

# Achieving Recovery/Resiliency the Outcomes Way

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# History/Purpose of Outcomes

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## ○ Origin

- **In September 1996, Michael F. Hogan, Ph.D., Director of ODMH, convened the Ohio Consumer Outcomes Task Force**

## ○ Charge

- **Develop a statewide approach to measuring consumer outcomes in Ohio's publicly-supported mental health system**



# Outcomes Instruments

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- **Adult Consumer Form A**
- **Adult Provider Form A**
- **Adult Consumer Form B**
- **Ohio Youth Scales Youth Rating**
- **Ohio Youth Scales Parent Rating**
- **Ohio Youth Scales Agency Worker Rating**



# Outcomes Instruments

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- **Adult Consumer Form A**
- **Adult Provider Form A**
- Adult Consumer Form B
- Ohio Youth Scales Youth Rating
- Ohio Youth Scales Parent Rating
- Ohio Youth Scales Agency



# Adult Consumer Form A

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- **Quality of Life**
- **Safety & Health**
- **Symptom Distress**
- **Making Decisions Empowerment**
  - **Self esteem/self-efficacy**
  - **Power/powerlessness**
  - **Community activism & autonomy**
  - **Optimism & control over the future**
  - **Righteous anger**
  - **Overall empowerment**



# Survey Administration

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## *Policy/Procedure:*

- **Administered at intake, 6 & 12 months later and then annually**
- **Requirement of the Ohio Administrative Code**
- **Necessary for attaining and maintaining certification**

## *Environment/Approach:*

- **Comfortable environment**
- **Adequate privacy**
- **Free of distractions**
- **Assume willingness/interest to participate**
- **Review/explain report**



# Point-of-View Report

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- **Demographic information**
- **Summary scores for scales**
- **Actual items**
  - **Quality of life**
  - **Physical health and stigma**
  - **Symptom distress**
  - **Symptom recognition and prevention**
  - **Making Decisions Empowerment scale**

# Point-of-View Box and Docking Station

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# Segment of Point of View Report

## Symptom Distress Scale (Part 3: Q17-Q31)

<b>X</b> Nervousness or shakiness inside	Extremely	5 (=)
Being suddenly scared for no reason	Some	3 (=)
Feeling fearful	A little bit	2 (-)
Feeling tense or keyed up	A little bit	2 (-)
Spells of terror or panic	A little bit	2 (-)
<b>X</b> Feeling so restless you couldn't sit still	Extremely	5 (+)
Heavy feelings in arms or legs	A little bit	2 (-)
Feeling afraid to go out of your home alone	A little bit	2 (-)
Feeling of worthlessness	A little bit	2 (-)
Feeling lonely even when you are with people	Quite a bit	4 (+)
Feeling weak in parts of your body	A little bit	2 (-)
Feeling blue	Some	3 (=)
Feeling lonely	Some	3 (-)
Feeling no interest in things	<b>Not at all</b>	1 (-)
Feeling afraid in open spaces or on the streets	<b>Not at all</b>	1 (-)

## Symptom Recognition & Prevention (Part 3: Q32-Q33)

How often can you tell when mental or emotional problems are about to occur	<b>Always</b>	5 (+)
How often can you take care of the problems before they become worse	Often	4 (+)

\* Extreme negatives (X) in yellow and extreme positives (bold) in blue

\* Changes from previous to current administration indicated in parentheses



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# Achieving Recovery/Resiliency the Outcomes Way (ARROW) Report

# Development of ARROW Report

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- **Clinician feedback about original report:**
  - **Format not user-friendly**
  - **Basically a report that regurgitated the information that consumers provided**
- **Responsive to the needs of both service recipients and providers.**
- **2003 Ohio Department of Mental Health Grant to further the marriage between Outcomes and Recovery.**
- **Collaborative effort of consumers, family members, academics, and agency, board and ODMH staff.**

