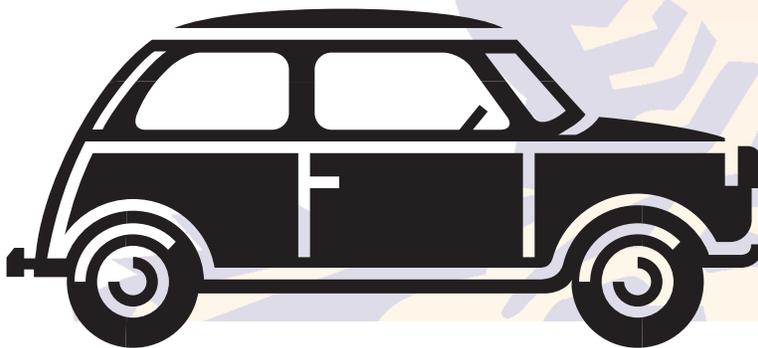


CLIMBING INTO THE DRIVER'S SEAT



CLIMBING INTO THE DRIVER'S SEAT OUTCOMES SYSTEM TRAINER'S MANUAL

**A tool for using the Outcomes Survey
in your recovery plan.**





CLIMBING INTO THE DRIVER'S SEAT

AGENDA - Outcomes TRAIN the TEACHERS

How to plan and deliver your teacher training course:

- **Step One:** At least two days before your course, have a meeting with your fellow trainers, in the place where you will be training, if possible.
- **Step Two:** At the meeting, go to the **NOTE TO TRAINERS/Teaching Tips** on page 5, following this agenda. Read page 5 and *practice the directions* on this page. If you do this carefully, it will set up your whole course to be successful.
- **Step Three:** Read through Day 1 of the agenda together. Decide who will do what parts of the agenda. Remember that words in italics are to be read out loud.
- **Step Four:** Look over the lessons and other material, and **practice out loud.**
- **Step Five:** Get your equipment and snacks together.

Enjoy yourselves and make it enjoyable for everyone else.

DAY 1

Follow the order of events in the **NOTE TO TRAINERS/Teaching Tips**, page 5 (See NOTE TO TRAINERS) 1,2,3,4,5,6.

Continue with Lesson 1, page 13.

Within this lesson, get volunteers to read and conduct the chart work.

Q&A (Question and Answer time)

Practice Teaching Assignment:

L2, Number 5: A,B,C, page 33 (2 people).

Listening time: feelings check

BREAK

TEACHING TIPS: About DISCUSSIONS and BRAINSTORMING, page 29

Course Evaluations page 24 through question #4.

Lesson 2, page 31.

Q & A

Listening time

BREAK

Lesson 3, page 49.

Q & A



CLIMBING INTO THE DRIVER'S SEAT

AGENDA - Outcomes TRAIN the TEACHERS

Practice Teaching Assignment: (Try to give everyone 2 assignments during the course.)

L4, Number 1 and A and B, page 62 (2 people)

Course Evaluations, page 24, through question #6. (Keep in book.)

Daily Evaluations, page 21–(Turn in to trainers.)

Listening time: feelings check

END of DAY 1

DAY 2

Sign-in

Lesson 4, page 61.

Practice Teaching Assignment: L6, Number 1 A and B, page 76.

Q & A

BREAK

TEACHING TIPS: About CULTURAL COMPETENCY, page 65.

Lesson 5, page 67.

Q & A

BREAK

TEACHING TIPS: About HANDLING CLASS PROBLEMS, page 73.

Lesson 6, page 75.

Q & A

Course Evaluations, page 25, through question #11

Daily Evaluations

Listening Time

END of DAY 2.

DAY 3

Teaching Assignments:

L7, Numbers 1,2,3,4,5 and ending, page 86 (3 people)

L8, Ready, Get Set, Go, Numbers 1 and 2, page 94 (2 people)

L8, Numbers 3,4, and ending, pages 93-94 (2 people)

L9, Ready, Get Set, Go, Number 1, page 100 (2 people)

L9, Numbers 2,3,4 and ending, page 101 (3 people)

Break to work on assignments

TEACHING TIPS: About TEAMWORK, page 83.



AGENDA - Outcomes TRAIN the TEACHERS

Lesson 7, page 85.

Q & A
BREAK

Lesson 8, page 91.

Q & A
BREAK

Lesson 9, page 99.

Q & A
BREAK

TEACHING TIPS: NUTS and BOLTS, page 105.

Timing: Teacher training is usually done in 3 days. When teachers go home to teach their students, it may take only two days because they will only be teaching the lessons and not all the teaching tips.

Q&A

Lesson 10, page 111, except for graduation.

Q&A
BREAK

TEACHING TIPS: The JOB BACK HOME, page 109.

Q&A

Course Evaluations, page 25, through question 18

Daily Evaluation

Graduation Ceremony

Final listening time

End of Day 3

Training Supplies:

Sign-in Sheets - copy

Evaluations - copy

Note Pads & Pens

Crayons or Dots

Manuals/Handbooks

Certificates - copy

Index Cards

Box Set - Video

Music



NOTE TO TRAINERS:

You will find several pages like this one titled “TEACHING TIPS” in this manual. These pages give you a capsule version of the teaching tips you received at your initial training. Please read through them with your teachers-in-training, as they need this information, too. *These pages are only for trainers and teachers because they are about how to teach the course.* (The students whom the teachers will teach do not need these tips because they will not be teaching.)

TEACHING TIPS

FOR TRAINERS AND TEACHERS: (not a part of the course for students)

1. At the beginning of training for teachers, before starting Lesson 1:

Sign-in (Copy the sign-in sheet, page 7.)

Welcome to training for teachers

Ice-breakers:

Trainers introduce selves, including something you like to do (briefly).

Teachers-in-training give names and share something they like to do.

2. Go to Lesson 1, page 13, and follow the “Go #1 and #2” instructions for giving the Pre-Test. Trainers and teachers should fill out the Pre-Test in the Handbook because the Pre-Test in this teachers manual has the answers on it. **Immediately after collecting the Pre-Test, return to this page (page 5).**

3. After the Pre-Test, before going on with Lesson 1:

Introduce materials:

- Read agenda, Day 1: pages 2 and 3 for training teachers.
- Introduce the student Handbook, *Climbing Into the Driver's Seat*
- Introduce the *Trainers Curriculum Manual*:
 - What's in the manual and how to find it
 - “Ready,” “Get Set,” “Go” in each chapter
 - Transparencies
 - TEACHING TIPS: FOR TRAINERS AND TEACHERS (yellow pages)
- Introduce folders: For students to take home the confidential materials they have filled out such as the Outcomes Survey and the goals Worksheets.
- Flipping practice: Examples: *Find page 51 in the manual; Find L3 Transparency 3 page 57; Find page 41 in the Handbook.* It is important that you always give the page number when you turn to it or go back to it.

4. Return to page 13, “Lesson 1, READY” – and start, skipping the Pre-Test.

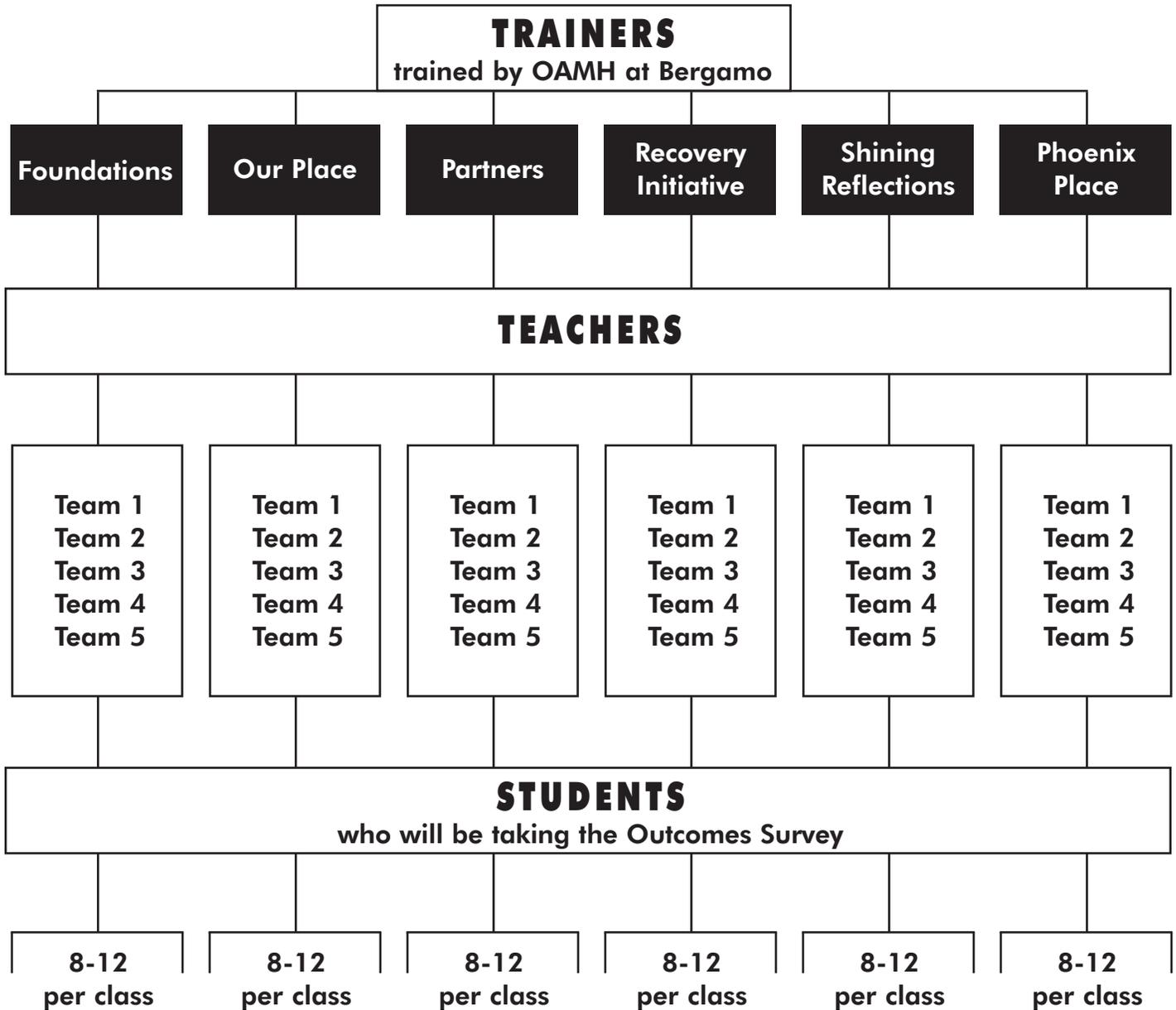
5. Finish Lesson 1 and return to Agenda, page 1, Q&A after Lesson 1.

6. Continue training according to the Agenda.



FLOW CHART

of Responsibilities for Consumer Outcomes Training



This is for Trainers' Classes & Teachers' Classes Only.

OUTCOMES Sign-in Sheet

Date: _____ Trainers/Teachers (signatures) _____

Location: _____

City: _____

Lesson #: _____ Total number in class today _____

Name or Nickname	
1.	16.
2.	17.
3.	18.
4.	19.
5.	20.
6.	21.
7.	22.
8.	23.
9.	24.
10.	25.
11.	26.
12.	27.
13.	28.
14.	29.
15.	30.

SEND TO: Outcomes/OAMH, 5022 Sinclair Rd., Columbus OH 43229 Fax: 614-888-9478





TRAINING CURRICULUM

LESSON 1

Introduction and History
of the Ohio Mental Health
Consumer Outcomes System

LESSON 2

Using the Survey

LESSON 3

Taking the Survey

LESSON 4

Finding Strengths

LESSON 5

Delving into the Domains

LESSON 6

Safety and Health

LESSON 7

Quality of Life

LESSON 8

Empowerment

LESSON 9

Symptom Distress

LESSON 10

Post-Test and Graduation





LESSON 1

Introduction and History of the Ohio Mental Health Consumer Outcomes System

Pre-Test





CLIMBING INTO THE DRIVER'S SEAT

CAUTION FOR TRAINERS

A critical concern for trainers is to be aware of the amount of personal information and feelings that group members are sharing. The process of looking at Outcomes information raises at least two major issues:

- This information is very personal.
- This information deals with areas of a person's life that aren't going well.

