THE COMMUNITY/PRIVACY TRADE-OFF IN SUPPORTIVE HOUSING: CONSUMER/SURVIVOR PREFERENCES

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ABSTRACT

Supportive housing for psychiatric consumers/survivors can range in form from dispersed apartments to group homes. This research asked: What form is more supportive, apartments or housing with common spaces? Is it privacy and normalcy or community and peer support that promote well-being? The literature is divided. This study convened a charrette for supportive housing residents to express their views. Some 20 supportive housing residents formed two teams, with one team producing a housing design based on the principle of privacy and the other team producing one based on the principle of community. Despite their differing terms of reference, the teams developed similar designs. The results reinforced the importance of both private and com-mon spaces in supportive housing.

INTRODUCTION

Formal and informal social supports can be delivered to various populations with special needs through community-based housing programs. As Sprague notes, such programs—which offer integration within a supportive community with opportunity for both privacy and socializing—can be the basis for recovery for persons with men-tal illness (1991). Supportive housing provides living arrangements in which people with serious mental health problems (consumers/survivors) can receive the formal and informal support services needed to enable them to live independently in the community.

The housing component of supportive housing can take various social and physical forms. Homes can range from private, self-contained apartments to houses which combine private and common-amenity spaces. There currently is a debate over the kind of housing environment preferred by residents of supportive housing. Views are changing with regard to the relative value of privacy versus opportunity for peer support in the physical environment. There is, however, consistency in the research literature for the view that "the living situation and housing experience of consumers are among the most critical factors affecting their quality of life in the community, and therefore are key determinants of their ability to remain out of hospital" (Clarke Consulting Group, 1995, p. 25).

This study was supported in part by an External Research Program grant from Canada Mortgage and Housing Corporation. The views expressed in this article are exclusively those of the author and do not reflect those of the funding agency. The author is grateful for the helpful comments of Trudi Bunting and this journal's anonymous reviewers of an earlier version of the manuscript.

Community and privacy are both qualities which can be fostered by the physical design of a residential environment. Community involves social interaction which, according to Fleming, Baum, and Singer (1985, as cited by Keane, 1991), can be promoted by three spatial features: (a) opportunity for social contact, (b) proximity to others, and (c) appropriate space for interaction. Privacy, defined by Newell as "a voluntary and temporary condition of separation from the public domain" (1995, p. 100) is a limitation of social interaction. As conceptualized by Chermayeff and Alexander (1963), privacy is a state of isolation from the observation of others.

Until very recently, the most progressive, consumer-oriented research view was that privacy and "normalcy" in housing were desired by people with mental health disabilities (Carling, 1993). This view was developed in reaction to an earlier movement which created therapeutic group homes based on a medical model, with an assumed linear progression through progressively more independent settings. Instead, consumers were reported to prefer living in integrated settings rather than living with other consumers (Ridgeway & Zipple, 1990). Supportive housing environments could prove to be stressful by exposing residents to the disturbing behaviour of fellow residents, such as attempted suicide, violence, or substance abuse (Hodgins, Cyr, & Gaston, 1990). For a time, the balance of published evidence on consumer preference came down on the side of privacy and normalcy, and largely against congregate facilities.

Carling, a leading proponent of this view, summarized this perspective:

> in the area of housing, the paradigm is shifting toward homes, not residential treatment settings; choices, not placement; normal roles, not client roles; client control, not staff control; physical and social integration, not segregated and congregate grouping by disability . . . (1993, p. 443).

Subsequently, Carling made an even stronger case for integration, observing that consumer groups tend to prefer this housing option:

> People with psychiatric disabilities have struggled to gain access to decent integrated housing, rather than housing created specifically for mental health clients (eg., group homes). As consumer groups organize housing services, they tend to focus on integrated settings, and on the option that most consumers seem to prefer: regular apartments in the community (1995, p. 95).

Very recently, however, qualitative research from the U.S. has supported the importance of common space and community living (Pulice, McCormick, & Dewees, 1995). In contrast with previous studies of consumer/survivor housing preferences (Rogers et al, 1994; Tanzman, 1993; Tanzman, Wilson, & Yoe, 1992) and similar research with a population of nursing home residents—who also expressed a preference for privacy over community (Duffy, Bailey, Beck, & Barker, 1986), qualitative research by Pulice et al. (1995) found that psychiatric consumers/survivors preferred not to live alone, since that type of housing can produce feelings of isolation. Their analysis of views expressed in focus groups indicated that "clients expressed a need to live with others, including other consumers, in a supportive environment" (1995, p. 577). These researchers acknowledged that their findings contradict results of previous studies, which indicated a consumer/survivor preference for independent living.

