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Recovery is up to you

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The Frontline Reports column features short descriptions of novel approaches to mental health problems or creative applications of established concepts in different settings. Material submitted for the column should be 350 to 750 words long, with a maximum of three authors (one is preferred) and no references, tables, or figures. Send material to Francine Cournos, M.D., at the New York State Psychiatric Institute (fc15@columbia.edu) or to Stephen M. Goldfinger, M.D., at SUNY Downstate Medical Center (steve007ny@aol.com).

Pathways to Recovery, a Peer-Led Group Intervention

The authors of *Pathways to Recovery: A Strengths Recovery Self-Help Workbook (PTR)* have converted the perspectives and methods of the strengths model of case management, an evidence-supported practice, into a self-help approach for adults with severe psychiatric symptoms. The workbook was developed in collaboration with mental health consumers, recovery educators, and care providers in 2002; a separate group facilitator guide was completed in 2006. The workbook provides a format for users to identify their personal strengths and the strengths offered within their environment to clarify and pursue their personal life goals. The main objectives of *PTR* are to encourage users to express their desires and goals, discover strengths, and use them as the foundation for finding meaning, purpose, and value in life.

PTR guides users to develop a personalized recovery plan and to explore and create goals within nine life domains: home, education and learning, personal assets, work and career, social support, health and wellness, intimacy and sexuality, leisure and recreation, and spirituality. Each chapter of *PTR* contains background information, worksheets, vignettes by consumers, inspirational quotes, references, and resources.

Although originally created as a personal self-help guide, *PTR* has been successfully used in a group setting, allowing for peer-to-peer interaction and support for developing individualized recovery life plans. The benefits of the peer group setting include sharing the positive and challenging experiences of mental illness, validating one's own and others' strengths through supportive discussions, and bolstering motivation toward recovery. The University of Kansas School of Social Welfare developed a *PTR* group intervention, consisting of 12 weekly 90-minute sessions led by a trained peer facilitator. All 12 sessions follow module 1 of the *PTR* group facilitator guide, which acts as the curriculum. The intervention is designed to support enhancement of group participants' self-esteem, self-efficacy, hope, and community network. Each session has a lesson plan that includes discussion questions and small-group activities.

Within this 12-week format, participants read sections of the workbook, perform recommended activities to generate discussion of chosen topics, and complete supplemental handouts. Each group incorporates all core activities, although the ordering of the sessions is flexible, depending on the interests of participants. The recommended group size is between six and 13 participants. Each group includes development of basic group protocols and an overview of recovery. Discussions of the strengths perspective help participants identify both personal (qualities, attitudes, and talents) and environmental (informal and formal support available in the person's community) strengths for themselves as well as others. Challenges to recovery are discussed based on potential changes needed in attitude, behavior, and cognition. The sessions also include the completion of self-assessments and development of action plans to facilitate movement and motivation toward recovery. Participants have opportunities to participate in small-group projects and then share their learning with the larger group. The final group session ends with celebratory activities and evalua-

tion of the overall group experience.

Our initial single-group (N=47) pre-post design evaluation found significant gains in participants' self-esteem, self-efficacy, social support, and spiritual well-being, as well as a reduction in self-reported psychiatric symptoms. One participant described the group experience in this way: "Attending the Pathways group changed my life in lots of ways. I've made my own personal 'recovery turnaround.' I'm exercising, getting out with friends, and thinking about going back to school. Pathways gave me the tools I needed to be able to see these goals can be achieved. My own recovery is richer now."

The incorporation of self-help educational approaches has become an increasingly popular approach to promoting and nurturing recovery. In response to the self-help movement, *PTR* has been used worldwide by individuals and groups at consumer-run organizations and professional service organizations. As an easily implemented and inexpensive method of conducting mental health self-help, *PTR* is particularly suited to the self-help approach within the peer-to-peer settings that consumer organizations offer. Given the inclusion of reimbursement for peer-provided Medicaid services, many states now fund peer-directed self-help services as an important element of overall mental health treatment. To ensure continuation of federal funding, it becomes even more necessary to conduct further research in this area.

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Recovery Is Up to You, a peer-run course

Research has shown that peer-led support groups increase the social network of participants and offer them acceptance, support, understanding, empathy, and a sense of

community. The presence of role models makes participants more hopeful and optimistic about their future and stimulates them to develop their own coping and problem-solving skills. Compared with traditional care providers, peers can provide more empathic support and make participants feel more comfortable about discussing experiences and feelings. Peers also may have more influence on clients' attitudes, values, and behaviors.

The peer-run course *Recovery Is Up to You* was developed in 1996 in the Netherlands by clients and two mental health professionals for people with major psychiatric problems. Groups are led by two trained course instructors who are in an advanced state of their recovery process and are prior course participants. They closely follow a standardized manual and workbook. The course consists of 12 weekly two-hour sessions. Each session has the same structure and is organized around a specific, recovery-related theme. Examples of themes are personal experiences of recovery, making choices about care or daily problems, and getting social support. Themes are discussed in a group setting, individuals share their experiences with the group, and skills are practiced. Important elements of the course are the presence of role models, psychoeducation and illness management, learning from each other's experiences, social support, and homework assignments.

Between 2006 and 2008, a randomized controlled trial was conducted to evaluate the effects of the course. Recruitment of participants (N=333) took place at 13 mental health institutions and client organizations in the Netherlands. Inclusion criteria were presence of serious psychiatric problems, being "in recovery" after having experienced major life disruptions, being prepared to take more responsibility, ability to discuss experiences

with others, and ability to speak and read Dutch. Participants were excluded if they had florid psychotic symptoms, major addiction problems, or thoughts of suicide.

The feasibility of the course was evaluated by semistructured interviews. Of 38 groups, all of which had their own peer instructors, 37 course instructors were interviewed. In addition, 61 participants were interviewed, including those who had completed the course or who had dropped out. To this end, one course instructor and one or two participants of each group (depending on the group size) were randomly selected after completion of each 12-week course. In addition, course instructors filled out a checklist after each session, indicating their protocol compliance and their satisfaction with and opinion on process-related aspects. Thirty-eight 12-week courses were evaluated; the mean number of participants was seven, and the mean number of attended sessions was nine.

The results showed that most participants felt inspired and supported by the course instructor. Participants reported having received social support and personal attention from the other participants. Organizational aspects, such as information about the course, topics, and workbook, were also judged very positively by most participants and by the course instructors. About half of the participants felt free and sufficiently safe to discuss feelings and reported that they felt accepted by other participants. Moreover, the role modeling provided by the course instructors and the group process and course material were mentioned as important factors in recovery.

Course instructors noted in their evaluation interviews that they felt they had successfully stimulated and guided the group process. They indicated the ideal group size to be about

seven or eight participants. Checklists showed high protocol adherence and no major problems with adherence to structure, content, goals, and time investment in the sessions. Generally, the atmosphere in the groups was positive. The mean number of dropouts per course group was two. Main reasons for dropout were personal or family problems, mental or general medical illness, and unmet expectations of the course or lack of readiness for the course.

Results further indicated that the ideal environment for conducting the course is a quiet room and safe environment. To prevent dropout, an intake interview is recommended in which details about the course are given and expectations of the participant are discussed. Furthermore, supervisors who provide coaching and encouragement to the course instructors also may contribute to the success of the course.

In conclusion, *Recovery Is Up to You* is easy to implement because of its structured workbook and manual. The positive experiences with the course, large number of participants, clarity of the course material, and high protocol adherence among course instructors showed that the course is a promising tool. Moreover, it could provide many people the opportunity to make an active start with their recovery process.

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