

# Ohio's Wellness Management and Recovery Program: Working Collaboratively to Develop, Implement, and Evaluate a State-Wide Recovery Initiative

Wesley Bullock, PhD, University of Toledo  
Stephanie Rich, BSSW, LSW & Kelly Wesp, MS,  
WMR Coordinating Center of Excellence

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**OHIO  
DEPARTMENT  
OF MENTAL  
HEALTH**



# Overview of WMR in Ohio

- Transformative therapeutic intervention based on a psychoeducational curriculum
- Incorporates adult education methodology
- Ten 2-hour sessions
- Co-facilitated with a mental health specialist and a person in recovery
- Incorporates holistic health and wellness
- Inclusive of multicultural competency
- 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

- 1 Mental Health Recovery
- 2 Wellness
- 3 An Understanding of Mental Health
- 4 The Role of Medication in Recovery and Wellness
- 5 Learning to Manage Symptoms and Side Effects
- 6 Effective Communication
- 7 Communicating with Your Providers
- 8 Coordinating Your Care
- 9 Building Social Supports and Involving Others
- 10 Planning for Wellness

Teach a person to fish...



# 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.

# Pilot Site Selection Process

- RFP across the state
- Application based on IDARP research (Panzano & Roth, 2006) and agency readiness
- Sites must include
  - Cultural Diversity
  - Geographical Diversity
  - Strong Consumer Voice

# Characteristics of Pilot Sites

- Demonstrated Commitment to:
  - Consumer Recovery
  - Evidence-Based-Practices
  - Cultural Competency
  - Outcomes
  - Performance Improvement
  - Organizational Change

# WMR Pilot Sites in Ohio

- Pilot sites involved in WMR implementation include:
  - Large urban CMHCs
  - Rural CMHCs
  - 5 Consumer Operated Sites
  - Vocational Rehabilitation Services
  - State Psychiatric Hospital

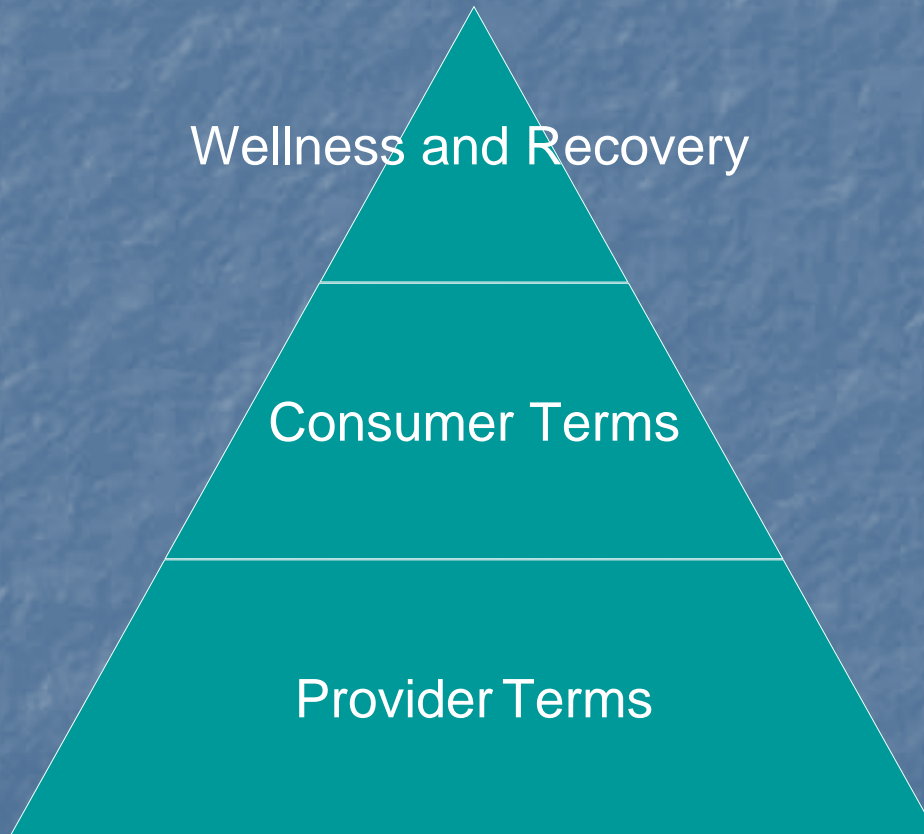
# The Importance of Peers

- How can it be recovery-oriented without peers?
- How can it be consumer-driven without peers?
- How can we build collaborative partnerships without peers?

# Understanding “We”

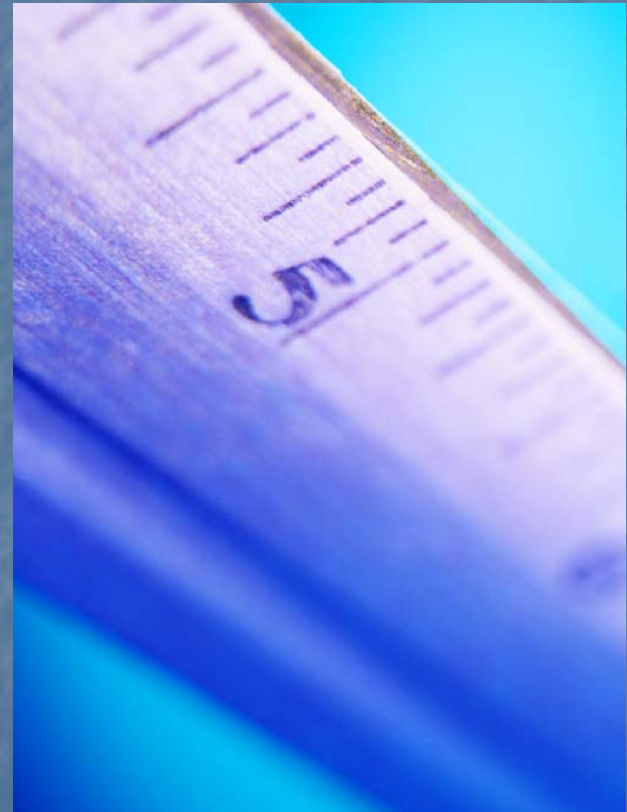
- Mutuality between consumer and provider
- Doing “with” not “for”
- Realizing that relapse is part of recovery
- Inclusion
- Clarification of roles in the recovery journey
- Don’t assume

# WMMR Jeopardy



# Evaluation and Outcomes

- Ohio Consumer Outcomes System-Adult Consumer Form
- Mental Health Recovery Measure
- WMR Client Self-Rating Scale
- Process Evaluation / Consumer Satisfaction
- Pilot Site Feedback and Satisfaction Survey



