Wellness Management &
Recovery Coordinating
Center of Excellence

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Coordinating Center of Excellence

Role of CCOE
- Technical Assistance
- Training and Consultation
- Implementation Support
- WMR State Wide Network
  - Users’ Group
  - Coordinators’ Call
  - Leadership Institutes
  - Regional Summits

Consultation
- Training
- Organizational Development
- Consumer Leadership
- Community Development
- Evaluation

Partnership Agreement
- Developed to meet needs

Overview of WMR in Ohio

- Transformative therapeutic intervention
  based on a psychoeducational curriculum
- Incorporates adult education methodology
- Consists of a minimum 24-hours of “train-
  the-trainer” model to become a facilitator
- Ten 2-hour sessions
- Team facilitated with a mental health
  specialist and a person in recovery
Overview of WMR (cont’d)
- Offered in small groups
- Family members and other support persons are encouraged to attend
- Focus on holistic health and wellness
- Multicultural competency is a central component to the design and application
- Rigorous evaluation infused in model

Goals of the WMR Program
- Identify and achieve personal recovery and wellness goals
- Develop informed collaborative approaches to selecting and managing treatment
- Embark upon a journey to wellness

Hallmarks of WMR in Ohio
- Participants in WMR Program set their course for recovery and wellness and find support from others with similar experiences
- Based on Social Cognitive Theory (Bandura, 1986) with an emphasis on skill development, self-efficacy, and modeling
- Recovery and Wellness are viewed from the participant’s experience (not the facilitator’s)
**WMR Program Sessions**

- Mental Health Recovery
- Wellness
- An Understanding of Mental Health
- The Role of Medication in Recovery and Wellness
- Learning to Manage Symptoms and Side Effects
- Effective Communication
- Communicating with Your Providers
- Coordinating Your Care
- Building Social Supports and Involving Others
- Planning for Wellness

**Building Collaborative Relationships**

WMR provides opportunities to learn and practice new skills. These skills assist participants in making better choices about their healthcare and to form collaborative partnerships with their providers.

**Unique Aspects of WMR**

- Peer centric
- Transformative
  - Promotes system change
  - Creates and supports peer and professional leaders
- Promotes communication and collaboration
  - Between peers and providers
  - Inter-agency (COS, CMHC, Vocational, & State Hospitals)
- Builds relationships across differences
- Demonstrates Multicultural Competency
- Implementation is Adaptable/Flexible
Peer Leadership is the Magic of WMR
- Challenges the stigma associated with psychiatric and co-occurring illnesses
- Provides new information on collaboration and partnership in healthcare service delivery
- Develops ongoing wellness and advocacy outside of the behavioral healthcare setting

WMR Groups: Building Communities of Wellness
- Creating a safe space and place through the use of psycho-educational group process.
- Uses the multicultural framework to ultimately enhance group effectiveness.
- Based on Yalom’s (1985) vision where true universality can occur within the context of psycho-education groups, members can discover the deeper connections between people based on their existential experiences and struggles, rather than on surface level similarities.

WMR Groups: Engagement in Deliberative Dialogue
- Deliberative Dialogue not a debate it is engagement in collective learning: everyone in the group participates simultaneously as a learner and teacher.
- Each group member is an expert on how the issues of wellness & recovery impact their lives; group members share their stories.
- Everyone is encouraged to participate in the group in the manner that works best for them.
- Group members are encouraged to “share the oxygen” and not to dominate during the dialogue.
- “Active Listening” and providing one another with feedback and support during the group process fosters safety and authentic engagement.
- Exploration of holistic wellness and recovery occurs throughout the WMR group process and within the curriculum activities. Each participant is supported in the construction of their personal wellness and recovery goals and encouraged to share them with members of the group via the Wellness Wheel Goal setting process.
The Growth and Expansion of WMR
- 26 Diverse Organizations involved
- 370 Persons Trained on the WMR Model
- Of the 370, 200 are Persons in Recovery
- Over 125 individuals have completed the WMR Program more than once
- Alumni Clubs have been developed in multiple communities to sustain ongoing wellness and recovery goals