With changing trends and shifts in approaches in the community mental health field, there is no clear evidence of the most effective approach to supportive housing. Goering and her colleagues recently noted this lack of consensus: "After thirty years of

deinstitutionalisation, housing for persons with psychiatric disability remains an unresolved problem" (Goering, Sylph, Foster, Boyles, & Babiak, 1992, p. 107).

In this research, I enlisted current and recent residents of supportive housing to express and explore their housing preferences with regard to the privacy-community dimension. Their efforts provide new insights into supportive housing design from the critical perspective of consumers of the service.

METHOD

The Charrette Technique

The exercise of designing a dream house can be a heuristic device to promote thinking about priorities and values in a living environment. Without the constraints of budgets, zoning regulations, or site characteristics, people can consider the essen-tial meaning of house and home. For the purposes of this study, consumers/survivors who were residents of supportive housing were invited to spend a weekend in a charrette workshop to design an ideal supportive housing environment.

The charrette technique (in which a design project is conducted within a tight timeframe) is increasingly used by planners to empower community members to assume an active role in resolving complex and often controversial design issues (Kelbaugh 1997; Russell & Meyers 1994; Morris & Kaufman, 1998). The typical planning charrette is an intensive, public participatory process led by planning and design professionals. Without attempting to address the housing implications of particular psychiatric diagnoses, the charette method was used here as a means of eliciting consumer/survivor preferences.

Participants

Participants for the charette were recruited from among current and recent residents of supportive housing programs operated by two agencies in a large Canadian municipality. The agencies managed numerous housing accommodations with varying amounts of private and communal facilities. One of the sponsoring agencies was interested in following up results of its earlier survey of resident housing preferences. That survey, according to the agency's director, had found "a number of different responses to the agency's various physical settings. Those responses were very informative and helpful—we had never really quite put together those different thoughts and experiences that people had." At discussions convened among residents of those results, he noted "the emergence of a very significant theme about the impact of design on community and independent living." The second agency was invited to participate in an effort to expand the population and reduce any "intake" biases that a single agency might impart. According to one agency director, the combined agency populations meant, "We are drawing from people with a very wide range of living experience and history, which adds up to hundreds of years of housing and living experience."

Along with a volunteer from one of the sponsoring agencies, I made a series of presentations on the project to groups of residents in order to invite participation in the charrette. It was made clear that participation was purely voluntary. The presen-tations addressed the issues of privacy and community and introduced the charrette technique, including the plan to divide the group into two teams. These sessions engaged residents

in discussion of preferred housing forms, the role of supportive housing design in promoting peer support, and the relative importance of staff and peer support.

Potential participants were informed that the charrette would conclude with a public session where the designs would be presented to an invited audience including board members, staff, and current and former residents of the sponsoring agencies. One of the sponsors contributed a $50 honorarium to each charrette participant.

Approximately 80 persons attended the presentations about the proposed charrette. Twenty people (ranging in age from young adult to middle-aged) subse-quently volunteered—and were accepted—to participate in the charrette. It should be noted that this recruitment method, which relies on a population which has opted for supportive housing, is biased towards those who value living with other consumers/ survivors. The recruitment method also entails a bias toward those with greater social skills, who are comfortable with a protracted group decision-making process.

Teams

The recruiting presentations emphasized that the intent of the exercise was to stimulate consideration of the two themes and their implications for housing design. It was made clear that the artificial division of participants into teams based on either community or privacy was purely a heuristic device.

Approximately 1/3 of the volunteers specified a preference for each of the privacy and community themes; the remaining 1/3 indicated a willingness to work on either theme. Participants were assigned to the privacy or community team according to their expressed preference, with the neutral volunteers divided randomly. Two teams of ten were formed, each approximately equally represented in terms of gender and originating agency.

Each team had the resources of an architect who served throughout the weekend as a technical consultant, helping to translate participants' ideas into built form and drawing floor plans of the proposed designs. The architects did not act as designers—that role was reserved for participants who designed and re-designed their houses, proceeding storey by storey. Each team had a facilitator who was responsible for keeping the team on schedule and ensuring that all team members had opportunities to participate. In an effort to reduce the burden on participants and to make the week-end a pleasant experience, the charrette was held at an attractive, centrally-located conference facility with high-quality food service.

