

# Transforming from Day Treatment to a Recovery Education Center

Some Background: Until the development of the supported education concept (Unger & Anthony, 1984) and its implementation in a variety of locations during the last two decades (Mowbray, Brown, Sullivan-Soydan & Furlong-Norman), educational interventions and educational outcomes for people with severe mental illnesses had rarely been considered.

In the first nationwide survey of members of NAMI (Spaniol & Zippel, 1988), members reported that while only 5% of their relatives were working fulltime, 92% had graduated from high school, 59% had attended college and 17% had graduated from college. Depending on the particular sample taken, 52-92% of people with severe mental illnesses are high school graduates, and 15-60% of these high school graduates had attended college (Anthony, Cohen, Farkas & Gagne, 2002). Unfortunately interventions rarely capitalized on people's interests and successes in education.

## Recovery Education Center

We started with a belief that any successful transformation to a recovery system must include educational interventions!

We began with a vision of a place where people could come to learn how to recover, to work, and to build social supports. Instead of a one-size-fits-all, we envisioned a place that valued originality and offered many choices and individualized approaches to the recovery process. We hoped to create a place that could begin to close the gap between the people who received services, providers, and family members by developing a setting where they could all come and take classes together on an equal playing field and learn from each other.

We tried to think of existing models that might serve as a foundation that we could build our vision on. We wanted offer a behavioral health program that was recovery oriented and that counted on the energy and enthusiasm that we knew people diagnosed with serious mental illness had, but were for the most part had gone untapped. We all had memories of being in day treatment settings that were uninspiring due both to the strong focus on illness and to the fact that they were largely staff-driven. The drop-in centers that we knew of at the time were more like drop-out centers with no focus on recovery.

The club house model came to mind, but the ones we knew of were geared for slow growth, and we wanted to create an environment of high expectations and open-ended opportunities for people to reach beyond what they'd been led to expect of themselves and from us.

Overall, it seemed like the existing models had not been built on a foundation of recovery but rather on illness. We needed to move beyond what existed and into a new paradigm in order to develop an environment that could support our vision. We wanted

to support the person, not their illness, and we knew that if the person could grow bigger than their illness, they would be well on their way to recovery. The illness would still be there, but the person would be bigger and stronger than the illness and could begin to live their lives as victors instead of victims. We realized that we may not be able to cure the illness, but we could minimize it and help the person heal the wounds derived from the consequence of the illness and move ahead with their life plans.

Since we wanted to engage people in ways that promoted personal responsibility and self-direction, we chose a foundation based on behavioral health education. We didn't want to perpetuate the myth that we could fix them; we wanted them to learn how to fix themselves. This would also allow people to try out the role of "student" as opposed to "patient" and invite them to explore their ability to learn about recovery instead of mental illnesses.

Once we opened the doors of the Recovery Education Center (REC) we found that most people coming in for services had no educational goals at all and had never thought of themselves as a "student". The experience most of them had had in schools had been negative, leaving them with more of a sense of failure than of achievement or validation. They were amazed to think that they may be able to earn college credit for taking the Peer Employment Training, since this was a training that valued and built on what they'd already learned through painful experiences. And once they took this class, or any of the other classes, and saw that they could succeed, they usually became very enthusiastic about continuing to learn recovery and personal growth skills. The REC is licensed as a Private Post-secondary Educational Institution by the State of Arizona and through an agreement with South Mountain Community College can offer credit for most classes and even an AA degree in Behavioral Health Recovery.

Today the REC has around 300 students enrolled at any given time. Some of them are hoping to earn a college degree. Some are taking one class at a time. We've found that most of our students have lost a great number of opportunities in life because of the consequences of mental illness. Education is one of the most grieved losses, since without it most people are stuck in low-paying dead-end jobs that often add to a low level of self-esteem and perpetuate an illness identity. We make it as easy as possible to get started – prospective students can just check out the list of classes, call our Education Coordinator for an appointment, and make plans that will enhance their life goals. They can audit classes, or enroll for college credit, and in most cases, withdraw from classes with no penalty.

While our instructors must meet Community College standards, most are all family members or people who themselves have been diagnosed with a mental illnesses, so there is a great sense of camaraderie between faculty and students that supports the learning process. For example, Ellen Dayan developed and teaches a class called *Beyond the Border*, which discusses issues associated with the diagnoses of Borderline Personality Disorders. What makes this class so effective is that Ellen has the diagnoses herself. After the close of one of the class sessions, a student came up to Ellen and gently pressed a razor blade in her hand and said, "If you don't need this anymore, neither do I." The entire class stood up and applauded her. A Psychiatric Nurse in one of Ellen's classes said, "I've learned more about people with serious

mental illnesses here than I did in all of my formal education. I see you as people now. I realize that people can recover.”

The faculty and staff of the REC work closely with case managers in our local clinics to coordinate learning plans with each person’s Individual Service Plan. Some students have been away from a classroom for a long time and benefit from enrolling in one of several classes designed for a smooth re-entry, like becoming a Successful Student. These classes are intended to inspire interest and self-confidence in learning. Some students want to find work quickly and so register for classes that will help them develop the basic skills needed to succeed on the job, like Communication skills or Introduction to Human Relations. or Recovery Through Employment. Other students want to learn more about recovery and enroll in classes like Recovery pathways, Recovery from Grief and Loss, or Mental Health for Women.

Our students often go on to do great things. One student started her own advocacy business for parents diagnosed with serious mental illnesses who were struggling to have their rights respected by Child Protective Services. Another student has recently been promoted to Team Lead in a local outpatient program. While it is possible to earn an AA degree in Recovery at the REC through an agreement with South Mountain Community College, several students have gone on to other two and four year colleges to pursue studies in behavioral health and other areas as well. The great thing about watching our students move on is knowing that they have taken advantage of the opportunity to grow and learn here, and that what they take with them is an abiding confidence, hope, and sense of personal mission. It’s an honor to be part of their growth and learning experience and to watch them find ways of living beyond illness...