

Recovery Academy

**A Multidisciplinary Model
for Individualized, Evidence-
Based Treatment in a
Diagnostically Diverse
Inpatient Setting**

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Overview

- Definition of the Program
- Overview of Program Structure/Components
- Treatment Provision
- Multidisciplinary Focus
- Rehabilitation Services

Center for Behavioral Medicine



Treatment Program

Developed by Shawn Anderson, Ph.D.

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Recovery Academy is

- **Inpatient Treatment Program**
- **Multidisciplinary approach**
- **Academic Model**
- **Strengths-based**
- **Progression-focused**

RECOVERY ACADEMY



Mission

Recovery Academy delivers empirically supported treatments to diagnostically diverse clients in a strengths-based, integrative, learning environment while focusing on skill acquisition, social rehabilitation, and wellness to promote successful community living

Inception





Structure and Implementation

ROAD TO
RECOVERY

Majors

Awards

Progress Reports

Enrollment

Semester
Schedules

Individual
Schedules

Core
Curriculum

ADVISORS

Rosters

ELECTIVES

Curriculum/Treatment

Majors

Core Curriculum

Electives

Major Treatment Groups

- Dialectical Behavior Therapy (DBT)
- Illness Management & Recovery (IMR)
- Positive Behavior Management (PBM)

NOTE: Any evidence-based treatment may be implemented in Recovery Academy program. Treatment Majors should be chosen according to patient population needs.

Minor Treatment Groups

- Safe Offender Strategies (SOS)
- Cognitive Rehabilitation
- True Strength (CFT)

Core Curriculum

Recovery Foundations

- **Pathways to Recovery**
 - average to mild cognitive deficits
- **Roadways to Recovery**
 - moderate cognitive deficits

Recovery Series

- **Beginning Treatment**
- **Participating in Treatment**
- **Preparing for the Community**
- **Transition to the Community/Lab**

Lab/ Outings

Friday community outings are utilized as “lab-time” for the *Transition to the Community* group.

Group Lessons
(Thursdays)

Examples:

Life Skills:
Budgeting
Healthy eating

Diversity:
Understanding other cultures

Safety:
Community relationships

Lab/Outings
(Fridays)

Visit a grocery store

Visit a mosque or ethnic restaurant

Visit a police station

Electives

Physical Education

Structured Exercise

3 on 3 basketball

Line Dancing

Yoga

Walking group

Tai Chi

Gymboree

Volleyball

Skill Building

Education

GED study group

Spanish

Computer skills

Daily Living

Hygiene

Cooking

Support Recovery

Grief & Loss

Mindfulness

Medication Ed

Leisure

Gardening

Jewelry making

Chess group

Floral design

Book Club

Painting

Spades

Karaoke

Other Components

- **Semester Schedules**
- **Advisory**
- **Enrollment**
- **Individual Schedules**
- **End of Semester Awards/Graduation**
- **Progress Reports**
- **Staff Handbook, Patient Handbook, Course Catalogue**

Semester Schedules

Appendix B: Sample of Unit Schedule (one day)

MONDAY 3C

Time	Group Type	CURRENT Title	CURRENT DEPT/LEADER	Locatio	Size Limit	Restricti ons
830	Elective	Community Mtg	Psychology	C1		
900	Elective	HYGIENE GROUP	Nursing	C1		
1000	Elective	Marvelous Minds	Rehab/ Ginger	C2		
1115	Elective	Food for Thought	Dietary/Sarah	C3		
	Elective	ACTIVITY GROUP	Nursing	C1		
	Elective	Creative Expression	Rehab/Julie, Ginger	Off unit	12	
100	Core Curricula	Recovery II: Wellness Self-Management	Psych/Strba	3E-50		
		Recovery III: Pathways	SW/Kelsey	3E-49		
		Intro to Recovery- on unit	Rehab/Julie	C2		
200	TX-DBT	True Strength	Psych/Fall, Bellatin	3E-50		
	Elective	Fit for Life	Rehab/Julie	Off unit		
300	Elective	For the Love of Music	Psych/Rawya	C1		
	Elective	Hands on Hobbies	Rehab/Josh, Kenny	Off unit		
600	Elective	WALK GROUP	Nursing			
	Elective	Recreation/Open	Rehab/Kenny,AA			
630						
645	Elective	Bible Study	Rehab/Galen, Ruthe			
730	Elective	ACTIVITY GROUP	Nursing	C1		
900	Elective	Sleep Hygiene/ Bedtime Ritu	Nursing	C1		

