information sheets from the library with specific strategies for managing the various risks of diabetes. Here's a look at the page on A1C. And if I have just gotten my results from my doctor and know my A1C is nine. One of the first things I learned is that this is considered elevated. I also look to the right at the library suggestions, and I see I can read one that is entitled understanding A1C. I can learn a little bit more about what this number means. I might also decide that I want to understand why I'm taking certain medications. And so I might open up the why treat diabetes handout.

Judith Cook ([00:32:32](#)):

What's important about the way the toolkit is organized is that everything is linked. You learn about the standards of diabetes care are, then you click on a standard. And if the standard is that A1C should be done once or twice a year, depending on your status and you come to this page, and then you say to yourself, I really need to understand this better. And you go off to the library to read more. What you're reading is written at a level where you don't have to be a doctor or a nurse in order to understand it and comprehend it. And if you yourself are a Spanish speaker or you're working with people that speak Spanish, there are Spanish language versions available. We're proud about this toolkit. We love that it's online and interactive, and it was recognized as a quality tool by the AHRQ, and it's featured in their health care innovations exchange. Check it out if you have, or you work with someone with diabetes.

We also have a detailed health fair planning manual that gives you step-by-step instructions for working in local outpatient, mental health programs and their surrounding communities to conduct health screenings. This is a great project for NAMI affiliates. These screenings address the major chronic illnesses that occur with serious mental illness, including high blood pressure, high cholesterol, diabetes, and obesity, as I've mentioned already, and heart disease. Users are encouraged to start small, perhaps setting up a blood pressure screening event one morning of a particular week. And then if they decide they want to go larger, they can build up to a full health fair with multiple screening stations and free health and wellness resources. A useful feature of this manual is that users are taken step-by-step through all the activities necessary to plan and conduct a successful health fair.

This includes instructions for welcoming participants, making them feel comfortable and letting them know what screening stations they can go to. This is really important. People in recovery don't often feel comfortable going to regular community health screenings. Many of them know that they're overweight or obese and feel embarrassed to go to the health screening on BMI. Some don't feel healthy and are afraid that they might have something like diabetes or high blood pressure, and so they approach a regular health screening with trepidation. What our manual does is help you design a health screening that is welcoming to people. Many of the people who staff your health screening, we recommend should be peers and also family members who understand what it's like to come to a health screening if you don't feel in total control of your health.

Also included the manual are instructions for people staffing each station, on how to administer the test. This includes explaining what the test is for, how to conduct it, how to record the results and how to tell people what the result is and what that means. Here's an example from the blood pressure station. And again, if you just want to have blood pressure screening, maybe you want to invite the local, there's a college or university in your local area, maybe the nursing department would team up with you, but even if you don't have nurses to do blood pressures, this manual tells you what you need to do in order to administer them reliably and share with people the results of their screening and what those results mean. By giving a timeline template for all the different stages and steps of a health fair, it breaks down a very complex event into a manageable process.

Judith Cook (00:36:36):

Here you learn that for a health fair to be held in early October, for example, you'll need to begin planning in March, form subcommittees in April, finalize what screening tests you'll do at each station in June, begin advertising in July and finalize transportation and parking plans in September. We created this manual with our colleagues at community support programs of New Jersey, that peer run organization that I mentioned earlier. We held health fairs with them in four states, they've done many, many health fairs. Our research on these fairs found that participants showed significant increases in health locus of control and in their level of confidence of their ability to manage their own health. The health screening participants change in terms of feeling more empowered to use the information they learn, but also equally important, our health screening of over 450 people also identified 82 instances of undiagnosed diabetes, hypertension, or high cholesterol.

Getting their results immediately allowed these people to become aware of potentially serious conditions and make plans to see their healthcare providers as soon as possible. That's our healthcare manual. One of the most important parts of dealing with major behavioral health issues is being able to self-direct your services and increasing the amount of self-determination you have as you recover. A number of approaches have been shown to enhance self-determination, including motivational interviewing and person centered planning. This week contains a series of products that use these strategies. The first is a short workbook that allows users to assess the amount of self-determination they have in different life areas called, express yourself.