It will be important to be sensitive to these emotional areas. You will be thinking and reflecting together. Prepare yourself to speak, but also, **PREPARE YOURSELF TO LISTEN**. Listen with respect. Your job is not to solve the problem, not to judge the emotion or even label participation as "good" or "bad."

Your role here is to:

- Help people understand this information.
- Give them strategies on how to use this information, as suggested in this course.
- Understand the emotional intensity and vulnerability that may surface in the consumer during the dialogue.
- Use your peer support skills; as a person who has dealt with serious mental illness, you can be highly effective.
- You aren't supposed to solve problems, **JUST IDENTIFY THEM**.
- You aren't expected to study the answers, **JUST RAISE THE QUESTIONS**.

It is critical to deal with these issues if we are to be effective. People take a great risk as they begin to look at themselves and how they are doing. By no means should we fear this. We just need to remain aware of the intensity of this training and be open to seeking support when there are significant concerns. It will smooth the process if the trainers are willing to share (briefly) their own experience with mental illness.

CLIMBING INTO THE DRIVER'S SEAT



LESSON 1

Introduction and History of the Ohio Mental Health Consumer Outcomes System

● Ready

You are going to briefly review the main ideas of the Outcomes Project. It was developed by health care professionals, consumers and consumer families. YOUR PURPOSE, besides a general introduction through reading the Handbook, IS TO HELP CONSUMERS REALIZE THAT THE OUTCOMES SURVEY CAN HELP THEM DEVELOP THEIR OWN RECOVERY PLAN.

● Get Set

- Read "Caution for Trainers," on the previous page, (this is for the trainers and teachers only, not the students).
- You will be using the Pre-Test in the Handbook, pages 2-4.
- Have overhead projector ready, transparency of the Tree of Recovery, page 19.
- Write the question, "What do you think recovery means?" on the flip chart before class begins.
- Copy evaluation forms at the end of this lesson, pages 23-27 to give to Teachers. (Not for students)
- Prepare (copy) sign-in sheets, page 7, and have people sign in.

● Go

1. Sign-in, Welcome and Introduction: Say *Welcome! We are here to take part in education about the Ohio Consumer Outcomes System. The main point of this project is for every consumer to have the opportunity to express his or her needs by filling in the Outcomes Survey. The purpose of these sessions is to see how we can use the items from the survey to further develop our own recovery plan.*

2. Give students the Pre-Test in the Handbook, pages 2, 3 & 4. *We're going to draw a starting line by answering these questions. It is not the Survey, it's to see how much we know about the Outcomes System.* Allow 15 or 20 minutes for everyone to complete the Pre-Test, and then score the test together by reading the answers from the Pre-Test in this Manual, pages 16-18.

A. Ask: *Is everyone finished? I will read the correct answer for each question. Give yourself one point for each one correct, and put the number at the bottom of the last page.*

B. When everyone is finished with that, ask: *Will someone tally up the scores on a flip chart? (Use a pencil to write the total here ____.) Say: We will use this for comparison when we tally up the scores from the Post-Test in the last session. Collect the Pre-Test.*



CLIMBING INTO THE DRIVER'S SEAT

LESSON 1

3. Introduce the Handbook "Climbing Into the Driver's Seat." **Ask:**

What do you think the title of the Handbook means?

- A. After a few comments, Say:** *Turn to the Glossary at the end of the Handbook, page 50, to go over words to be understood. Say: "Consumer Outcomes", "Domains" and "Self-Determination" are very important words to understand. We will be using them often in this course of training. Ask: Who will volunteer to read the definitions of these words? Get several volunteers.*
- B. Point out:** *"A Brief History of the Ohio Consumer Outcomes System" is at the end of your Handbook, page 49. It need not be read at this time.*
- C. Say:** *Go back to the beginning of the Handbook, to the Road Map, page 5. These are stops on our road to recovery. These are the main ideas that will be covered in the sessions. We will be fueling up with information about Outcomes, taking the Outcomes Survey, and learning to use the results to set goals. By the time we get to the third stop, we will be on the road to change.*
- D. Use the flipchart.** *What do you think recovery means? Would someone please write the answers on the flipchart?*
- E. Then say:** *Go on to the next page, to the Foreword, page 6. Who will volunteer to read this?*
- F. Use the overhead projector to introduce the Tree of Recovery in the Handbook, page 8, and show the transparency. Talk about what the roots and other parts of the tree represent. Say:** *The root system is the input, the efforts, all the work the consumer makes, including work that he or she does with providers. The progress the consumer makes to reach the goal of a quality life, a less stressful life, a life of safety and health, an empowered life, are part of a process called the Outcomes Project. The branches represent the domains, the areas of life this project is addressing. The leaves they produce are the results of nourishment by the root system, and are the "output" or "outcomes." Allow time for class members to read and ask questions about the tree.*

CLIMBING INTO THE DRIVER'S SEAT

LESSON 1

- G. We used two new words here that are very important in understanding the Outcomes "System." They are "outcomes" and "domains." Ask:** *What do you think "outcomes" are? (point to leaves of tree to name examples) What are the "domains"?* (point to branches to name them, saying that they are the main areas of life). **Then explain:** *By using the survey to look at the domains and their outcomes, we can make an effective recovery plan.*
- H.** *There are two more important words to understand: "empowerment" and "self-determination." Who will read the definitions from the Glossary at the end of the Handbook?*
- I. Turn to the two Handbook pages, 9 & 10 and read:** *These are the people and organizations that helped develop the Outcomes System. Will someone read the cards? Then ask:* *Who are the stakeholders? Can you name some? Are health care professionals stakeholders? Can an organization be a stakeholder? Are you a stakeholder? Get answers.*
- J. Say:** *All these people care about the same thing: Good Mental Health. Have someone read the definition of mental health in the box on page 10.*

4. End the session by asking these questions:

- A.** *Are you a stakeholder?-(Yes)*
- B.** *What is a domain?-(An important area of your life)*
- C.** *Who should be in control of your life?-(You should be)*
- D.** *Can a person with a serious mental illness be in the process of recovery?-(Yes)*
- E.** *Is the survey useful in making an effective recovery plan?-(It can be, and we'll study this further next session.)*

Thank you for your attention and hard work today. We have begun our introduction to the Outcomes System.

NEXT SESSION: *You'll learn "How using the survey can put you in the driver's seat!"*

Note to trainer: *After the class is over, throw away the Pre-Tests. All that is needed for the last class is the total score.*



PRE-TEST - Answers

Multiple Choice: Do not mark on this Pre-Test. Put your personal answers on the Pre-Test in the Handbook.

1. A "consumer" is a person who:
 - A. takes a test.
 - B. is a student.
 - C. is a person who receives mental health services.
 - D. is making major decisions about getting a job.
2. "Recovery" is a term that refers to:
 - A. only some people.
 - B. only one program.
 - C. a process of regaining some social functioning despite remaining mentally ill.
 - D. a person involved in mental health services.
3. The Ohio Task Force that developed the Outcomes Project was comprised of:
 - A. mental health professionals.
 - B. family members of consumers.
 - C. consumers.
 - D. all of the above.
4. "Outcomes" can be defined as:
 - A. an indicator of a problem.
 - B. indicators of health and well-being as measured by statements and observed characteristics.
 - C. the result of reading many books on mental health.
 - D. the result of knowing about advocacy.
5. One of the values of the mental health system is to:
 - A. provide many assessment procedures.
 - B. help the consumer develop anxieties over getting a job.
 - C. provide a rehabilitation view of recovery.
 - D. determine the choices a person should make for a better quality of life.

CLIMBING INTO THE DRIVER'S SEAT



6. Mental Health is a state of:
 - A. anxiety over relationships.
 - B. successful mental functioning.
 - C. perfect peace.
 - D. none of the above.

7. Goals for consumers are:
 - A. not necessary.
 - B. purely a matter for the professionals.
 - C. areas that would be harmful to discuss.
 - D. to include choices made by consumers.

8. The Ohio Outcomes Survey is used to:
 - A. identify areas to develop goals.
 - B. identify diseases.
 - C. identify allergies.
 - D. none of the above.

9. Data from the Outcomes Survey:
 - A. needs to be tailored to the consumer.
 - B. is used to make a more effective plan for recovery.
 - C. results in facts about the four major areas of a person's life.
 - D. all of the above.

10. Self-determination:
 - A. is a valuable asset.
 - B. can make the difference between recovering or not recovering.
 - C. means taking charge of your recovery.
 - D. all of the above.

11. A survey is a good assessment tool because:
 - A. the questions are about meaningful things.
 - B. then a diagnosis is not necessary.
 - C. it guides the consumer in setting realistic goals.
 - D. it provides nutritional advice.



CLIMBING INTO THE DRIVER'S SEAT

12. "Advocacy" is about:
- A. the Individual Reading Program.
 - B. collecting data.
 - C. speaking or writing in support of a cause.
 - D. inner rewards of peace.
13. The four "domains" of the Ohio Outcomes Survey are:
- A. assessment, treatment, discussion, and planning.
 - B. advocates, stakeholders, consumers, and case managers.
 - C. symptom distress, quality of life, safety and health, and role performance.
 - D. scales, subscales, scores, and subscores.
14. The goal of treatment here is assisting people by:
- A. not letting them make any of their own decisions.
 - B. empowering them by helping them develop self-management skills.
 - C. giving them a recovery plan written by the mental health task force.
 - D. none of the above.
15. Knowing our strengths and weaknesses when writing a recovery plan:
- A. is a task left to the professionals.
 - B. determines the next appointment.
 - C. just adds to the confusion.
 - D. puts us in the driver's seat on the road to a better life.

Total Class Score _____

TREE OF RECOVERY



CLIMBING INTO THE DRIVER'S SEAT



OUTCOMES

Teacher Training Evaluation

Date: _____

Time: _____

1. How do you feel about this section of training?

2. What did you like best?

3. What would you like changed?



EVALUATION

OUTCOMES: Train the TEACHERS (Not for Students)

Location of Training: _____

Date: _____

Instructors: _____

Please rate the following sections of training:

1. Welcome, Introduction, and Pre-Test
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

2. Introduction to the *Trainers Curriculum* and *Handbook*:
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

3. Lesson 1: Introduction and History of the Ohio Mental Health Consumer Outcomes System:
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

4. Teaching Tips: “Brainstorming,” “Discussing”
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

5. Lesson 2: Using the Survey:
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

Please rate the following sections for training:

6. Lesson 3: Taking the Survey
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

7. Lesson 4: Finding Strengths
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

8. Cultural Competency
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

9. Lesson 5: Delving into the Domains
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

10. Teaching tips: Handling class problems
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

11. Lesson 6: Safety and Health
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

12. Teaching tips: Teamwork: group responsibility, group dynamics
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

13. Lesson 7: Quality of Life
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

14. Lesson 8: Empowerment
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

15. Lesson 9: Symptom Distress
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

16. Contracts and Compensation:
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

17. Nuts and Bolts: Records, Evaluations, Paperwork, Timing Patterns
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

18. Practice Teaching Assignments (all week)
Poor Fair Average Above Average Excellent
The good parts were: _____

This section could be improved by: _____

TEACHING TIPS

FOR TRAINERS AND TEACHERS:
(not a part of the course for students)

About DISCUSSIONS and BRAINSTORMING:
How to use flipcharts

Discussions:

- Before class, write the questions for “discussion” on the flipchart. They will be indicated in the lesson.
- During the discussion, one of the team or a volunteer should write the comments on the flipchart.

Brainstorming:

- Write the main idea in the middle of the flipchart and circle it.
- As related ideas come from the class, put them in circles and connect them to the central idea circle.
- Remember that, in brainstorming, there is no analysis or judgement of an idea or thought. Anything goes. (Evaluation may come later.)



