

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

# Practice Implementation: Assessing Strengths and Priorities

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**Recovery to Practice**

Resources for Behavioral Health Professionals



# Resources and Continuing Education

**“Download Materials Here” available now**

- Speaker bios
- PDF of presentation slides

**Available at end of webinar**

- Certificate of Participation
- Link to NAADAC Continuing Education
- Participant feedback opportunity



# Recovery to Practice

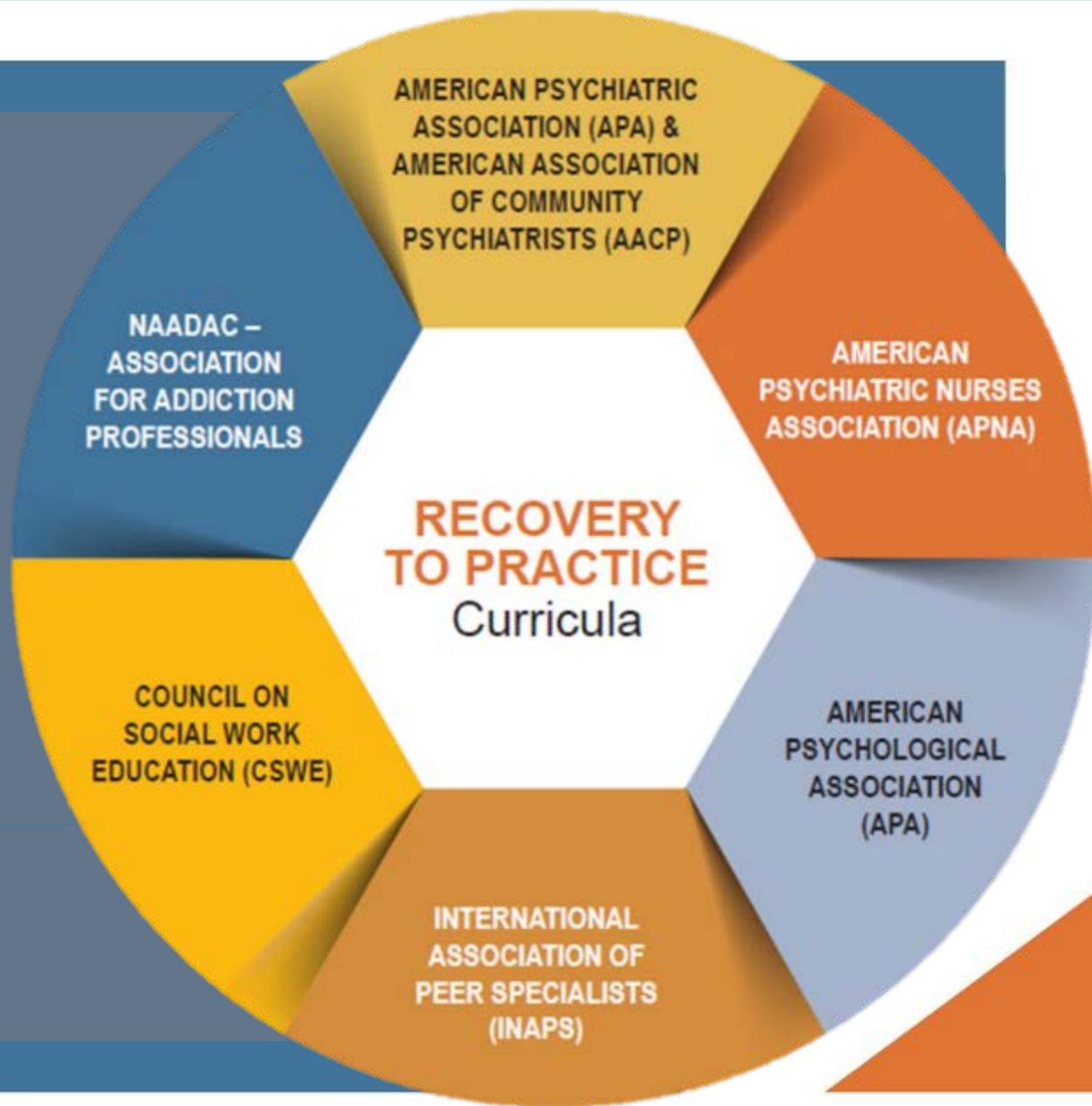


Through education, training, and resources the Recovery to Practice (RTP) program supports the expansion and integration of recovery-oriented behavioral health care delivered in multiple service settings.



SAMHSA's  
10 Principles  
and  
4 Dimensions  
of Recovery in  
Behavioral  
Health

RTP  
discipline-  
based  
curricula



**FREE**  
webinars on  
recovery-oriented  
practices

# RTP Training and Technical Assistance

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[http://www.samhsa.gov  
/recovery-to-practice](http://www.samhsa.gov/recovery-to-practice)



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# Why Assess Agency Recovery Orientation?