MONDAY 3C

Time	Group Type	CURRENT Title	CURRENT DEPT/LEADER	Locatio	Size Limit	Restricti ons
830	Elective	Community Mtg	Psychology	C1		
900	Elective	HYGIENE GROUP	Nursing	C1		
1000	Elective	Marvelous Minds	Rehab/ Ginger	C2		
1115	Elective	Food for Thought	Dietary/Sarah	C3		
	Elective	ACTIVITY GROUP	Nursing	C1		
	Elective	Creative Expression	Rehab/Julie, Ginger	Off unit	12	
100	Core Curriculum	Recovery II: Wellness Self-Management	Psych/Strba	3E-50		
		Recovery III: Pathways	SW/Kelsey	3E-49		

Advisory, Enrollment & Individual Schedules

Name:
Major Program:

LINC:
Therapist:

Time	Monday	Loc
830	Community Meeting	
0900	HYGIENE	
0930		
1000		
1115		
100		
300		
600		
630		
730		
900	Sleep Hygiene	

Time	Tuesday	Loc
830	Community Meeting	
0900	HYGIENE	
0930		
1000		
1115		
100		
300		
600		
630		
730		
900	Sleep Hygiene	

Time	Wednesday	Loc
830	Community Meeting	
0900	HYGIENE	
0930		
1000		
1115		
100		
300		
600		
630		
730		
900	Sleep Hygiene	

Time	Thursday	Loc
830	Community Meeting	
0900	HYGIENE	
0930		
1000		
1115		
100		
300		
600		
630		
730		
900	Sleep Hygiene	

Time	Friday	Loc
830	Community Meeting	
0900	HYGIENE	
0930		
1000		
1115		
100		
300		
600		
630		
730		
900	Sleep Hygiene	

Time	Saturday	Loc
830		
0900		
0930		
1000		
1115		
100		
300		
600		
630		
730		
900	Sleep Hygiene	

Time	Sunday	Loc
830		
0900		
0930		
1000		
1115		
100		
300		
600		
630		
730		
900	Sleep Hygiene	

End of Semester Celebration

(photo)



Progress Reports

Appendix C: IMR Evaluation Tool

Progress Domains

Comprehension	
1. End of module review score- (understanding of module materials)	_____ /5
2. Progression towards self-identified IMR goal	_____ /5
Participation	
3. Attendance	_____ /5
4. Contributions / Effort- (ask questions, make eye contact, participate in role-plays/group activities)	_____ /5
Implementation of principles/skills	
5. Homework completion	_____ /5
6. Implementation of IMR skills	_____ /5
TOTAL SCORE	_____ /30

KEY

- **End of module review score** (1- does not show an understanding; 2- is able to show an understanding of a few concepts; 3- Understand approximately half of the information; 4- General understanding of the materials; 5- mastery of the materials)
- **Progression Towards Goals** (1- No effort; 2- identified a goal and has difficulty working on it; 3- putting some effort into working on goal; 4- Able to identify steps taken to working towards goal; 5- taking steps and can problem-solve obstacles may face)
- **Attendance** (1- not coming to groups/outreach services or 0-10%; 2-10-25%; 3- 25-50%; 4- 50-75%; 5-75-100%)
- **Contributions/Willingness-** (1- does not participate; 2- minimal verbal participation, but will make eye contact and demonstrate attentiveness; 3- will ask questions or volunteer to participate occasionally (approx 1 time per group); 4- Will participate by asking questions and engaging in the activities the majority of the time; 5- Can always count on to be an active contributor to the group).
- **Homework Completion-** (1- Does not attempt or complete homework; 2- Makes some attempts at completing homework; 3- Makes attempts and brings homework to group; 4- Makes attempts or completes homework most of the time; 5- Completes homework and is able to share with the group).