# WMR Research Design

- Open Clinical Trial
  - No Random Assignment to Groups
  - No Comparison to other active treatment programs
- Multiple WMR groups run per site
  - N = 15 persons have gone through WMR twice
- Sample Sizes (as of 2/4/08)
  - N = 373 with Pre-WMR Data
  - N = 183 with Pre & Post-WMR Data
  - N = 39 with Pre, Post, & Follow-up Data<sup>15</sup>

# WMR Research Design (continued)

## Analysis of Data

- **Nomothetic:** Analyze **group average** changes pre-WMR, post-WMR, and 6 month follow-up
- **Idiographic:** Analyze **individual results** for reliable change (improvement / deterioration)
- **Qualitative:** **Open-ended questions** to uncover commonly expressed themes of the change process related to WMR participation

# Demographic Data (N = 169)

- Gender: 43% Male; 57% Female
- Ages 18-72: Mean=44.9 years (SD=11.1)
- Ethnicity:
  - 70% European-American
  - 24% African-American
  - 1% Hispanic/Latino
  - 2% Native-American/Pacific Islander
  - 3% Other
- Are you in treatment because you want to be?
  - 87% Yes
  - 11% No
  - 2% Unknown/Missing

# Demographic Data (N = 169)

## ■ Employment Status

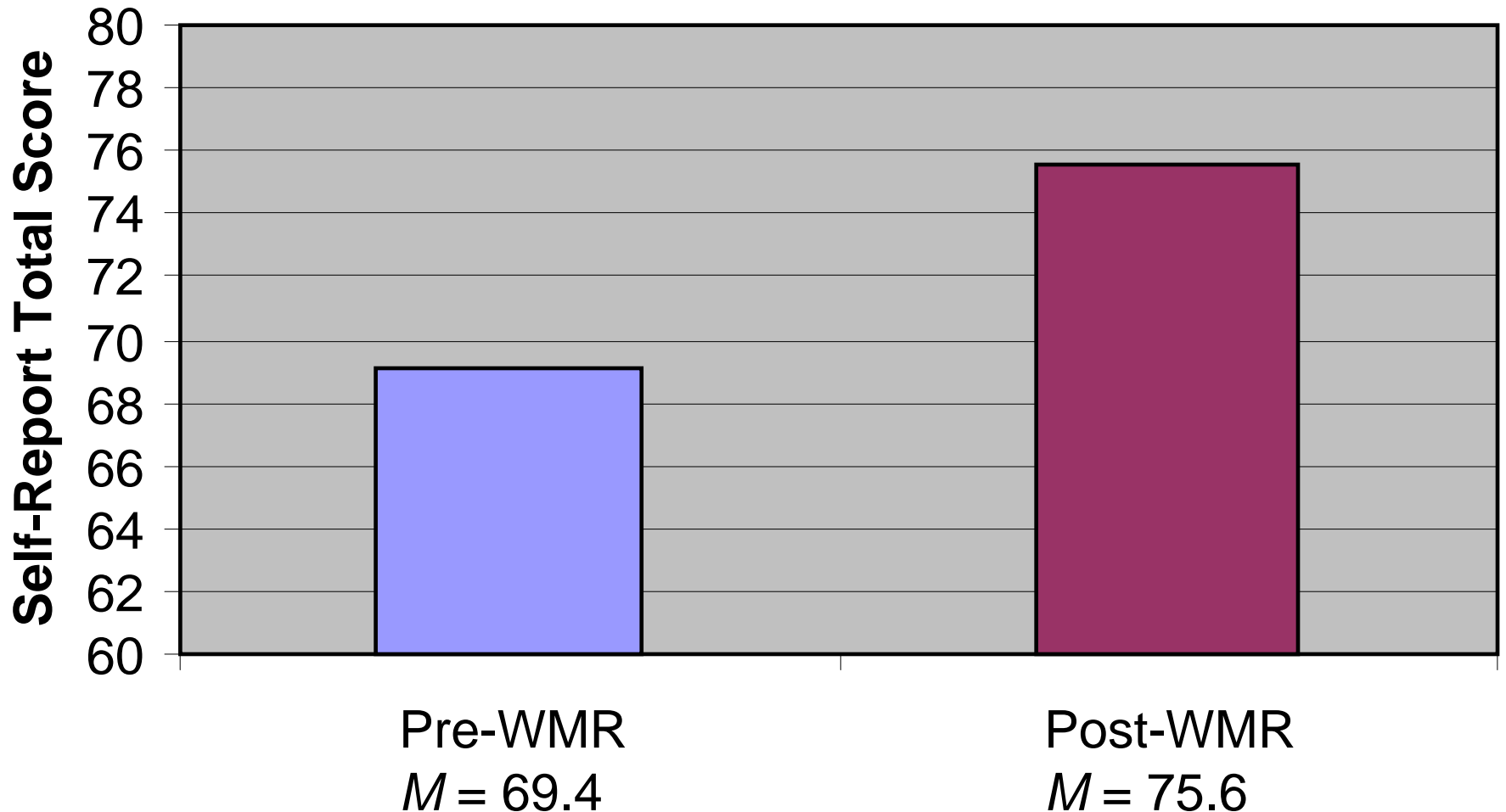
- 43% Disabled
- 34% Unemployed
- 9% Employed Part-time
- 5% Retired
- 2% Homemaker
- 1% Employed Full Time
- 1% Student
- 3% Missing data

## ■ Marital Status

- 52% Never Married
- 23% Divorced
- 8% Separated
- 8% Married
- 4% Widowed
- 2% Living with Partner
- 3% Missing data

# Figure 1. Pre vs. Post Outcomes for the Mean *WMR Self-Report* Total Score (N=183)

$t(182) = 9.54, p = .000, d = .55$



# WMR Self-Report Scale: Item Level Analysis of Changes

70% of overall gain on the curriculum-focused *WMR Self-Report Scale* were due to significant changes on 10 of the 20 items ( $p < .001$ )

Item# (Mean Gain Pre - Post) *Item Content*

- 2. (.74) *Knowledge Increase (of symptoms; treatment; coping strategies; medications)*
- 19. (.63) *Use of a Wellness Plan*
- 8. (.50) *Use of Relapse Prevention planning*
- 1. (.48) *Progress towards personal goals*
- 17. (.43) *Making healthy life-style choices*<sup>20</sup>