Schedule and Terms of Reference

In view of the goal of advancing understanding of the meaning of privacy and community for supportive housing, the charrette exercise was structured around an artificial dichotomy between the two primary concepts. Preliminary survey results from one of the sponsoring agencies had indicated the simple distribution of resident preferences for one or the other as an environment to promote mental health and well-being. The charrette represented an effort to go beyond these quantitative results, and to achieve greater understanding of residents' views on the relative importance of privacy and community in supportive housing. Residents were thus assigned the task of considering how a supportive housing environment could be designed to promote either privacy or community.

The first day began in plenary, establishing the basic goal of the project: to design a supportive housing environment for about 10 persons. The project was to be situated in an urban area, and might take the form of either a large house or small apartment building. Slides were presented to illustrate some generic building forms of appropriate scale. Participants then broke out into teams.

Following introductions, each team began with discussion of successful or unsuccessful aspects of members' current housing environments. This discussion served both as a warm-up session and as an opportunity to establish objectives for their de-sign project. Each team then developed its building design principles. Over the two days, each team applied its principles to develop a design for supportive housing. At the end of the weekend's work, the designs were presented to a plenary session.

RESULTS

The Privacy Team's Design Approach

Foremost among the privacy team's design principles was resident involvement in the design, planning, and development of policies for their housing. The team's other principles included: (a) choice of housemates, (b) sufficient space to prevent "doubling up" in a single room, (c) flexibility, (d) acoustic separation, (e) natural lighting, (f) good ventilation, (g) ample and secure storage facilities, (h) accessibility to those with physical disabilities, (i) adequate setback from the street to ensure privacy and security, and (j) a building image compatible with surrounding building styles.

As the privacy team reported:

> We began the discussion [asking]: Why did we join a privacy group rather than the community group? And we found out that they are two concepts that are polarized but inseparable.

Team members judged both to be key elements of a good supportive housing environment. They stressed the importance of peer support, and the resulting need to include common space in their design. Speaking about their design to the plenary, a team member described this dual objective: "We had to build in a way for us to be private as well as turned outwards."

Their building design offered self-contained apartment units in a range of sizes. Each unit had a balcony, positioned to ensure privacy. The privacy team subdivided most of their living space into self-contained apartments (see Table 1). According to their plan, several residents could share an apartment, with each person having a private bedroom. Most social interaction would be among the apartment residents. Team members acknowledged that residents of supportive housing might want to limit their interaction with housemates—either because of their own personal mental health issues or because of the issues facing their housemates. Thus, this group planned for social interaction on a limited scale. Office space was provided for meetings with staff, as required.

Security was an important concern, and was their rationale for incorporating two entrances to the ground floor living units—private entrances from the outside as well as interior entrances. They planned an entranceway which would minimize residents' social contacts. As described by one of the team's presenters, "We don't enter into the common space. We enter into a corridor . . . so you're not forced to interact."

In the privacy team's presentation, the audience commented on the relatively high proportion of common space included in a design allegedly built around the principle

TABLE 1

Supportive Housing Features Proposed by Privacy and Community Teams

Feature	Privacy Team	Community Team
Configuration of individual units	Mostly self-contained apartments	Mostly bedrooms, some with shared baths
Unit entrances	Some private, some from interior corridors	All from interior corridors
Building entrance	Protects privacy	Invites socializing
Ground floor	Private and common living spaces	All common spaces and guest/privacy room
Access to amenities	For residents only	For residents and local community members
Common amenities	Lounge, laundry, kitchen	Lounge, laundry, washrooms, workshop, various kitchens
Building's exterior image	"Fits in"	Welcoming, inviting

of privacy. The following rationale was offered for this design decision: "We very quickly realized that, without common space, private space can very often become a place where one gets trapped in isolation. That's why we built in a fair amount of common space, so that privacy remains privacy by *choice*, not by *trap*."

The privacy team was also questioned about their rationale for including in their design apartments of various sizes, only two of which were small, studio apartments. Two reasons were given. First, they indicated that they realized the benefit which residents receive from peer support, and therefore wanted to minimize the number of units that offer the most chance of social isolation. Second, they noted that a bedroom needs to be private, and a studio apartment—with a combined livingroom/bedroom, if it were to be shared, would not protect such privacy.

The Community Team's Design Approach

Like their counterparts, the community team began their design process by acknowledging the need to design around both privacy and community. "Certainly our design would have private space in it. We just found you can't talk about community without talking about privacy."

The community team set out to design housing that would provide "a secure, safe and long-term environment for the residents." They stressed the importance of incorporating common spaces of various sizes to accommodate smaller and larger groups. Flexible, multi-use space was considered essential. Their design located a large, common space (lounge) on the ground floor, near the entrance, to encourage informal social interaction among residents and to promote a sense of community. Almost all of the space on the ground floor and basement levels was communal. Liv-

ing areas were on the second and third floors, which also had some shared-amenity spaces. The team proposed a wide range of interior common rooms and shared-amenity spaces (see Table 1), as well as a back yard equipped with various activity areas. This team also emphasized the importance of having all floors accessible to persons with physical disabilities, and designed elevator access.