To promote  
transparency

To evaluate  
progress

To guide  
administrative  
decision-making

To inform  
personal choice



# Why Assess Agency Recovery Orientation? (cont)

To validate strengths

To identify needs

To tailor training/TA to each program

To challenge “*We already do it*”



# The Recovery Self-Assessment (RSA): History and Development



RSA developed out of a partnership between CT DMHAS, Yale PRCH, and the CT recovery community

yale  
program  
for  
recovery  
and  
community  
health

First known statewide assessment of recovery-oriented practices and unique in its assessment across multiple perspectives.

## Methodology:

3,328 surveys mailed to agency directors across the state  
974 individuals from 82 agencies responded

## Which resulted in...

# The Recovery Self-Assessment (RSA): Content and Structure

## RSA Subscales

*4 parallel  
versions*

*36 item  
inventory*

**Individually Tailored  
Services**

**Diversity of  
Treatment Options**

**Consumer  
Involvement**

**Client Choice**

**Life Goals**

# Poll

**Of the 5 key domains within the RSA, which is most likely to predict overall agency recovery orientation?**

1. Life Goals
2. Individually Tailored Treatment
3. Diversity of Treatment Options
4. Consumer Involvement
5. Client Choice



# Lesson Learned: Invest In Consumer Involvement!

Programs which score high on Consumer Involvement consistently score higher on overall recovery orientation

If you get ONE thing right...

**Nothing about us...  
without us!**

## RSA Subscales



# RSA Administration Tips



**Administer consistently**

**Maintain anonymity**

**Sample from the majority  
not a convenience group**

**Provide support**

# RSA Advantages

- Ease of administration
- Ability to compare across stakeholder groups
- Does NOT require advanced statistical analysis
- Can generate user-friendly agency profiles to inform change efforts



# RSA Limitations

Unclear the extent to which subjective **perception** of recovery orientation = **actual implementation** of recovery-based practices



# Ensuring RSA Findings Are Meaningful



## Keep it simple.

Reports/individualized RSA profiles can include:

- NOTABLE discrepancies
- EXTERNAL benchmarking
- INTERNAL strengths and need areas

Followed by concrete suggestions for change activities. Essential, but often neglected!

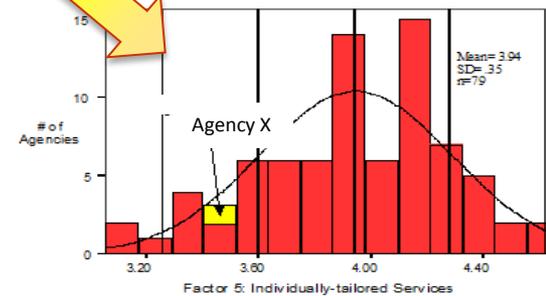
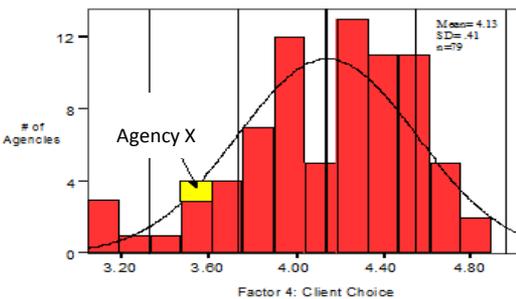
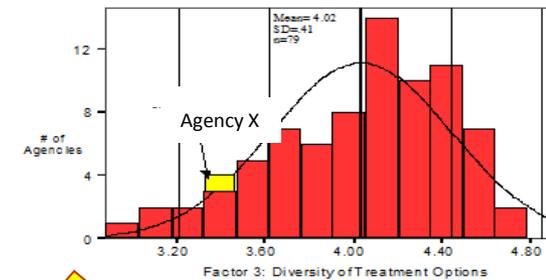
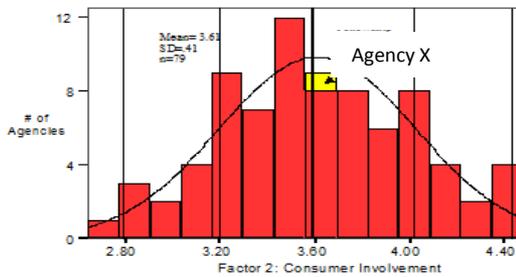
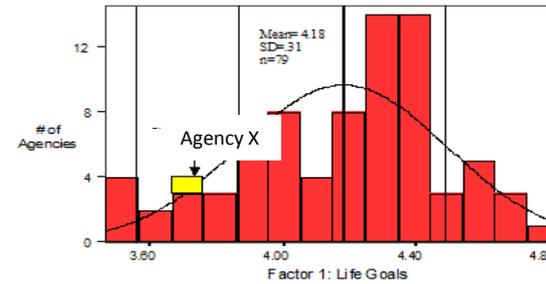
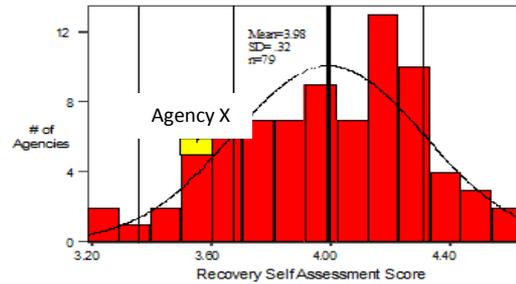
# Using RSA Findings to Inform Workforce Development