# Development of ARROW Report

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- **Participants were asked to assign each Ohio Consumer Outcomes Survey item to the recovery components.**
- **Example: Q1 How do you feel about the amount of friendship in your life?**  
**Component = Support**

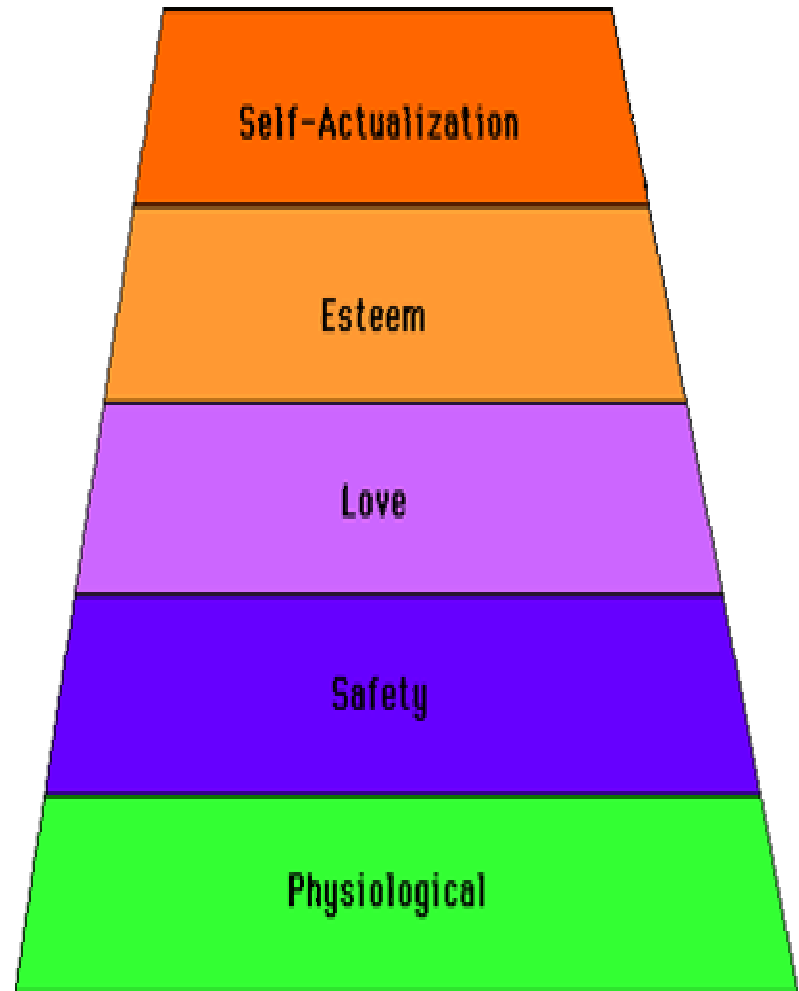
- **Hope**
- **Medication**
- **Empowerment**
- **Self-esteem/ efficacy**
- **Support (family/friends)**
- **Education/Knowledge**
- **Self-Help/Self-Care**
- **Spirituality**
- **Clinical Care**
- **Work/Meaningful Activity**
- **Power & Control**
- **Stigma**
- **Community Involvement**
- **Access to Resources**
- **Physical health**

# Maslow's Hierarchy

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Participants were also asked to assign each component of recovery to a particular level of Maslow's hierarchy of Needs.

For example:  
Support = "Love/Belongingness"





# ARROW Report Format

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- **Items ordered by response type**
  - **Items with extreme negative response appear first**
- **Items ordered by perceived importance**
  - **Most critical to less critical**
    - The individual completing the survey may not agree with the ordering of the items.