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Appendix D: PBM Evaluation Tool

Progress Domains

Comprehension	
End of module review day score (based on key)	_____ /5
Offering examples/return demonstration of skills in group	_____ /5
Participation	
Attendance	_____ /5
Contributions	_____ /5
Ability to follow group rules	_____ /5
Implementation of principles/skills	
Homework completion	_____ /5
Number of incidents since last assessment	_____ /5
TOTAL SCORE	_____ /35

BASELINE SCORE (Date __/__/__) _____ /35

PREVIOUS ASSESSMENT SCORE (Date __/__/__) _____ /35

KEY

- 1-Keep trying:** It's difficult to get to group most days (less than 50% attendance), so it's hard for us to see all the great things you are capable of! Set your goal for increased attendance.
- 2- You're getting there:** You come to group more often than not (more than 50% attendance), which is great. Keep working hard to show us you can use your skills, that you understand how to use them, and that you can follow group rules!
- 3- Good job!** You're doing great! You attend most groups (75% or more attendance) and you are on the right track with learning skills, participating appropriately in group, and showing us you understand how to use your skills. Keep it up!
- 4- Outstanding:** Wow! You have great attendance (80% or more) and you are a star in group! You actively participate, follow the group rules, and you can really show that you understand what you are learning. You may even help your peers out sometimes!
- 5- You're a master:** You could probably teach the group! You almost always come (90% or more attendance), you show us in group that you have mastered the skills, and you are at the top of your game both in group and outside of group too! You rock!

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Appendix E: DBT Evaluation Tool

