American Psychological Association

Recovery to Practice Initiative Curriculum:
Reframing Psychology for the Emerging Health Care Environment

14. Systems Transformation

August 2014
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Overview

This module presents information about the steps and ingredients necessary for transformation to a recovery oriented system. The challenges involved in such efforts are presented along with information about components of successful transformation efforts.

Learning Objectives

At the end of this module you will be able to:

- List the eleven key ingredients necessary for system transformation
- Identify and discuss five reasons that contribute to the complexity of transformation efforts
- Discuss four components of a measurement feedback system
- List and discuss three steps that psychologists can take to lead transform efforts

Resources

- Lecture Notes
- Required Readings
- Lecture Notes Citations
- Sample Learning Activity
- Sample Evaluation Questions
- Additional Resources

Required Readings


**Activities**

Complete the following activities:

- Read the lecture notes
- Read the required readings
- Engage in a learning activity related to this module
- Evaluate students’ understanding of this module.
Lecture Notes

People with lived experience of serious mental illness are strongly encouraged to be part of the delivery of the curriculum including being active participants in the delivery of the lecture. Refer to the curriculum Instruction module for additional information.

Introduction

Following recognition that people with serious mental illnesses can and do recover, some mental health systems began taking steps to transform so that they could provide the kind of assistance to help people achieve their identified goals. Subsequently, the publication of government policy documents such as the Surgeon General’s Report (U.S. Department of Health and Human Services, 1999), the Institute of Medicine’s Crossing the Quality Chasm report (2001), and the Report of the President’s New Freedom Commission on Mental Health (2003) provided greater impetus for these efforts. Also, research on services that help people learn the skills they need to achieve their goals has resulted in identification of practices known as evidence based practices (EBPs) and promising practices. Taken together, these developments have spurred considerable interest in transforming systems to ones that are truly oriented toward providing the kinds of services needed in an environment that promotes the values of recovery for people with serious mental illnesses.

However, transforming a mental health system or an organization to one that is focused on helping people recover requires a fundamental paradigm shift in thinking and acting. This shift involves moving from a system that is provider driven to one that is driven by the individuals who use the system and their families. It means embracing the recovery philosophy of full partnership with consumers and their families, and accepting that individuals will choose the services they need to help them achieve the goals they have for a satisfying life. It also involves providing the kinds of services that have been shown to work and those that show promise of achieving desired results (Davidson, O’Connell, Tondora, Styron & Kangas, 2006; Farkas & Anthony, 2010; Torry, Drake, Dixon, Burns, Flynn, Rush, Clark & Klatzker, 2001; Wilkniss & Corrigan, 2011). This has proven to be more difficult than originally hoped, and while there have been some successes, generally speaking, little change has actually happened (Hogan, 2010). As Hogan pointed out:

Most people with schizophrenia get no or virtually no care, little of the care is delivered consistent with the best evidence, and people with schizophrenia are overrepresented in most of life’s worst circumstances: Incarcerated, homeless, disabled, or dying early (p. 104).

Within mental health systems, there are some elements that have been identified as facilitating recovery from serious mental illnesses and some elements that have been identified as hindering recovery. These are displayed in the table below:
### Hinders Recovery - Organizational Culture & Structure

<table>
<thead>
<tr>
<th>Hinders Recovery - Organizational Culture &amp; Structure</th>
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<tbody>
<tr>
<td>Culture and Organization that is Pathology-Focused/Illness-Focused/Dominance of Medical Model</td>
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<tr>
<td>Lack of Change &amp; Innovation</td>
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<tr>
<td>Lack of Holistic Orientation (e.g., neglect spirituality, physical health)</td>
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<tr>
<td>Access Limited to Those in Crisis</td>
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<tr>
<td>System Promotes Dependency/ Paternalism &amp; Maternalism</td>
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<tr>
<td>Stigma within the System</td>
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<td>Social Segregation</td>
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<td>Funding Problems</td>
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<td>Lack of Consumer Voice on Personal and System levels</td>
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### Helps People Recover - Organizational Culture & Structure

<table>
<thead>
<tr>
<th>Helps People Recover - Organizational Culture &amp; Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Recovery-Oriented System with a Vision of Recovery/ Extending Support beyond Traditional Boundaries/ Consumer-Driven</td>
</tr>
<tr>
<td>Encourage Innovation/ De-fund or Transform Ineffective Practice &amp; Programs</td>
</tr>
<tr>
<td>Holistic Approach/ Proactive Approach supporting Preventative Measures/Positive Mental Health</td>
</tr>
<tr>
<td>Multiple Strategies</td>
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<tr>
<td>Self-Responsibility/ Fostering Growth &amp; Interdependence/ Assistance with Letting Go of Dependency on System</td>
</tr>
<tr>
<td>Fully Committed to Consumer Voice/ Support Risk Taking/ Freedom to Fail</td>
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<tr>
<td>More Tolerance for Diversity &amp; Unusual Behavior</td>
</tr>
<tr>
<td>Adequate Funding and Equitable Distribution of Resources/ Monies Reinvested in Community/ Voucher System</td>
</tr>
<tr>
<td>Consumers Employed Within System at All Levels/ Consumers Involved in Decision-Making Processes Such as Staff Hiring &amp; Firing/ Mandated Consumer Positions on Boards &amp; Committees/ Office of Consumer Affairs/ Ombudsman Program</td>
</tr>
</tbody>
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*Onken, Durmont, Ridgway, Dornan, & Ralph, 2002*

Change can be accomplished however, and this is one of the challenges presently confronting the mental health community. Psychologists with knowledge of the recovery paradigm are ideally suited to take up this challenge and serve as leaders of system transformation.