# WMR Self-Report Scale:

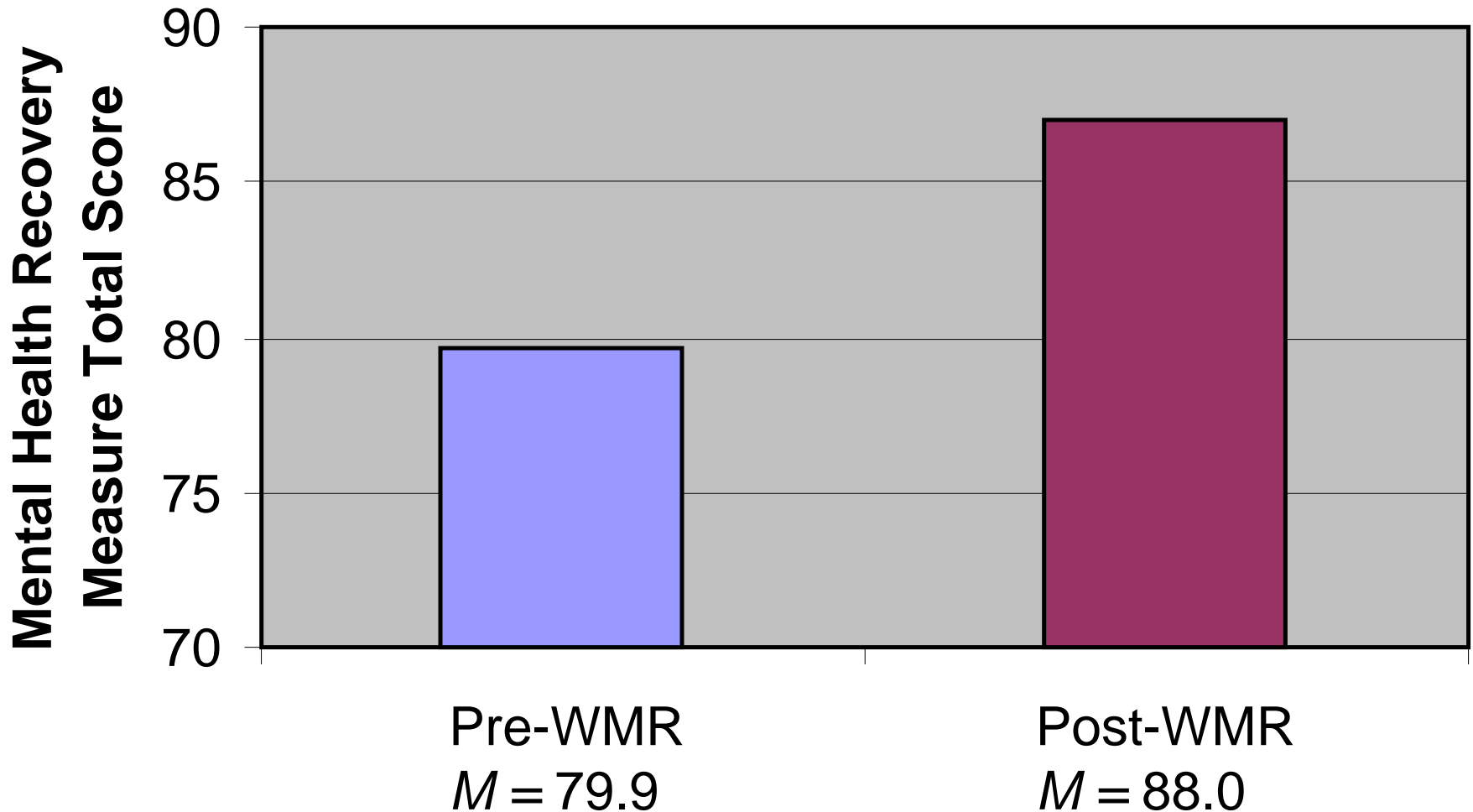
## Item Level Analysis of Changes (continued)

Item#    (Mean Gain Pre - Post)    *Item Content*

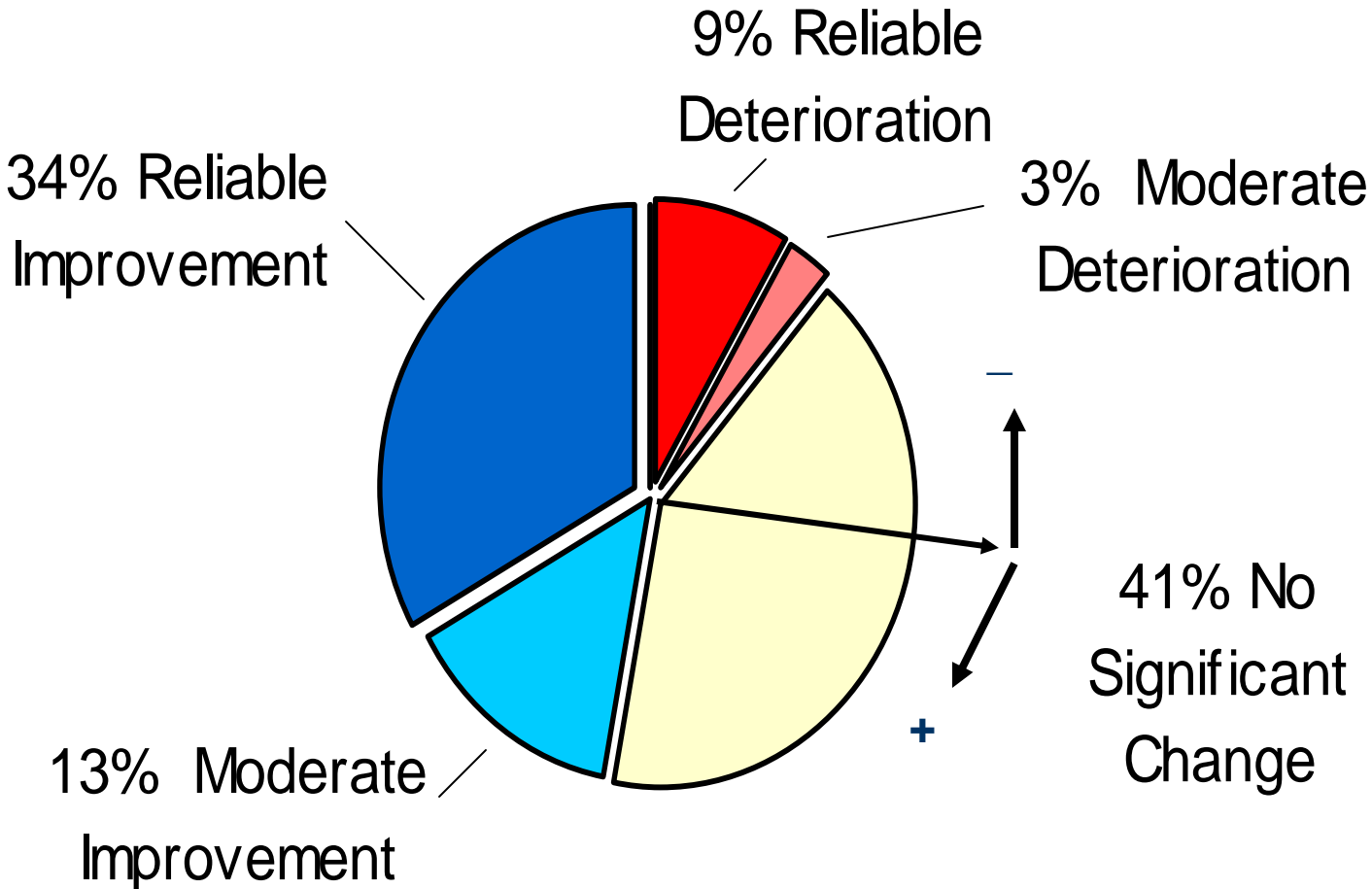
- 11. (.36) *Coping better with mental & emotional illness day-to-day*
- 12. (.34) *Involvement with self-help activities*
- 20. (.28) *Recovery philosophy integrated into your life*
- 3. (.26) *Involvement of family & friends in my mental health treatment*
- 7. (.23) *Symptoms interfering less with daily functioning*