DBT Weekly Outcome Report

Patient Name: _____
Week ending: _____

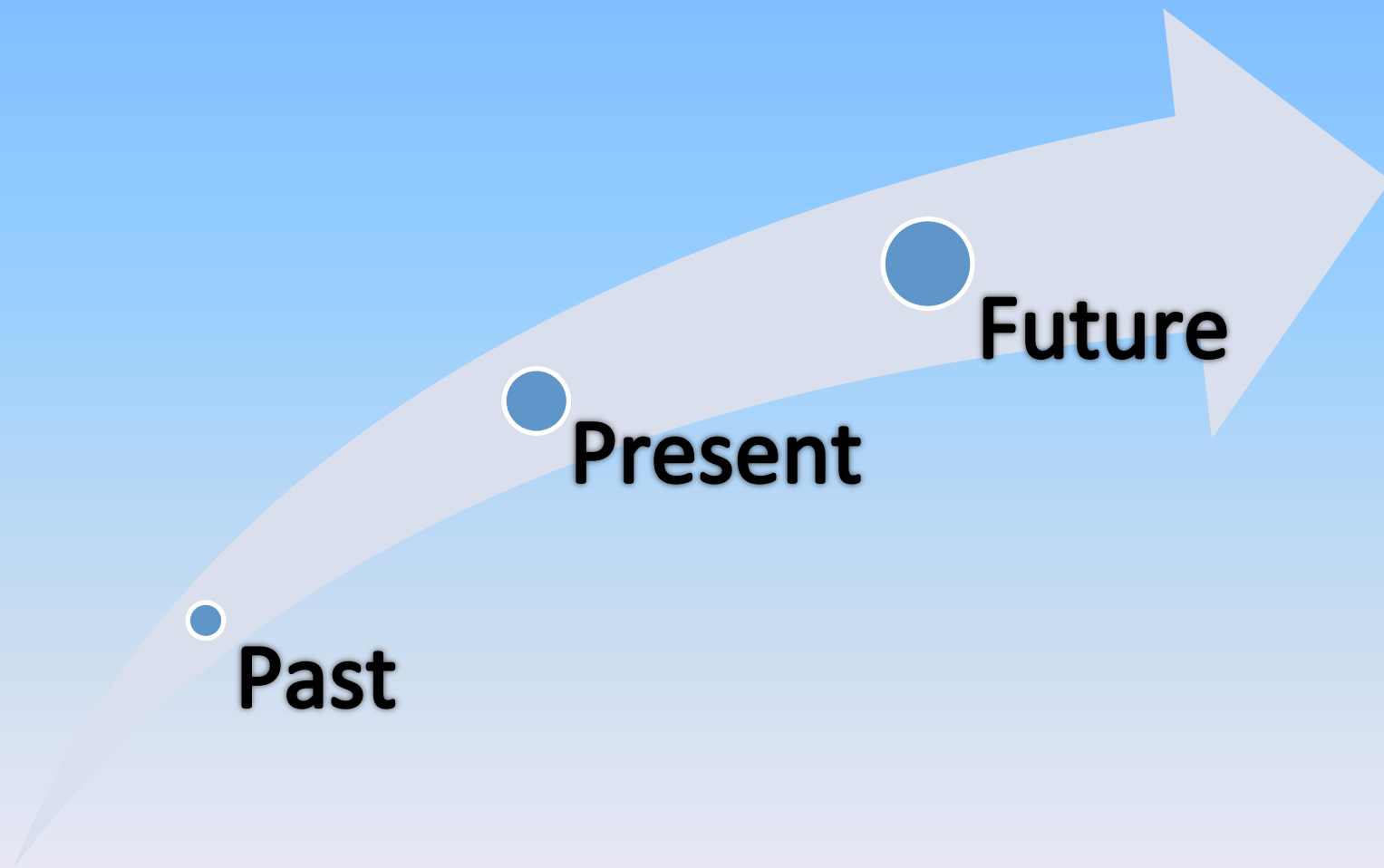
Measurement Criteria	Points
Treatment Outcomes (behaviors to increase):	
Attendance in DBT skills group	2=both days 1=one day 0=absence
Completed DBT Homework	1 point
Attendance in Individual DBT Therapy	1 point
Completed Diary Cards/Chain analysis	1 point per ea.
Total Points of Behaviors to Increase for the Week:	
Behavioral Outcomes: (behaviors to decrease):	
Suicide Crisis: (documented or observed suicide attempt, non-suicidal self-injury acts requiring medical attention, and violent acts (against others or property, requiring assistance required calls, manual or mechanical restraints, or medical attention)	1 point ea. incident
Para-suicidal or Aggressive Acts (documented or observed self harm or aggressive acts that do not require medical attention, assistance required calls or restraints)	1 point ea. incident
Suicidal, Para-suicidal or Aggressive Communication (documented or observed suicidal, self harm or aggression towards others threats & communications)	1 point ea. incident
Total Points of Behaviors to Decrease for the Week:	
Procedure:	
<ul style="list-style-type: none"> • The individual therapist will update outcomes for his/her DBT patient weekly. • The Outcome Report is found on CBM Share Drive under PSYCHOLOGY Shared Documents. • DBT therapists that are not working on the same unit as their DBT patients may rely on staff who work on that unit for updated information of behaviors to decrease (observed or documented). • During DBT Consultation Team meeting, team members will provide quick updates of incident of behaviors to decrease. • The Outcomes Report is in an Excel spread sheet, allowing for up-to-date information that can be reported by category or companion. 	