LESSON 2

Using the Survey

- Explanation of the Outcomes Survey Project
- Wish List/Treatment Goals
- Puzzle Transparencies
- What a Survey Does



**Understanding
Outcomes**





CLIMBING INTO THE DRIVER'S SEAT

LESSON 2 **Using the Survey**

● **Ready (and read to class)**

At the end of the session last time, we said we would show how the survey can be a help when making a Recovery Plan. Today's objective is to demonstrate how the survey questions can identify items for the recovery plan.

● **Get Set**

- Have overhead projector ready.
- Practice using transparencies of the puzzle (four puzzle pieces and a written statement) L2, transparency 1,2,3,4, and 5.
- Write: "Experts are in the best position to decide what people should do or learn" on a flipchart.
- Have video, "Getting Results," ready.
- "Example of Brainstorming," page 14, in the Handbook.
- Have sign-in sheet ready.

● **Go**

- 1. After class signs in, welcome them.**
- 2. Read the "Ready" paragraph above, "At the end of the session last time..."**
- 3. Show video and discuss**
- 4. Show and discuss the puzzle transparencies to demonstrate the domains:**
 - **Place L2, Transparency 1 on the overhead, page 37**
 - **Put L2, Transparency 2 on top of the first one, page 39**
 - **Then put L2, Transparency 3 on top of the second one, page 41**
 - **Then put L2, Transparency 4 on top, page 43**

Tell the class: *Each puzzle piece represents one of the four domains in the survey which deal with the main areas of our lives. Together, they represent us as we carry out our lives. Notice that they overlap; the quality of our lives overlaps with our abilities to manage our finances, responsibilities, our relationships. So the Quality of Life domain may overlap the Safety and Health domain. **Move one piece out of place. Tell the class:** When one piece is out of place, all the pieces may get out of place. One misadjustment in life can make us feel like everything is wrong. But if we work on the main problem (**move pieces back together**), the others can fall back in place. **Place L2, Transparency 5, page 45, on top of the other four. Read it.***

CLIMBING INTO THE DRIVER'S SEAT



5. Work from the **Handbook**, *We're still at the first stop of our journey, fueling up with info, reading the page "Introducing the Survey," page 11.*

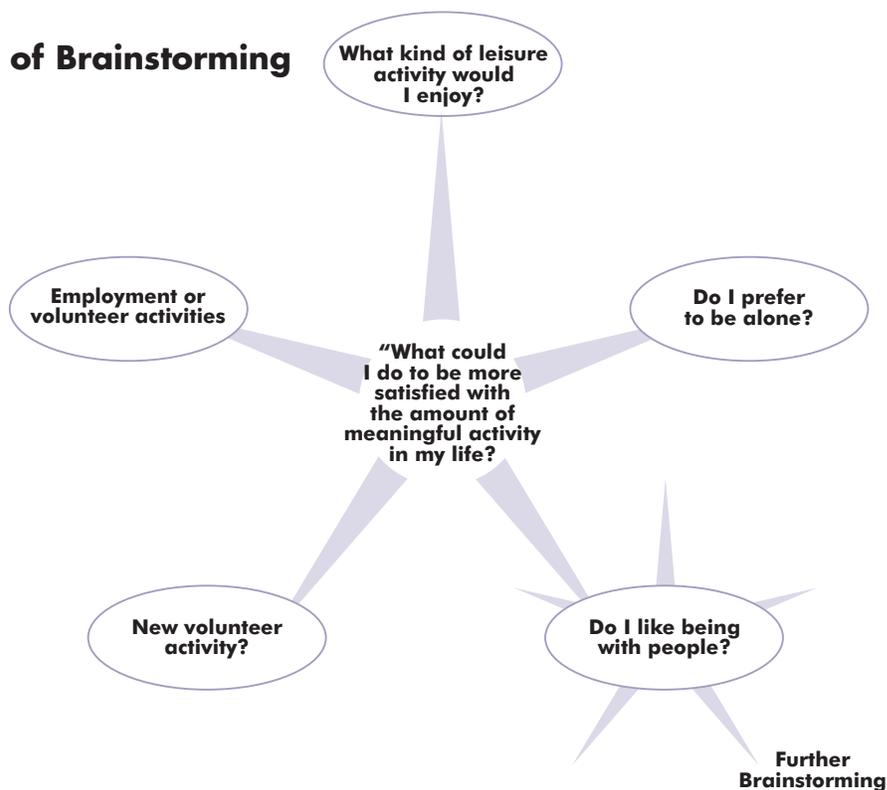
A. Find Handbook, "Introducing the Survey," page 11. Ask: *Who would like to read the first paragraph? And the next paragraph? And the last paragraph? Ask: How does recovery begin? (with a sense of hope)*

B. Read Handbook, "The Survey Asks About," page 12. Ask: *What does the survey ask about? (The class will find the answers on the page.) Who would like to read the words in the box at the bottom of the page?*

C. Read Handbook, "Using the Outcomes Survey," page 13. Ask: *Will someone read the bullets under "Using the Outcomes Survey to make your plan." This leads to using the flipchart in connection with the rest of the page.*

D. Go to L2, Transparency 6, page 47, "What could I do to be more satisfied with the amount of meaningful activity in my life?" and say: *When you brainstorm about something, you put down all your thoughts as they come to your mind. They're not decisions, just ideas. Don't analyze or judge. They just have to be about the question.*

Example of Brainstorming





CLIMBING INTO THE DRIVER'S SEAT

E. For an “Example of Brainstorming,” turn to the Handbook, page 14.

*As an example, what if your question is, “What could I do to be more satisfied with the amount of meaningful activity in my life?” Let's say that someone is dissatisfied. This is now the basis for BRAINSTORMING. The question already has some responses written (**you are referring to the chart**). Now we ask questions about the questions! The first one is “Do I like being with people?” If the answer is yes, then, what are some volunteer activities in which you would be working with people? If the answer is no, then what are some activities, where, as a volunteer, you would be working alone? Another response was “New volunteer activity.” Then we could ask more questions about that. Where would you like to volunteer? Indoors? Outdoors? Do you like animals? Do you like working with machines?*

F. Point to the responses around the main question. Ask: *Do you think that thinking about one idea at a time can help you make a change in a situation that you are dissatisfied with?*

G. *That was an example of brainstorming, and we might use this method later when we talk about our responses to survey questions.*

6. Another method is one we know very well, and that is to write the statement on the flipchart and list the answers. Use the statement, “Experts are in the best position to decide what people should do or learn.” Make two columns, and list why they would “agree” or “disagree” with that statement.

A. Then ask: *Do you think that discussing your ideas with others, whether health professionals, family, or friends, could help develop a plan? Do you think that ways to make the plan work could be identified? Is this approach different from the way you approach your recovery plan now? **Discuss for a few minutes.***

B. Then say: *Speaking of your recovery plan, maybe “having more meaningful activities” isn't one of your recovery goals. Let's take this time to make a wish list of what you would like for recovery goals. Go to the Wish List on page 15 of your Handbook, and fill in 5 items about what you'd like your surroundings to be, etc. **(20 minutes)***

CLIMBING INTO THE DRIVER'S SEAT



WISH LIST/TREATMENT GOALS:
I would like my surroundings to be:

- 1.
- 2.
- 3.
- 4.
- 5.

I want to be able to:

- 1.
- 2.
- 3.
- 4.
- 5.

I want to feel:

- 1.
- 2.
- 3.
- 4.
- 5.

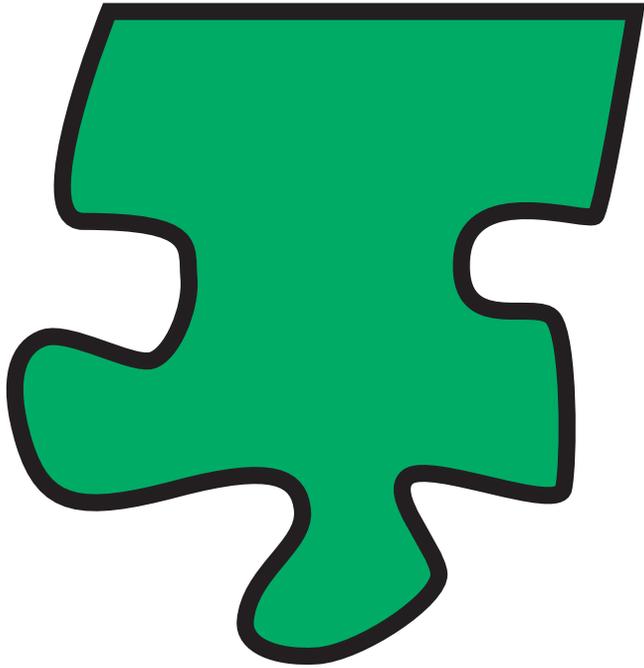
C. Ask the question: *“What is self-determination?”* **Read the definition at the bottom of the Wish List page to find the answer. Ask:** *Do you think that you are a self-determined person?* **Discuss for a few minutes.**

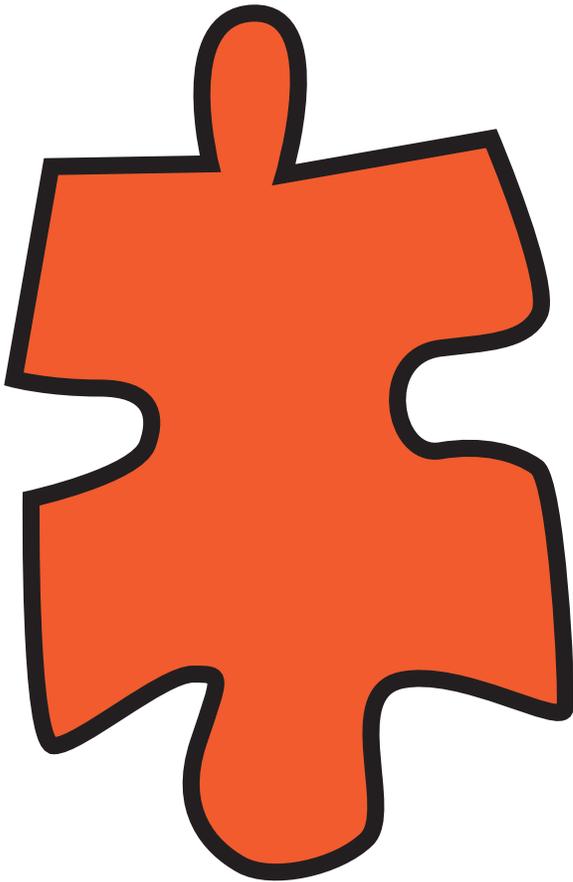
7. End the session by saying: *Thank you, again, for all of your hard work today. In the next session, we will take the survey. Then we'll put the survey and our wish lists together to make a good recovery plan that will put us in the driver's seat.*

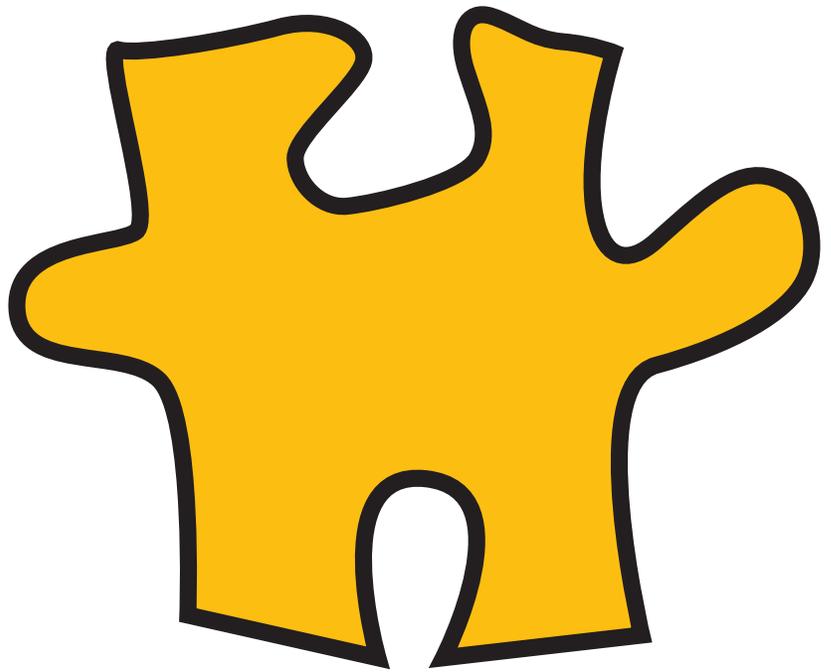
NEXT SESSION: *You will take the survey.*