Wellness, Management & Recovery (WMR) – The Domains of WMR
- Consultation for Organizational Development
- Accountability/Responsibility
- Deliberative Dialogue
- Building Community
- Safety
- Collective Learning
- Leaderfulness
- Flipping the Center of Power
- Sustainability
- Multicultural Competency
- Open Space
- Impact: Individual & Community Activism & Advocacy

Measuring Recovery Outcomes in WMR
- Where does the “EVIDENCE” come from that supports a clinical practice as “Evidence-Based”?
- It comes in the form of feedback from practitioners and recipients of services about whether, or how well, the clinical practice is working
  - is there concrete evidence that the practice is really doing what it is supposed to do?
- This feedback is collected in the form of data that measure possible recovery outcomes
Measuring Recovery Outcomes as We “Transform the System”

- The recovery paradigm guides and directs the policies and practices of our mental health system, and is the primary goal of the “transformed system”
- And yet... “Mental Health Recovery” as an “outcome” is a tough theoretical construct to measure
- So, we often don't... we tend to measure institutional outcome variables (hospital days, CSP use, medication adherence, symptoms, or NOMs), rather than personal change outcomes (such as enhanced self-efficacy, empowerment, quality of life, learning and personal growth, or spirituality)

WMR uses a Multidimensional Assessment of Individual Recovery

- Mental Health Recovery Measure (MHRM) a consumer derived recovery measure that includes 8 conceptual domains of the recovery process: Overcoming Stuckness, Basic Functioning, Self-Empowerment, Learning and Self-Redefinition, Overall Well-Being, New Potentials, Spirituality, Advocacy / Quality of Life
- WMR Client Self-Rating Scale – curriculum-focused measure includes:
  - Knowledge Increase (learning)
  - Better Coping with Symptoms
  - Use of Wellness Planning
  - Progress towards Personal Goals

Measuring Individual Recovery Outcomes:

What role does participation in the Wellness Management and Recovery (WMR) program play in promoting “social connectedness” or in helping people get relief from trauma symptoms through the promotion of resilience?

- WMR Social Support Questionnaire
- Resiliency Questionnaire
- PTSD
Two Key Questions

1) Are there significant improvements in WMR Knowledge, Use of WMR Skills, and Mental Health Recovery?

2) Do the Gains Last Over Time?

Qualitative Analysis: How has participating in the WMR program helped you in your recovery?

The *Alpha* and the *Omega* themes

- In the Beginning => Fear, Isolation, Doubt, Inhibition, and Feeling Stuck
- In the End => Growth, Learning, Renewed Energy, Socialization, Overcoming Prejudice and Stigma

Qualitative Feedback

"If it weren’t for this program (WMR), I’d probably ended up back in the hospital.”
- WMR Graduate, Lorain

"I’m in more control of my illness than I ever have been in my life.”
- WMR Graduate, Cincinnati
January 20, 2013

Signature Profile Article

Wellness Management and Recovery Coordinating Center of Excellence (WMR CCOE)

VISION: We Bring Health and Wellness to Life

MISSION: Development of authentic relationships across human differences for the achievement of civic engagement, justice, and sustainable communities of wellness.

One of the most daunting challenges in our society today is the insidious spread of stigma, oppression, and inequities that are perpetrated on individuals and families of people who suffer with psychiatric and substance use disorders. It is clearly documented that these persons die younger than the general population mainly due to preventable risk factors related to smoking, cardiovascular disease, and cancer. The mental health and substance use treatment communities have been working on developing interventions to reduce and eliminate this early mortality gap, and are seeking ways to improve access to preventive services, wellness and recovery programs, and integrated health care services.

In support of this most critical mission the Ohio Department Mental Health (ODMH) established the Wellness Management and Recovery Coordinating Center of Excellence (WMR CCOE) that is housed at Southeast Behavioral Health, Inc., in Columbus, Ohio to promote evidence-based and clinical best practices that address the holistic health care needs of adults and children affected by serious emotional disturbances and/or mental illness. Over the past seven (7) years WMR has been implemented in 26 community mental health agencies, and two (2) psychiatric hospitals throughout the State of Ohio. To date, over 1200 Ohioans have participated in WMR and 287 peer and provider facilitators in 25 organizations have been trained to facilitate WMR groups. Outcome data indicates that 64% of individuals who complete WMR demonstrate greater efficacy in their mental health recovery and that these positive gains are sustained for at least 6 months or longer.
WMR assists people with mental illness and their families in making informed decisions about their recovery and holistic health care needs. The WMR curriculum promotes good physical, spiritual and emotional health by facilitating the appropriate knowledge, awareness and skills that empower individuals to identify their holistic health and wellness goals, and to develop collaborative approaches to effectively achieve a healthier and improved quality of life. The WMR curriculum is co-facilitated with peers, those persons who are recipients of services in collaboration with those persons who are providers of mental health services.