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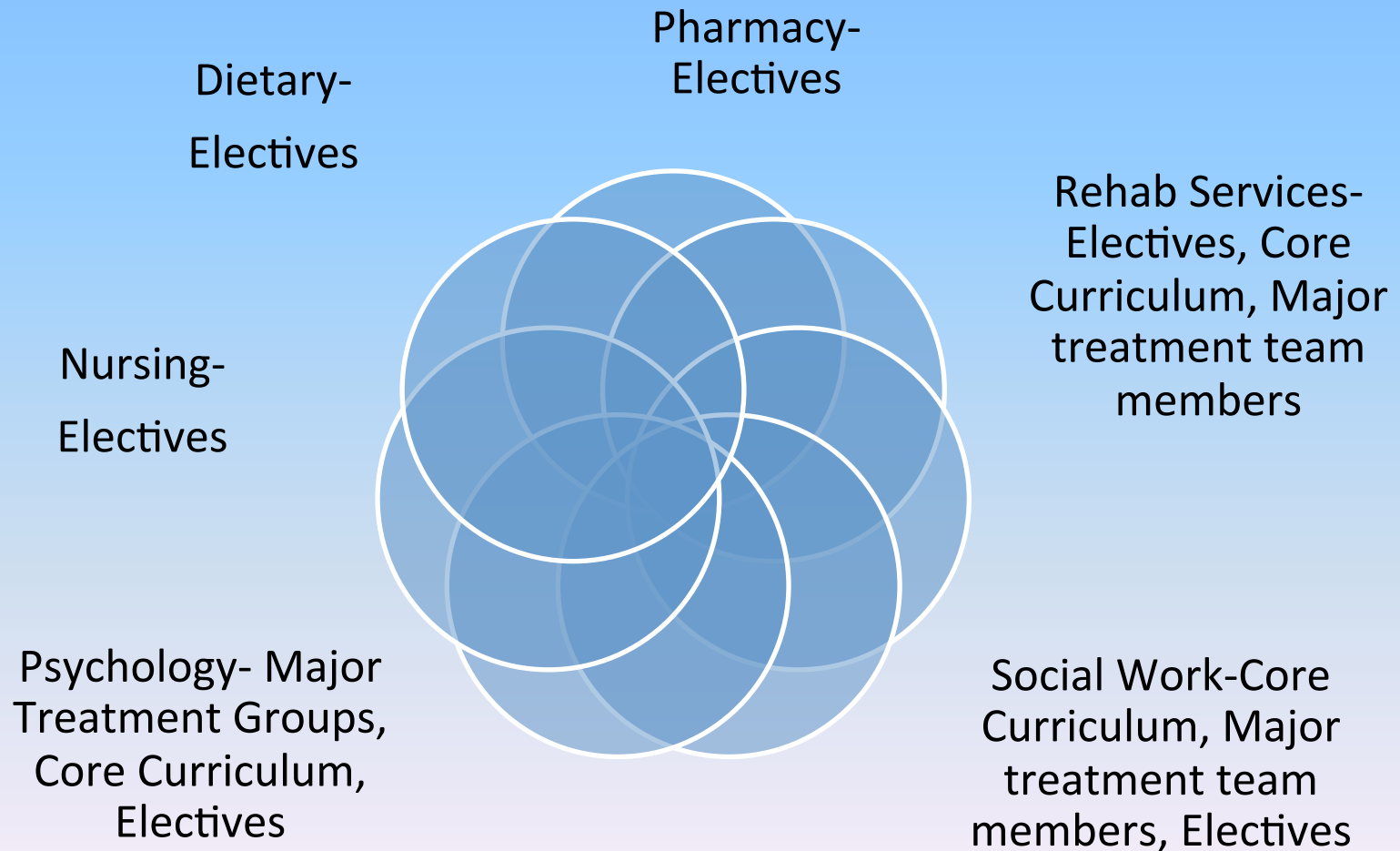
Leadership