This is an assessment that people can complete on their own. They can do it with a service provider. They can do it with peers and in a peer group, family members or other supporters. It familiarizes people with the notion of self-determination and the fact that it's a basic human right. Many people in recovery don't realize that self-determination is something that they deserve. Also it guides them to rate how much self-determination they have in a number of different life areas that have been shown to be important to folks, like residential, community participation, transportation, coping with trauma, having friends, sexual expression, citizenship and mental and physical health. Whoops, I went in the wrong direction there. Here you'll see some of the statements people read about different life areas.

These include things like, I choose where I work and my basic human rights are respected. And I have the final say over how I spend my money. Users first put a check next to areas where they have little choice and control. Next they're instructed to go back and look at the areas they've checked and decide whether that area really matters to them. Just because you have low self-determination in a life area doesn't mean that area is all that important to you. But if it is important, they put a second check mark next to the statement. In the example, in this page, the user put two check marks next to, I can choose where I live indicating low self-determination in an area of high importance.

Once people have identified which areas are important to them, they move on to the final section of the assessment. In this section, the statements are repeated, but this time under each is a link to one or two websites with useful information about that life area. Here we see a person who put two check marks next to the statement. I decide whether to live alone or with someone else. This turns out to be a really important thing in people's lives. Many people are living in group homes or supervised apartments where they're forced to have a roommate, and it's not really a choice for them. If the individual check that statement twice and clicks on the link under it, they go to this website. Here they find information designed to help them decide whether they want to have a roommate or not. They're asked to consider whether they're the kind of person who craves solitude and prefers being alone.



Judith Cook ([00:41:25](#)):

They're asked if they'd like to share things like living spaces and kitchen items. They also think about whether they could use help from other people with life's daily chores. Also, whether they're good at dealing with people, if conflicts arise. Access to this kind of information allows people to put their proverbial toe in the water and see whether this might be an area where they'd like to work towards some changes. If the user is working with a paper version of the assessment, but has computer access, they can type the web link into their browser and go to the websites that way. And if they don't have internet access and are using the paper version, the person who is helping them use the tool can print out pages from the relevant website to read and discuss. After completing the assessment, people are encouraged to share the results with whomever they like, including family members and other supporters.

The second tool in this self-determination series is a person centered planning guide called, this is your life. It's a self guided workbook that can also be used in group settings, and also can be used by a client and a therapist, or a family member with a relative. Person centered planning helps people identify their personal strengths, preferences, goals, needs, and most importantly, how they would like their life to be. It's not about treatment planning and recovering, it's about what kind of life you want to move toward. Using the stages of change model, which I am sure most of you are familiar with I hope, users are guided through a planning process based on whether they're contemplating change, preparing for change, ready to act or making changes already, but wanting to maintain their progress. It's not such a good manual to use if you're in the pre-contemplation phase, where you're not even thinking yet about making changes.

One of the strategies used in this tool is smart goal setting. Remember I mentioned that the solution suite tools use a number of clinical strategies and smart goal setting is one of these. Smart goals are based on the idea that we benefit from structure and accountability to achieve our goals. In smart goal formulation, it's important to write goals positively what we will do, not negatively what we'll stop doing. Sometimes we think we can't change, but really that's because we haven't formulated our goals in a way that helps us achieve them. The smart goal setting process can provide a roadmap for people in order to make the journey. By now I'm sure you realize that express yourself, and this is your life are somewhat parallel tools. Both are designed to encourage people to start believing that there's more to life than their illness and that they can set a goal and reach it, even if they run into roadblocks.

Express yourself is a little bit of a lighter touch, and it involves using normalized resources that are available through the worldwide web versus clinical resources. This is your life is a little more involved, uses more clinical strategies and helps people set goals and be able to assess whether they're making progress toward those goals or whether they want to change them. We also recognize the importance of culturally specific and culturally competent services and supports including peer support. We now have a whole science of how to enhance cultural competence in behavioral health. Our suite contains a product we developed in partnership with NAMI called the cultural competency guidebook. We designed it in collaboration with the NAMI star center and it's designed for use by peer run programs and peer run self-help support groups, but it's also been used by all kinds of mental health programs.