# Treatment Activities

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- **Finally, for each question, participants provided examples of activities that might be useful to the consumer who reports an extreme negative response to that question.**
- **Example:**  
**Consumer reports extreme dissatisfaction with amount of friendship in his/her life**
  - **Develop a list of places/activities of interest, which provide possible opportunities for developing social contacts.**
  - **Attend the *social club* available in the area for at least *one hour two times each week*.**
  - **Invite someone to *lunch* or to participate in an activity with.**
  - **Practice social/communication skills with treatment provider *one hour each week*.**



# ARROW Report Attributes

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- **Two copies of the report are printed - one for the chart and one for the consumer to take with them**
- **Each item that the individual identifies as important to them constitutes a section**
- **The number of sections varies based on the number and degree of difficulties experienced**
- **Only extreme negative or negative responses appear on the report**

# Segment of ARROW Report

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1. **How do you feel about: amount of friendship in your life.**

**Answer:** Terrible

- I will develop a list of places/activities of interest, which provide possible opportunities for developing social contacts.
- I will attend the *social club* available in the area for at least *one hour two times each week*.
- I will invite someone to *lunch* or to participate in an activity with me.
- I will practice social/communication skills with my treatment provider *one hour each week*.

49. **Usually I feel alone.**

**Answer:** Strongly Agree

- I will call the warm line or participate in online chats when feeling lonely.
- I will go to a *day program/consumer agency* to increase my social interaction.
- I will attend a social activity *at least once per month at church or other community organization*.
- I will get a pet.



# Treatment Planning

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- **Using the sample ARROW report provided develop a treatment plan goal.**

# ARROW Pre-test Results

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- **Provider Survey**
- **Provider Focus Group**
- **Consumer Focus Group**



# ARROW Pre-test Results

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## ○ Provider Survey:

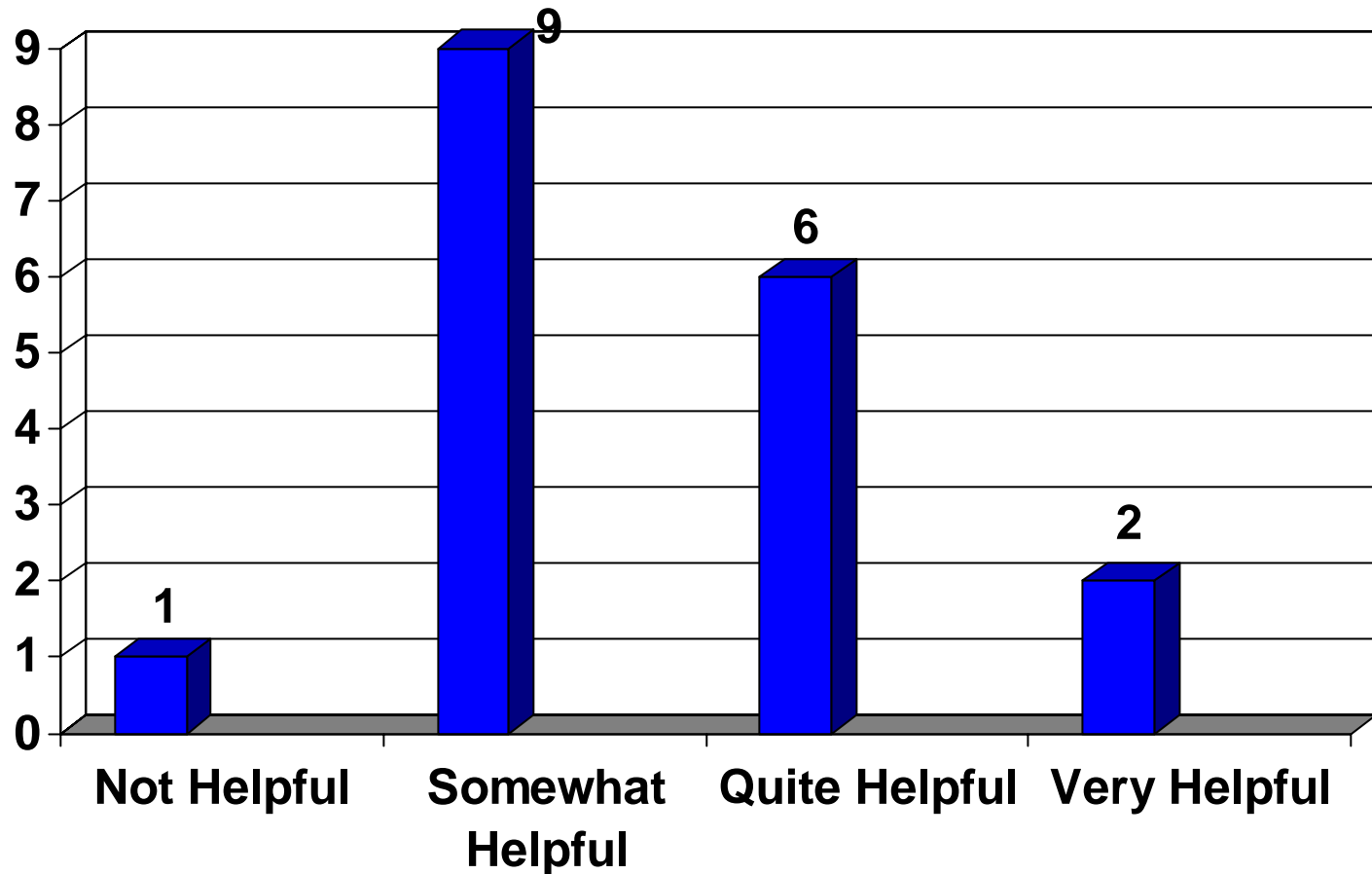
- 33 staff respondents
- 164 ARROW reports reviewed
- 18 staff reviewed report with consumer
- 89 ARROW reports reviewed with consumer
- Average 13 minutes Reviewing with consumer