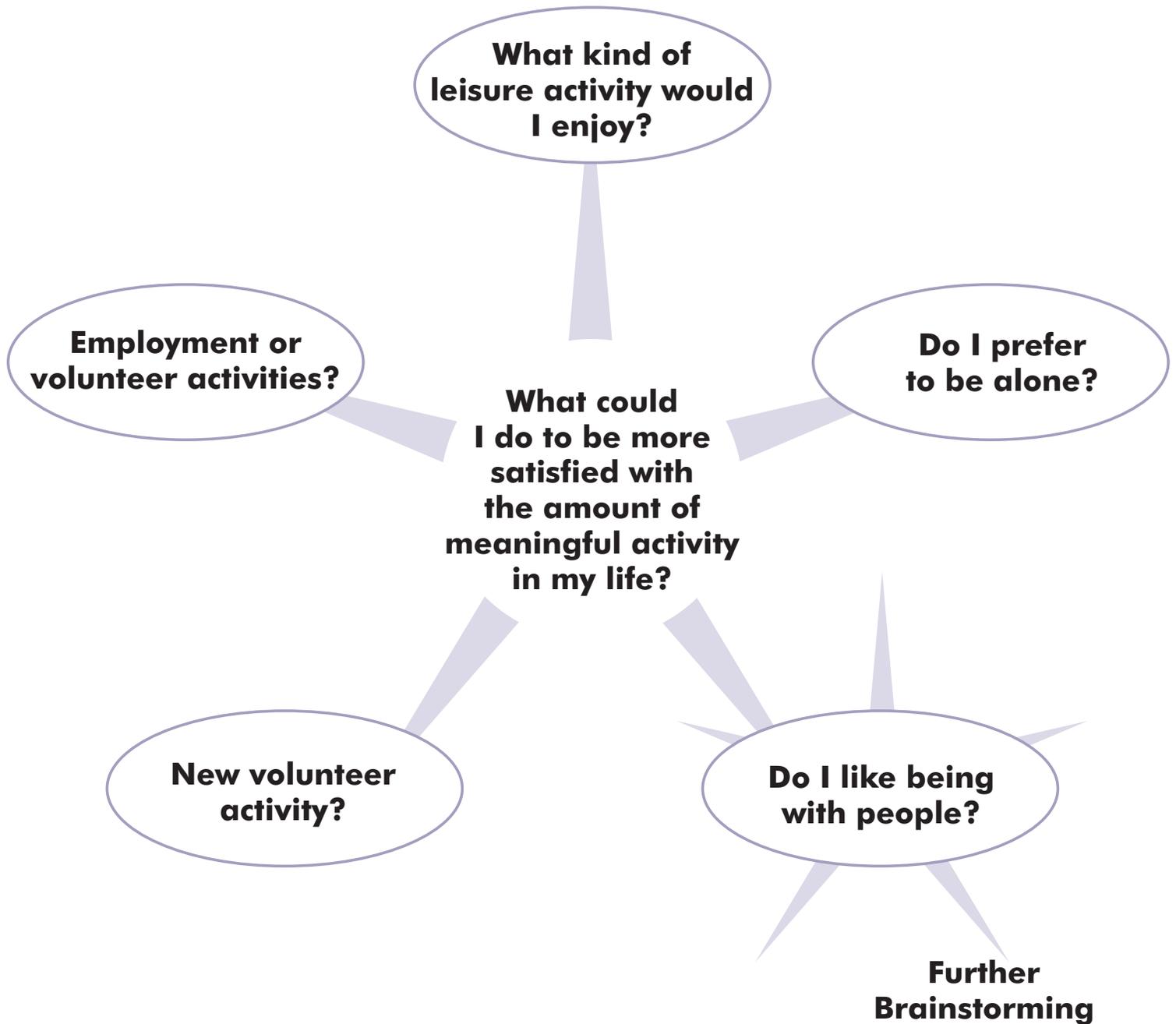






All the efforts we will make in this Consumer Outcomes Education Series should be strengthened by our belief that we can overcome the negative impact of our illnesses.

Example of Brainstorming





LESSON 3

Taking the Survey

Scoring Instructions with Examples

Recipe for Success

Finding Strengths



Taking the
Survey



LESSON 3

Taking the Survey

● Ready

Today you will have each person complete the survey, pointing out that their responses will be treated confidentially. They will score their own responses for part of the survey to understand how the test is scored. Then they will take these surveys home with them in their Outcomes folder and bring them back next time.

● Get Set

- **Handbook**, "Taking the Survey," page 17 and the Adult Consumer Form A, pages 19-24. Be sure you have enough pencils for the group.
- Transparencies for sample scoring, page 55 and page 57.
- Transparency for "What a Survey Does", page 53.
- Transparency for "Recipe for Success", page 59.

● Go

Sign-in and welcome.

1. Refer to the **Handbook**, "Taking the Survey," page 17. Say: *We've been talking about this survey with its domains and usefulness in making recovery plans. Will someone volunteer to read what the domains are? (Safety and Health, Quality of Life and Symptom Distress.) Then ask someone to read to find out how the survey is used (The four items under USING THE SURVEY.) Then say, Yes, we get scores that can help us interpret and use information to make a good recovery plan.*
2. Then "read" the graphic: *SCORES from the SURVEY identify areas where we can develop GOALS. An increase in achieving GOALS leads to RECOVERY, which leads to an increase of control which leads to EMPOWERMENT, which leads to RECOVERY...it becomes a self-propelling process, just as wheels of a car turn and move the car forward.*
3. Then say: *The purpose of the survey is to help you. You will practice by taking the survey here. You will take the survey again at your agency. Let's take a look at this list of what a survey does, **Handbook**, page 18.*

CLIMBING INTO THE DRIVER'S SEAT



4. Put the transparency of “What a Survey Does”: on the overhead projector.

Say: *Let's take turns reading each line.*

After they are done, say: *We can summarize the purpose of the survey by saying:*

- *The survey will help you identify strengths as well as weaknesses.*
- *The survey will identify the parts of your life in which you are dissatisfied.*
- *The survey will help you work with health professionals and friends to develop goals. Taking this two or three times will help greatly in deciding items to put in the recovery plan.*
- *You can mark any question or statement that you do not understand.*
- *Respect the confidentiality of others in this group.*
- *Your responses will be treated with as much confidentiality as you desire.*

5. At this point, turn to the Outcomes Survey in the Handbook, page 19.

Read through the first three questions, explaining how the answers are marked. Tell everyone to pay attention to the directions in the boxes, for they are different for each section. Allow as much time as needed to finish, helping where necessary. Point out that the survey ends on page 24.

6. Scoring

A. When everyone is finished, use the two transparencies, page 55 and page 57, to demonstrate how the survey is scored. The class should follow along by using the matching Handbook, page 25 and page 26. You can read these to the class, as they follow along and figure out the number values of their answers.

B. They need not do any more scoring. Say: *This is just to show how the scoring is done; computers will do the scoring of the whole survey when you take the survey at your agency. The point of doing this page is to see how we arrive at the scores. The scoring will organize what you already know about yourself so you can set goals for your recovery plan.*

7. This is a good time to take a “feelings check.” **Say:** *How do you feel about this?*

Let's say one word that describes how we feel right now. Some people may be discouraged. Listen to what they have to say. Remind them that they will be talking with their case managers or clinicians about the survey when they take it at the agency.



CLIMBING INTO THE DRIVER'S SEAT

- 8. Then, put the “Recipe for Success” L3, Transparency 4, page 59 on the overhead projector saying:** *Taking the Outcomes Survey might have been a little distressing, so let's remind ourselves we're just trying to make a good recovery plan. Knowing our strengths and weaknesses is a lot like opening the kitchen cupboard and studying the items on the shelf to decide what to make for dinner.*
- A. Using the first part of the transparency; say:** *If you have flour, shortening and water, you can make a pie crust.*
 - B. Go to the second part of the transparency; say:** *If you have flour, shortening, water and baking powder, you can make biscuits.*
 - C. Go to the third part of the transparency; say:** *If you have all of these ingredients, and sugar and eggs, you can make cake!*
 - D. Say:** *This applies to our recovery planning. With the ingredients of our strengths, weaknesses, skills and knowledge, we can make a good recovery plan. Do you usually think of water as an ingredient? Yet, without something as common as water, none of these recipes would have worked! There might be something about you that is so common, you don't think of it as something that would make your recovery plan work. We're hoping that the survey will help you identify the unique qualities that you have and perhaps find the ones you might have overlooked.*
 - E.** *Put your Outcomes Survey in your folder. Take your folder home. This will keep your Outcomes Survey confidential. JUST REMEMBER TO BRING IT BACK!*

NEXT SESSION: *You'll use the surveys to make your own recipes for success!*

WHAT A SURVEY DOES

- BY DEFINITION, A SURVEY “STUDIES, AND PROVIDES AN OVERVIEW”
- IT ANSWERS THE BASIC QUESTION: “HOW AM I DOING IN MY RECOVERY PROGRAM?”
- THE OHIO OUTCOMES SURVEY HELPS IDENTIFY STRENGTHS
- IT IS FOR THE CONSUMERS TO COMPARE THEMSELVES TO THEMSELVES

WHAT A SURVEY DOES NOT DO

- IT DOES NOT ACT AS A TEST
- IT DOES NOT DETERMINE CHANGES IN FINANCIAL SERVICES OR PROGRAMS
- IT DOES NOT ACT AS A “PINK SLIP,” PUTTING A PERSON IN THE HOSPITAL
- IT DOES NOT ACT AS A DIAGNOSTIC INSTRUMENT
- IT DOES NOT GIVE SYNDROME NAMES OR LABELS

THE OHIO OUTCOMES SURVEY IS MEANT ONLY TO SHOW HOW A PERSON IS DOING IN HIS/HER RECOVERY

A NOTE TO CONSUMERS

The Ohio Outcomes Survey does provide a lot of information. It is for the purpose of self-comparison. If you, as a consumer, are concerned about how this survey will be used, if you have any fears at all, please get input from a trusted administrator, clinician or trained consumer.

AN EXAMPLE OF HOW SCORING IS DONE

Read: The directions that follow are from two parts of the Adult Consumer A form. A “scale score” is the combination of individual questions on the survey that together are a measure of an outcome. The scores you obtain on each scale can be compared to each other to see where there are areas of strength or need. However, the instrument does not determine the importance of each area; only you can determine what’s important to you after carefully comparing the results to our own priorities. Scores can also be compared over time to see progress on goals and objectives on your recovery plan and to see if any other needs arise. You may choose to work with individual questions rather than scale scores because the individual questions may be more important to you than the scale score.

We have chosen “Part Two: Physical Safety Scale” as one example.

The Physical Safety scale is a measure of how safe you feel. Will someone volunteer to read the directions for scoring?

Directions: (If you skipped a question, you will not be able to calculate this scale score.) For each question, circle the number under the response that you selected on the survey. For example, if you answered “Terrible” on Question 8, circle 1 in the table below in the row titled Question 8; if you answered “Mostly Dissatisfied,” circle 2, etc. Add up the circled values and write this total on the line below, then divide the total by three. This is your Scale Score.

	Terrible	Mostly dissatisfied	Equally Satisfied/Dissatisfied	Mostly Satisfied	Very Pleased
Question 8	1	2	3	4	5
Question 9	1	2	3	4	5
Question 11	1	2	3	4	5

Total of questions 8, 9 and 11: _____

Scale Score: (Divide the total by 3) _____

What your score means:

The scale score that you obtained can be compared to the “Terrible-Very Pleased” scale. If, for example, you obtained a score of 3.5, you could say that you feel just a little better than “Equally Satisfied/Dissatisfied” about your Physical Safety.