Judith Cook ([00:45:38](#)):

What's interesting about this manual, is that we pilot tested it with seven peer run programs in Arizona, California, Oregon, Texas, Wisconsin, and Hawaii, and we use their ideas and experiences throughout the manual. It starts by introducing people to five organizational areas that reflect a program's cultural competency. These include its administration policies and procedures that it follows, the staff at all levels who run the organization or who volunteer, the services and supports that it delivers, the program environments in which services are received and the nature of communication and language capacity of the organization, including whether translation and interpretation services are available, for example.

After understanding the importance of cultural competency in each of these areas, the user learns where to look in their program to see if it reflects cultural competence. In the area of program and group environment, you're going to look at how people are depicted in your programs brochures and other document, whether the music and food offered at any meals or celebration represents all the cultures of people who attend your program and whether the people who staff and attend your program represent the community that surrounds it, an important thing. In order to do an objective assessment of each program area, the manual provides a set of competency criteria that are specific to that area. Here are the criteria for rating the programs cultural competence regarding the staff and volunteers who provide services and supports.

When rating your program in this area, you'll consider things like whether they receive cultural competency training and whether staff and volunteers are evaluated for their ability to work with diverse groups. You'll also look at whether your staff are racially and culturally diverse, and whether your recruitment and hiring processes or recruitment of volunteers encourages applications from people of diverse cultures. After rating each of the five organizational areas, the user develops the plan to increase the organization's cultural competency in areas where it's low. The manual provides bright ideas and things to try based on what other peer programs put in their plans in our pilot test. This page from the manual offers ideas about what to put in a plan for enhancing the programs physical environment, including the multicultural artwork and a map marked with the countries of origin of staff and members.

Finally there's a section of the manual on how to evaluate the success of your plan and continually assess and improve your organization or support group. In our national pilot test, peer run programs in multiple states were able to use the guide to conduct assessments and make organizational plans. We followed them up after three months, which isn't a lot of time, but they showed demonstrable improvement in the organizational areas they targeted in their plan. It is possible to get started, and to take a tough area that involves a lot of soul searching and potential for organizational change and begin to move forward in enhancing competency. So far, if you're still with me, I've introduced you to 10 of the suites products. Amazing. Huh? I'm going to mention the remaining ones in a lot less detail in case you want to ask about them during our discussion.



Judith Cook ([00:49:34](#)):

We have a publicly available version of the evidence based practice rep. This was written by Dr. Mary Ellen Copeland, and this freely, publicly available version takes you through all the steps of developing your own rep plan. It's a good introduction to rep for people who aren't ready to participate in a rep group and also for programs and systems, not yet using rep, but wanting to know more about it. We strongly recommend that organizations wanting to implement rep groups, receive training from the Copeland center and purchase rep materials from rep's publisher, Advocates for Human Potential. Another product is Whole Health Action Management, or WHAM for short. WHAM was developed by peer leader, Larry Fricks and the Georgia Mental Health Network, it's designed to be taught by peers, but it can be taught by people who aren't peers.

In WHAM people learn about 10 evidence-based health and resiliency practices, including restful sleep, healthy eating, cognitive skills to avoid negative thinking and the benefits of service to others. Mental health peer support is provided through weekly WHAM support groups at which people set and pursue goals by developing and following weekly action plans. They also meet individually with their WHAM peer coach. We conducted a study of WHAM, a randomized control trial, so a very rigorous study and found that compared to people in the control condition, WHAM participants had better physical health, greater hopefulness and higher levels of feeling activated to manage their physical health and interact with medical providers. We also have a workbook called, journaling, a wellness tool. Don't know if you know much about journaling, but it's a practice that can offer a safe, cathartic relief for dealing with the stresses of daily life.