© Mike Baldwin / Cornered



# Case Example: RSA Change Initiative

Agency X  
RSA  
Profile  
Report



Prepared by the Yale Program for Recovery and Community Health

# Agency X Internal Strengths/Needs

## Strengths and Areas for Improvement

### Strengths

#### 5 Highest Rated Items by respondents at your agency

- Agency staff believe that people can recover and make their own treatment and life choices.
- This agency offers specific services and programs for individuals with different cultures, life experiences, interests, and needs.
- Staff use a language of recovery (i.e. hope, high expectations, respect) in everyday conversations
- Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests
- Agency staff do not use threats, bribes, or other forms of coercion to influence a person's behavior or choices.

### Areas for Improvement

#### 5 Lowest Rated Items by respondents at your agency

- Every effort is made to involve significant others (spouses, friends, family members) and other natural supports (i.e., clergy, neighbors, landlords) in the planning of a person's services, if so desired.
- Most services are provided in a person's natural environment (i.e., home, community, workplace).
- People in recovery have access to all their treatment records.
- Criteria for exiting or completing the agency are clearly defined and discussed with participants upon entry to the agency.
- This agency provides education to community employers about employing people with mental illness and/or addictions.

# Making Sense of Findings: The role of community life in recovery

**Part of healing and recovery is the ability to participate as full citizens in the life of the community.** (Walsh, 1996)



*There is this little pub down the street that I just love. I like to go there and have a tonic and lime and just chat with the patrons. I am not sure what it is about that place... But it makes me feel good. Maybe...maybe it's a lot like 'Cheers' – you know, a place where everybody knows my name... I am just Gerry, period. Not "Gerry the mental patient..."*

# Be Conscious of the “One-stop-shop” Culture

## Ask yourself

- Am I about to recommend or create, in an artificial or segregated setting, something that can already be found naturally in the community?
- Have we maximized opportunities to promote pathways to meaningful community-based activities and relationships?
- How can we better ensure one’s chosen community reflects genuine preferences for connection rather than a restricted range of options?

# RSA-informed Transformation Recommendations

## **Focus groups/key informant interviews**

Always follow Rule #1: Nothing about us, without us!

Where are you stuck? What do you need?

## **Provide tailored staff training**

**Model recovery-oriented care expansion efforts after existing strengths**

**Maximize unique talents of staff**



## Who is a Community Connector?

A Community Connector is someone who:

- Has personal experience receiving mental health services
- Wants to give back to others in recovery
- Has received training in protecting your confidentiality and your rights as a research participant
- Is available to help you reconnect with things you like to do in the community



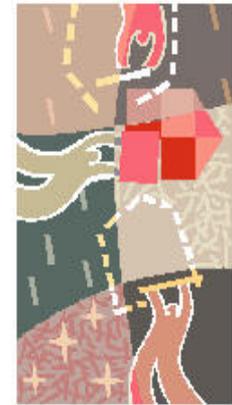
## Community Connections Progra

➤➤ Getting Out & About in Your Community!



**Community Connector:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_



## How can I make use of this program?

You can:

- Get to know your local community and all it has to offer you
- Have leaders or others accompany you on fun and interesting community outings
- Connect to people, places, and things where you feel welcomed and valued

# More RSA-informed Transformation Recommendations

All program development efforts challenged to address  
the one-stop shop question

- Work-ordered day and on-site “transitional employment”
- Adult education menu
- Even promotion of recreation/leisure interests!

All reinforced through Person-Centered  
Recovery Planning!

# Conclusion

*The intent of the RSA is NOT*

a static snapshot or criticism of the valuable work already being done



*The intent of the RSA IS*

to make more concrete and transparent what we mean by recovery-oriented care



*I was a student of client-centered therapy. I really thought I ran a recovery-focused organization. It wasn't until we did the survey [RSA] that I realized we had a long way to go to. It was eye-opening... No matter how much you believe in this, you have to be **INTENTIONAL** in everything you do if you are really going to “walk the walk.”*