**FOR FURTHER PRACTICE, WE HAVE “PART FOUR:
SELF-ESTEEM, SELF-EFFICACY SCALE”**

Self-efficacy refers to how effective you are at achieving your own goals. This scale measures your opinion of yourself and how effective you are. This scale is part of the Empowerment Scale.

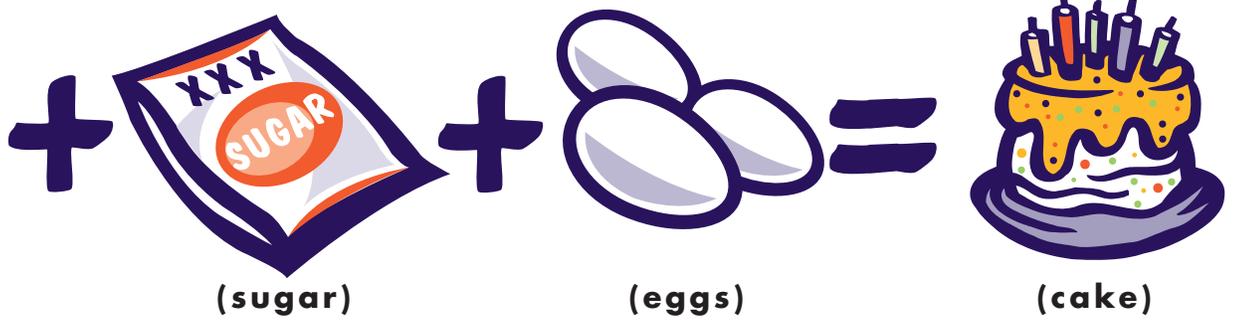
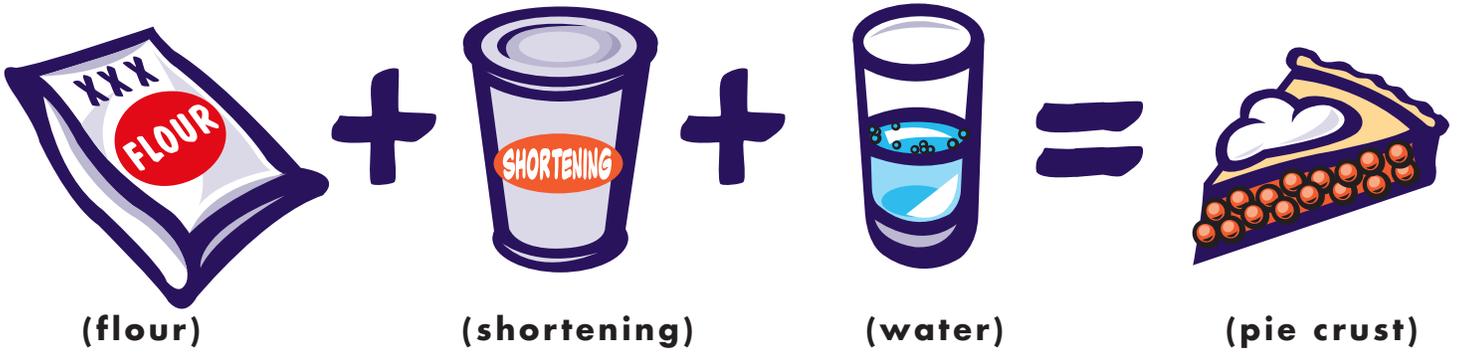
Directions: (If you skipped a question, you will not be able to calculate this scale score.) For each question, circle the number under the response that you selected on the survey. For example, if you answered “Strongly Disagree” on Question 51, circle 4 on the table below in the row titled Question 51; if you answered, “Disagree,” circle 3, etc. Add up the circled values and write the total on the Scale Score line below.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Question 38	4	3	2	1
Question 39	4	3	2	1
Question 42	4	3	2	1
Question 45	4	3	2	1
Question 47	4	3	2	1
Question 51	4	3	2	1
Question 52	4	3	2	1
Question 57	4	3	2	1
Question 59	4	3	2	1

Scale Score: (Total of all questions) _____

What your score means: The score you obtained can range from 9 to 36. Lower scores indicate higher Self-Esteem and Self-Efficacy.







LESSON 4

Finding Strengths



**Making the Survey
Work For You**



LESSON 4

Finding Strengths

● Ready

Read “Caution for Trainers” again, page 12. It is very important that you “try not to fix anything” or offer solutions or therapy. These discussions are to **RECOGNIZE AND IDENTIFY**.

● Get Set

- If the survey results are available, use them.
- 5 index cards for each consumer
- Handbook pages: “Survey Results Produce Data,” page 28 and Third Stop: “Making Outcomes Work for You,” page 29 and “Recovery Plan Itinerary,” page 30.
- Have overhead projector ready, and transparency of “Recipe” from last lesson.

● Go

Sign in and welcome.

1. Work in the Handbook, “The Survey Results Produce Data,” page 28. Read: *For data to be useful, it needs to be explained. Sometimes you need to talk to your case manager about your survey results. Why is that?* Allow a few comments. Read: *For data to be useful, it needs to be tailored to the consumer. What do you think that means?* Discuss briefly. Before you go on in the Handbook, ask these questions: *Do you agree that working on goals is a part of everyday life? How important is it to establish realistic goals?* Discuss briefly.

A. Go on to the Third Stop in the Handbook, “Making Outcomes Work For You,” page 29 and read together and discuss.

B. Go on to the next page, “The Recovery Plan Itinerary,” Handbook page 30, and say: *Who wants to read the Itinerary? Who wants to read the “prescription” for a recovery plan?*

CLIMBING INTO THE DRIVER'S SEAT

- 2. Show transparency of recipe, page 59, to review the ideas.** *The ingredients are items used in a recipe. The Outcomes Survey will open your cupboard to see what there is for you to work with. From this cupboard come the materials for goals setting. If an ingredient is missing, you can work with your case manager on how to get it. Can anyone else tell us the how the Outcomes Survey helps us work with our strengths and weaknesses? **Allow a few comments. Say:** Trying to determine what our strengths are gives us the hope and encouragement to keep going.*
- 3. Give everyone 5 index cards, and say:** *Now take your own survey results from your folder. Use your answers to locate 5 of your strengths. Write each one on an index card. **(Allow 10 minutes)** These are some ingredients for your recipe for success. Share these strengths with a partner. **Allow 10 minutes.***
- 4. What did you learn about yourself by sharing with someone else? **Allow anyone who wants to, to make a comment. Ask this question:**** *Why might sharing these things with other significant people in your life be helpful? **Discuss.***
- 5. End this discussion by saying:** *It's important to include your strengths in your recovery plan!*

NEXT SESSION: *You'll use your known strengths to set goals for your recovery plan.*

TEACHING TIPS

FOR TRAINERS AND TEACHERS:
(not a part of the course for students)

About CULTURAL COMPETENCY

The Outcomes Initiative has worked with four diverse cultures within Ohio (African-American, Amish, Hispanic, and Rural) to identify areas of sensitivity that need to be considered when people are working with members of another culture. A four page summary of the finding is available in the manual ODMH Outcomes Education Series: Administrators and Managers, pp. 127-130. Trainers received copies at their Bergamo training.

Teaching points in Training for Teachers:

- There are both similarities and differences in various cultures in their reactions to the Outcomes Survey.

Examples of similarities:

- All share our basic humanity and want the same individuation of treatment.
- All want to be sure the survey is used – for their benefit.
- Many were concerned about confidentiality.
- The survey is too long for some, who may need help, question by question.
- Establishing trusting relationships is essential.

Examples of differences:

- Among Amish people, politeness makes it hard to make negative comments.
- Language and customs mean different interpretations of some questions.
- Limited literacy in some areas make the survey difficult.

Main recommendations:

- Be sensitive and encouraging when cultural differences emerge.
- Treat all people with dignity and respect.



LESSON 5

Delving into the Domains

Tree of Recovery



LESSON 5

Delving Into the Domains

● Ready

Our objective today is to relate the domains to goal setting. The class will match items from the “Wish List” made previously, to the domains. Know that the case manager may already have gone over the results of the survey. We are emphasizing the relationship between goal setting and recovery.

● Get Set

- Supply everyone with 4 crayons (or dots or markers) in the colors: red, yellow, blue, and green.
- Class members will need to refer to their Wish List from Lesson 2.
- Have overhead projector ready, with transparency of “Your Tree of Recovery.” L5, Transparency 1, page 7
- Have flipchart ready by drawing a big circle on it.

● Go

Sign in and welcome

1. Begin by asking: *What does goal setting have to do with recovery?* Allow 5 minutes for discussion.

- Put “Your Tree of Recovery” transparency, page 71, on the overhead. Ask: *Something has been added to this Tree of Recovery. What is it? (new title, blank leaves) What is the same? (names of domains on branches, and outcomes on leaves; words around root system)*

Let's recall the domains:

- *Safety and Health domain seeks to measure safety in specific living situations.*
- *Quality of Life domain seeks to measure how satisfying a person's life is.*
- *The Empowerment questions are part of this domain. They seek to measure how much control a person feels he/she has over his/her own life.*
- *Symptom Distress domain seeks to measure how bothered you are by the symptoms of mental illness.*

CLIMBING INTO THE DRIVER'S SEAT



2. Tell the class to find their Wish List in Handbook page 15. Say: *In the second lesson we made a wish list of things we would like to accomplish. Let's see how they might fit into these domains. Look at your list. Is there an item there that might be in the "Symptom distress" domain? Some examples would be "I want to decrease the number of emotional crises I have in a month" or "I want to know when to seek help to avoid a psychiatric crisis." Put a green dot by them. Do the rest of the domains in the same way. Put a yellow dot after items from empowerment, and a red dot after the other items from Quality of Life, and a blue dot after items from Safety and Health. It may also be possible that there are items that don't fit in any of the domains, yet they may be very important to you, so put a star after any of those items. Your goals are of value.*

- **A discussion might be necessary to help individuals broaden their vision of what is possible. So discuss these items for a while as you see necessary.**

- **Say:** *The main idea here is what pieces of your life are most important to you and how you are addressing those items in your recovery plan.*

3. Go to "Your Tree of Recovery," Handbook page 31, and fill in the blank leaves. Say: *Let's try making this our own tree by filling in some leaves. Allow 5 minutes, help where necessary. More leaves may be added.*

4. Go to the flipchart, with the circles you drew on it. Say: *Just as all our efforts to reach the outcomes of a good and satisfying life make our Tree of Recovery blossom, blossoms grow into apples, apples can be made into pie. The apples have fallen from the domains. How much of your pie is from the Quality of Life domain? Look at your Wish List. If most of the dots on your list are red (Quality of Life) and yellow (Empowerment) then your pie might look like this:*



Quality of life = 1/2 of the pie

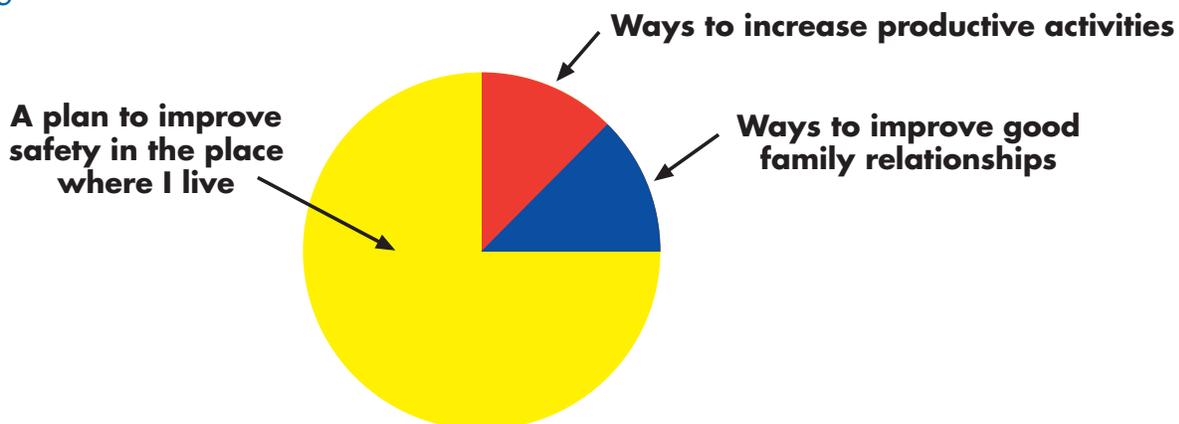
Empowerment = 1/2 of the pie

CLIMBING INTO THE DRIVER'S SEAT

We're not talking about exact measurements here. We're trying to identify areas of importance by looking at the items on our wish list, or on the leaves we added to the tree. If you are uncomfortable with fractions, slice the pie by "big pieces and little pieces," and use colors next to the items.