WMR participants engage in multicultural groups and share their challenges and recovery journeys. All of these activities promote the building of authentic and supportive relationships that fosters safety and empowerment for the healing of human hurt, the unlearning of personal stigma and the building of communities of wellness. The WMR curriculum consists of the following sessions:

- Mental Health Recovery
- Wellness
- An Understanding of Mental Health
- The Role of Medication in Recovery and Wellness
- Learning to Manage Symptoms and Side Effects
- Effective Communication
- Communicating with Your Providers
- Coordinating Your Care
- Relationships and Building Social Supports
- Planning for Wellness
- Sustained activities include: Facilitation Teams, Alumni Clubs, and connecting with community resources

WMR works diligently to transform systems of care that supports individuals and families in taking charge of their holistic health care needs and becoming active in their lives and communities. Over this past year the WMR community has dedicated themselves to the mission of Building Communities of Wellness – Bringing together holistic health care practitioners into collaborations and partnerships with the community mental health organizations, healthcare professionals, and persons in recovery, and family members to work toward developing and sustaining healthy initiatives that foster well-being for all. For more information check out the WMR website: www.wmrohio.org

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Summary Overview

Wellness Management & Recovery
Emerging Evidence-based Practice
In Integrated Person-centered Health Care

In support of this most critical mission the Ohio Department Mental Health (ODMH) established the Wellness Management and Recovery Coordinating Center of Excellence (WMR CCOE) that is housed at Southeast Behavioral Health, Inc., in Columbus, Ohio to promote evidence-based and clinical best practices that address the holistic health care needs of adults and children affected by serious emotional disturbances and/or mental illness. Over the past seven (7) years WMR has been implemented in 26 community mental health agencies, and two (2) psychiatric hospitals throughout the State of Ohio. To date, over 1200 Ohioans have participated in WMR and 350 peer and provider facilitators in 25 organizations have been trained to facilitate WMR groups. Outcome data indicates that 64% of individuals who complete WMR demonstrate greater efficacy in their mental health recovery and that these positive gains are sustained for at least 6 months or longer.

WMR assists people with mental illness and co-occurring illnesses along with their families in making informed decisions about their recovery and holistic health care needs. The WMR curriculum promotes good physical, spiritual and emotional health by facilitating the appropriate knowledge, awareness and skills that empower individuals to identify their holistic health and wellness goals, and to develop collaborative approaches to effectively achieve a healthier and improved quality of life. The WMR curriculum is co-facilitated with peers, those persons who are recipients of services in collaboration with those persons who are providers of mental health services.

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WMR Accomplishments:

- 27 Diverse Organizations involved in implementing WMR
Over 1300 persons have completed the WMR 10 week WMR psycho-educational groups
350 Persons have completed the WMR Facilitator Workshop
Of the 350 people who have completed the WMR Facilitators Workshop, 195 are Persons in Recovery
Over 175 individuals have completed the WMR Program more than once
Alumni Clubs have been developed in multiple communities to sustain ongoing wellness and recovery goals
Top 5 Areas of Change reported on the WMR Client Self Rating Scale
1. Knowledge Increase (of symptoms, treatment, coping strategies, medications)
2. Use of a Wellness Plan
3. Use of Relapse Reduction planning
4. Progress towards personal goals
5. Making healthy life-style choices
With Physical Healthcare, WMR participants who had 1 or more chronic healthcare condition were more likely to complete WMR (N=66) than those with no conditions (N=15)
WMR participants with 1 or more chronic healthcare condition made similar recovery gains to those with no physical health conditions
WMR graduates report fewer symptoms associated with PTSD. At Pre-WMR, 48.5% of participants met criteria for PTSD while at Post-WMR, 27.3% of participants met criteria for PTSD.
64% of WMR graduates report increases in their mental health recovery
4 Annual State-wide conferences
Over 30 Presentations at Ohio, National and International Conferences
15 Leadership Institutes
Participating in 3 National Wellness Weeks
2 Annual Wellfest/WellJam
QiGong and Holistic Stress Management
Partner in the MEDTAPP grant to support workforce development around recovery and wellness principles
2 Series of Community Dialogues on Race
Participation in SAMHSA’s Recovery to Practice
Participation and partnership with the Health Policy Institute of Ohio
3 Regional Story Circles
Post Conference Forum with Dr. Carl Bell on Protective Factors