CMHC administrator on agency-wide  
Transformation Needs Assessment

Wesley Sowers, MD

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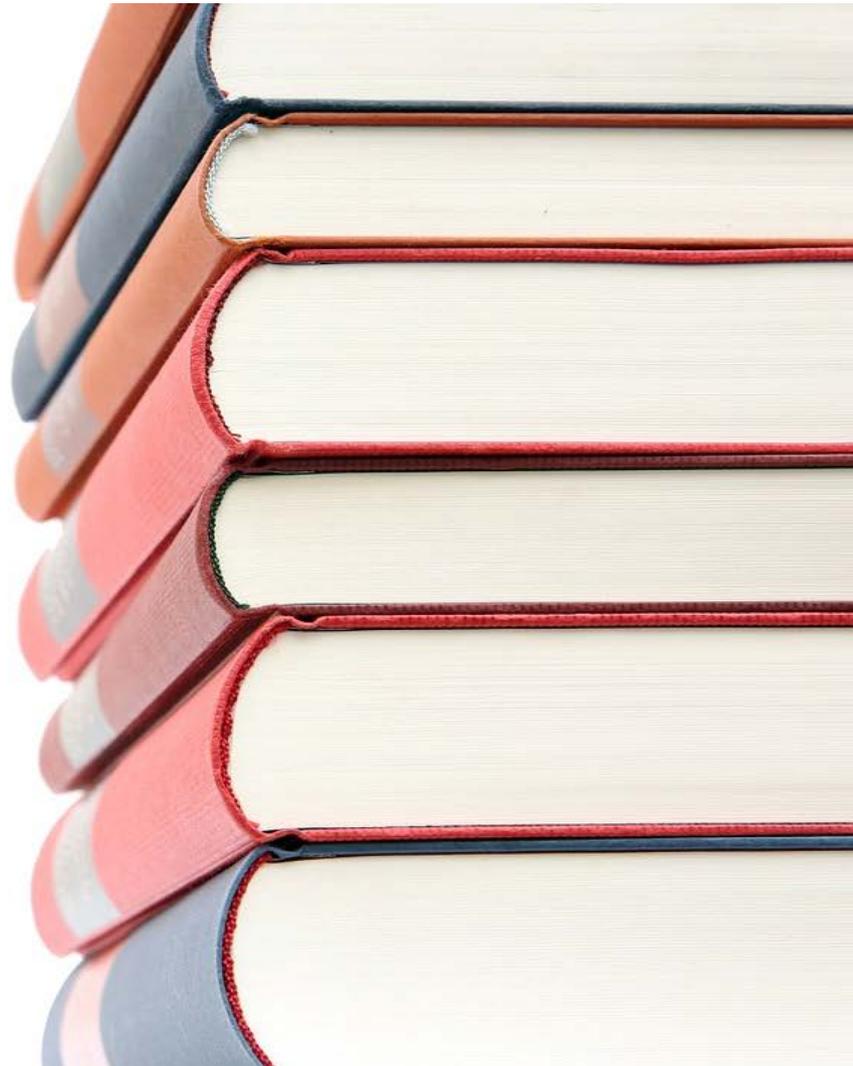
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**PROPER:  
EVALUATING PSYCHIATRIC  
PERFORMANCE IN  
RECOVERY-ORIENTED CARE**

# RTP Curriculum for Psychiatry

- *AACP and APA Collaboration*
- *Participatory Process*
- *Nine Multi-Media Modules*
- *Access and Distribution*
- *Interactivity*
- *Service Users as Instructors*

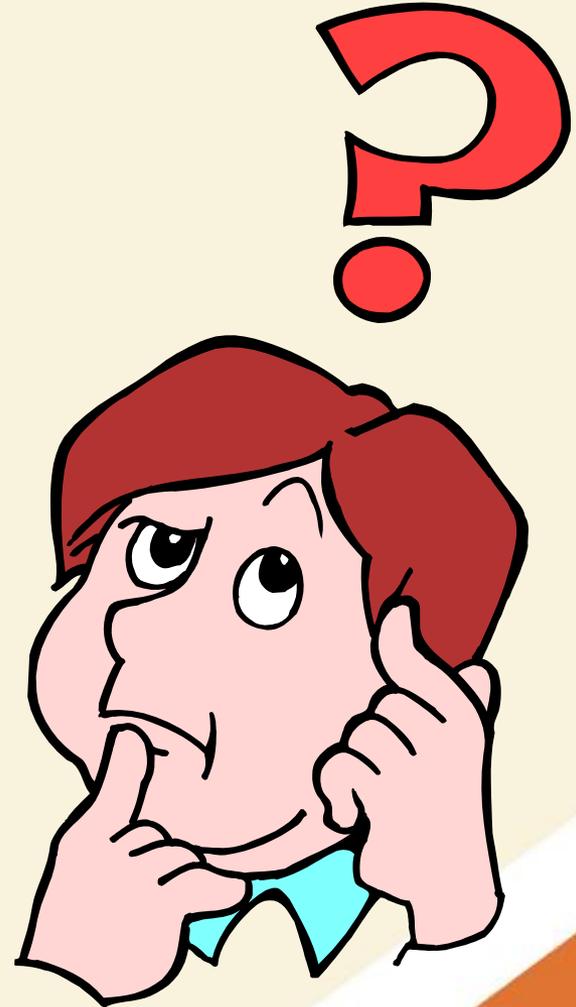


# Poll

Do you have a process  
for self-evaluation?