**Figure 2. Pre vs. Post WMR Outcomes for the  
*Mental Health Recovery Measure* (N=160)**

**$t(159) = 5.79, p = .000, d = .41$**



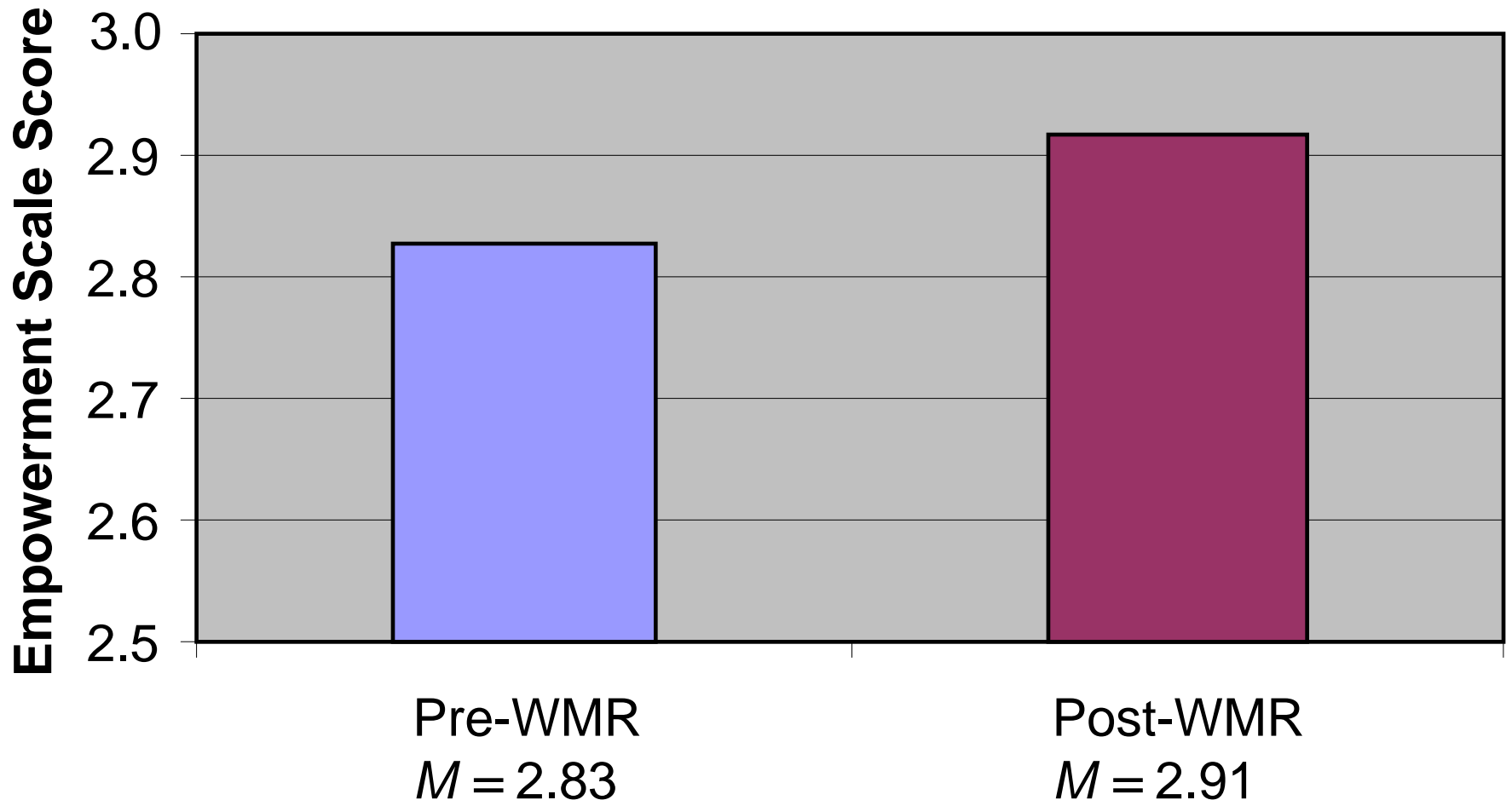
# Proportion of WMR Participants Reporting Improvement, Deterioration, or No Significant Change on the MHRM (N=160)



Reliable Change  $p < .05$ ; Moderate Change  $p < .20$ ; No Significant Change  $p > .20$