Say: When you read your list and look at the leaves (outcomes) you've added to the tree, you discover that some items seem more important than others: a plan to improve safety in the place where you live; ways to increase productive activities; and ways to improve good family relationships.

Do they get equal pieces of the pie? Or is one more important than the other? Your pie might look like this:



Ask if someone would like to volunteer sharing the way their pie is sliced! Invite them to use the last circle on the flipchart to show their example. Allow 10 or 15 minutes for sharing.

Then ask: *What does identifying priorities have to do with goal setting?* **Discuss.**

How can identifying these priorities encourage self-determination? **Discuss.**

What role does self-determination play in your own recovery? **Discuss.**

Do you think that you are a self-determined person? **Discuss.**

Next 4 Sessions: *How to establish priorities and determine how to make a good recovery plan.*

YOUR TREE OF RECOVERY



TEACHING TIPS

FOR TRAINERS AND TEACHERS: (not a part of the course for students)

About HANDLING CLASS PROBLEMS:

Students vary in their ability to concentrate, their motivation level, and their attentiveness. Here are some tips for handling common class problems. The teachers in training may want to add more tips from their experience.

The Dominating member or On-and-On Talker:

- Interrupt with remarks such as “Thank You. Now we need to hear from some other people.” “Thanks for your contribution. We need to move on now to some other material.” “Let's give some others a chance to say something.”
- Put “Parking Lot” on a flipchart page and jot down subjects or questions that are off the subject – to be discussed later. (And do it after class.)
- In an extreme case, one teacher can take the person out of the room and talk with him/her about giving other people a chance.

The Side Conversation Member:

- Remind the class of the need for courtesy while people who have been recognized are speaking.
- Ask the person if he/she will share the information.
- Stop speaking, look at the person, and wait until the conversation stops.

The Silent Class Member:

- Talk with the person outside class and let him/her know that his/her contributions would be appreciated.
- Do your best not to embarrass the person, but if you feel it is OK, try asking him/her a direct question in class. However, respect the right to pass.

The Negative Member:

- Listen and let the person know you have heard his/her negative feelings.
- Ask the person, “What would you do to change that for the better?”

The Popcorn Person Who Can't Stay Put During Class:

- Privately, ask if there is a problem you can help with.
- Ignore the person's behavior.

Anyone may pass at any time. Do not feel that you need to hear all contributions on every subject. Above all, in any situation, respect the dignity of all class members.



LESSON 6

On the Road to Change: Safety and Health

Safety and Health Issues

Self-Knowledge is the Key

The Recovery Plan



LESSON 6

On the Road to Change: Safety and Health

● Ready

Your objective is to discuss the Recovery Plan, the importance of self-knowledge, and questions from the survey in the domain of Safety and Health. Discussing the survey questions is for the purpose of helping the consumer recognize items that he/she might put on the recovery plan. **IF SIGNIFICANT ISSUES SURFACE, IT IS IMPORTANT THAT THE CONSUMER GETS HELP FROM HIS/HER CASE MANAGER. YOUR JOB IS NOT TO SOLVE PROBLEMS, JUST TO DEVELOP AN AWARENESS OF THE ISSUES.**

● Get Set

- **Handbooks, "Safety and Health" issues, page 32.**
- **Flipchart, write each of these words on its own page: "advantages?" "risks?" "What do you do?"**
- **Transparencies: "Self-knowledge is the Key," L6, page 83 and "Recovery Plan," L6, page 79.**
- **You may need some extra copies of the survey for those who forgot to bring their surveys back to class. Pencils.**

● Go

Sign-in and welcome.

1. **A. Use the overhead projector and the transparency of the "Recovery Plan," L6, Transparency 1, page 79 to begin.** *Let's take turns reading these paragraphs.*

B. Show the transparency "Self-knowledge is the Key." Use the flipchart and the overhead projector to discuss the questions about the risk of making changes. Call on someone to write in the answers on the flipchart, as you discuss each question on the transparency.

2. **Begin work in the Handbook. Say:** *Open your Handbooks to "Safety and Health issues," page 32. You may recognize these questions from the Safety and Health domain. Their numbers match the survey. Let's read the questions. Do So. Use the number to look up your answers in the survey and put the word you used in the column next to the question. Allow a few minutes to finish this.*

CLIMBING INTO THE DRIVER'S SEAT

- 3. Then say:** *If the answer to the question revealed a problem to you, what would you like to do about it? Write that on the lines next to the question. These are the desired outcomes you might want to discuss with your case manager. **Allow a few minutes for the class to write down their ideas.***

- 4. Now fill in the blank leaves on Your Recovery Tree. (Continue the work you started in lesson 5.) Say:** *Identifying goals is the first part of our job. Find "Your Tree of Recovery" in the Handbook, page 31. Find the "Safety and Health Issues" worksheet, page 32. Write in your own desired outcomes on the blank leaves in the area of "Safety and Health." **Allow a few minutes for the class to fill in the leaves.** Would anyone like to share their "desired outcomes"?*

- 5. Ask:** *Do you see how deciding your own goals makes you very much involved in your treatment? **(Yes)** Research has shown that consumers who are involved in their treatment are more satisfied and report less stress, and more lasting change occurs. Do you agree? **After discussion, read page 33 in the handbook, and give out copies of L1, Handout 1.***

- 6. Say:** *If you would like to put your worksheet in your confidential folder, please do so.*

NEXT SESSION: *(Adding the Quality of Life domain to your recovery plan.)*

CLIMBING INTO THE DRIVER'S SEAT

SAFETY AND HEALTH ISSUES

Write your word from the survey beside the question.

If the answer to the question reveals a problem to you, what would you like to do about it? Use the lines below to write your Desired Outcomes.

Terrible • Mostly dissatisfied • Equally satisfied/dissatisfied • Mostly satisfied • Very pleased

How do you feel about:

- #8 Your personal safety? _____
- #9 The neighborhood in which you live? _____
- #11 Your health in general? _____

Never • Seldom/Rarely • Sometimes • Often • Always

Within the past six months?

- #13 How often has your physical condition interfered with your day to day functioning? _____
- #14 I have had concerns about my medications (such as side effects, dosage, type of medication). _____

Areas of Concern:

- #15 How often have you been treated with dignity and respect at this agency? _____
- #16 How often do you feel threatened by people's reactions to your mental health problems? _____

How can you use this in your recovery plan?

SUCCESS BUILDS SUCCESS

THE RECOVERY PLAN

Most people grow and reach their goals when they experience success in life.

If the philosopher can say: "I think, therefore I am," the consumer can say, "I see, therefore, I am encouraged."

Today, we are going to talk about recovery plans. We will try to look at the process you use to work on your plan in a way that may be very different than what you have done before.

Each person has a basic need to see his progress or lack of progress. If that need isn't being met, your contract isn't being met. Yes, the **RECOVERY PLAN** is a contract.

In this contract, the consumer agrees to be responsible for certain things, and likewise, the case manager and other clinicians are responsible for certain things. Accountability goes both ways. It is a relationship and an agreement that provides a basis for the recovery process.

You + your case manager and other clinicians

- Decide specific needs
- Put goals in steps and measurable terms
- Compare strengths and weaknesses to achieve recovery goals

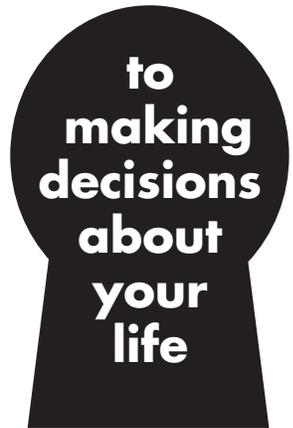
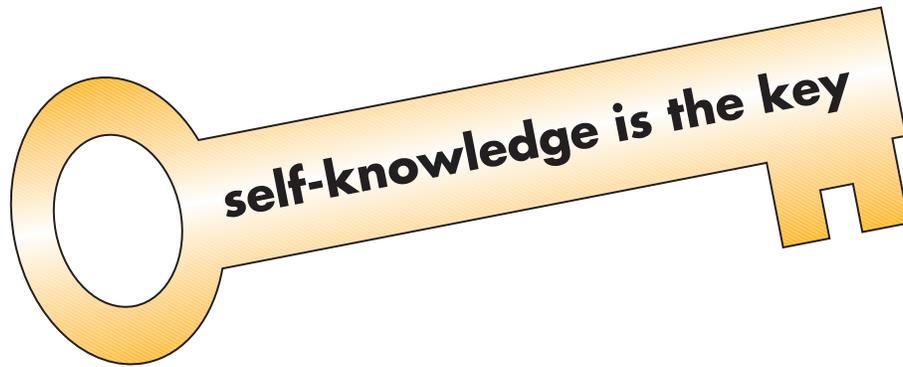
There's a starting line, a finish line, with many small steps in-between. The plan answers the questions: "What is happening?" "At what pace?" "Group sessions?" "By whom?" "How many times a week?" "For how long?" "With what level of success?"

This charting, measuring, working with survey scores, is a process that looks for indicators of your health and well being; the real outcome of the Outcomes System!

Although we talk about "starting points" and "finish lines," the recovery plan is still a process – it is an ongoing, working document that reflects moving towards a goal, a vision, a dream, that is the result of collaboration between the consumer and professionals.

This ongoing monitoring, evaluating, collaborating, is the heart of a good recovery plan, and personal involvement is fundamental to ownership.





**SELF-KNOWLEDGE IS THE KEY
to making decisions about your life.**

What are the advantages of making your own decisions about your life?

What are some of the risks?

What do you do about the risk of making changes?

TEACHING TIPS

FOR TRAINERS AND TEACHERS:
(not a part of the course for students)

About TEAMWORK: Group responsibility, group dynamics

Review: Flow chart, page 6, before Lesson 1

Team Responsibility: Your primary job is to be encouraging to the students taking the course and to deliver the course through the Outcomes System materials. Your team may also be charged with marketing and setting up the course to begin with.

All of this takes teamwork. As a team, you need to focus on doing the job. It is easier if you are a friendly, agreeable group. But you can still get the job done well, even if you're not best friends. You don't have to like each other to be successful. But you do need to get work done and present a calm, trusting atmosphere when you are with students.

Team Dynamics:

When people work together, they need to get to know each other as team members and work out how to handle the various tasks. Differences of opinion inevitably arise, and the group needs to learn how to work through their differences together. Groups such as your team typically go through a variety of experiences as they get to know and work together.

This developmental process has been characterized as the “Forming, Storming, Norming, Performing” process. What it means is that the first, tentative steps of getting started may be hesitant and unsure (Forming); that somewhere along the line, disagreement or conflict may arise (Storming); that as people become committed to the task, they work out disagreements and work in harmony (Norming); and eventually the group is able to work smoothly together and do the job very well (Performing).

Your group may or may not experience all of these stages. What is important to know here is that all of these stages are common, ordinary experiences. Whether or not you experience them, all your efforts will lead to success if you are determined to get the job done well.



LESSON 7

On the Road to Change: Quality of Life

Quality of Life Issues

The Recovery Plan

Recovery





CLIMBING INTO THE DRIVER'S SEAT

LESSON 7: On the Road to Change: Quality of Life

Ready

Your objective is to discuss the domain of Quality of Life questions from the Survey. This is for the purpose of helping the consumer recognize items that he/she might put in the recovery plan. **If significant issues surface, it is important that the consumer gets help from his/her case manager. Your job is not to solve problems, but to develop an awareness of the issues.**

Get Set

- **Handbook**, “Quality of Life Issues,” page 34.
- **Flipchart** for brainstorming; question will be decided by the class.
- **Have overhead projector ready with transparency**, “The Recovery Plan” (L6, Transparency 1, page 79) and “Recovery” (L7, Transparency 1, page 89).