Yes/No

If yes, do you use a  
formal or an informal  
process?



# The Future of Psychiatry

*A new vision*

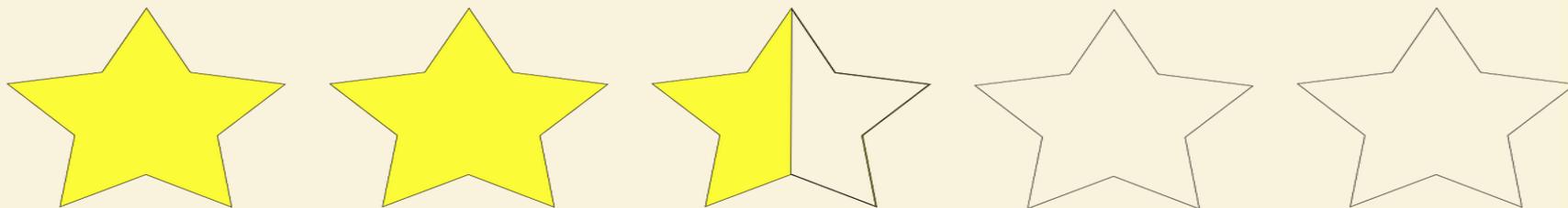
*Relational aspects of care*

*Recognize power of hope  
and belief in healing*

*Role of advisor, coach,  
partner and friend*



# How are we doing?

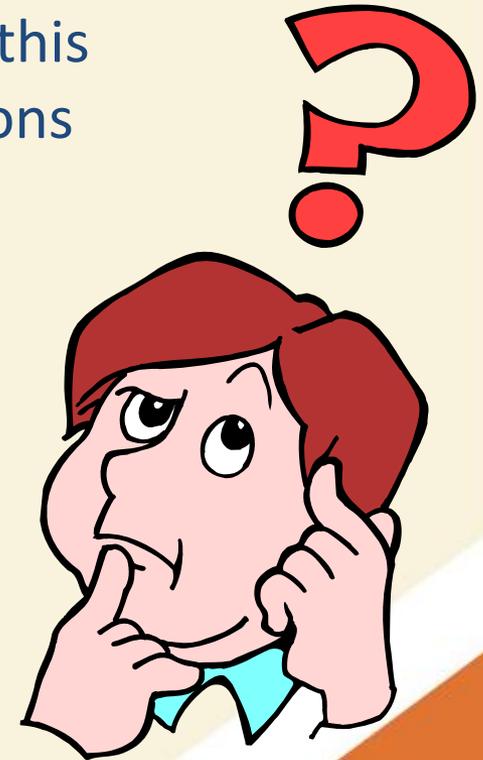


- Evaluation of the training experience
- Impact: Translation to practice
- How we see ourselves
- How others see us
- How can we evaluate this?

# Poll

How do you receive regular feedback from clients or colleagues to evaluate your practice?

- I don't have a consistent method for doing this
- I receive feedback verbally during my sessions with clients
- Clients complete a satisfaction survey
- I only receive regular feedback from my supervisor
- I use a formalized process or a rating scale
- I use another process not listed



# PROPER

## Psychiatric Recovery Oriented Practice Evaluation and Rating

Developed in  
collaboration with:

AACP

IAPS

AAPA

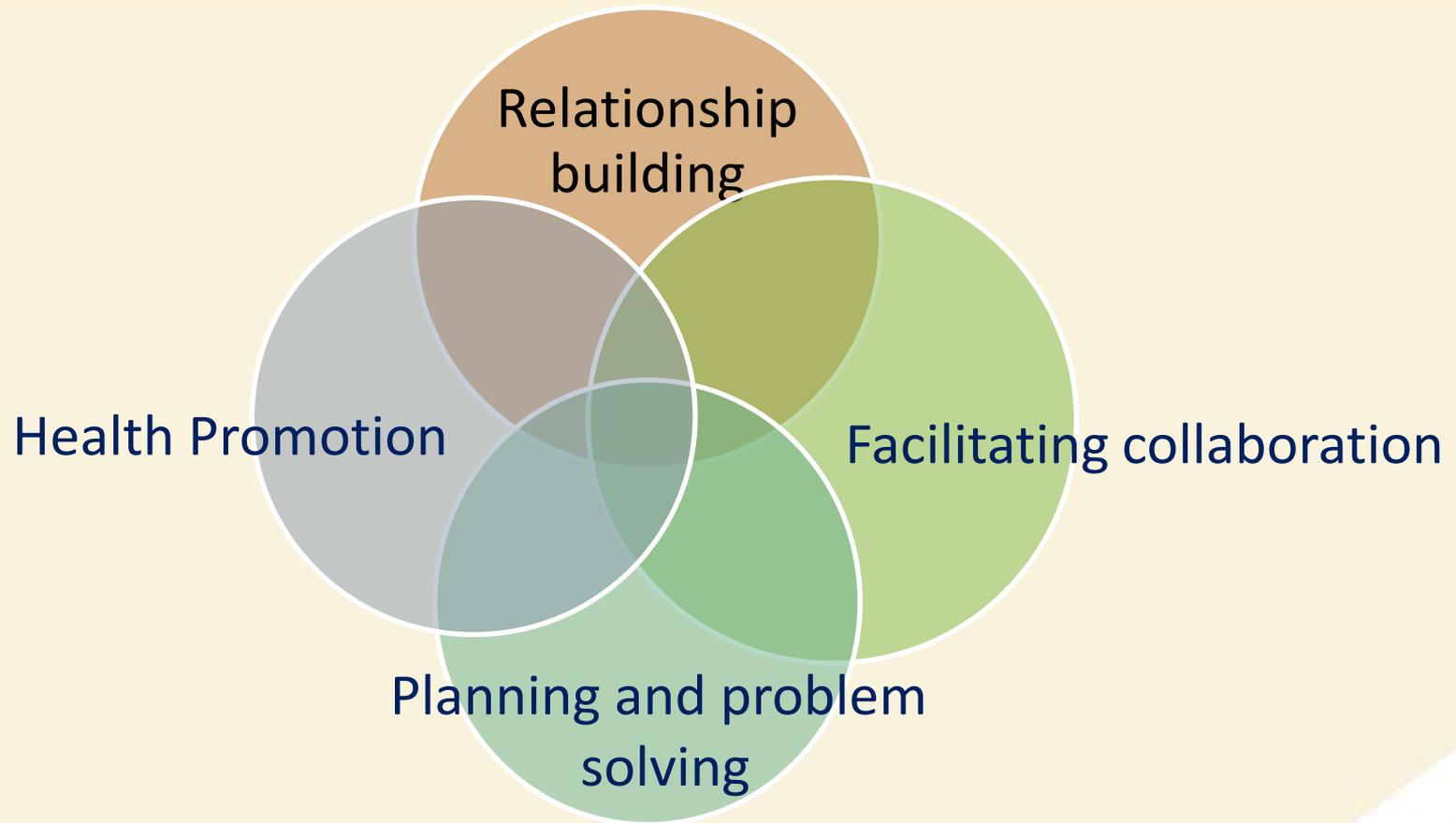
GAP

NMHCSCH

NAMI



# Psychiatric Roles - Four Domains



Ranz et al. A Four Factor Model of Systems Based Care in Psychiatry, *Academic Psychiatry*, 36:6, Nov-Dec. 2012

# Three Perspective Assessment on Recovery-oriented Care





# PROPER (cont.)

Uses The Four Domains for Assessment

Three Corresponding Scales:

Psychiatrist

Colleague

Client

27 Items rated 1-5

Composite Score for Level of Achievement



# Ratings –Psychiatrist Scale

**5 - *Agree Strongly*** or I do this all the time

**4 - *Agree*** or I am able to do this most of the time.

**3 - *Sometimes*** or when I can

**2 - *Disagree*** or I rarely do this

**1 - *Disagree Strongly*** or I never do this

# Scale for Supervisors and Clients

**5 - *Agree Strongly*** or s/he does this all the time

**4 - *Agree*** or s/he does this most of the time.

**3 - *Not sure*** or s/he does this sometimes

**2 - *Disagree*** or s/he rarely does this

**1 - *Disagree Strongly*** or s/he never does this

## Relationship Builder – Item #2



My clients feel that I understand them



This psychiatrist is an active listener who makes clients feel understood



My psychiatrist seems to understand how I think and feel

## Relationship Builder – Item #5



I do all that I can to get clients what they need



This psychiatrist works to meet all of their clients' needs



My psychiatrist helps me get the things I need



*"O.K.—but just this once."*

# Collaboration Facilitator – Item # 9



I invite input and questions from all natural supports to assist assessment and planning



Invites questions and suggestions from clients' natural supports when possible



Includes people I choose, who are important to me by talking with them and answering their questions