In addition to supporting a sense of community among residents of the house, the team pointed out that community contacts might also include individuals or groups from the broader community. In this regard, they considered the orientation of their house in relation to the surrounding dwellings. Reporting their design proposal to the plenary session, their spokesperson said, "We talked about a porch [but] that depends on the site and the location. We really wanted the approach of the building to be welcoming." A multi-function basement workroom was intended to support a variety of work-related or recreational functions. This workspace could be a site for small-scale, community economic development activities.

The community team considered the social potential of functional workspaces throughout their home. They felt that appropriately designed and furnished kitchens and laundry rooms could serve as meeting places and opportunities to socialize. Their design thus featured shared kitchens of various sizes. On the ground floor was a large community kitchen to accommodate large groups: "We wanted to make sure that there was some outreach to the community—therefore, the larger kitchen." Smaller groups could cook together in kitchens located on the upper floors. All kitchens had enough space for work and seating. Comfortable seating was also considered an important component of a laundry facility. The team designed "a laundry room with seating, because, think about the amount of time people spend doing their laundry. If you're going to look for a community space, boy! Particularly if you have a nice couch."

This team also observed that some spaces and facilities can serve as magnets to draw residents who may feel like socializing. Indoors, on the ground floor, in addition to the large kitchen, a fireplace and pool table served that function. Outdoors, in warm weather, a fountain and picnic table could be spaces to socialize. The team also designed a room which residents might use for meetings with support staff; when not used for meetings, that space could be available as a guest room.

DISCUSSION

Design Outcomes

Despite working separately over the two days, the teams developed essentially similar supportive-housing designs:

1. Both team designed spaces which included *a mix of private and community spaces*, but the scales of each were decidedly different.

2. Both teams expressed *concerns with safety and security*, and both designs attempted to deal with these issues in interior and exterior spaces.

3. Both teams also stressed *the importance of offering a diverse range of units of various sizes* (ranging from small, studio apartments to larger, shared units).

4. Both teams also considered *the idea of flexible space* to be important, so that the changing needs of residents could be accommodated. Movable walls, Murphy beds, fold-out tables, and other flexible furnishings reinforced this principle in both teams'

designs.

There were, however, some key differences in the design solutions developed by the two teams:

1. *The social elements of team each were planned at different scales*. The privacy team envisioned social interactions among small groups (two, three, or four residents who might share an apartment). The community team, on the other hand, planned for both large and small groups by designing a space with many individual bedrooms and common spaces in various sizes to support interaction among groups of different sizes (i.e., groups of residents, all of the residents, and members of the neighbourhood).

2. *Differences in the teams' preferred scales of social interaction were also evident in the street orientations of their respective designs*. For the privacy team, the relevant community was within the walls of their house. They wanted an "introverted" design, one that would be compatible with the surrounding architectural style. As one presenter for the team said, "We didn't want the building to stand out; we wanted the building to fit into the community." The community team, on the other hand, planned an "extroverted" design. Not only did they want to take into account the possibility that residents of the neighbouring community would visit, they actually "wanted the community outside to feel welcome," to be "part of the community." Accordingly, their building's exterior was planned to be welcoming.

3. *Differences between the teams' approaches were reflected in the access they provided to the individual living spaces*. The privacy team located some residential space on the ground floor (see Table 1). Residents in those units had a choice of using their ground-level private entrances or coming and going via a common front doorway. The community team, on the other hand, deliberately routed all residents through a common entry. They described their ground-floor common space as "a friendly area" and elaborated, "When you enter this site, on the very first floor, the first thing you come to is all the communal space. It's all together, laid out very nicely. We felt that was important [for] building the sense of community."

Design Implications: Views on Community and Privacy

The charrette technique was used in this study to invite psychiatric consumers/survivors to consider the relative importance of community and privacy in a supportive-housing environment. Not surprisingly, neither of the two teams was able to plan a supportive-housing environment based exclusively on privacy or community. Upon close consideration of the qualities of housing environments that promote well-being, participants considered ways that the spatial environment can both promote and limit social interaction. The exercise in design served as a vehicle for consideration of the more basic question of the nature of informal social support. Clearly, environmental settings can be designed to encourage either community or privacy—or both.