Go

Sign-in and welcome.

1. Begin by showing the transparency, L6, page 79, “The Recovery Plan.” Even though this was discussed in the last class, use this opportunity to go over any important points that you feel need to be repeated.

2. Next, say: *Find the Quality of Life Issues worksheet in your Handbook, page 34. Take turns reading the questions out loud. Do so. Then, put your answer from the survey beside the question. Allow a few minutes. Say: If the answer to the question reveals a problem to you, what would you like to do about it? Write your answers. These are your desired outcomes.*

3. Ask: *Which two questions on this worksheet would you like to brainstorm about?*
A. Decide which question to do first, and write it on the flipchart.
B. Write ideas as the class volunteers them.

4. Ask: *How does this help you with your recovery plan? Discuss for a few minutes. Ask: How could these items become part of your plan?*

5. Use overhead to show and discuss the transparency on “Recovery,” L7, page 89, the ideas of Bill Anthony, PH.D. Say: *We're going to take turns reading these ideas about recovery. Who will read the first one? Continue until everything has been read.*

End the session with this statement:

“KNOWING THESE THINGS ABOUT OURSELVES PUTS US ON THE ROAD TO A BETTER LIFE; DOING SOMETHING ABOUT THEM PUTS US IN THE DRIVER'S SEAT!”

NEXT SESSION: *Adding Empowerment to your recovery plan.*

QUALITY OF LIFE ISSUES

This domain looks at how satisfying a person's life is, how well his/her needs are being met and how much control a person has over the events in his/her life.

Write your word from the survey beside the question.

If the answer to the question reveals a problem to you, what would you like to do about it? Use the lines below to write your Desired Outcomes.

Your answers might have been:

Terrible • Mostly dissatisfied • Equally satisfied/dissatisfied • Mostly satisfied • Very pleased

How do you feel about:

#1 The amount of friendship in your life?

#5 The amount of meaningful activity in your life, such as work, school, volunteer, or leisure?

In the area of financial status, how do you feel about:

#2 The amount of money you get?

#3 How comfortable and well off you are financially?

#4 How much money you have for fun?

#6 The amount of freedom you have?

#10 Your housing, living arrangements?

Never • Seldom/Rarely • Sometimes • Often • Always

Another Quality of Life issue: How often?

#12 How often you have the opportunity to spend time with people you like?

How can you use this in your recovery plan?

RECOVERY

Discussing the ideas of Bill Anthony, Ph.D.

- Recovery can occur with or without professional intervention. People can recover with the help of groups, families and friends.
- Critical to one's recovery is another human being (or group), whom one can trust to be available in times of need.
- Recovery is a deeply human experience built on trust and understanding, and can be everybody's business.
- Recovery can occur even with individuals who experience intense psychiatric symptoms from time to time.
- "Setbacks" do not mean that previous growth had no value. "Setbacks," although frustrating, may provide the basis for the process of recovering.
- Being in the process of recovering helps reduce the frequency and duration of symptoms. PEOPLE CAN GET BETTER.
- Recovering from the consequences of the illness is sometimes more difficult than recovering from the illness itself. The stigma of being mentally ill is real and sometimes overwhelming.

"Recovering means that, although a person has a significant illness/disability, he/she can have hope that things can and will get better. Life without the process of recovering, and our hopes for that outcome, would be very sad."



LESSON 8

On the Road to Change: Empowerment

Empowerment Issues

Full Recovery



LESSON 8

On the Road to Change: Empowerment

● Ready

Your objective is to discuss Empowerment issues that appear in the Survey. This is for the purpose of helping the consumer recognize items that might be added to the recovery plan. **Your job is not to solve problems, but to develop an awareness of the issues.**

● Get Set

- **Handbook, page 36 . "Vision and Values of the Ohio Outcomes System." "Empowerment" worksheets, pages 37-40.**
- **Write this statement, "Full recovery is possible for everybody" on the flipchart.**

● Go

Sign-in and welcome.

- 1. Begin by discussing the statement on the flipchart. Ask: *Do you believe this? If so, why? If not, why not?* (10 minutes)**
- 2. End the discussion by reading Handbook, page 36 about the "Vision and Values of the Ohio Outcomes System."**
- 3. Use the Handbook, beginning with the Empowerment Issue of Power/Powerlessness, on page 37.**
 - A. The next page begins our work with empowerment issues. This is the Role Performance domain on our Tree of Recovery. We will follow this format:*
 - B. Take turns reading the questions out loud.*
 - C. Put your answer from the survey next to the question.*

CLIMBING INTO THE DRIVER'S SEAT



- D. *If the answer to the question reveals a problem, write what you would like to do about it in terms of Desired Outcomes.*
 - E. **After the whole page is finished, ask** *Which two questions would you like to discuss?* **Use the chart to write the question, and then brainstorm. Write their responses, and discuss the responses, also.**
 - F. **Discuss for a few minutes. Ask:** *How can these items become part of your recovery plan?* **Discuss for a few minutes. Then say:** *Fill in one or two leaves on your Tree of Recovery, page 31, in the domain of Role Performance. We have other issues to discuss so leave room for some blanks for the next page, 38. "Self-esteem, Self-efficacy."*
 - G. **Ask:** *How does this help you with your recovery plan?*
- 4. Discuss this page, and the remaining pages on empowerment issues in the same way:**
- A. **Read the questions aloud.**
 - 1. **The class members then fill in the one word answer from the survey,**
 - 2. **And then write what could be done about any of the problems that are revealed.**
 - B. **Brainstorm two of the questions that the class chooses.**
 - C. **Write some outcomes on their Tree of Recovery.**
 - D. **Finish with a discussion of the question: How do we use this on our recovery plan?**

NEXT SESSION: *Adding the domain of Symptom Distress to your Recovery Plan.*

EMPOWERMENT ISSUES:

Power/Powerlessness

Write your answer from the survey beside the question.

If the answer to the question reveals a problem to you, what would you like to do about it? Use the lines below to write your Desired Outcomes.

Do you: Strongly Agree • Agree • Disagree • Strongly Disagree - with these statements

#40 "People have no right to get angry just because they don't like something."

#41 "Most of the misfortunes in my life are due to bad luck."

#43 "Making waves never gets you anywhere."

#49 "Usually I feel alone."

#50 "Experts are in the best position to decide what people should do or learn."

#54 "You can't fight city hall (authority)."

#55 "I feel powerless most of the time."

#56 "When I am unsure about something, I usually go along with the rest of the group."

How can you use this in your recovery plan?

EMPOWERMENT ISSUES: Self-Esteem; Self-Efficacy

Write your answer from the survey beside the question.

If the answer to the question reveals a problem to you, what would you like to do about it? Use the lines below to write your Desired Outcomes.

Do you: Strongly Agree • Agree • Disagree • Strongly Disagree - with these statements

- #51 "I am able to do things as well as most people." _____
- #52 "I generally accomplish what I set out to do." _____
- #57 "I feel I am a person of worth, at least on an equal basis with others." _____
- #59 "I feel I have a number of good qualities." _____
- #38 "I have a positive attitude toward myself." _____
- #39 "I am usually confident about the mistakes I make." _____
- #42 "I see myself as a capable person." _____
- #45 "I am able to overcome barriers." _____
- #47 "When I make plans, I am almost certain to make them work." _____

How can you use this in your recovery plan?

EMPOWERMENT ISSUES: Optimism and Control Over the Future

Write your answer
from the survey
beside the question.

If the answer to the question
reveals a problem to you, what
would you like to do about it?
Use the lines below to write your
Desired Outcomes.

Do you: Strongly Agree • Agree • Disagree • Strongly Disagree - with these statements

- #34** "I can pretty much determine what will happen in my life." _____
- #35** "People are limited only by what they think is possible." _____
- #46** "I am generally optimistic about the future." _____
- #60** "Very often a problem can be solved by taking action." _____

EMPOWERMENT ISSUES: Righteous Anger

- #37** "Getting angry never helps." _____
- #40** "People have no right to get angry just because they don't like something." _____
- #43** "Making waves never gets you anywhere." _____
- #48** "Getting angry about something is often the first step toward changing it." _____

**How can you use this
in your recovery plan?**

EMPOWERMENT ISSUES:

Community Activism and Autonomy

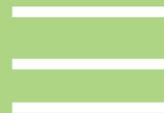
Write your answer from the survey beside the question.

If the answer to the question reveals a problem to you, what would you like to do about it? Use the lines below to write your Desired Outcomes.

Do you: Strongly Agree • Agree • Disagree • Strongly Disagree - with these statements

- #36 "People have more power if they join together in a group." _____
- #44 "People working together can have an effect on their community." _____
- #53 "People should try to live their lives the way they want to." _____
- #58 "People have a right to make their own decisions, even if they are bad ones." _____
- #60 "Very often a problem can be solved by taking action." _____
- #61 "Working with others in my community can help to change things for the better." _____

How can you use this in your recovery plan?



LESSON 9

On the Road to Change: Symptom Distress

Symptom Distress Issues

Advocacy



LESSON 9

On the Road to Change: Symptom Distress

● **Ready**

Your objective is to discuss ideas about the domain of Symptom Distress questions from the survey. This is for the purpose of helping the consumer recognize items that he/she might put on the recovery plan. If significant issues surface, it is important that the consumer gets help from his/her case manager. **Your job is not to solve the problems, just to develop an awareness of the issues.**

● **Get Set**

- **Handbook, pages 41 and 42, Symptom Distress Issues.**
- **Handbook, page 43, "The Role of the Advocate" and "Using Outcomes for Advocacy," page 44.**
- **Set up flipchart for #4 on page 103.**

● **Go**

Sign-in and welcome.

- 1. Use the format for discussion of the Symptom Distress Issues as you have done in chapters 6, 7 & 8, pages 104-105 in this manual.**
 - A. Read the questions aloud.**
 - 1. The class members then fill in the answer from the survey, pages 41 and 42.**
 - 2. And then write what could be done about any of the problems that are revealed in the Desired Outcomes column.**
 - B. Brainstorm two of the questions that the class chooses.**
 - C. Write some outcomes on Your Tree of Recovery, page 31.**
 - D. End this work on the Symptom Distress Issues with a discussion of this question: How do we use all this information on our recovery plan?**

CLIMBING INTO THE DRIVER'S SEAT

2. We've been talking about outcomes and how we can develop them, and how they can help us. Once they have been developed, do they serve any other purposes? **Allow a few minutes for discussion.** One answer is, that outcomes are also a basis for advocacy.
3. To learn more about advocacy, let's turn to the Handbook, "The Role of An Advocate," page 43. Let's take turns reading.
4. **Write "ADVOCACY: Using Outcomes for Advocacy" and put ADVOCACY in a circle in the middle on the flipchart: Class turns to Handbook page 44, "Advocacy: Using Outcomes for Advocacy." Ask:** As we talk about the process of advocacy, who will write our answers on this chart? **Then ask:** What is advocacy? How can consumers advocate for themselves? How can consumers advocate for their families? With other consumers? **Allow about 20 minutes for this discussion. Then write "Outcomes Survey" on the next flipchart page and say:** Let's go on to the next page to see how the Outcomes Survey can be an advocate, Handbook page 45, "How Is the Outcomes Survey a Basis for Advocacy?" Who will read the top of the page? Who will read the way the Outcomes Survey can be a basis for advocacy? Is there anything you would like to add to this? **(Write it on the flipchart.)**

To end the session, say: Advocacy is grounded in empathy. A person or organization that is acting as an advocate is generating support and services for people who are mentally ill, just as if they themselves might be in the position of having mental illness.

NEXT SESSION: Talk about being in the Driver's Seat! In the next session you will take the post-test and get your "driver's license."



SYMPTOM DISTRESS ISSUES:

What Symptoms Are You Experiencing and How Much Are They Bothering You?

Write your answer from the survey beside the question.

If the answer to the question reveals a problem to you, what would you like to do about it? Use the lines below to write your Desired Outcomes.