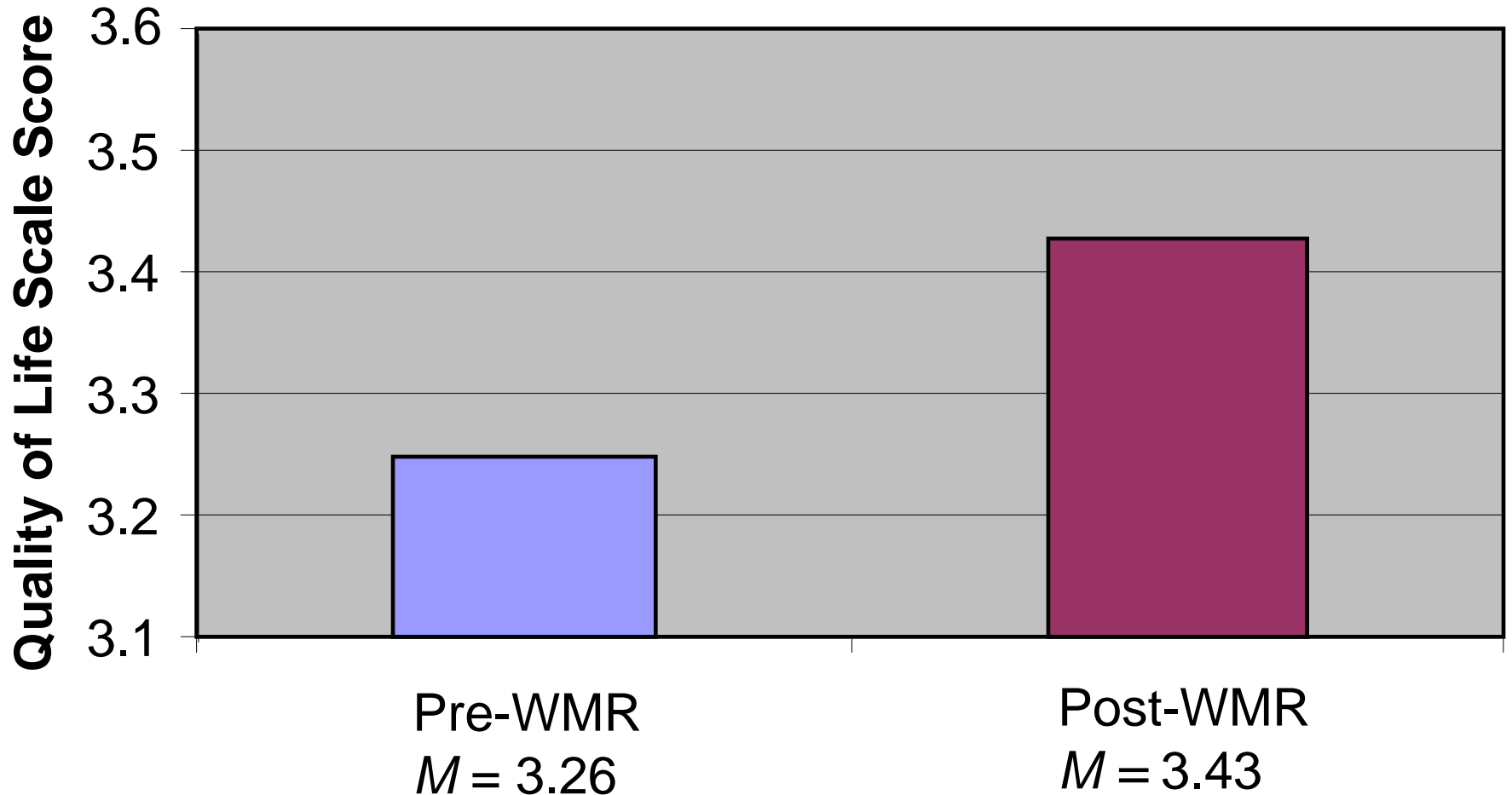
# Figure 3. Pre vs. Post Outcomes for the Empowerment Scale (N=169)

$t(168) = 4.30, p = .000, d = .27$



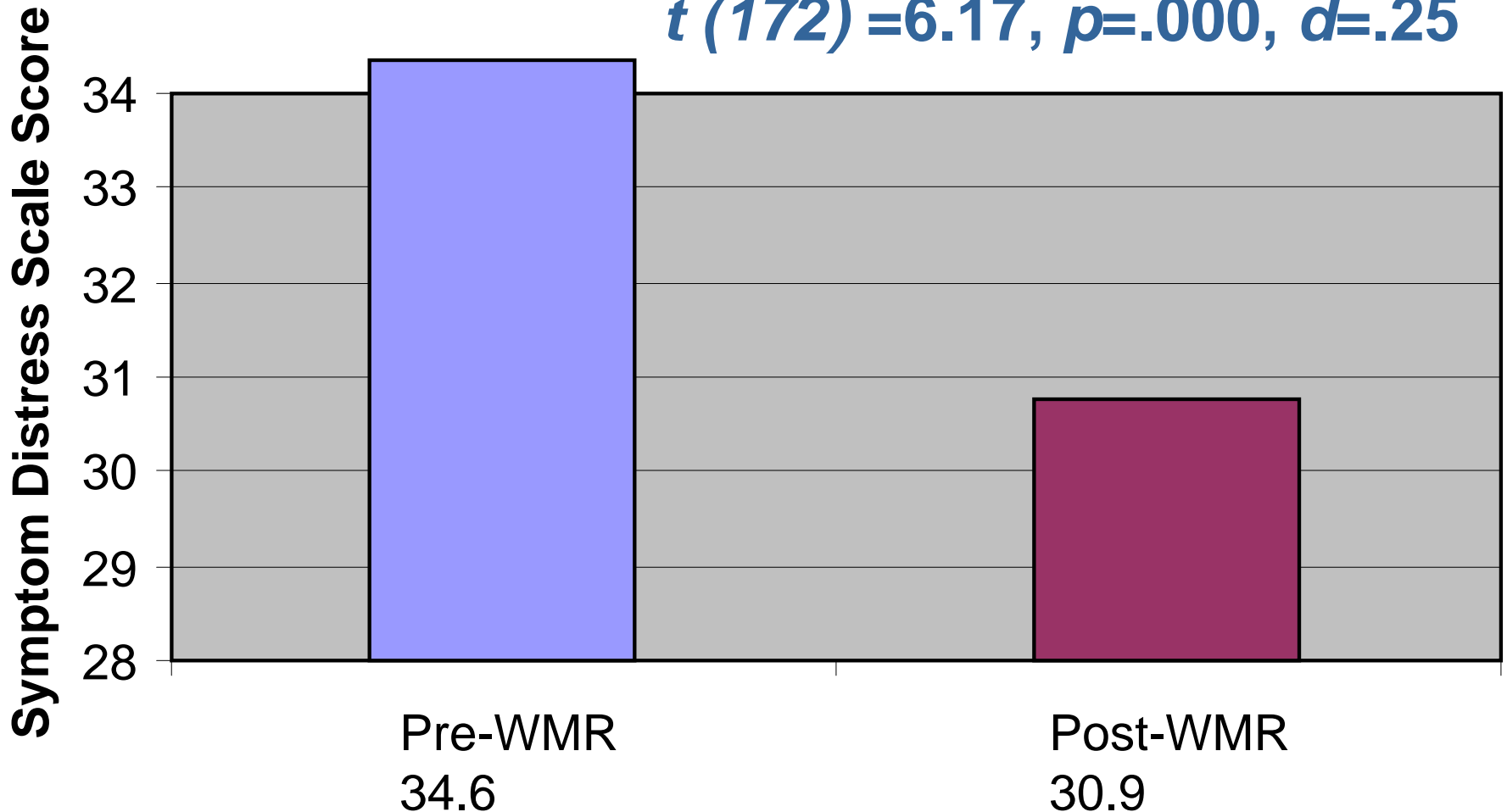
# Figure 4. Pre vs. Post Outcomes for the *Quality of Life Scale* (N=183)