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From Illness to Wellness: An Evaluation of Ohio’s Wellness Management and Recovery (WMR) Program in Community Mental Health and Consumer-Operated Service Agencies

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The concept of recovery from serious mental illness has received increasing amounts of attention in the psychiatric research and rehabilitation literature (Corrigan, Mueser, Bond, Drake, & Solomon, 2008) and currently serves as the fundamental goal for mental health care policy at a national level (New Freedom Commission on Mental Health, 2003). Concurrent with the emergence of the concept of recovery in mental health care has been the recognition that our methods and models of clinical service delivery should be guided by empirically-based research, and the promotion of evidence-based practices in mental health care (Kazdin, 2008).

The Wellness Management and Recovery Program
The Wellness Management and Recovery Coordinating Center of Excellence (WMR CCOE) is a training and technical assistance center created and supported by the Ohio Department of Mental Health. The WMR CCOE represents a state-wide initiative that seeks to improve the quality of clinical care by accelerating the adoption of evidence-based and clinical best practices in mental health recovery within Ohio’s public mental health system.

The goal of the WMR program is to support mental health recovery and promote better overall health by teaching skills that empower individuals with serious and persistent mental illness to: (1) identify and achieve personal recovery and wellness goals, (2) develop informed, collaborative approaches with mental health providers to effectively select and manage their treatment and recovery, and (3) achieve an overall healthier lifestyle. A central tenet of the WMR model is that the individuals with serious mental illness benefit from having opportunities for both intra-personal growth and inter-personal relationship building.

The WMR program is a psychoeducational curriculum that consists of ten weekly small group therapy sessions that are co-facilitated by a staff member of the agency and a peer specialist who is currently receiving mental health services. The agency providers and peer specialists receive 24 hours of conjoint training that covers not only the WMR curriculum, but also provides formal and experiential learning in group facilitation techniques. This peer-provider team approach to training and implementation accentuates the importance of collaboration in promoting mental health recovery and harnesses the power of peers in promoting the recovery process (Mowbray, Moxley, Jasper, & Howell,
In addition, an emphasis on personal growth and cultural competence is embedded within the training and provision of WMR. To date, over 140 mental health agency providers and peer specialists have been trained to implement the WMR program. (WMR CCOE website: http://www.wmrohio.org)

The curriculum of the WMR program represents an adaptation and extension of two recovery-focused programs which have previously been supported and implemented by the Ohio Department of Mental Health: (1) the Ohio Medication Algorithm Project consumer education program and (2) the Illness Management and Recovery program disseminated by the New Hampshire-Dartmouth national EBP project supported by SAMHSA (Bullock, O’Rourke, & Smith, 2005; Mueser et al, 2002; 2006). The WMR curriculum was developed by the WMR CCOE following agency and consumer feedback, review of the IMR program curriculum, and evaluation of outcomes following implementation of these recovery-focused programs (Bullock, O’Rourke, Breedlove, Farrer, & Smith, 2007).

The WMR program is delivered in the context of ongoing psychiatric, substance use, and support services being provided to the individual through a community agency. The WMR group sessions are provided weekly for ten weeks, with two hours allotted for each session, including a short break in the middle. The ten sessions covered by the WMR curriculum are: (1) Mental Health Recovery, (2) An Understanding of Mental Health, (3) The Role of Medication in Recovery and Wellness, (4) Learning to Manage Symptoms and Side Effects, (5) Effective Communication, (6) Communicating with Your Providers, (7) Wellness, (8) Coordinating Your Care, (9) Building Social Supports and Involving Others, and (10) Planning for Wellness. The WMR curriculum and the process by which WMR is implemented is consistent with calls for a paradigm shift in health and human services in which interventions take a holistic approach to managing wellness and promoting overall well-being by emphasizing the “voice and choice” of individuals and by focusing on strengths, prevention, empowerment, and community conditions (Prillentensky, 2005).

