



# *PsyR Connections*

A QUARTERLY PUBLICATION OF THE PSYCHIATRIC REHABILITATION ASSOCIATION

Psychiatric  
Rehabilitation  
Association

Issue 2 Newsletter 2013

GROWING AND TRAINING THE RECOVERY WORKFORCE

## IN THIS ISSUE

- 2 Public Policy Update
- 3 Say Hello to the New PRA
- 4 PRA Annual Conference Recap
- 6 PRA Conference Keynotes
- 7 Pioneering Psych Rehab in Pakistan
- 8 My Conversation with Two Thought Leaders
- 9 Board of Directors
- 10 PRA's Awardees & Dincin Fellows
- 11 Radio, TV and Recovery!
- 12 The Mermaid Sisters
- 13 PRA's Journal Rating Soars  
PRA's New Website
- 14 CPRP Information & Test Dates
- 15 The Academy

## Letter from the Chair, Lisa Razzano



### ***Greetings PRA Members and Stakeholders!***

This is an exciting edition of the newsletter as it comes right after we have completed a highly successful Annual Conference, as well as a name change that coincides with an overall graphic and strategic rebrand of the organization. In addition to some very engaging and thought provoking industry articles, this newsletter delves into what PRA has accomplished in the past several months, and the programs and services we're looking forward to delivering to members throughout the year.

Thanks to all of you who joined us last month in Atlanta for the 2013 PRA Annual Conference! It was an extraordinary event with 700 psych rehab professionals in attendance. I have been attending PRA conferences since 1993, and without question, this was one of the most exciting experiences I have had. What has stayed with me most since returning home is the sense of community and commitment all of our members bring to their work in psychiatric rehabilitation. Mrs. Carter's inspirational remarks and her call for continued and renewed action to promote recovery and battle stigma reminded us of all the work we have ahead of us - particularly as we move into integrated care under the Affordable Care Act. Together, with visionaries like Mrs. Carter and leaders within our community, our mission can only be stronger and more sustainable. We also have the opportunity to make recovery more visible within our communities by telling stories of recovery that take our work to the most personal and human level.

The conference was the venue we used to unveil and celebrate our new name and graphic identity. In May, by an overwhelming vote of the membership, the organization changed its name to the Psychiatric Rehabilitation Association (PRA). The removal of the geographic designation from our name is an element of a comprehensive strategy

to enhance the ways in which the organization grows and trains the recovery workforce. With newly defined strategic initiatives, our organization is now positioned to become an indispensable link in the worldwide recovery and wellness movement. There is more information about the name change and rebranding throughout the newsletter, but if you have any specific questions please feel free to contact PRA's staff at [info@psychrehabassociation.org](mailto:info@psychrehabassociation.org). Our name has changed but the mission, values, and commitment to recovery central to our association remains the same. I appreciate the support and positive feedback that I personally received from many of you in Atlanta.

For all of you who were not able to join us this year, I hope to see you in Baltimore, Maryland next year during June 22-25 at the 2014 PRA Annual Conference. But you needn't wait a whole year! Throughout the year you'll have plenty of ways to engage with PRA, especially through the new Academy of Psychiatric Rehabilitation and Recovery, an enhanced professional development center providing career leaning in psych rehab, wellness, resilience, and recovery. (More details on page 15.)

I hope you enjoy this special edition of the newsletter, and that you are as excited as I am about the initiatives we'll be announcing throughout the next few months. Get ready for our new, fresh, and easy to navigate website that is coming this summer!

Best regards,

**Lisa A. Razzano, PhD, CPRP, PRA Board Chair**

1760 Old Meadow Road  
Suite 500, McLean, VA 22102  
tel: 703.442.2078  
fax: 703.506.3266

### **Board of Directors**

#### **Chair**

Lisa Razzano, PhD, CPRP

#### **Chair-Elect**

Dori Hutchinson, ScD, LRC

#### **Treasurer**

Roy Starks, MA

#### **Secretary**

Liz Smithhart, MC, CPRP, LPC

### **Directors**

Lori Ashcraft, PhD, CPRP

Andy Bernstein, PhD, CPRP

Beth Boersma, MSW, CPRP

Mary Gregorio, LRC, CRC, CPRP

Nancy Little, MS, LCPC

Lew Manges, CRC, CPRP

Steve Miccio

David Pilon, PhD, CPRP

Sandra G. Resnick, PhD

David Sanders

### **Ex Officio**

Diane Brewer, MS, LPCC, CRC,  
CPRP

Tom Gibson

### **PRA Staff:**

#### **Tom Gibson**

Interim Chief Executive Officer  
tgibson@psychrehabassociation.org

#### **Amy Lestition, CAE**

VP, Strategic Communications & Outreach  
alestition@psychrehabassociation.org

#### **Cherilyn Cepriano, JD, CAE**

VP, Public Policy

ccepriano@psychrehabassociation.org

#### **Casey Ward Goldberg**

Chief Staff Officer, Certification Program  
cgoldberg@psychrehabassociation.org

#### **Casey Garner, MPA**

Manager, Chapters & Membership  
cgarner@psychrehabassociation.org

#### **Angelica Ramirez**

Manager, Education & Training  
aramirez@psychrehabassociation.org

#### **Karla Bingman**

Accounts Payable & Publications  
kbingman@psychrehabassociation.org

#### **Cindy Moore**

Manager, Association Services  
cmoore@psychrehabassociation.org

## **PRA Conference Highlights: Public Policy Issues**




**Cherilyn Cepriano, JD, CAE**  
VP, Public Policy

PRA's Annual Conference in Atlanta highlighted several important public policy issues through engaging presentations and discussion. Cherilyn Cepriano, PRA's VP of public policy, led an interactive discussion of key issues facing the PRA community including:

1. Implementation of the Affordable Care Act - ranging from the expansion of Medicaid and the creation of Exchange marketplaces for health insurance purchase for individuals and small business
2. Demonstration projects in Medicaid focused on managed care and the dually eligible for Medicare
3. Continued budget pressures that will lean on discretionary spending such as SAMHSA and grant programs, and may well place increased pressure on mandatory budget spending of the major health care entitlement programs that are Medicaid and Medicare

In public policy discussions, PRA highlighted the importance of spreading acceptance and utilization of the Certified Psychiatric Rehabilitation Practitioner (CPRP) credential across the states, and PRA is pleased to announce that Oklahoma will be the 16th state to accept or utilize the CPRP in formal law or regulation.

