



# CRCI Partner Profiles

## CRCI Partner Profile: Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities

Many years ago, after graduating with his bachelors degree in psychology and sociology, Mark Salzer was working as a psychiatric technician at a locked acute psychiatric unit. One evening, while making his rounds, he was checking to see that everyone was accounted for and in their rooms. When one person didn't answer their door, Salzer entered slowly, only to discover her weeping uncontrollably. "I'd never seen someone cry so hard in my life," he recalled in a recent Brainshark episode.

His first reaction was to think about her mental illness and symptoms. "I thought of her as a patient," he said, and almost called a doctor or nurse. Instead, he sat and listened. Rather than discuss her depression, the patient began to open up to him, agonizing about challenges facing her marriage, her family, and her job. "She was worried about the same types of things that I thought about in my life—relationships, work, school, and other meaningful things," he said. "She worried about how these were affected by her health issues."

This interaction changed Dr. Salzer forever. "The experience led me down a path of seeing people with mental illnesses as people, not patients, and to understand the importance of a recovery and community inclusion orientation to how we provide mental health services." This experience forever changed his perspective. Later in his career, Dr. Salzer's mentor encouraged him to get engaged in a research relationship with an organization called GROW, which offered twelve-step groups for people with serious mental illnesses. "I started to attend meetings as an observer," he said. "During the day I'd be in graduate courses in clinical psychology learning about how brains work, diagnoses, and therapy, and in the evening I'd see people helping one another and listening to what they wanted in their lives. Which was work and dating and the things we all want. This was a great perspective for me—it got me on the road to becoming involved in promoting community inclusion."

Inspired by this work and having learned many lessons along the way, Dr. Salzer, PhD, Professor and Chair, Temple University, Department of Rehabilitation Sciences, founded and is currently director of the Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities, which provides content for the DirectCourse/College of Recovery and Community Inclusion (CRCI).

"About eleven years ago, we started with funding from the National Institute on Disability and Rehabilitation Research, a Federal institute within the Department of Education," Dr. Salzer said in a recent interview. "They felt it was important to promote community integration of people with psychiatric disabilities." Dr. Salzer explained that community integration refers to increasing opportunities for people with serious mental illnesses to live in the community like everyone else. "This means supporting people in going to work, going to school, dating, parenting, all of that," he said.

Dr. Salzer went on to note that the Federal Government wants to create more targeted efforts in that area. "In mental health there's always been a focus on symptom reduction, such as decreases in depression, mania, psychosis, and hospitalizations, but now it is recognized that we should also be helping people to live lives in the community, which also enhances mental health and wellness." He also observed that the Center is receiving a lot of attention from mental health agencies that are seeking quality education. "Current mental health policies are recognizing the importance of community integration as a critical component for health," he noted.

Currently, the Collaborative is finishing up a study on self-directed care. "With Self-Directed Care, people with serious mental illnesses are given an opportunity to purchase items and services that they think will be most helpful to their mental health and wellness, as opposed to a provider tell them what to purchase," he said. "In ►

addition to working with their psychiatrist and case manager, they're able to use their mental health care funds to buy things like yoga classes, gym memberships, fixing their cars, buying new suits for job interviews, those kind of things, provided they can make the case that it helps their mental health and wellness."

The Collaborative is also currently involved in a national study examining factors that affect people's community participation—how much people are working, going to school, being involved with others in the community. Specifically, they're looking at geographic factors, like how many resources are available to them—such as public transportation's impact on community involvement.

With ten full-time staff, including a large group of talented recent graduates who are interested in this innovative approach, the Collaborative is made up of dedicated and passionate individuals. "A number of the younger members are committed to our innovative approach," Dr. Salzer observed, "As well as more established people involved in this field, such as researchers, trainers, and people such as myself. Even our statistician loves to work in this field—he's been with us for eight years, mixing his passion with his expertise. All of us have a passion for community inclusion—we've found a nice home with our center."

About three years ago, the Collaborative began working with Elsevier to develop the curriculum that

would eventually become the College of Recovery and Community Inclusion. "We found that other centers and groups were developing interventions and evidence-based practices around community inclusion, and getting them out to mental health staff," Dr. Salzer said. "Unfortunately, the staff didn't have the background and skills and knowledge to fully implement the material that researchers like me were developing. So we began partnering with Elsevier and the University of Minnesota to really develop some curriculum to provide people with the background, orientation, skills, and perspective to be even more successful with implementing best practices with people with serious mental illnesses."

Working with Elsevier and the University of Minnesota, the first set of courses were finished about a year ago, and the response from pilot programs in Pennsylvania and New Jersey have been outstanding, with post-trial comments reflecting the courseworks effectiveness. "Many providers are not always familiar with community inclusion, and mental health professionals are not often being taught it, either." Dr. Salzer said. "That's a challenge for when they go out into the field—they're not prepared to help people with serious mental illnesses regarding community inclusion. But now we're trying to address this with the CRCI curriculum. We're exposing community mental health practitioners to content that they may not have heard of before."

The DirectCourse/College of Recovery and Community Inclusion (CRCI) is widely acknowledged as an effective tool to train community mental health practitioners, guiding them in their application of recovery and community inclusion approaches as they respond to the needs of people with serious mental health conditions.

DirectCourse is proud of the continuing collaboration with the Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities, who work to provide the outstanding content in CRCI curriculum.

## CRCI Partner Profiles

College of Recovery and Community Inclusion (CRCI) Partner Profiles share insight about the partnerships between Elsevier/DirectCourse and CRCI collaborators, advocates, and users. Their purpose is to identify and describe a variety of innovative and exemplary initiatives and activities that occur as a result of these partnerships.



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