The purpose of the present study was to evaluate the effectiveness of the WMR program in promoting mental health recovery in a heterogeneous group of mental health consumers who were engaged in ongoing psychiatric or support services in community settings. It was hypothesized that participants completing the WMR program would show significant improvement across a variety of measures of the mental health recovery process (Anthony, 1993; Deegan, 1988; 1997; 2005).

Methods

Participating Agencies / Participants

The current study represents an ongoing, open clinical trial evaluating recovery outcomes of the WMR program as it is implemented in community mental health centers (CMHC) and consumer-operated service (COS) agencies. The current study includes data collected from 13 sites associated with nine CMHC and COS agencies across Ohio: Southeast, Inc. (Franklin Co.), Greater Cincinnati Behavioral Healthcare (Hamilton Co.), DayMont Behavioral Healthcare, Inc. (Montgomery Co.), BRIDGES: Mental Health Consumer Empowerment (Lake Co.), Neighboring (Lake Co.), Bridgeway, Inc., (Cuyahoga Co.), Center for Vocational Alternatives (Franklin Co.), Gathering Hope House (Lorain Co.), and the Nord Center (Lorain Co.). Three of the sites, representing 25% of the current WMR outcomes, were COS sites (The Recovery Center of Greater Cincinnati, Gathering Hope House, and BRIDGES).

Initial pre-WMR outcome measures have been collected on over 600 individuals. Of these, to date, 304 individuals have completed the WMR curriculum and have completed post-WMR outcome measures. Long-term follow-up measures (3-6 months following completion of the WMR program) have been collected on 98 individuals.

For the 304 individuals who have completed the WMR program to date and provided pre-post WMR outcome data, the gender distribution of the sample was 58% female and 42% male. The average age of the sample was 44.4 (SD=11.1; range 18-72). Ethnicity of participants was 67% European-American, 24% African-American, 1% Latino/Hispanic-American, 1% Asian-American, 2% Native American/Pacific Islander, and 5% multiethnic or other ethnicity. With regard to education, 20% had less than a HS education, 42% had a HS/GED education, 30% had some college or trade school, and 8% had a college degree. For the sample, approximately 40% were on disability, 40% reported being unemployed, 8% reported being employed part time, 3%
employed full time, 2% in sheltered workshops, 4% retired, and 2% reported being students.

Measures
The primary outcome measures for the current analyses were the Mental Health Recovery Measure (MHRM; Young & Bullock, 2003), the Ohio Outcomes Adult Consumer Form (Ohio Department of Mental Health, 2000), the WMR Client Self-Report Scales (WMR Scales; cf. Mueser et al., 2004), and the WMR Social Support Questionnaire (WMR SSQ). The MHRM is a self-report measure specifically designed to assess mental health recovery for individuals with severe and persistent mental illness. The items and domains of the MHRM were categorized into one of six domains, corresponding to six higher order categories of the recovery model: 1) Overcoming Stuckness, 2) Self-Empowerment, 3) Learning and Self-Redefinition, 4) Basic Functioning, 5) Overall Well-Being, and 6) Reaching New Potentials. Additional domains include Spirituality and “Advocacy/Enrichment” (Bullock, 2005).

The Ohio Outcomes Adult Consumer Form was developed by the Ohio Department of Mental Health (ODHM) as a self-report measure for use with persons with severe and persistent mental illness. The history, development, and psychometric properties (including reliability and validity data) of this measure is described extensively in the Ohio Consumer Outcomes Procedure Manual (currently in its 9th edition, and available through the ODMH Outcomes website). A statewide report on the Consumer Outcomes System (October, 2006) also provides demographic and normative data on the clinical and recovery dimensions assessed by the Adult Consumer Form. Three scales assessed by the Adult Consumer Form were used in the current analyses: (1) Quality of Life: Overall, which includes satisfaction with a person’s life and whether their needs are being met, (2) Symptom Distress, and (3) the “Making Decisions” Empowerment scale (Rogers, Chamberlin, Ellison, & Crean, 1997), which is imbedded in the Adult Consumer Form.