$t(182) = 4.72, p = .000, d = .25$

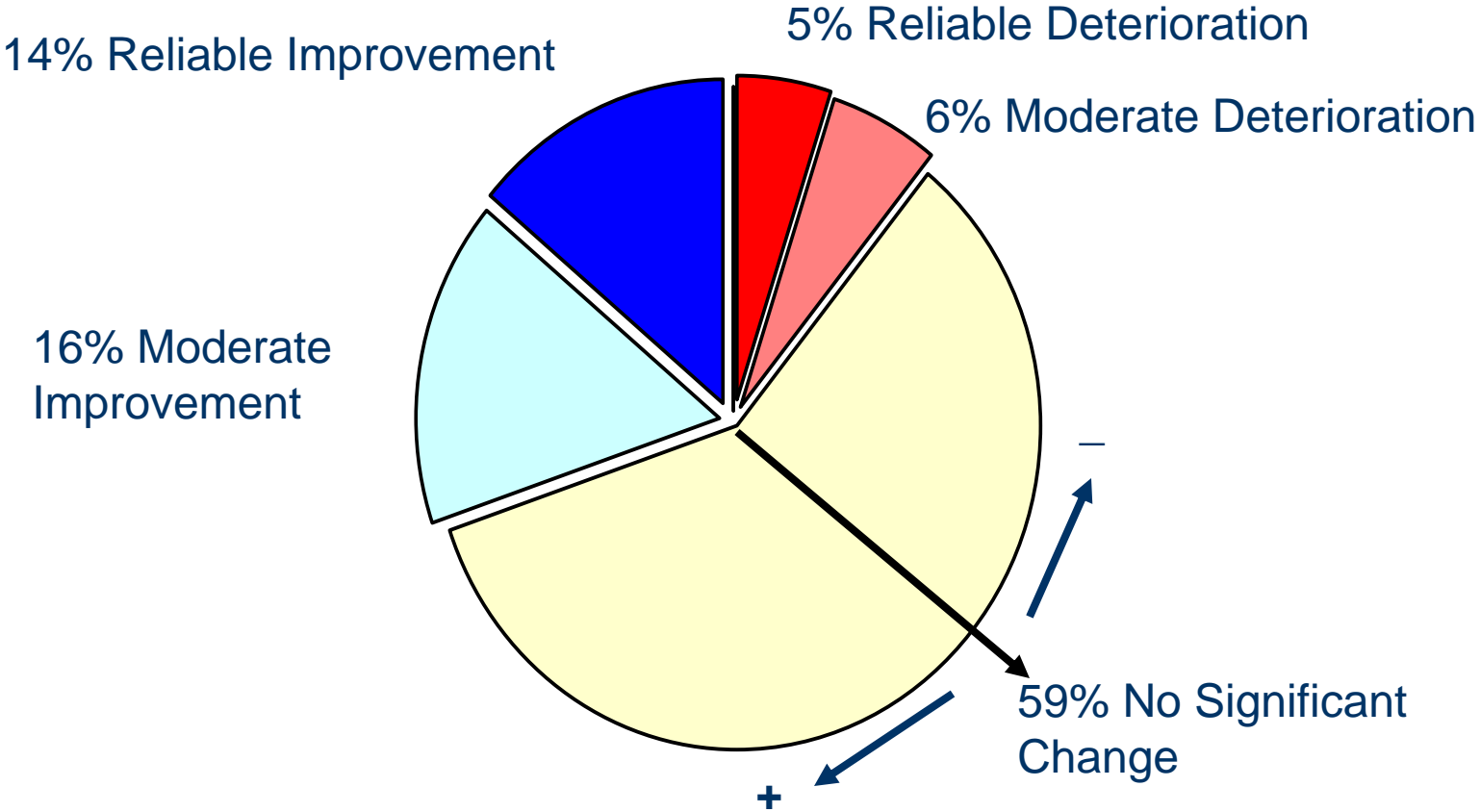


**Figure 5. Pre vs Post Outcomes for the  
*Symptom Distress Scale* (N=173)**

**$t(172) = 6.17, p = .000, d = .25$**



# Proportion of WMR Participants Reporting Improvement, Deterioration, or No Significant Change on *Symptom Distress* (N=143)



Reliable Change  $p < .05$ ; Moderate Change  $p < .20$ ; No Significant Change  $p > .20$

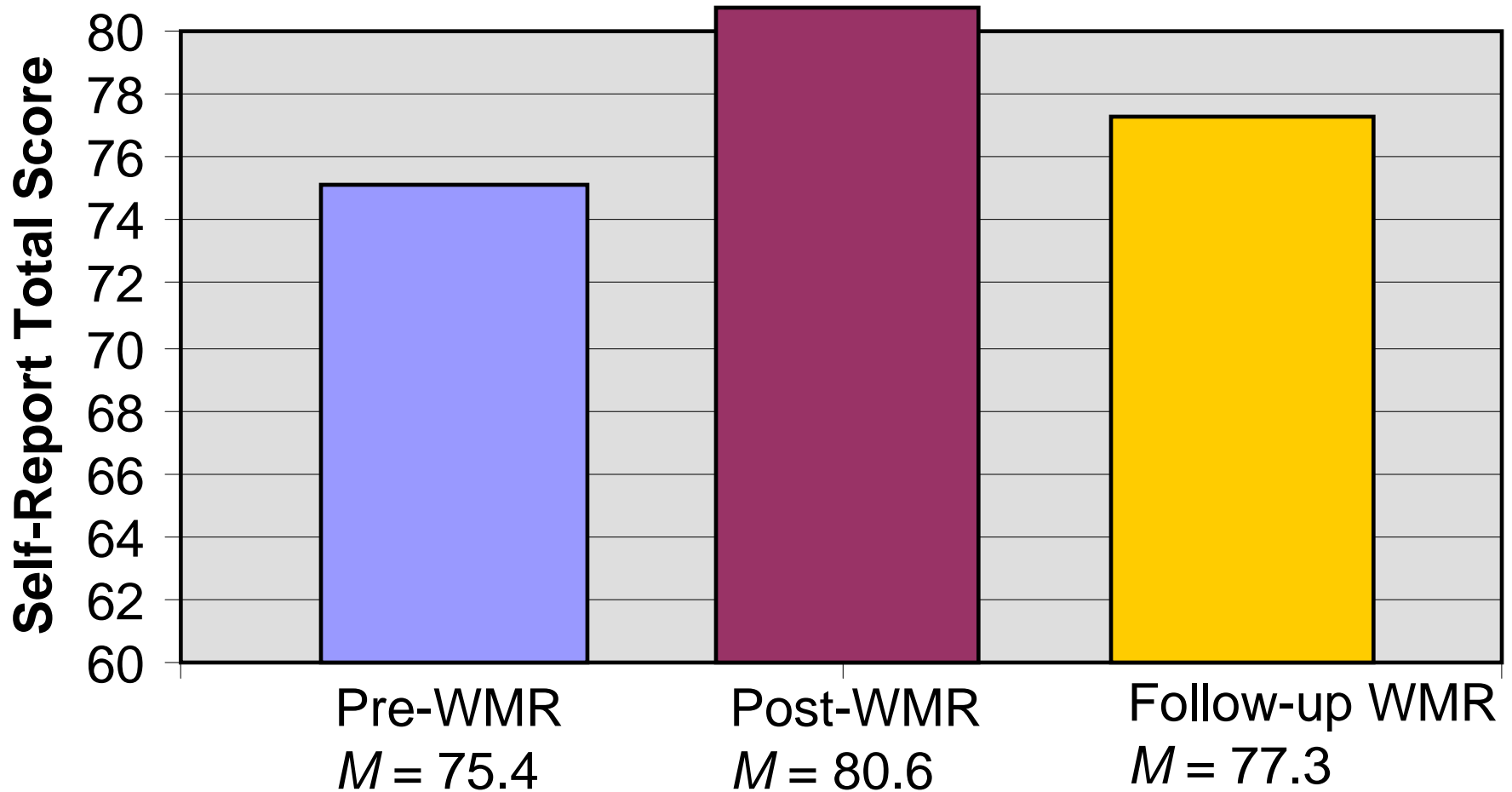
# Do the Significant Overall Gains Last Over Time?