PRA took a deeper dive into the subject of integrated care with a panel of PRA leaders in the field, facilitated by Cepriano; Mark Ishaug, MA, CEO, Thresholds, and David Pilon, PhD, CPRP, PRA Board Member and President and CEO, Mental Health America Los Angeles. Ishaug and Pilon shared with the group the importance of their respective organizations' focus on advocacy as well as their concepts for moving forward in the dynamic health care climate created under the Affordable Care Act. Following an interactive discussion with our executive audience, the group consensus was clear: PRA members must think creatively about their business and system delivery model in the face of changing health systems and increasing integration of care with a focus on primary care and preventative services. 

## **Join us for PRA Hill Days in Washington, D.C.: September 16-17, 2013**

PRA is pleased to join with National Council, the Association for Behavioral Health and Wellness, the Depression and Bipolar Support Alliance, Mental Health America, and NAMI for a unified Hill Day event in Washington, D.C. at the Hyatt Regency September 16-17, 2013. On the first day of the event you will attend an excellent policy educational event and have access to great training. The second day is focused on spending your time on the Hill meeting with your congressional representatives and their staff. Registration for this event is FREE.

To register, visit: <http://www.thenationalcouncil.info/hillday/registration.asp>. Make plans today to join PRA in DC this Fall!



# Say “Hello!”

# to the New PRA!

**USPRA**  
US Psychiatric Rehabilitation Association



## Psychiatric Rehabilitation Association

*Growing and Training the Recovery Workforce*

*By an overwhelming vote of the membership, the US Psychiatric Rehabilitation Association changed its name to the Psychiatric Rehabilitation Association (PRA). The new name and branding was unveiled in June to the 700 members and professionals at the 2013 PRA Annual Conference in Atlanta.*

*PRA celebrated the new brand and strategic initiatives, receiving positive acknowledgement that the enhanced direction will increase the value of this organization to PRA's members and supporters.*

### ***Why did we change our name and rebrand?***

Over the course of the past year, the PRA Board of Directors and staff have been focused on aligning the association with best practices in key areas of mission, brand, structure, programs, and economic growth. The collective goal has been to more effectively leverage PRA as the vehicle through which members and supporters can channel their passion for and belief in the essential role of psychiatric rehabilitation in the behavioral healthcare environment.

As PRA carries out its strategy, PRA will be recognized as the essential organization for people and organizations involved in psychiatric rehabilitation – from practitioner to CEO, academic to government, for profit and nonprofit, with values informed by lived, learned, and multicultural experience. PRA will offer a large number of training and learning opportunities, multiple credentialing tracks, and in-person, as well as virtual engagement opportunities for persons and organizations of differing geography, culture, education, and life experience.

***PRA has evolved into an organization of the highest professional standards which I am proud to be a member of!***

*- Maria B. Esposito, LMSW, CPRP, Employment and Rehabilitation Coordinator, Northern Arizona Regional Behavioral Health Authority*

***The new logo visually represents exactly how we work, providing a circle of care for the folks we serve.***

*- Martha Carpentier-Gibson,  
Gateway Residential & Community  
Support Services*

In addition, with the removal of “United States” from the name, the association is no longer limited by geographic barriers. Prime examples of why this was necessary and important are in the articles, “Pioneering Psychiatric Rehabilitation in Pakistan” on page 7 and “My Conversation with Two Accomplished Thought Leaders” on page 8. PRA’s reach and the industry of psych rehab are global, and our name now reflects this approach.





## ***PRA Celebrates a Hugely Successful 2013 Annual Conference!***



PRA held a successful Annual Conference in Atlanta in June, hosting 700 psych rehab professionals from across the country for the highly anticipated event. PRA offered a comprehensive line up of in-depth psychiatric rehabilitation training and enhanced networking opportunities that provided attendees with the tools they need to help others more effectively. Attendees overwhelmingly conveyed that they had a fantastic experience at the 2013 PRA Annual Conference, 95% of them noting they would recommend the event to other psych rehab professionals!

Here are some changes to the conference structure PRA made this year that made the conference more valuable to attendees than ever before:

1. PRA revamped the structure of the program - it was organized into 6 different tracks, each of which concentrated on a different level and discipline of psych rehab
2. The first track was a complete CPRP prep course – starting a day early, attendees could complete their CPRP preparation, and still have plenty of opportunities to attend other conference sessions
3. Attendees selected from over 50 hours of continuing education from 7 providers to earn over 19 contact hours of continuing education – with so many options attendees learned the most relevant information to apply to their careers
4. At the new Learning Lounges, attendees connected with speakers and fellow attendees to ask questions and network at the completion of sessions
5. Attendees had an exclusive opportunity to hear from former First Lady Rosalynn Carter, as well as two other keynote speakers, Dr. Benjamin Druss and Dr. Carl Bell – read more about their speeches on page 6!
6. And tons of special events with an educational and networking focus, including a film screening of *CAN* and panel discussion as well as a theatre performance led by Victoria Maxwell



***Mark your calendars! We hope to see you next year in Baltimore, MD, June 22-25, for more top psych rehab learning and networking at the 2014 PRA Annual Conference!***