The WMR Client Self-Rating scale is an adapted and expanded version of the Illness Management and Recovery (IMR) Client Self-Rating Scale, which was originally comprised of 13 items “developed as a measure of illness management, based on the stress-vulnerability model of severe mental illness.” The original items were generated by IMR practitioners and consumers in order to tap the specific content areas targeted by the IMR curriculum (e.g., progress towards personal goals, relapse prevention planning, knowledge about illness, and effective use of medication). Later, two additional items were added to assess functioning affected by alcohol or drug use (Mueser & Salyers, 2005). The adapted WMR Scale includes the 15 items on the IMR Scale and added five new items generated by the WMR CCOE that were designed to tap into additional content areas and program goals for the WMR program (e.g., tobacco use, healthy life-style choices, working collaboratively with mental health professionals, use of a wellness plan, and integration of recovery philosophy into one’s life.) Thus, the WMR Scale is a 20-item, self-report measure used to assess mental health consumers’ progress on those content areas targeted by the WMR curriculum. Participants respond to each item on a 5-point Likert scale, with response anchors varying dependent upon the item. For the current study, the WMR Self-rating Scale items were examined separately and were summed to form a total score.

The WMR Social Support Questionnaire (WMR SSQ) is a seven item self-report questionnaire designed to measure both the quantity and quality of social support perceived by an individual. The WMR SSQ is adapted from two existing social support scales: the People in Your Life (PIYL) Scale (Marziali, 1987) and the three-item Social Support Questionnaire (SSQ3) (Sarason, Sarason, Shearin, & Pierce, 1987). For each of the first six items, participants indicate the number of people that fit into a social support category (e.g., “How many people can you turn to when you are in trouble and need help?”), then indicate how satisfied they are with the level of support, using a 5 point Likert scale. The WMR SSQ was developed for the WMR project to evaluate whether participation in WMR increased the number of individuals in the participants’ social support networks and level of satisfaction with this support.

Procedure
The current study is an open clinical trial with a longitudinal design. Data was collected prior to beginning participation in the WMR program (pre-treatment), immediately after
completing the program (post-treatment), and at 3 - 6 month follow-up. Participants were recruited by each agency and provided informed consent to participate in the program and its associated outcome research. The CMHC and COS agencies followed the same program format, curriculum, and procedures for the facilitating the WMR groups.

Results

Group Change Data

Paired (dependent) t-tests were used to assess overall group changes (N=304) on the recovery outcome measures following completion of the WMR program. Results indicated that there was a significant increase in Total MHMR score from pre-treatment ($M = 80.2$) to post-treatment ($M = 88.4$), $t(30) = 8.50$, $p < .001$. Likewise, results indicated significant increases in the average WMR Client Self-Report, Quality of Life, and Empowerment measures, and a significant decrease in average Symptom Distress. Significant increases were also seen on the subscales of the WMR SSQ for both quantity and quality of social support. As a group, persons completing the WMR program reported significantly greater levels of mental health recovery on all of the recovery measures at the end of treatment. The effect sizes for these statistically significant increases were in the small to medium range (Cohen’s $d = .25 - .55$). (See Table 1.)

For the smaller sample (N=86) who have completed the long-term follow-up assessment, repeated measures ANOVAs were used to assess average group changes. Results indicated a significant increase in Total MHMR score from pre-treatment ($M = 81.4$) to post-treatment ($M = 91.4$) that was maintained from pre-treatment to follow-up ($M = 90.1$), $F(2, 170) = 15.74$, $p < .001$. A similar result was found for the WMR Client Self-Report Scale when it was evaluated in the long-term follow-up. There was a significant increase in the average WMR Client Self-Report total score from pre-treatment ($M = 72.5$) to post-treatment ($M = 77.7$) that was maintained at follow-up ($M = 76.5$), $F(2, 126) = 11.72$, $p < .001$. Taken together, these results suggest that the participants’ recovery gains, use of recovery strategies learned during the WMR program, and personal progress towards recovery goals were sustained 3-6 months following program completion. (See Figure 1.)