It can also stimulate artistic creativity. A number of studies have shown that journaling has both health and mental health benefits. This workbook is definitely worth checking out. We have a guide book for staying healthy, following a psychiatric inpatient admission called, keeping healthy after the hospital. It was developed by the New York City health and hospitals corporation office of behavioral health. We have a health passport, which is a portable health record that people can use to understand and keep a record of their health tests, such as their blood pressure readings, their cholesterol levels, their A1C and other health tests. We use this with people during our health fairs, but having the health passport alone to have a portable health record can be helpful aside from a health fair. We have a wellness activities manual. This introduces people to different types of wellness activities that they might want to learn about, get a little bit of a feel for before they decide to pursue them further.

There's an introduction to yoga and some simple yoga exercises. There are mindfulness exercises that people can try to see if that's an area that they'd like to learn more about. And also body relaxation techniques that people can experience. We have a brief guide called raising difficult issues with your service provider. This is designed to help people bring up sensitive topics and maybe give some negative feedback to clinicians in a positive way, in a way that their opinions as service recipients will be listened to and respected, which is a popular manual, very simple one. And what it basically provides are conversation openers to introduce topics that can be a little tough for clients to bring up with their service providers. Finally, we have a self-directed care implementation manual, that tells you how to set up and run a program in which people have access to the self directed care model.

Judith Cook ([00:53:42](#)):

I don't know if you're familiar with that model, but that's one in which people have individual budgets from which they can purchase their goods and services for their recovery. We want to encourage everyone to use the products in our solution suite, otherwise we wouldn't be making them available for free and providing easy to access training and technical assistance. But please note that all materials are copyrighted. You're free to reproduce solution suite products for your own personal use or for using your publicly funded program or support group. However you're not permitted to reproduce, modify or use solution suite products for commercial reasons or for research or educational purposes without our written permission. And you also cannot include them in your own publications, including self-publication without written permission from us.

For those of you who would like to explore further, here's a link at the top to this solution suite, the top page where you learn about the two different types of solutions suite materials. Our center's website, which has many, many other resources on it in addition to the solution suite, and then finally our Twitter feed. You don't have to join Twitter to view the feed, but we do announce all of our new products on Twitter, as well as related webinars and other activities, though, for example, yesterday I announced this webinar on Twitter and gave people the link that they could go to, to sign up for it. You're going to want to remain apprised of the solution suite products, we're getting ready to release a brand new manual on how to achieve and maintain your immune health. And that clearly in these times of COVID is an important health and wellness skill that everyone wants to have.

Finally, here's my contact information. Feel free to send me an email. Don't call me at that number, it's my office and we're all working from home right now. But I will respond to your email. And don't forget that you can, for each of the solutions suite products, press that technical assistance button and you'll be put in contact with someone from my center who will help answer your questions, help you design a training program where you can train other people to use the solution suite product. And in some cases can enable you to correspond directly with the person who created the solution suite product that you'd like to use. I'm going to turn it back to Ken for the questions and answers segment of today's webinar.

Ken Duckworth ([00:56:30](#)):

What a great talk, and I just want to shout out, you're giving your email out and making it clear that you are here to help people. It's a beautiful gesture and I just want to just acknowledge that. All right. The first question, is this really free? I think it's the first question. We have to say it again, because not everybody's had that experience.

Judith Cook ([00:56:55](#)):

Yes. It's really free in the sense that you do not have to pay us to use these tools. Nothing is really free though, so I do want to acknowledge that you need to have a computer in order to download it, although if you don't have computer access and you've been able to learn about a tool, if you contact us, you can call us, or you can email us, we will send you a paper copy, a bound paper copy of the tool. We realized that not everybody is lucky enough to have the computers and internet access that we're all using today to access the webinar. But yes, these things are free. There are two products on there that the creators have allowed us, and this is rapid whim to have versions on so that you can get familiar with them. But we really do recommend that you get training and get certified to deliver them to other people. And that does cost money, but aside from that, and so far as things are really free, they're free and accessible.

Ken Duckworth ([00:58:00](#)):

So the resources are all free. A person asks, they want to become a trainer. So what is entailed in becoming a trainer to teach others?