Not at all • A little bit • Some • Quite a bit • Extremely

During the past seven days:

#17 Nervousness or shakiness inside

#18 Being suddenly scared for no reason

#19 Feeling fearful

#20 Feeling tense or keyed up

#20 Spells of terror or panic

#22 Feeling so restless you couldn't sit still

#23 Heavy feeling arms or legs

#24 Feeling afraid to go out of your home

#25 Feelings of worthlessness

#26 Feeling lonely even when you are with people

#27 Feeling weak in parts of your body

How can you use this in your recovery plan?

SYMPTOM DISTRESS ISSUES:

What Symptoms Are You Experiencing and How Much are They Bothering You?

Write your answer from the survey beside the question.

If the answer to the question reveals a problem to you, what would you like to do about it? Use the lines below to write your Desired Outcomes.

Not at all • A little bit • Some • Quite a bit • Extremely

During the past seven days:

#28 Feeling blue

#29 Feeling lonely

#30 Feeling no interest in things

#31 Feeling afraid to walk in open spaces or on the streets

Early warning signs:

#32 How often can you tell when mental or emotional problems are about to occur?

#33 When you can tell, how often can you take care of the problems before they become worse?

How can you use this in your recovery plan?



The Role of the Advocate

The following information is adapted from "Seeds of Inspiration, Discovery, and Hope" by Tizzano, et. al.

Advocacy is grounded in empathy; the person generating support for those with mental illness is providing the kind of service he would for himself were he in that position.

For someone in need of an advocate, these are some principles consumers can keep in mind:

- A. An advocate always takes his/her cue from the consumer and never imposes personal judgement on the consumer.
- B. An advocate acts as an agent for the consumer only, and no one else. The consumer's rights are primary and should always take precedence over the prerogatives of professionals and significant people.
- C. An advocate respects the dignity, self-worth and personal choices of the consumer, and in all ways attempts to enhance those.
- D. An advocate supplies the consumer with the tools needed to gain control of his personal destiny.
- E. An advocate attempts to spell out the "rules of the game" for the consumer, to enable the consumer to "play the game" more effectively.

The Outcomes Survey is a basis for advocacy because outcomes data can be used to provide a basis for informed advocacy at all levels.

An informed advocate brings documented facts, dates and numbers that can strengthen the case for continued services, more services, improved services, different services, and can aid research at local, state and national levels.

And, the informed advocate teaches consumers to plead their own causes. Who better to write and to speak than those who are in the process of recovery themselves?

YOU, TOO, CAN BE AN ADVOCATE.

TEACHING TIPS

FOR TRAINERS AND TEACHERS: (not a part of the course for students)

NUTS and BOLTS: How to manage your courses.

When? Hold your course for **teachers** on three separate days:

- Day one: Lessons 1, 2 and 3
 - Day two: Lessons 4, 5 and 6
 - Day three: Lessons 7, 8, 9, 10
- These three days can be consecutive days, or Monday, Wednesday, and Friday, or once a week for 3 weeks. Work out the best time for the students and teachers.
- Courses for **students** may work out in two days, as you will only be teaching the lessons, not the Teaching Tips.

Where? Work with the agency or board to find a space that is big enough for approximately 12 students and two teachers. You will need a table at which to work. Make sure transportation is available to that place.

Records:

- **Sign-in sheets** for every session (morning, afternoon, etc.)
Send to Outcomes at the address below. If your whole course happens in one week, send all sign-in sheets at the end of the course. If your course is spread out over three weeks, send in each day's sign-in sheets as they happen.
- **One attendance record** should be kept for the whole course and sent to Outcomes at the end of the course.
- **Daily evaluations** for every session (morning, afternoon, etc.) (To be found at the end of Lesson 1). Read them after each session, and address triumphs and problems at the next session. **Send them to Outcomes.**
- **Overall course evaluations** (yellow) filled in every time, but turned in at the end of the course. (To be found at the end of Lesson 1). Copy them if you wish, but **send originals to Outcomes.**

Outcomes

OAMH

5022 Sinclair Rd.

Columbus, OH 43229

OUTCOMES Sign-in Sheet

Date: _____ Trainers/Teachers (signatures) _____

Location: _____

City: _____

Lesson #: _____ Total number in class today _____

Name or Nickname	
1.	16.
2.	17.
3.	18.
4.	19.
5.	20.
6.	21.
7.	22.
8.	23.
9.	24.
10.	25.
11.	26.
12.	27.
13.	28.
14.	29.
15.	30.

SEND TO: Outcomes/OAMH, 5022 Sinclair Rd., Columbus OH 43229 Fax: 614-888-9478

OUTCOMES – Attendance

Date: _____ Trainers/Teachers (signatures) _____

Location: _____

Training Team Name: _____

Name or Nickname	1	2	3	4	5	6	7	8	9	10
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										

Students need to attend all 10 sessions in order to receive a certificate. Sessions may be made up the next time the course is offered. They may receive their certificates with the next class.

**At the end of the course, send a copy of this completed attendance record to:
Outcomes OAMH, 5022 Sinclair Rd., Columbus OH 43229 or FAX: Outcomes 614-888-9478**

TEACHING TIPS

FOR TRAINERS AND TEACHERS: (not a part of the course for students)

About the JOB BACK HOME

Your local mental health board has already agreed to support your efforts to provide the consumer outcomes course to consumers in your area. You can consult with them in solving problems such as:

- A place to hold the course
- Setting dates and times
- Publicizing the course through agencies, newspapers, radio and TV spots, notices in groceries and laundromats, etc.
- Transportation issues
- Snacks (Keep them simple: pretzels and a beverage, for example)
- Handicapped accessibility to buildings and bathrooms



LESSON 10

Post-Test and Graduation

Explanation of Outcomes Survey Project
Advocacy
Post-Test
Graduation Certificates

LESSON 10

Post-Test and Graduation

● Ready

Time to celebrate

● Get Set

- **Handbooks, Post-Test, pages 46-48.**
- **Have certificates prepared: one for each graduate, signed by the trainers. (L10, following 116) Be sure to choose the correct certificate for teachers or students.**
- **Have an evaluation form for each member.**
- **Have flipchart ready for tallying Post-Test scores. Find Pre-Test total from first class. (L1, page 13 where you wrote down the score.)**
- **Copy summary ("2" under Go) on flipchart before class.**

● Go

Sign-in and Welcome.

1. *Welcome to our last session. I congratulate you on all your efforts to learn about the Outcomes System and how to make it work for you.*
2. **Go to the flipchart and say:** *This is a summary of "Climbing into the Driver's Seat" and what this training has offered:*
 - *A Summary of the Outcomes System*
 - *An opportunity to try out the survey*
 - *An experience with scoring*
 - *A look at strengths through data*
 - *Development of goals from survey questions*
 - *An application of the goals to the recovery plan*
 - *Using the Outcomes Survey for self-advocacy*

CLIMBING INTO THE DRIVER'S SEAT

3. *Since the beginning of this course, we have done a good job identifying goals. But we have one more thing to do, and this is to decide which goals are most important. A common mistake is to make too many goals. So in order to get a general sense of how important our goals are, we are going to do one more thing. Think about all the ideas that have occurred to you in this course, on worksheets, in conversations, in discussions and brainstorming. What 2 or 3 goals or outcomes rise to the surface? Write them down. (10 minutes)*
 - A. **Ask:** *Would anyone like to share the outcomes they have discovered are the most important to them? Give everyone a chance to share.*
 - B. **Ask:** *How can identifying goals enhance self-determination?*
 - C. **Discuss for a few minutes, and then ask:** *What role does self-determination play in your own recovery?*
4. **Give the Post-Test.** *Let's see how much we have learned by taking the Post-Test. It's in your [Handbook](#), pages 47 & 48. (15 minutes)*
5. **When the class is done, read the answers from your copy, pages 114-116, while they score their own.**
 - A. **Tally the scores on the flipchart, just like you did for the Pre-Test.**
 - B. **Note the increase in understanding of the whole class. Then divide the total Post-Test score by the number of class members to see how close each member came to a perfect score of 15. Congratulate them on the improvement.**
6. **Give final evaluations and collect. Send all evaluations to Outcomes/OAMH 5022 Sinclair Rd., Columbus, OH 43229.**
7. *Let's have a feelings check. Let's take turns giving one word that describes how we are feeling right now.*
8. *Congratulations! You have completed the course! Give everyone his/her Certificate of Achievement. Celebrate by giving everyone a chance to tell what this course has been like for them.*

POST-TEST

1. A "consumer" is a person who:
 - A. takes a test.
 - B. is a student.
 - C. is a person who receives mental health services.
 - D. is making major decisions about getting a job.
2. "Recovery" is a term that refers to:
 - A. only some people.
 - B. only one program.
 - C. a process of regaining some social functioning despite the continuing symptoms of mental illness.
 - D. a person involved in mental health services.
3. The Ohio Task Force that developed the Outcomes Project was comprised of:
 - A. mental health professionals.
 - B. family members of consumers.
 - C. consumers.
 - D. all of the above.
4. "Outcomes" can be defined as:
 - A. an indicator of a problem.
 - B. indicators of health and well-being as measured by statements and observed characteristics.
 - C. the result of reading many books on mental health.
 - D. the result of knowing about advocacy.
5. One of the values of the mental health system is to:
 - A. provide many assessment procedures.
 - B. help the consumer develop anxieties over getting a job.
 - C. provide a rehabilitation view of recovery.
 - D. determine the choices a person should make for a better quality of life.

CLIMBING INTO THE DRIVER'S SEAT



6. Mental Health is a state of:
 - A. anxiety over relationships.
 - B. successful mental functioning.
 - C. perfect peace.
 - D. none of the above.

7. Goals for consumers are:
 - A. not necessary.
 - B. purely a matter for the professionals.
 - C. areas that would be harmful to discuss.
 - D. to include choices made by consumers.

8. The Ohio Outcomes Survey is used to:
 - A. identify areas to develop goals.
 - B. identify diseases.
 - C. identify allergies.
 - D. none of the above.

9. Data from the Outcomes Survey:
 - A. needs to be tailored to the consumer.
 - B. is used to make a more effective plan for recovery.
 - C. results in facts about the four major areas of a person's life.
 - D. all of the above.

10. Self-determination:
 - A. is a valuable asset.
 - B. can make the difference between recovering or not recovering.
 - C. means taking charge of recovery.
 - D. all of the above.

11. A survey is a good assessment tool because:
 - A. the questions are about meaningful things.
 - B. then a diagnosis is not necessary.
 - C. it guides the consumer in setting realistic goals.
 - D. it provides nutritional advice.



CLIMBING INTO THE DRIVER'S SEAT

12. "Advocacy" is about:
- A. the Individual Reading Program.
 - B. collecting data.
 - C. speaking or writing in support of a cause.
 - D. inner rewards of peace.
13. The four "domains" of the Ohio Outcomes Survey are:
- A. assessment, treatment, discussion, and planning.
 - B. advocates, stakeholders, consumers, and case managers.
 - C. symptom distress, quality of life, safety and health, and role performance.
 - D. scales, subscales, scores, and subscores.
14. The goal of treatment here is assisting people by:
- A. not letting them make any of their own decisions.
 - B. empowering them by helping them develop self-management skills.
 - C. giving them a recovery plan written by the mental health task force.
 - D. none of the above.
15. Knowing our strengths and weaknesses when writing a recovery plan:
- A. is a task left to the professionals.
 - B. determines the next appointment.
 - C. just adds to the confusion.
 - D. puts us in the driver's seat on the road to a better life.

Total Class Score _____

Ohio Consumer Outcomes Education Series – Adult Consumers

CONGRATULATIONS!

This certificate of completion
attests to the fact that



_____ has participated in the
Consumer Training Course, and

is prepared to be in the driver's seat.



Date _____ Trainer _____ Trainer _____

Ohio Consumer Outcomes Education Series



Climbing Into the Driver's Seat

This is to certify to all that

_____ has fulfilled the requirements of

Teacher Training

and is hereby endorsed to teach
the Adult Consumer Education Course.



Date _____ Trainer _____

Trainer _____