Recovery Academy Board

Multidisciplinary Collaboration



Teamwork



Rehab Services and Recovery Academy

Education

- Teach
- Instruct

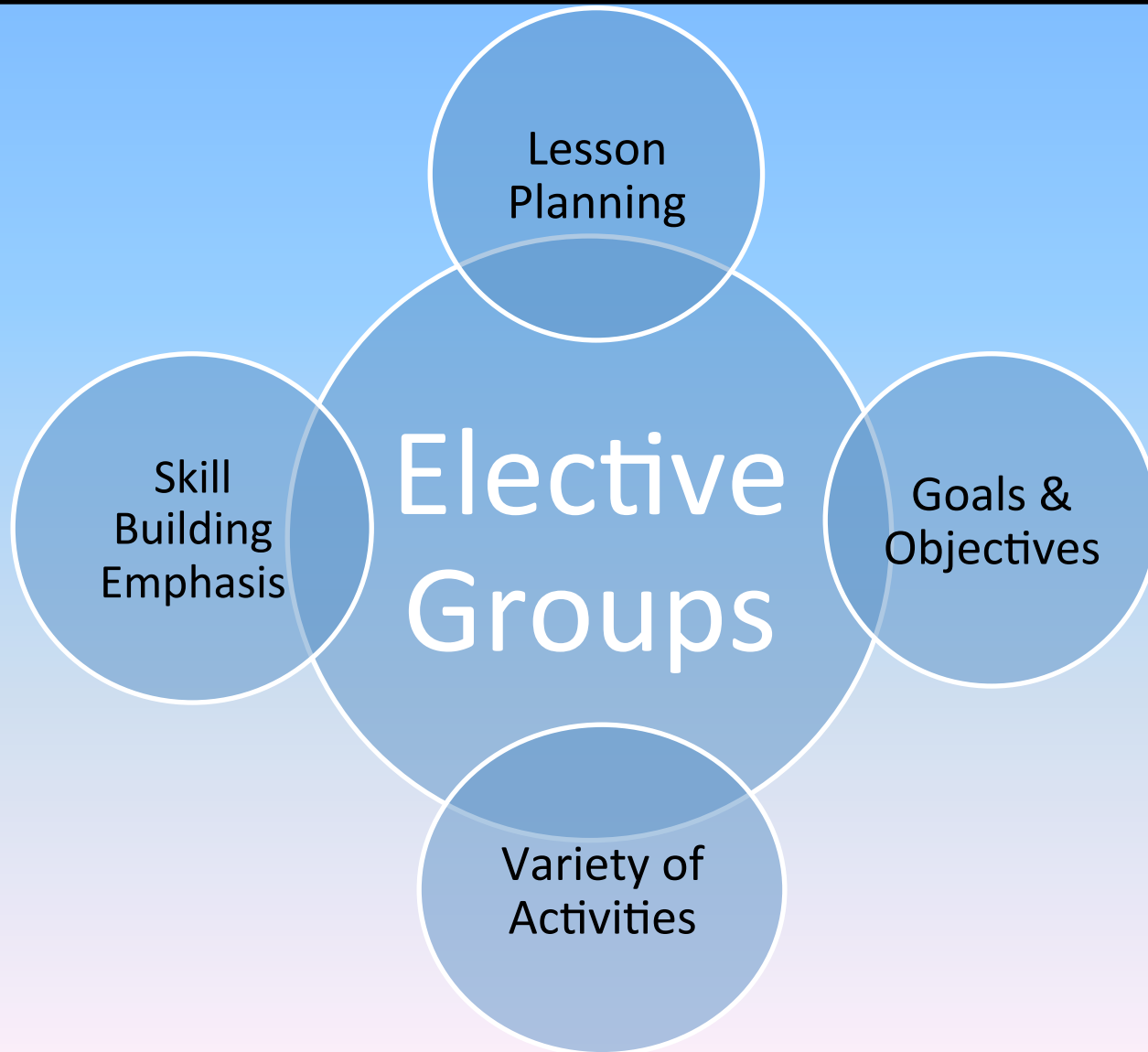
Demonstration

- Model
- Practice

Application

- Perform
- Function

Rehab Services and Recovery Academy



Rehab Services and Recovery Academy

Dehospitalization

Empowerment

**Recovery
Series**

Community
Living

Wellness



Unauthorized use of this treatment program model without the permission of the developer is prohibited. If you are interested in learning more about the program or would like to request a consultation for your facility, please contact Shawn Anderson, Ph.D. at Center for Behavioral Medicine, 1000 East 24th Street, Kansas City, Missouri 64108, shawn.anderson@dmh.mo.gov



Recovery
Foundations
Group Project:
"My Recovery
Neighborhood"

Classroom Posters



Center for Behavioral Medicine



TREATMENT PROGRAM



Recovery
Academy

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Thank You!