*"The 2013 PRA conference exceeded my expectations in the amount of useful and relevant information presented. I had been in a rather discouraging professional slump for some time. But no more. I came home full of excitement over the changes I see in PRA as an organization and in the direction the field of psychiatric rehabilitation seems to be heading."* – Sun Young An, Program Manager, Beth Israel Medical Center

*"The PRA Annual Conference both distilled the current best practices, and challenged me to think beyond today! What I have taken away from the PRA conference is a sense of the possible, and a renewed appreciation of human resiliency."* – Diane L. Todd, PhD, Clinical Psychologist, Local Recovery Coordinator, VHA

*"There's a wonderful feeling you get here from being plugged into this huge community of psychiatric rehabilitation professionals and peer support providers. It's inspiring. The knowledge you gain is extremely valuable, but for me it's also about the motivation and energy for doing the work of psych rehab that comes from this experience."* – Jonathan Morris, LMSW, Psychosocial Rehabilitation Program Coordinator, Ridgeview Psychiatric Center



## Three World-Class 2013 PRA Annual Conference Keynotes



Left: Former First Lady **Rosalynn Carter** Keynote




Right: (L-R) **Dr. Benjamin Druss** & **Dr. Carl C. Bell** Keynotes

The Psychiatric Rehabilitation Association was thrilled to host former First Lady Rosalynn Carter, Dr. Benjamin Druss, MD, MPH, Emory University's Rollins School of Public Health, and Dr. Carl C. Bell, MD, Director, Institute for Juvenile Research, UIC Chicago (Birthplace of Child Psychiatry), for keynote sessions at the 2013 PRA Annual Conference June 9th - 12th. At this overflowing gathering of mental health professionals, the keynote addresses further validated the essential work of the organizations and practitioners delivering psychiatric rehabilitation programs.

At her Wednesday, June 12 Keynote Address, **Mrs. Carter** emphasized the importance of changing the way we talk about stigma by being as open about mental illness as we are about other medical conditions. She also spoke about President Obama's intention to launch a national conversation to understand mental health, especially as it relates to children, which is also one of PRA's leading initiatives this coming year. She lauded the work of PRA's focused role in growing and training the recovery workforce around the globe, a key element of helping to deliver improved mental and behavioral health outcomes.

During the Opening General Session on Monday, June 10, **Dr. Druss** spoke about his research which works to build linkages between mental health, general medical health, and public health. During his keynote he stressed how because of information technology there is real potential to improve care and to reframe the issue of disparity. Druss emphasized the importance of psychiatric rehabilitation professionals in that they have the opportunity to bring a broader recovery workforce into the health field, especially through peer supporters.

Also during the Opening General Session, **Dr. Bell** shared his research and remarkable insights on why now more than ever it is essential to understand social justice factors and consider their effects on local and federal policies related to mental health treatment, public safety, and the need for funding required to support new services and treatment initiatives, and the ways in which research can inform these decisions. 



## ***Pioneering Psychiatric Rehabilitation in Pakistan***

***By Veronica Carey, PhD, CPRP; Barbara Granger, PhD, CPRP; Shaheen Ahmed, President Caravan of Life USA & Caravan of Life Pakistan Trust***

In 2009, Shaheen Ahmed, a member of PRA's International Committee, opened the doors of the first psychiatric rehabilitation (PSR) program in Pakistan. In Pakistan, mental health services primarily consist of clinical treatment in a hospital provided by psychiatrists who then send "patients" back to their families upon achieving sufficient medical stability. Shaheen, who has lived in the US for almost all of her adult life, has been determined to bring community-based, recovery-oriented PSR services to families in Pakistan. She turned to the people she met through her participation on PRA's International Committee, which afforded resources and exposure to the training and technical assistance needed to generate the capacity to initiate Recovery House.


Shaheen and her brother, Khusro Elley, brought together a set of trustees in Pakistan to provide leadership and resources for the creation of Recovery House, the first recovery-oriented and psychiatric rehabilitation program in Pakistan, located in Karachi. The two traveled back and forth between their homes in the US and Karachi to facilitate the many practical necessities of developing this pioneer PSR program. With highly committed leadership, the team obtained fiscal resources, donations, a venue, and personnel. To date, Recovery House has provided PSR services for 130 people and their families through its residential services designed for 15 men and women, and a site-based PSR program. The site-based program is for those who choose to continue to make use of PSR services after their residential experience, or as a starting point for these new services.

Together with Shaheen and Khusro, the trustees sought out administrative and professional personnel to create the program. The trustees made use of the many materials available for PSR and the current best practices in providing PSR services. A major challenge, of course, is that in Pakistan there is neither a PSR workforce to obtain qualified professionals nor PSR programs to provide guidance on how to provide PSR services. Instead Recovery House's founders have had to "sell" PSR to those who have already obtained professional credentials in psychiatry, psychology, and nursing. Their response to these challenges has been to bring training opportunities to Recovery House staff to help them create and adapt this westernized service approach to Pakistan's cultural context.

It has only been three years since Recovery House opened its doors, but they have already served 130 individuals through both their residential and PSR programs. Community integration is a common thread as individuals return to their very large extended families. Shaheen, who is a National Alliance on Mental Illness (NAMI) Family to Family trainer, knows the value of bringing families into the conversation about recovery, since in Pakistan the family is the dominant way of experiencing everyday life.



Families are large and close, thus providing an excellent resource and support for Recovery House participant goals. Shaheen has already initiated family training/ psychoeducation through Recovery House, engaging family members to learn about recovery and the role of psychiatric rehabilitation in returning back to their families to facilitate recovery.