## 3-6 month Follow-up Results So Far...

Caveat: Preliminary analyses based on small sample size for follow-up data (N=30 – 39) precludes adequate power to detect statically significant differences, but group means and effect sizes are informative .

## Figure 6. Pre, Post, and Follow-up Outcomes for the *WMR Self-Report* Total Score (N=34)

*Greenhouse-Geisser*  $F(1.3, 42.3) = 2.50, p = .11$

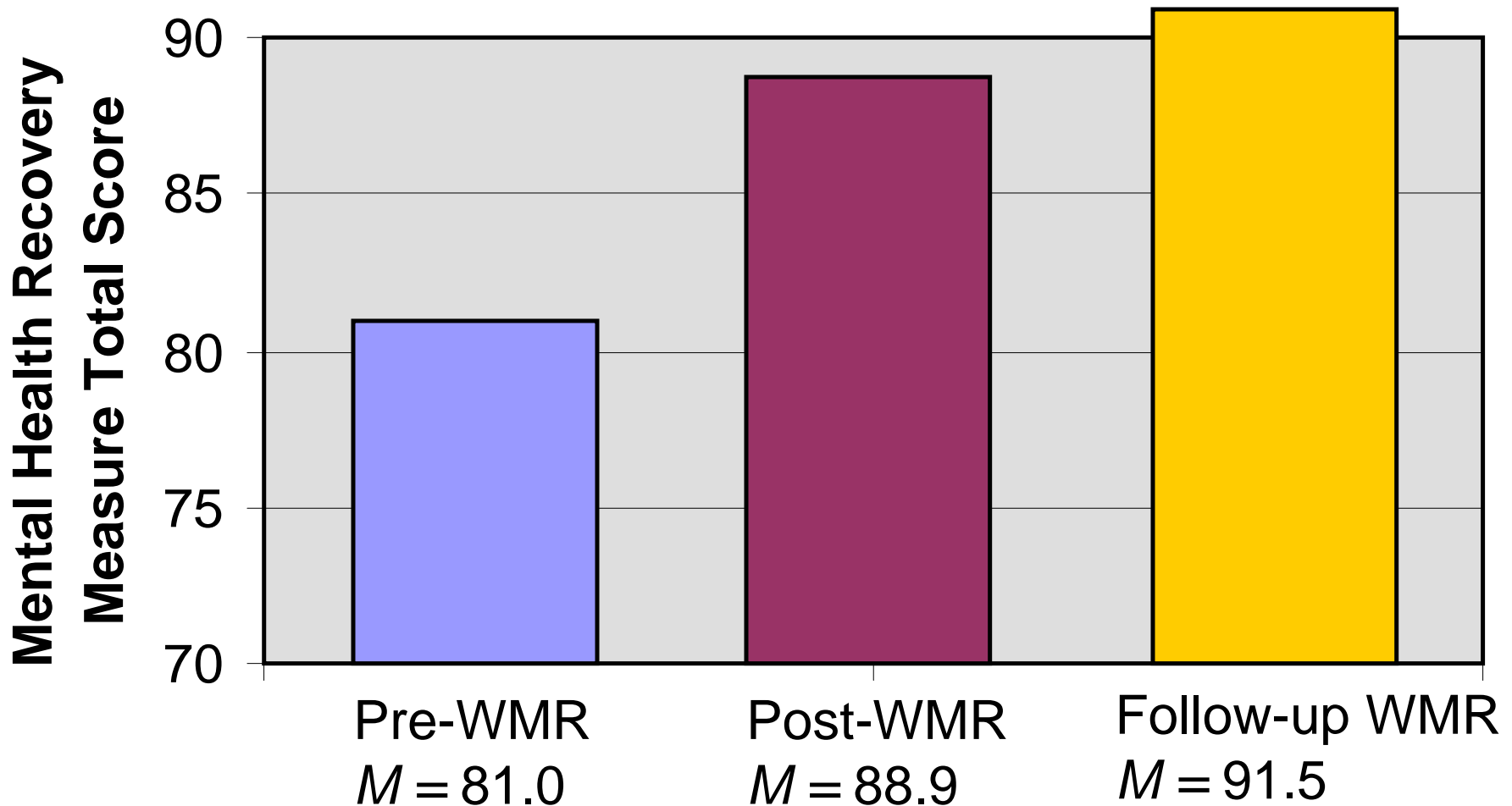


$d = .49$  pre/post;