# Collaboration Facilitator – Item # 11



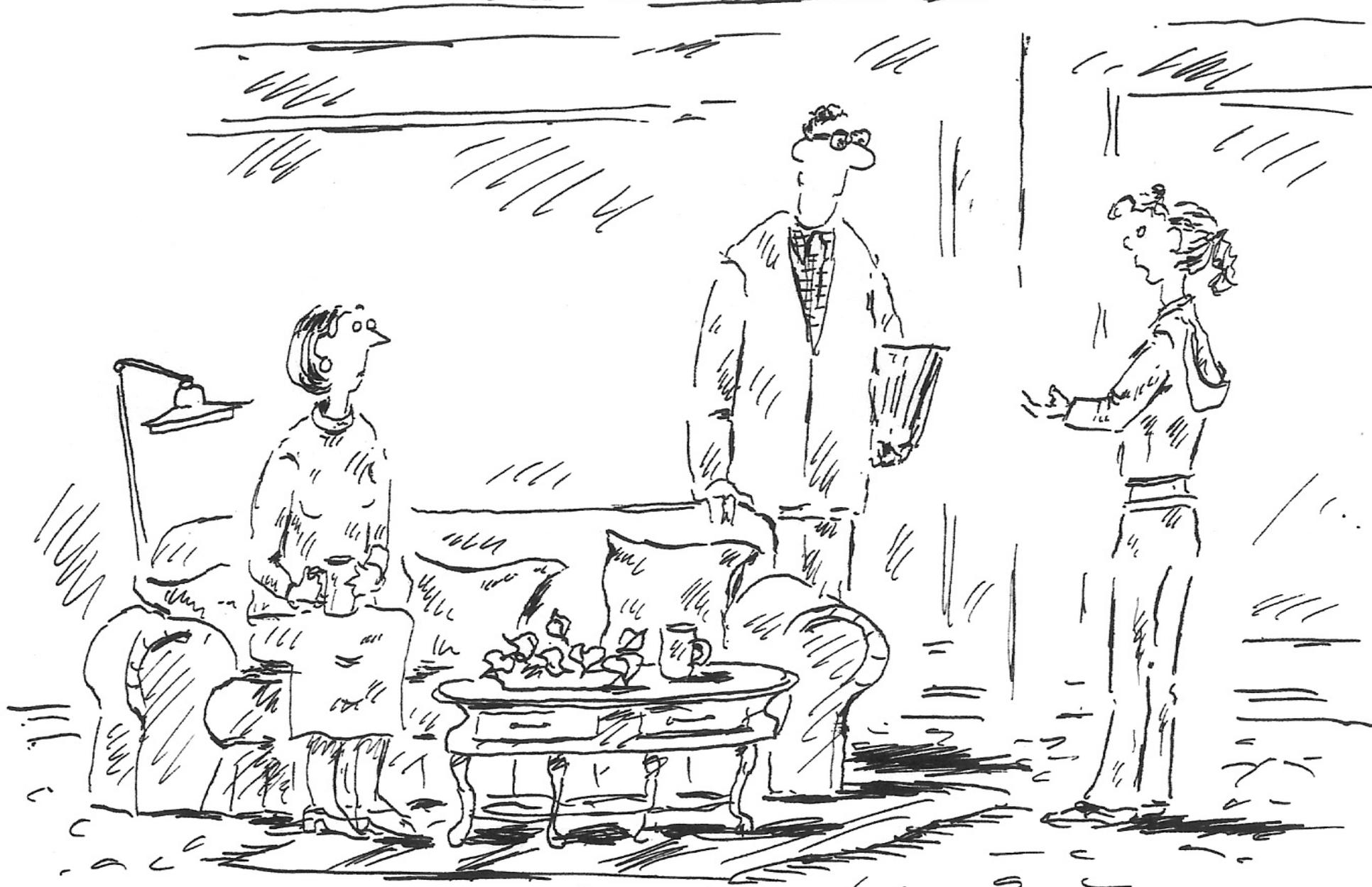
I try to bring everyone together who is working with my client to assure that identified needs are met



Works on collaboration with an array of clinicians and natural supports in planning



Works with all those who are working with me to create a complete plan for recovery



B. Smaller

*"All I ask is a chance to ruin my life in my own way."*

# Planner and Problem Solver - Item #16



I assist my clients in identifying the steps needed to accomplish their long term goals



This psychiatrist helps clients work toward their ultimate goals in a step-wise fashion.



My psychiatrist helps me to see the steps I need to make to reach my long term goals