Anthony Zipple, a member of PRA's International Committee, connected Recovery House with Michele Blankenberger from Thresholds in Chicago to provide support and guidance in the startup with Recovery House's Director and other staff, making use of electronic resources such as Skype sessions and emailing PSR program materials as implementation examples. Recovery House staff selected IMR, which they call Wellness Management & Recovery, as their first evidence-based practice psychoeducation tool for implementing their PSR services. In addition, they have learned about the Wellness Recovery Action Plan (WRAP) and added this tool to their programming. Currently, the Recovery House's trustees have developed an agreement with Dr. Veronica Carey, CPRP, an associate director at Drexel University, and Dr. Barbara Granger, CPRP, a private consultant, to support PSR training of professionals and assessment of the current program structure. Both Dr. Carey and Dr. Granger will visit Pakistan in Fall 2013, sponsored by Recovery House, to offer pro-bono support to the administrative professionals, training for the Recovery House teams of staff, orientation to family members, and readiness support to program participants. In addition, there are plans to engage local hospital and university representatives in PSR. Clearly, PRA's International Committee has provided valuable facilitation to promote the pioneering of PSR in Pakistan. 





## My Conversation with Two Accomplished Thought Leaders

By Lisa Razzano, PhD, CPRP, PRA Board Chair

During the time I have been chair of our association, I have had the opportunity to visit many chapters and to talk to hundreds of members. I also have had the chance to see the ways the Psychiatric Rehabilitation Association (PRA) can grow as we modernize and globalize our presence in the mental health field, with a new name and brand. One of the most exciting aspects of repositioning our brand is the opportunity we have to develop international partnerships with mental health systems, providers, researchers, educators, and individuals in recovery. No two individuals embody this mission more than Carolyn Peterson and Mary Huggins, former board members, Beard Award winners, CPRPs, as well as many other distinctions. For decades, Mary and Carolyn have played numerous roles in the growth of our association. For those of you who attend the PRA Annual Conference regularly, they are a consistent presence and recognized as the “dynamic duo.” I have known them since I attended my first conference in New Orleans in 1993, and have had many fabulous evenings at the International Committee reception with them. As PRA’s board chair, I am inspired by the decades of service and commitment they have given to our association; I can only hope to achieve such longevity. They continue to lead efforts to expand relationships and the CPRP designation throughout the world with tenacity and resolve. Recently, I had a chance to catch up with these two PRA Dincin Fellows and talk about some of their experiences. For those of you who are not familiar with Carolyn and Mary, consider this your introduction.

**Q: What have been some of the most rewarding aspects of your careers?**

Both Carolyn and Mary felt that developing and joining PRA was the beginning of their journey in the psychiatric rehabilitation (PSR) field. In the earliest days of PSR, PRA created a community where people with new ideas were developing new services and programs. PRA not only resulted in better services for individuals in recovery, but service providers and programs also became less isolated. Both Mary and Carolyn have seen the development of diverse new PSR programs throughout their careers. For Carolyn, one of the newly developed CSP programs led her to PRA where she found her niche and providers with the same ideas and values, who also spoke the same language. She found colleagues and people to run ideas by.

**Q: What are some of the biggest challenges you have encountered? How did you overcome them?**

This question was tough for women with more than 50 years of service in PSR. One issue raised by Mary was the constant and significant role that our association has played in addressing stigma. Most recently, much of the social and handgun violence communities have experienced brings stigma back to the forefront of public and political discussions. Both Carolyn and Mary are invested in how we can respond to how communities react to violence of this nature, and consistently seek to address and reduce stigma. Other areas where both Mary and Carolyn have seen advancement is in developing and supporting the workforce. Carolyn noted that PRA is a welcoming association comprised of diverse leaders and professionals and that PRA

needs to continue to focus on mentoring new people and develop leaders in PSR. PRA is able to bring people together in chapters and offer them experience and partnership. This leads, as Carolyn noted, to an “infusion of new ideas and we need that in the field.” This is an essential ingredient and the time is now to catch new professionals and engage with them. Both Mary and Carolyn also strongly believe in rowing service programs, diversifying how they are paid for, and examining the minimum qualifications of the workforce. She added, “Recovery is still not a given and that’s still shocking. We still have a lot of work to do there.”

Both Mary and Carolyn are hopeful that PRA can continue to support and strengthen its mission to affect change in overall attitudes about recovery, services, and that for PRA, things are changing for the better; confidence in association is growing back. As Mary noted, “Now more than ever, the CPRP has helped us find our identity as an association. The process is harder and people have to earn it/work for it. It’s the biggest contribution – and to world.” And clearly, Carolyn and Mary’s focus and work are not only limited to the United States and Canada. For decades, Mary and Carolyn have been the forces behind the International Committee, hosting receptions and events for providers and people in recovery from numerous locations, including, but not limited to, Singapore, Australia, New Zealand, Italy, Nigeria, Japan, Sweden, the Arab Emirates, and Israel.

**Q: How did obtaining your CPRP designation help you help more people throughout your career?**

The most notable reply from Mary and Carolyn was how the CPRP helped growth beyond just original workforce training. Carolyn commented, “The credential represents a new avenue for expertise and provided a foundation – a better definition – of what the services are for most practitioners. In many ways, the CPRP was different to get than other credentials because it moves beyond the academic aspects of mental health and details the work and the practice of what PSR is and what providers do. It’s where you ‘hang your hat’ and defines us as a field.” Mary agreed, “The CPRP defines us – it is accepted and an understood niche. CPRP providers have a sense of who they are and what they bring to recovery.”

**Q: What was one of the most meaningful experiences you had with PRA?**

For both women, unquestionably it has been the development of new education and training programs. Carolyn and Mary talked about how, from the beginning, the PRA Annual Conference has always been a focal and important part of the association, and the conference has always been on the cutting edge for educational activities and provided world-class training for the PSR workforce. Even from the early days of pre-conference institutes and workshops, you would meet new, fresh people every year with new information and ideas. As Mary noted, “People have genuine enthusiasm for PSR. Part of being at [the PRA Annual Conference] was that experience.” This was one of the many reasons they decided to spearhead the...