$d = .19$  pre/follow-up

**Figure 7. Pre, Post, Follow-up WMR Outcomes for the *Mental Health Recovery Measure* (N=30)**

$$F(2, 58) = 4.2, p = .02$$

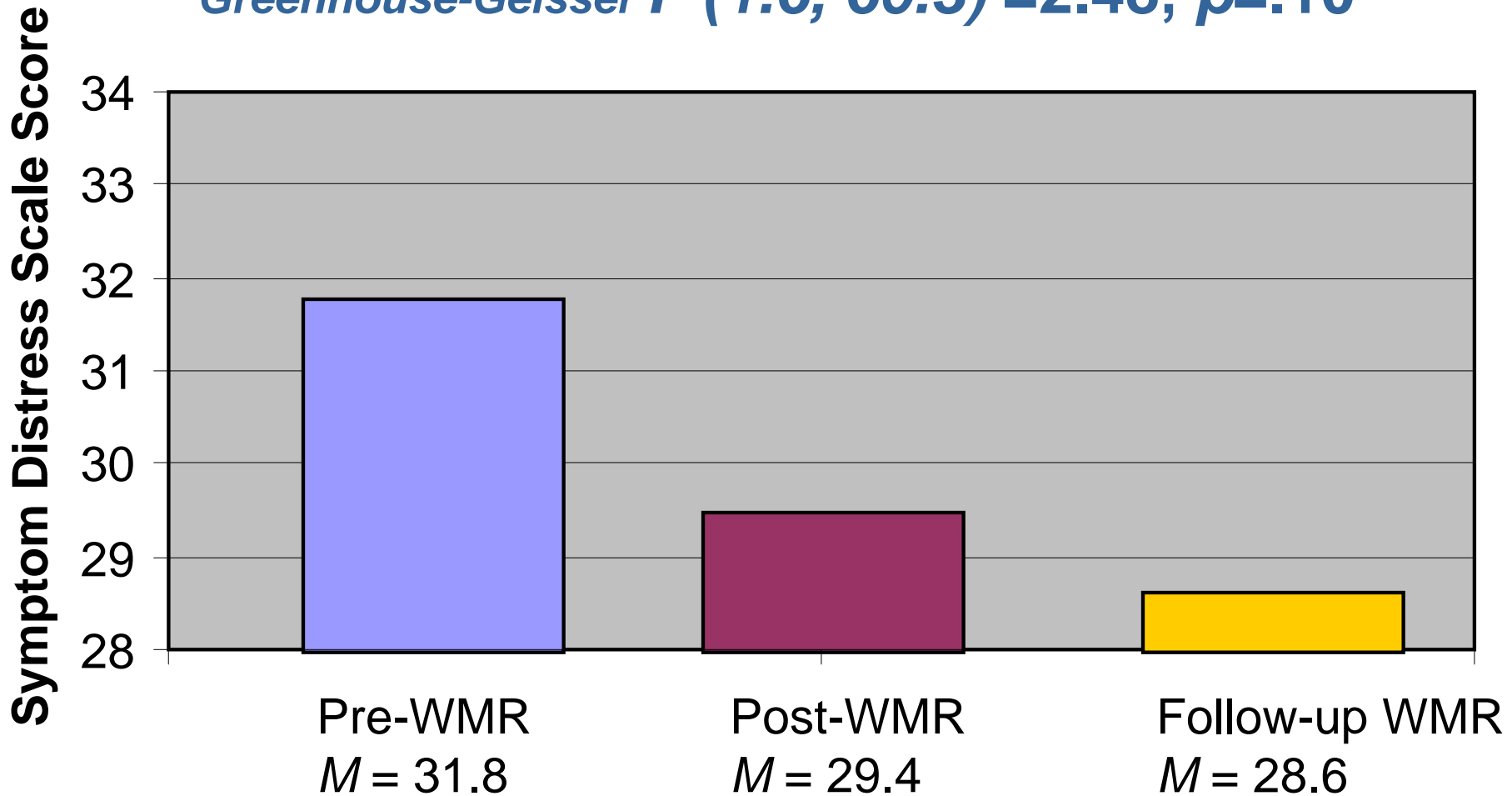


*d* = .40 pre/post;

*d* = .53 pre/follow-up

# Figure 8. Pre, Post, and Follow-up Outcomes for the *Symptom Distress Scale* (N=39)

*Greenhouse-Geisser  $F(1.6, 60.3) = 2.48, p = .10$*



*d = .22 pre/post;*

*d = .29 pre/follow-up*

# Qualitative Post-WMR Themes

- How has participating in the WMR program helped you in your recovery? (N=157 units)
  - Wide diversity of responses => unique recovery journey, even when participating in the same program
- *Three Primary Themes and One Minor Theme*
  - **GREATER COMPETENCY** (31%): Participants learned specific information, skills and techniques (e.g., communication skills, coping skills) that could be applied to their daily life.
  - **GREATER SELF-AWARENESS** (22%): Participants gained self-insight and self-knowledge, including a deeper appreciation of themselves and their own recovery efforts (redefining "self"), with a greater sense of autonomy, empowerment, and confidence.<sup>32</sup>

# Qualitative Post-WMR Themes

- How has participating in the WMR program helped you in your recovery? (continued)
  - **SOCIAL CONFIDENCE** (22%): Participants gained from the group discussions – active and passive learning; recovery benefits of having support from others – “not the only one.” WMR also provided opportunities to be a helper to others.
  - **GAINING NEW PERSPECTIVES / CLARITY** (11%): Participants gained new perspective on the recovery process, clarified their own recovery goals, and recognized healthier life choices (“new potentials”). With this came promotion of hopefulness and decreased shame regarding mental illness.

# Qualitative Post-WMR Themes

- *What part or aspect of WMR did you like best?*
- N = 210 meaning units (from N=154 respondents)
- Two Major Themes and Two Minor Themes
  - **GROUP DYNAMICS / CAMARADERIE (process)** (43%)  
Participants greatly valued the opportunity to engage in lively discussions, do role plays / practice in group, and receive feedback and support from peers and WMR group facilitators.
  - **LEARNING (content combined with process)** (34%)  
WMR topics (Recovery; Goal Setting; Coping Skills; Wellness; Mental Illness Facts; Medications) combined with individual activation to use this information to “do the work” of recovery.
  - **WMR MATERIALS (content)** (10%) Participants liked the WMR materials used (handouts, cartoons, pamphlets) and the relevance and user-friendliness of the materials. Some specifically liked the homework (2%)!
  - **GESTALT** (10%) “Liked it all.” No specific factor cited.

# Qualitative Post-WMR Themes

- *What part or aspect of WMR did you not like?*
- N=108 meaning units (from N=154 respondents)
  - **NOTHING, BLANK, or "Liked it all"** (58%)
- Five Minor Themes (N=53 meaning units)
  - **HOMEWORK** (14%): Too much reading / writing work.
  - **TIME** (12%): Not enough time. Two hour classes too long. Too slow paced.
  - **CURRICULUM MATERIALS** (7% of respondents): Improve illustrations & overheads. Simplify materials.
  - **REDUNDANCY** (5% of respondents): Redundant with previous learning or redundancy within the curriculum itself (overhead transparencies with written material).
  - **NEGATIVE SOCIAL INTERACTIONS** (5%): Lack of turn taking; negative feedback; anxiety; hygiene

Please feel free to contact us if you have questions

Website: [www.wmrohio.org](http://www.wmrohio.org)

Kelly Wesp, MS

Email: [kwesp@wmrohio.org](mailto:kwesp@wmrohio.org)

Phone: 614-225-0980

Stephanie Rich, BSSW, LSW

Email: [srich@wmrohio.org](mailto:srich@wmrohio.org)

Wesley A. Bullock, Ph.D.

Email: [wesley.bullock@utoledo.edu](mailto:wesley.bullock@utoledo.edu)

Phone: 419-530-2719