# Planner and Problem Solver - Item #17



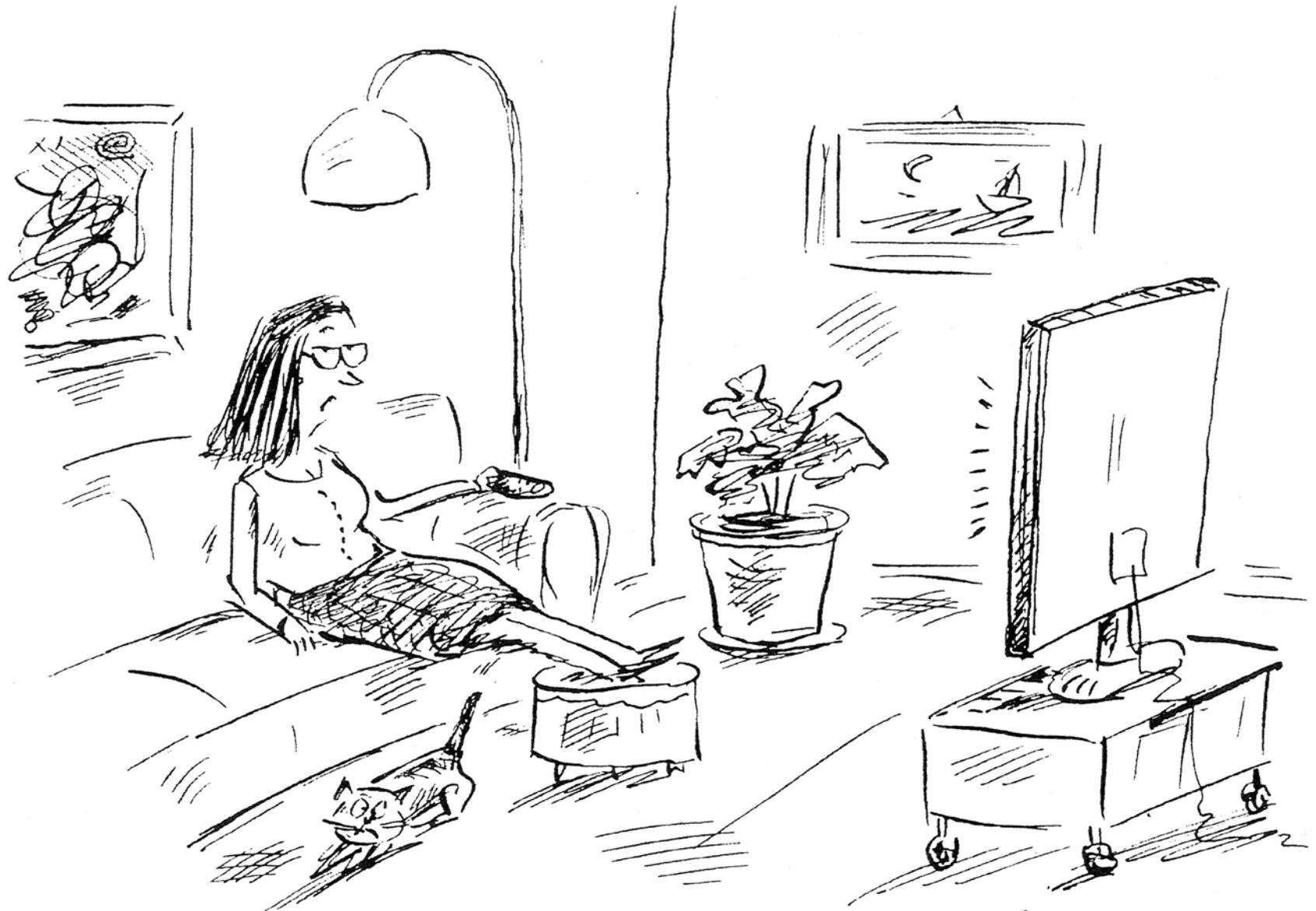
I inform my clients of the treatment options and the pros and cons of each



Provides information that allows clients to make informed choices



Helps me to think about the advantages and disadvantages of various options for treatment



*"Ask your doctor if taking a pill to solve all your problems is right for you."*

# Public Health Promoter – Item #21



I encourage my clients to make good choices for preventing illness and preserving health



Promotes health by identifying healthy activities and encouraging good choices



Helps me see how I can make choices that will protect my health

# Public Health Promoter – Item #26



I discuss my client's primary care needs with them and their primary care provider



Promotes health by identifying healthy activities and encouraging good choices



Works with my primary care doctor to make sure I am well physically



SIPRESS

*"Your appointment with the doctor is at eleven-fifteen,  
but his appointment with you is at twelve-fifteen."*

# Scoring

***Perfect Score*** - 135

***Superior!***  $\geq$  120

***Excellent*** – 105 -119 Room to Improve

***Good*** – 85-105 Getting Closer

***Not There Yet***  $\leq$  85 Work to Do

# Citations and Resources

O'Connell, M.J., Tondora, J., Evans, A.C., Croog, G. & Davidson, L. (2005). From rhetoric to routine: Assessing recovery-oriented practices in a state mental health and addiction system. *Psychiatric Rehabilitation Journal*, 28(4), 378-386.

<http://www.psychiatry.org/psychiatrists/practice/professional-interests/recovery-oriented-care/recovery-oriented-care-in-psychiatry-curriculum>



Questions?

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**Recovery to Practice**

[RTP@AHPnet.com](mailto:RTP@AHPnet.com)

Coming up!

Watch your inbox for details!



*The Role of Spiritual and Faith Communities in Recovery*  
(May 31, 2016)

*Meaningful Connections: Engaging Communities to  
Promote Recovery (June 7, 2016)*

*Creating Recovery-oriented, Person-centered Plans  
with Community Resources (June 14, 2016)*



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