(continued on page 9)





## **My Conversations with Two Accomplished Thought Leaders**

(continued from page 8)

...development of the International Committee, combined with the growing number of new people attending from other and new countries. Carolyn agreed, “The International Committee has been grounding for them – always something new and exciting with other countries to expand PSR and learn from experts in research and services.”

**Q: Do you have any advice you would offer professionals about how to make the most out of their careers?**


Join PRA. Period. (Author’s note: No, really. That’s what they said.)

Mary joked that while not trying to be biased: “If you’re not in PRA, why are you in the field at all?” Carolyn agreed. “We provide a community within a larger health care environment that is welcoming and that promotes recovery. Our association always has.”

**Q: Where is PRA 10 years?**

Mary: “In 10 more years every state has adopted the CPRP and is funding PSR at the level necessary.”

Carolyn: “Active chapter in every state. Maybe even world domination.”

Mary: “Well, that goes without saying.” 

### ***Be a PsyR Connections Author!***

We want to know what you or your agency has been up to over the last few months. Have you found a new solution to a common problem your colleagues might still be facing? Do you have an opinion you would like to express to your fellow psychiatric rehabilitation practitioners? Have you developed a new program or service? **Let your voice be heard by submitting an article for the upcoming Fall issue of PRA’s quarterly e-newsletter, *PsyR Connection*, by Wednesday, September 4.**

**Article Guidelines:** Author must be member of PRA; clear relevance to field of psychiatric rehabilitation; 700 words or less; provide web links to further information if applicable; include photographs, logos, or other graphics if available; adherence to [PRA’s language guidelines](#); include author’s full name(s), title, organization, and e-mail address.

## ***PRA’s 2013-14 Board of Directors***


The Psychiatric Rehabilitation Association (PRA) is proud to announce its 2013-2014 Board of Directors, term beginning June 9, 2013. We are pleased to welcome this new group of Board members whose leadership is critical to PRA continuing to grow and train the recovery workforce in order to drive positive change for the mental health industry and overall societal progress. **Lisa Razzano**, PhD, CPRP, Associate Professor of Psychiatry, UIC Center on Mental Health Services Research & Policy, will chair the board for the second year of her two-year term.

Serving as chair-elect for the second year of her term is **Dori Hutchinson**, ScD, LRC, Director of Services, BU Center for Psychiatric Rehabilitation. The treasurer is **Roy Starks**, MA, Director, Rehabilitation and Recovery, Mental Health Center of Denver; the secretary is **Liz Smithhart**, MC, CPRP, LPC, Adult Services Director of SMI Programs, Magellan Health Services.

Members continuing as directors include, **Lori Ashcraft**, PhD, CPRP, Executive Director, Recovery Opportunity Center; **Mary Gregorio**, LRC, CRC, CPRP, Center Club Program Director, BayCove Human Services, Inc.; **Nancy Little**, MS, LCPC, Director of Training, Thresholds; **Lew Manges**, CRC, CPRP, Deputy Executive Director, Elwyn, Inc.; **Steve Miccio**, Executive Director, PEOPLE, Inc.; **David Pilon**, PhD, CPRP, President and CEO, Mental Health America of L.A.; **Sandra G. Resnick**, PhD, Associate Director, VA Northeast Program Evaluation Center; and **David Sanders**, DHHR Behavioral Health & Health Facilities.

PRA welcomes new directors, **Andy Bernstein**, PhD, CPRP, Clinical Director, UA RISE Health and Wellness Center, Department of Family and Community Medicine, University of Arizona, and **Beth Boersma**, MSW, CPRP, PSR Program Director, Community Friendship, Inc.

The ex officio directors include, **Diane Brewer**, MS, LPCC, CRC, CPRP, President, CPRP Commission, and Seven Counties Services Housing First, and **Tom Gibson**, Interim Chief Executive Officer, PRA.

PRA formally extends a huge thank you to outgoing board members, **Peter Ashenden**, Director for Consumer Affairs, Optum Health Behavioral Solutions, and **Lew Manges**, CRC, CPRP, Deputy Executive Director, Elwyn, Inc. 



## ***2013 Awards of Distinction & PRA Dincin Fellows***

PRA honored the most accomplished professionals in psychiatric rehabilitation throughout the 2013 PRA Annual Conference in Atlanta, Georgia, June 9-12.

The 2013 Awards of Distinction recipients are:



Board of Directors' Award: **Dr. Carl C. Bell**, MD, Director, Institute for Juvenile Research, University of Illinois at Chicago



John Beard Award: **Eugene Johnson**, MSW, MBA, President & CEO, Recovery Innovations, Inc.



Irvin Rutman Award: **Paul Taylor**, CPRP, President & CEO, Momentum for Mental Health



Armin Loeb Award: **Dr. Benjamin Druss**, MD, MPH, Professor of Public Health and Psychiatry, Emory University, Rollins School of Public Health



Multicultural Award: **Marie Hamilton**, LCSW, MPH, Project Coordinator, University of Illinois at Chicago Center on Mental Health Services Research & Policy



Leroy Spaniol Educator Award: **Tracey Sutton**, LCSW, Lead Therapist & Clinical Supervisor, Family Support Services of North Idaho



Practitioner Award: **Elizabeth Herbert**, MA, CRC, CPRP, Career Specialist, CareLink Community Support Services



Isaiah Uliss Advocate Award: **Paul Ottenstein**, Program Coordinator, Homeless Empowerment Advisory Project, Bay Cove Human Services, Inc.

The PRA Dincin Fellows Program recognizes members who have made significant and sustained contributions to the art and science of psychiatric rehabilitation. The program is named in honor of Jerry Dincin, a pioneer in mental health, for his commitment to excellence and dedication to the field throughout his career.