Individual Change Data

In addition to average changes, individual pre-post changes were computed for each participant. Statistically reliable improvement or deterioration ($p < .05$) was based on the standard error of measurement for each outcome measure (Jacobson & Truax, 1991). “Moderate” improvement or deterioration was assigned if the individual change reached a “clinically meaningful” level of change ($p < .20$). Based on normative data, the reliable level of change represents a .75 SD change, while the “moderate” level of change represents a .5 SD change on the MHMR.

To determine whether any differences existed at pre, post, or follow-up testing as a function of CMHC versus COS site, a series of independent t tests (with correction for unequal variances) was used to compare the participants’ MHMR and WMR Client Self-Report outcomes between the 10 CMHC agency sites and the 3 COS agency sites. Results indicated no significant differences as a function of CMHC or COS site at any of the assessment times. Moreover, the magnitude of the gains seen on the MHMR and the WMR Client Self-Report were virtually the same, with significant improvements seen at post-test for participants at both CMHC and COS sites, which were maintained at the longer-term follow-up.
had moderate to reliable deterioration, while 46% showed no significant individual change. (See Table 2.)

Similar results were seen for each of the other recovery outcome measures (Quality of Life, Empowerment, and Symptom Distress) when individual change results were examined. While a significant proportion of participants reported either moderate or statistically reliable improvement (Quality of Life = 23%; Empowerment = 20%; Symptom Distress = 31%), a small proportion still reported either a moderate or a reliable deterioration (Quality of Life = 7%; Empowerment = 8%; Symptom Distress = 10%). It was noted that while all of the measures of the recovery process were positively correlated, the Mental Health Recovery Measure was more sensitive to self-reported changes following completion of the WMR program – both in the positive and negative direction.

**Qualitative Data Outcomes**

Following completion of the WMR program, all participants completed a written feedback form that included the open-ended question, “How has participating in the WMR program helped you in your recovery?” (See Table 3.) In addition, a subset of participants (N=18) completed the Narrative Evaluation of Intervention Interview (Hasson-Ohayon, Roe, Kravetz, 2006), a 16-item semi-structured interview specifically designed to evaluate psychosocial intervention outcomes for individuals with serious mental illness. A grounded theory analysis of these interviews was congruent with the qualitative summary results of the written feedback question and suggested that the typical experience of WMR participants is that they begin the WMR program coming from a phenomenological place of “fear,” “isolation,” “doubt,” “inhibition,” and feeling “stuck.” Conversely, after participating in WMR, they describe the experience as promoting a sense of “growth,” “learning,” “renewed energy,” “better socialization,” and being better equipped to overcome the prejudice and stigma associated with mental illness.

**Summary and Discussion**

The WMR CCOE has successfully created, implemented and sustained the WMR program in the State of Ohio, with over 140 mental health professionals and peer specialists trained to implement the program and its associated research protocol, and over 600 participants having engaged in the program to date. The WMR program is being initiated in a wide range of implementation sites, including traditional CMHC agencies and consumer-operated service centers. The WMR implementation project continues to expand each year, with recent additions of three inpatient hospital sites.

Ohio’s WMR program is designed to provide individuals with the knowledge, skills, and experience to help them develop personal strategies for coping with mental illness, develop and pursue goals, and gain more control over their lives. The WMR program provides a dynamic therapeutic setting in which both intra-personal and inter-personal growth can occur. Individuals in the WMR program are provided with formal and informal learning opportunities in which they can connect with the recovery experience of peers, work to develop collaborative relationships with providers, and pursue holistic health goals as they move from an “illness-centric” to a “wellness-centric” approach to their own recovery.

The quantitative and qualitative data outcomes of the current research project support the efficacy of the WMR program in promoting the recovery process for individuals with serious mental illness. The current results found that participation in the WMR program was associated with significant improvements in functioning for the particular topics/skill-building areas addressed by the WMR curriculum, and was associated with significant self-reported improvements across an array of measures designed to assess the recovery process. Long-term follow-up data suggests that the improvements seen on these recovery measures were sustained 3-6 months following completion of the program.