A common theme identified in the preliminary discussions with participants was the security of living with others. Privacy tended to be associated with risk; having informal support from housemates—particularly in times of illness or need—was considered both safer and an important part of supportive housing. Living alone also tended to be associated with loneliness. "If you live alone," said one participant, "your best friend is a TV or a stereo." Participants in these discussions stressed the importance of having a mixture of private and common spaces within supportive

housing environments. Some residents felt that their need for the support of housemates was temporary—in one view, "a stepping stone" toward independence; others, however, stressed the security derived from defining their present supportive housing as permanent rather than temporary accommodation.

The final plenary discussion of the charrette revealed the essential similarity in the two groups' basic design principles. Participants noted that it would be possible—and advisable—to incorporate elements of the competing proposals into a single housing design which would both protect residents' privacy and promote informal social interaction.

CONCLUSION

This research emanates from the contexts of self-determination and democratic participation by psychiatric consumers/survivors and of the re-allocation of scarce public resources toward prevention, health promotion, and community supports (Everett & Steven, 1989; Nelson & Walsh-Bowers, 1994). Supportive housing, which links formal and informal supports to housing, should form part of a comprehensive system of mental health services. While this form of housing clearly is not the choice of all persons with mental health problems, many would opt to live in supportive housing.

The results of this study provide the perspective of consumers/survivors on the important aspects of supportive-housing environments. By focusing on the built form, the charrette stimulated discussion of the more and less desirable attributes of supportive housing and took apart the concepts of privacy and community.

The charrette provided new insights on residents' views on the importance of designing for *both* privacy and community. The results should be of interest to planners of such community-based mental health services, as well as to psychiatric consumer/survivor advocacy groups. The results of this project have implications both for research on service delivery and for design of supportive housing for consumers/survivors. By documenting the preferences of the population who actually use the service, this project illustrates the value expressed by Grayson that "designers, developers and manufacturers need to provide what people really want, and not just what they perceive that people want" (1991, p. 121).

As a tool for examining the views and preferences of a target population, the charrette technique offers advantages over both surveys and focus groups. In both of those techniques, the researcher establishes the parameters for response. Participants in a charrette, on the other hand, play a more active role as they work jointly to develop a proposal. The team process encourages participants both to express their own views and to consider the views of teammates. At the conclusion of the charrette, one participant described the collaborative process:

> I remember when we started off, we began asking each other questions, 'What do you like about the building you're living in? What do you not like?' And it seemed to me we were conducting a public group opinion poll. But as time wore on, instead of talking to people and writing down things, we began to talk among ourselves. We began to work together.

The potential disadvantage of the approach, though, is that the results may only take the form of design guidelines, and may not be translated into policy guidelines.

The recent climate of fiscal restraint and the de-linking of housing and support services means that, within the supporting agencies, few new residences are being developed. Nevertheless, remarks by one agency director at the charrette's conclusion indicated how, despite limitations on buying or building new residences, the results would inform the delivery of supportive housing programs:

> This work will help [the agency] . . . if there are no new buildings being built, at the very least we can seek out buildings with the qualities that have been identified here. And also, in the properties that we now operate, we may be able to make changes that will be able to bring us closer to the kinds of environments that you're describing here, and to deal with the issues of community and individual living that have been discussed.

During the plenary session, one presenter invited the participants to "imagine a unique new concept in living where a sense of community is encouraged and privacy is assured." Participants from both teams agreed that such a concept should be the key principle in planning supportive housing. The housing designs presented at the charrette provide a good illustration of how this principle could be applied.

RÉSUMÉ

La gamme de logements de soutien («supportive housing») destinés aux consommateurs/survivants ou consommatrices/survivantes psychiatriques s'étend de l'appartement isolé à la résidence communautaire. La recherche présentée ici a posé les questions suivantes. Quel type de logement offre davantage de soutien: l'appartement ou la résidence avec espaces communs? Est-ce l'intimité et la normalité, ou plutôt le soutien de la communauté et des pairs qui favorisent le bien-être? La documentation sur ces questions demeure divisée. L'auteure de la présente étude a formé une «charrette» (projet architectonique exécuté dans un bref délai) visant à donner aux personnes qui occupent ces résidences l'occasion d'exprimer leur point de vue. Une vingtaine de résidents et résidentes ont donc formé 2 équipes, l'une chargée de créer un plan d'aménagement inspiré du principe d'intimité et l'autre chargée de créer un plan inspiré du principe de communauté. En dépit de la différence entre leurs critères de référence, les 2 équipes ont élaboré des aménagements similaires. Ces résultats démontrent l'importance de prévoir aussi bien des espaces privés que des espaces communs dans les logements de soutien.

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