The 2013 Dincin Fellows are:



**Nora Barrett**, MSW, ACSW, CPRP, Associate Professor, UMDNJ Department of Psychiatric Rehabilitation & Counseling Professions



**Mary Alice Johnston Brown**, PhD, CPRP, Executive Director, Laurel Hill Center, Inc.

The thought leaders we celebrated at the PRA Annual Conference are exemplary in the psych rehab field and their practice resides at the heart of PRA's mission to grow and train the recovery workforce. They are shaping and fueling the future of psychiatric rehabilitation around the globe, channeling PRA's passion for and belief in the essential role of psychiatric rehabilitation in the behavioral healthcare environment.

### ***Connect with PRA Socially***



PRA regularly posts the latest PRA news and information we think you'll find interesting to our page, allowing you to easily stay informed by simply scanning your Facebook News Feed.

**Join the discussion at:**

<http://bit.ly/PsychRehab>



**PRA is now on Twitter!**

**Follow us today: @PsychRehab**

<https://www.twitter.com/PsychRehab>

## Radio, TV, and Recovery!

**By Adrienne Sheff, PsyD, MFT, Director of Adult & Older Adult Services, San Fernando Valley Community Mental Health Center, Inc.**

The San Fernando Valley Community Mental Health Center, Inc. has a well-established Client Run Center (CRC) and Wellness Center. Among the recovery goals of the CRC, one is a strong advocacy component which functions to decrease the stigma of mental illness through a variety of community activities. The CRC has a Recovery Panel that presents to community providers, universities, corporations, legislators and their staffers, law enforcement, and clergymen.

The CRC offers a Los Angeles County Certified Peer Counselor Training Program, which serves as a gateway to employment in the mental health field for people with lived experience. In collaboration with the Los Angeles County Department of Mental Health, the CRC has developed a Radio and TV project to further demystify and reduce the stigma of persons with mental illness that has such damaging effects.

In February of this year, the CRC began working with the LAC-DMH public affairs director Kathleen Piche, LCSW, on two anti-stigma projects that feature stories of recovery. One is a radio show called *Free your Minds Project* and the other is a television program featured on LA City Cable called *Meeting of the Minds*. In April, three CRC staff participated in both programs. As a result of Tara Christian and Clair Merrill, CPRP, taking part in the radio project that was aired on KFWB 980 AM, a listener came to the CRC to inquire about Tara because he was inspired by what she said and he decided to seek help. The dynamic television show, *Meeting of the Minds*, was broadcast daily throughout May for Mental Health Month and featured speakers in live interviews. The following is a sample interview with Antoine (61 years old) from the TV program:

**Q. After living on the street and abusing drugs for many years, what was the turning point for you?**

A. I had been in prison 3 times and was finally referred to the prison psychiatrist. I received medication and therapy because I was so depressed and hearing voices - I learned I had been self-medicating for years by using drugs. I realized there was still hope for me, when they suggested early release if I went to treatment.

**Q. How did you finally get mental health treatment, and where did you get it?**

A. I was referred to Cornerstone (a Center homeless program). I started dual recovery groups and discovered I had skills and talents. I received housing, as well as peer support and encouragement from staff



who believed in me. After they told me about the Client Run Center, I attended the peer counseling class and immediately felt I could give back. Now I work in the job bank, and I am in college full time to become an addiction counselor; my goal is to earn a BA.

**Q. What is the most important part of your recovery?**


A. The support I have at CRC, going to church, school, and reconnecting with my family whose support I finally have again.

**Q. How important is helping others in your recovery?**

A. I feel if I found hope and got a fresh start, then I can help others too. That's why I became a peer counselor and why I am going to school - to help others get back on track.

**Q. What does hope mean to you?**

A. Knowing that with the right support you can do and accomplish more, and set new goals to detract from any inclination to give up.

These shows will also be aired on the LA City Cable channel over a period of a few months and will go a long way toward combating stigma by putting a personal face and an inspiring story out there for all to see. The media exposure of recovery stories like these will change the perception of mental illness and reduce stigma. 





## ***The Mermaid Sisters: The Significance of Peer Specialists in Psych Rehab Programs***


***By Valerie Starnes, BA, CPRP, Outreach and Referral Coordinator, REACH; Penn Foundation, Inc.***

A group of women that I work with had been contributing articles to a woman's journal that is published in our county. The women live in REACH's transitional two year treatment program for women with co-occurring disorders. They also attend the psych rehab program where I am the outreach & referral coordinator. The women and I regularly get together at the coffee table of the treatment house where they live and we talk and chitchat over coffee and tea. We discuss our struggles with addiction and mental health, and how that connects to all aspects of our lives as mothers, daughters, sisters, friends, and partners. We also share our journeys into recovery.

We started calling our little group the Mermaid Sisters. We found that we had so much in common and many shared experiences that bonded us and gave us a connection that was hard to put into words. We wrote articles on the friendships of women and how important they are to recovery. We also wrote about the pain of losing a father and still staying clean and sober through the loss. We are currently planning an article on chronic illnesses and recovery and how this impacts not only our addiction, but our mental health and how challenging this can be for a woman with co-occurring issues.

As we worked on the articles as peers I realized that I was also sharing a lot of my own story with the women. I had told my own recovery story in previous issues of the journal, and it is not a secret at my agency that I am a woman in recovery with a diagnosis of bi-polar. However, as we continued to work on these articles as a group I wondered if I was crossing lines of professionalism and ethics by revealing so much of my own story with these women. I remembered professors in my Master's program telling me you never reveal any personal information, but then I remembered the lax

atmosphere of a clubhouse where I worked before finishing my undergraduate degree. So I asked myself, which was right? And then I asked myself a bigger question: When sitting with this group of women, am I a staff person or a peer? Am I the professional or just another woman in a group of women with co-occurring issues? And am I part of this group of peers? I knew I had found my answer: I am part of this group of peers. I am not above this group of women, but beside them. I am them.