# ARROW Pre-test Results

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How helpful was the report?



# ARROW Pre-test Results

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## ○ **Provider Survey:**

- **Instructions clear**
- **Structure consistent with needs**
- **Examples were:**
  - **Reasonable**
  - **Understandable**
  - **Helpful**
  - **Received well by consumer**
  - **Sufficient**



# ARROW Pre-test Results

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## ○ Provider Survey:

- First person tense preferred
- SDS score comparison helpful
- SDS comparison preferred at top of report



# ARROW Pre-test Results

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- **Provider Focus Group:**
  - **What to do when no extreme negative response**
  - **Incorporate client strengths associated with problem areas**
  - **Use term “client”**
  - **Provide activity examples at differing levels of functioning**



# ARROW Pre-test Results

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## ○ Consumer Focus Group:

- Provide own form to take home
- Make SDS comparisons
  - Diagnostic specific
  - Change-over-time for multiple administrations
  - Graphic with brief narrative
- Review over multiple sessions





# ARROW Pilot Study

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- **Training process (sample of video)**

# ARROW Pilot Study

## Three Conditions

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- **ARROW Condition**
  - **ARROW Group – receives full training with ARROW materials**

# ARROW Pilot Study

## Three Conditions

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### ○ **ARROW Condition**

- **ARROW Group – receives full training with ARROW materials**

### ○ **Control Group 1 Condition**

- **Group receives OCO/POV training materials**

# ARROW Pilot Study

## Three Conditions

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### ○ **ARROW Condition**

- **ARROW Group – receives full training with ARROW materials**

### ○ **Control Group 1 Condition**

- **Group receives OCO/POV training materials**

### ○ **Control Group 2 Condition**

- **Group receives NO training materials**



# ARROW Pilot Study Evaluation

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- **Evaluation of treatment plans from recovery perspective**
- **Evaluation of outcomes (via OCO) at 6 months**
- **Satisfaction of consumers**
- **Focus groups of consumers**
- **Focus groups of agency staff**

# Additional Information

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