Finally, a particularly intriguing outcome of the current research is the finding that the positive benefits of participating in the WMR program were equally evident regardless of whether the program was implemented through traditional CMHC agency sites or through less traditional consumer-operated service centers. This finding highlights both the flexibility of the WMR program in its implementation and the potent role that peer supports and COS agencies can play in promoting mental health recovery (Rogers et al., 2007).

Author Note: We would like to acknowledge and extend our deep appreciation to the many agencies, WMR group facilitators, and WMR
participants, without whose efforts this project would not be possible.
Table 1

*Mean Pre and Post Scores for Participants on the Mental Health Recovery Measure (MHRM), the WMR Client Self-Rating Scale, the Ohio Adult Consumer Outcomes Form Scale, and the WMR Social Support Questionnaire (N=304)*

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pre-WMR Mean (SD)</th>
<th>Post-WMR Mean (SD)</th>
<th>t (df)</th>
<th>p&lt;</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHRM Total</td>
<td>80.2 (20.2)</td>
<td>88.4 (18.3)</td>
<td>6.10 (303)</td>
<td>.001</td>
<td>.43</td>
</tr>
<tr>
<td>WMR Client Self-Rating Total Score</td>
<td>69.2 (11.4)</td>
<td>75.5 (11.9)</td>
<td>9.56 (253)</td>
<td>.001</td>
<td>.55</td>
</tr>
<tr>
<td>Ohio Consumer Outcomes Form</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of Life</td>
<td>3.27 (.69)</td>
<td>3.44 (.68)</td>
<td>4.78 (247)</td>
<td>.001</td>
<td>.25</td>
</tr>
<tr>
<td>Empowerment</td>
<td>2.83 (.30)</td>
<td>2.91 (.32)</td>
<td>4.26 (232)</td>
<td>.001</td>
<td>.27</td>
</tr>
<tr>
<td>Symptom Distress</td>
<td>34.48 (12.3)</td>
<td>30.74 (12.0)</td>
<td>6.15 (262)</td>
<td>.001</td>
<td>.31</td>
</tr>
<tr>
<td>WMR Social Support Questionnaire</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantitative Avg.</td>
<td>3.98 (2.08)</td>
<td>4.76 (2.37)</td>
<td>3.76 (103)</td>
<td>.001</td>
<td>.35</td>
</tr>
<tr>
<td>Qualitative Avg.</td>
<td>3.37 (1.13)</td>
<td>3.75 (1.10)</td>
<td>2.67 (77)</td>
<td>.010</td>
<td>.34</td>
</tr>
</tbody>
</table>

1 Sample Sizes for measure or scale varies based on missing or incomplete data.

2 The WMR Social Support Questionnaire was added to the outcomes later in the WMR implementation project and has lower overall sample size to date.
Figure 1.

*Mean Scores on the Mental Health Recovery Measure at Pre, Post, and Follow-up (N=86)*
Table 2

Proportion of WMR Participants Reporting Reliable or Moderate Improvement, No Significant Change, and Moderate or Reliable Deterioration on the MHRM (N=304)

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>(Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliable Improvement</td>
<td>95</td>
<td>(31%)</td>
</tr>
<tr>
<td>Moderate Improvement</td>
<td>38</td>
<td>(13%)</td>
</tr>
<tr>
<td>No Significant Change</td>
<td>139</td>
<td>(46%)</td>
</tr>
<tr>
<td>Moderate Deterioration</td>
<td>12</td>
<td>(4%)</td>
</tr>
<tr>
<td>Reliable Deterioration</td>
<td>19</td>
<td>(6%)</td>
</tr>
</tbody>
</table>

Table 3

Qualitative Themes: Participant Responses (N=157 units) to Post-WMR Question: “How has participating in the WMR Program Helped You in Your Recovery?”

I. **Greater Competency** (31%): Learned specific information, skills and techniques that could be applied to their daily life.

II. **Greater Self-Awareness** (22%): Gained self-insight and self-knowledge, including a deeper appreciation of themselves and their own recovery efforts

III. **Social Confidence** (22%): Gained from group interaction. Active and passive learning. Getting “unstuck.” Supported by others and able to be a helper to others.

IV. **Gained New Perspective/Clarity** (11%): On the recovery process, setting goals, and dealing with stigma.
Wellness Management and Recovery

References