Psych rehab has come far and we now have peer specialists in many domains. However, we still talk about how much is too much to share with clients and there are still professors who believe it is unprofessional to share any personal information with a client. Often peer specialists are marginalized where they work and often feel out of the loop of the other "professionals." I think now is the time for us to look at having peer specialists, not just in entry level positions, but in positions all over agencies. We should have peer specialists embedded into our programs rather than as a free standing program. I think that case managers, counselors, supervisors, and even directors and therapists and psychiatrists could be peer specialists. We have spent a long time in our field arguing over book taught versus lived experience, and those of us with lived experience have usually been on the losing end of this argument. But now as we look to the next step in client-centered treatment and services, I think it is time for those of us who have both, the letters after our name and the lived experience, to come out of the shadows and shout that there is not an "us" and "them" – that some of us are on both sides of that fence and that we are no longer ashamed of having a diagnosis, no longer afraid of losing our jobs because we have a diagnosis, and we are no longer silent! 

### ***Connect with an PRA Chapter Near You***

The Psychiatric Rehabilitation Association (PRA) is proud of its chapters and affiliates in over 25 states. Each chapter promotes and supports the purposes and core values of PRA.

A chapter provides increased opportunities for member participation within PRA. Separately or in concert with broader association efforts, each chapter provides members with educational opportunity, advocates in the public policy arena, and promotes the development of leadership within the field of psychiatric rehabilitation.

View a full chapter listing at: <http://bit.ly/KHF1Om>



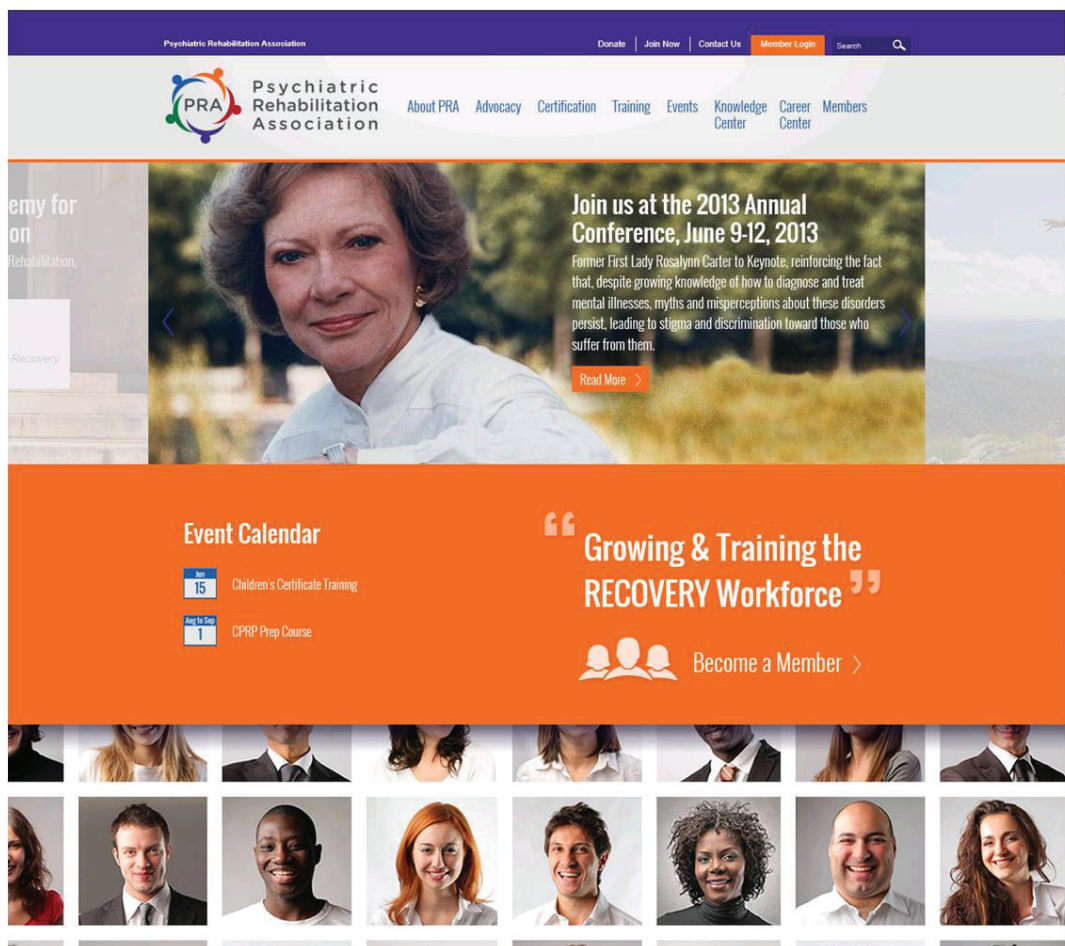
## Psychiatric Rehabilitation Journal's Rating Soars

Ratings for PRA's official educational journal, *Psychiatric Rehabilitation Journal (PRJ)*, have increased tremendously in the past year. A joint publication of PRA, Boston University's Center for Psychiatric Rehabilitation, and the American Psychological Association (APA), *PRJ* publishes original contributions related to the rehabilitation, psychosocial treatment, and recovery of people with serious mental illnesses.

PRA entered into a partnership with APA in 2012 with the goal to increase the visibility of the journal within the field of mental health, as well as further promoting principles of psychiatric rehabilitation and recovery. PRA has demonstratively accomplished this goal with the release of the journal's ratings last month. *PRJ* received an impact factor of 1.159, compared to its 2011 impact factor of 0.7646, placing the journal in a similar rank as journals like the *International Journal of Speech-Language Pathology* (1.176) and *International Journal of Psychiatry in Medicine* (1.154). In addition, the journal has moved up in both the rehabilitation (30th) and psychiatry (81st) categories.