Judith Cook ([00:58:09](#)):

Well, I'm assuming this is the person who wants first of all to learn how to use the tool themselves. So in order to be able to do that, you're going to want to listen to the podcast. You're going to want to watch the training video. You're going to want to become very, very familiar with whatever it is that you would like to use with other people. If you want to use the diabetes toolkit with other people, you better have visited every single page on that tool kit and read it and made sure you understand it. And so we suggest that before you train other trainers also deliver it to people. If you're leading a group, let's say we recommend two or three classes before you train other people. Because it's in teaching classes you're going to come up against some of the issues that you'll need to pair your training.

Ken Duckworth ([00:59:06](#)):

Question, I'm a care giver, can I use these resources?

Judith Cook ([00:59:11](#)):

You certainly can. They were designed for you. They were designed to use with the person that you care for. Make sure that person really wants to use the resource with you. I will tell you, there was one group of caregivers, they were older women and men who were caring for a family member who was elderly. And they used this determination manual in order to see how much self-determination was left, whether they could enhance that a little bit, because sometimes being a caregiver you end up giving up a lot of self-determination that your person.

Ken Duckworth ([00:59:54](#)):

I wanted to talk about the cardiac risk reduction idea, diabetes education, you mentioned a number of people that have been helped with that. Could you develop that a little more? Because I've had many people tell me over the years that they didn't fully appreciate or weren't told about the cardiovascular diabetes and metabolic risks associated with the antipsychotic meds, for example.

Judith Cook ([01:00:21](#)):

That is so very, very important. The health fairs are a community active approach. Rather than telling people you might have diabetes or you look obese, or you might have high cholesterol because of the way you eat and what your weight is, being able to go out and do a health fair, that's comfortable and welcoming to people and perform these tests. Which I'm a sociologist, I can do a A1C, for example, it's not as hard as you think it is. And particularly if you team up with a nursing department for med school, you can actually take health assessment out into the community and capture these undiagnosed conditions. Otherwise using the various solutions suite tools to educate people about the fact that they could develop heart disease, if they don't change their eating habit or their exercise routine.

One really important thing about physical activity is, we talk about exercise and a lot of people don't want to exercise, particularly if they're obese, it's not very comfortable to engage in physical activity. We teach about the fact that you can dance. You can take a simple walk, you don't have to go to a gym, you don't have to engage in an exercise routine. These are some ways I think you can move people forward in their understanding of these co-occurring conditions and starting to change their lifestyle in order to address them.

Ken Duckworth ([01:01:58](#)):

Excellent. What are you working on next?

Judith Cook ([01:02:02](#)):

Thank you for that question. Well, you probably wrote this question before I told you all about the manual for boosting your immunity system, so that's going to be the next one.

Ken Duckworth ([01:02:13](#)):

Let's develop that a little bit. How are you thinking about that that is quite topical? How long might it take to create it? Do you have anything to share about it now? Because immunity is a source of some interest just now.

Judith Cook ([01:02:28](#)):

It sure is. And of course immunity is implicated not just in COVID, but in many of the chronic illnesses that people face. One of the big challenges of the immunity manual with filtering out all the junk science that's out there about immunity, and really focusing on ways to boost your immunity, that has some scientific basis behind them. We worked with doctors and nurses to make sure we weren't saying blanket things like, take vitamin C, it's good for everyone under every circumstance. I think that that's an important lesson. It's taken us about a year to get it ready. And the final version is being reviewed by our doctors who have very high standards of evidence. We're hoping that it will be ready for release in September or maybe October at the latest.

Ken Duckworth ([01:03:23](#)):

I just want to tell people if you're interested in vaccines and vaccine information, we did an ask the expert with a couple of infectious disease physician experts in about January or February. We developed the whole history of racism, institutional problems, the reason people might be skeptical, and then we just went through the whole science. I would encourage you to do that if you're interested in this topic. All right, that's very helpful. That's very helpful. Let's talk a little bit about money. Most people don't take on money as part of a recovery concept. What led you to that? I agree it's important and it's interesting because I haven't really heard anybody develop that as an idea. You mentioned money, money management, where'd that come from?