Each of PRA's individual members as well as the primary contact of organizational members receives a hard copy of each issue of *PRJ*. In addition, persons employed by PRA organizational members have access to *PRJ* by logging onto the "Member's Only" portion of the PRA's website ([www.psychrehabassociation.org](http://www.psychrehabassociation.org)), and clicking on the *PRJ* link for both current and archived copies of *PRJ*.

## PRA's New Website: Coming to You this Summer!



PRA is excited to deliver a new website to you this summer - it will be engaging and so easy to find the content you need right away. It will be a better reflection of who PRA is, how we grow and train the recovery workforce, our mission, and our new brand. This website is a vehicle we'll use to strengthen our community and bring you closer to your colleagues. We can't wait to hear about what you think! [www.psychrehabassociation.org](http://www.psychrehabassociation.org)

## Revised CPRP Test Plan

In late 2012, the Certification Commission for Psychiatric Rehabilitation, the governing body of the PRA credentialing program, launched a job analysis study to profile the national practice of Certified Psychiatric Rehabilitation Practitioner (CPRP). The mechanism for this study was an industry-wide online study. In support of these efforts, PRA outlined the Knowledge, Skill, and Abilities (KSAs) required for competent CPRP practice.

A copy of the CPRP draft content outline used to begin the process can be found on the PRA website at <http://uspra.info/Certification/Downloads/2014/2014-CPRP-TestPlan.pdf>.

Following review of the study results, which included CPRPs and non-CPRPs, the SMEs approved seven major content domains that will be covered on the future CPRP certification examination. The number of total items and total time allotted remained the same from the earlier versions of the exam.

The table below provides the weights of each domain and shows the changes from the current test plan to the new plan.



Current Test Plan (valid through 5/31/2014)			Revised Test Plan (valid beginning 6/1/2014)		
	Domain Name	% on Test		Domain Name	% on Test
Domain I.	Interpersonal Competencies	19 – 21%	Domain I.	Interpersonal Competencies	19 – 21%
Domain II.	Professional Role	12 – 14%	Domain II.	Professional Role	12 – 14%
Domain III.	Community Integration	12 – 14%	Domain III.	Community Integration	11 – 13%
Domain IV.	Assessment, Planning & Outcomes	14 – 16%	Domain IV.	Assessment, Planning & Outcomes	17 – 19%
Domain V.	Interventions for Goal Achievement	16 – 18%	Domain V.	Strategies for Facilitating Recovery	14 – 16%
Domain VI.	Systems Competencies	8 – 10%	Domain VI.	Systems Competencies	9 – 11%
Domain VII.	Cultural Competencies	12 – 14%	Domain VII.	Supporting Health & Wellness	11 – 13%

The test plan provides candidates with an indication of the breadth of information needed in order to be successful in passing the CPRP certification examination. The first exam based on this Blueprint will be administered during the Summer 2014 testing period.

## 2013 Test Dates and Registration Deadlines

### November 2-16, 2013

Regular fee: through August 16, 2014

Late Fee: August 17, 2013 – September 20, 2013

No applications accepted after Friday, September 20, 2013

### March 29 – April 12, 2014

Regular Fee: through January 17, 2013

Late Fee: January 18, 2013 – February 14, 2014

No applications accepted after Friday, February 14, 2014

### June 28 – July 11, 2014

Regular Fee: through April 18, 2014

Late Fee: April 19, 2014 – May 16, 2014

No applications accepted after Friday, May 16, 2014

### November 1 – 15, 2014

Regular fee: through August 15, 2014

Late Fee: August 16, 2014 – September 19, 2014

No applications accepted after Friday, September 19, 2014

More information available at: <http://bit.ly/PRACPRP>

**Apply Today!!**





# Coming this fall!

**The Psychiatric Rehabilitation Association launches the**



**An enhanced professional development training center** providing career learning in psychiatric rehabilitation, wellness, resiliency, and recovery; offered online or in person.

## Featuring 3 tracks:

### Whole Career Practitioner Training & Continuing Education

1. Pre-, Prep, and Advanced CPRP Trainings
  - CPRP Exam Prep
  - Intro to Psych Rehab & Recovery
  - Ethical Principles
  - Responding to Ethical Dilemmas
  - Wellness 101
2. Children's Programs
  - Children's Certificate Training, live: Idaho, Washington, Oklahoma & Ontario, Canada
  - The new DSM 5 and Its Impact
  - Family Strategies & Engagement
  - Group Work with Children

### Whole Career Leadership Training & Development

1. Leadership Education Opportunities
  - Emerging Leadership Series
  - Current Leadership Series
2. Future leadership offerings
  - Supervision Series: Embedding into Practice
  - Supervision Series: Maximizing your Program Evaluation Data
  - Principles & Elements of Leadership
  - Developing & Promoting a Recovery Culture
  - HR Best Practices
  - How to Budget & Strategize within PSR Values
  - Recovery Informed Personnel Practices
  - Recovery Informed Operations

### Special Topics & Electives in Recovery

1. Trainings on key industry topics
  - Illness Management & Recovery (IMR)
  - Self Determination & Motivational Interviewing
  - Mental Health & Substance Use
  - Boundaries & Self-Disclosure
  - The Path to CPRP for People in Recovery
2. Future Elective Topics:
  - Post Corrections Recovery
  - Treating Transition Aged Youth
  - Trauma
  - Veteran Issues – PTSD, Suicide Prevention, Reintegration, Family Recovery
  - Writing for Dollars
  - Technical Assistance
  - Collaborative Pharmacology
  - Identifying Key Illnesses Series (Tobacco, Psychoactive Substances, Diabetes, Proper Screening & Management)

**More information at [PsychRehabAssociation.org](http://PsychRehabAssociation.org)**



**Psychiatric  
Rehabilitation  
Association**

*Growing and Training the Recovery Workforce*