Judith Cook ([01:04:19](#)):

For our center if you're familiar with our center, you know we've done a lot of research on employment and valid evidence-based ways to help people enter the job market and develop their careers. One of the things that we noticed was that it's one thing to help someone get a job and earn some money. It's another thing to know exactly what to do with that money, how to manage it well. Many of the people that we heard from had representative payees, so they were really not in charge of their own money. And so what we realized was that basic financial education was needed. We also learned that a lot of people worry a lot about money, have very bad feelings about themselves. Money's a big contentious issue often between individuals and their families.

This is one of the reasons that we've had a financial education class available from our center for 20 years now. But this one has just been developed with Peggy Swarbrick and Pat Nemec. We've pilot tested it. We think it's our best one yet.

Ken Duckworth ([01:05:27](#)):

That's great. That's very helpful, very creative. It really covers the waterfront. The suite really covers the waterfront. Do you find that people who are in a fairly advanced stage of recovery when they're using the suite, this gets to the idea of the stages of change. When do you catch people along the continuum? Are they an active contemplation? Are they in early action? Are they in action of a relapse prevention? Where on the spectrum do you find people who access these resources are?

Judith Cook ([01:06:05](#)):

That's a really important question. One group that doesn't access it so much, but the people that work with them could access, are people in pre-contemplation. Many, many folks are stuck and they are not even beginning to think about change. If you know the stages of change, the strategy you use at that stage is educating people and trying to raise their consciousness, not trying to suggest that they should pain, but suggesting that other people have encountered similar problems to them and that there are ways to address some of their problems, again, not in terms of them. Some people use the solution suite on tools for consciousness raising with folks, gives ideas about how they can bring these into fruition. People who are contemplating change in that contemplation stage often will check into a tool.



Judith Cook ([01:07:01](#)):

We try to direct them toward the lighter touch tools, so that they're not overwhelmed and then try a tool and go, wow, this wasn't bad. It was actually fun. And look, I'm going to real websites that anybody could access. People that are ready to change and trying to maintain changes, a lot of them use the solutions suite. And as you know many people that are pretty far along in their recovery have become peer specialists. They're leading peer to peer support groups or support groups for family members, and so they come back to the suite to retool and learn new things they could try.

Ken Duckworth ([01:07:42](#)):

Excellent. Well, I just want to say this was a great talk. It's incredible what you've put together and what you're continuing to put together. I just want to thank you. I want to thank you again for making yourself available to the community of about 170 people that attended this session.

Judith Cook ([01:08:00](#)):

Wow, that's wonderful.

Ken Duckworth ([01:08:02](#)):

And we'll hear it on, it lives on NAMI, on Ask the Expert on the website. Could we advance the slide? I want to acknowledge our incredible team here at NAMI that does all the heavy lifting. This is Dr. Teri Brister, Jessi Walthall, Jordan Miller. We put these webinars together, trying to get the best ideas to you. We have a couple of remarkable ones coming up, Dr. Christine Moutier, medical director of the American Foundation for Suicide Prevention. That is a September concern, and we're very fortunate to have her. In recovery thinking along the work of Dr. Cook, we'll be having the Me2 orchestra. They are people with lived experience who formed several high performance orchestras. And there's an excellent documentary, swept some combination of the people who ran the documentary, the conductor who was brilliant, the executive director and some of the individuals.

That'll be a musical one with people who've lived experience as experts. Those are two to look for. Remember you are not alone, obviously we're good, but we're not that good. We're not giving medical advice or clinical advice, we're trying to give information and resources just to people. It should be noted that NAMI likes donations and we are a non profit that like people to donate to us. How about the next slide? That is the last slide. Well, I've done my best to cover for our CEO, Dan Gillison. I just want to thank you all for attending. Dr. Cook, thank you for everything you do. I hope everybody has a great rest of their week. I look forward to seeing you in September for Dr. Christine Moutier, who is also a national treasure. Thank you everyone and have a good evening.