**Organizational Transformation: Moving Mental Health Services to a Recovery Orientation**

Transforming mental health systems to ones that are focused on helping people recover and gain or re-gain their functional potential is increasingly recognized as one of the most

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important undertakings in the field and one that requires collaboration among all stakeholders (Piat, Sabetti & Bloom, 2010). As stated by Wilkniss & Corrigan (2011):

It is widely acknowledged by mental health authorities, providers, researchers, consumer/survivors and families that recovery and EBPs are among the most important service improvement initiatives in modern psychiatry...They are essential to bridging the “quality chasm” in health care in the U.S. (p. 322).

Achieving a transformational shift in the way services are provided to people with serious mental illnesses and in the services that are offered is a difficult and complex undertaking. Accomplishing such a shift involves many elements including changing the culture of the organization, re-allocation of resources available, ensuring that individuals such as administrators and providers are in full agreement with the changes, conducting evaluations to document benefits of changes, and implementing billing and other procedures that require adherence to new models. Everyone must be fully informed, committed, and willing to put necessary procedures in place to ensure sustainability. And, all must be able to work in synergy to ensure that the system functions in an integrated and coordinated fashion.

In a report commissioned by the U.S. Agency for Healthcare Quality and Research, the authors noted the difficulty of changing systems:

Despite recent efforts to improve the quality of care for this diverse group, vexing challenges remain. These include the difficulties of changing the focus of care from acute symptom control and relapse prevention to long-term, recovery-focused care, coordinating care among different providers, and adapting interventions to different settings with multiple, fluctuating funding streams (Green, Estroff, Yarborough, Spofford, Solloway, Kitson & Perrin, 2014, p. xi).

These same authors referred to an IOM report (Institute of Medicine, 2006) which provides a framework for such change:

The [IOM] report recommends that organizations promote patient-centered care in several ways. First, they should incorporate informed patient-centered decision making with active patient participation in design and revision of treatment and recovery plans, use of psychiatric advance directives (PADs), and provision of information on the availability and effectiveness of treatment options. Second, organizations should adopt recovery-oriented and illness self-management practices that support individuals’ preferences for treatment (including medications), peer support, and other elements of a wellness recovery plan. Third, organizations should maintain effective formal linkages with community resources to support service users’ self-management of illness and recovery (Green, Estroff, Yarborough, Spofford, Solloway, Kitson & Perrin, 2014, p. S4).
Eleven Key Ingredients for Systems Change

Virtually everyone who has written about mental health transformation efforts has identified several key ingredients that must be in place for this to come together, including:

- **Strong and active leadership that is committed to the philosophy, values, and practice of recovery**
  
  Requires a leader who understands the recovery paradigm and is committed to seeing change happen

- **Ability to link the new system to the organization’s priorities and mission**
  
  The new direction cannot be isolated from or in opposition to the values and mission of the existing organization

- **A reorganization that is system-wide, rather than one that is conducted piecemeal**
  
  Change requires a total vision rather than bits and pieces that crop from time to time

- **Commitment to a long term process**
  
  Systems change will not happen overnight – leaders must be willing to see the process through and work with successes and setbacks

- **Willingness to collaborate with all stakeholders: policy makers, providers, consumers, families, educators, those in the forensic system, and professional associations**
  
  The entire community must be involved, their opinions respected, and all must feel their particular needs are attended to

- **Ability to put structures in place that will ensure the continuation of the initiative even after current leadership changes**
  
  Leadership change is frequent and many change efforts fail when new leaders arrive with different priorities. Top management that is onboard along with budgetary structures that are supported are needed

- **Willingness to develop consumer and family leadership**
  
  Political advocacy by service users is critical for successful change

- **Commitment to hiring the right people and to providing initial and ongoing training and supervision**
  
  Professionals and peer service providers that have the right training are essential
  
  Ongoing supervision of all staff must be part of the commitment to ensure the transformation takes hold
• Provision of the most appropriate services and fidelity in implementing evidence based and promising practices

  Providing traditional services under a new name is not system transformation

  Without fidelity to those services that are evidence based, outcomes will not be achieved and the transformation effort will likely fail

• Conduct of outcome measurement and gathering of feedback

  Resources to gather and analyze data are crucial in order to document the effect of the changes

• Willingness to make changes based on measurement and feedback

  Results of the outcome measurement system and feedback must be viewed objectively and utilized to make further changes – this demonstrates true leadership and willingness to continue practices that are working while discontinuing those that are not (Bickman, 2008; Clossey & Rowlett, 2008; Davidson, O’Connell, Tondora, Styron & Kangas, 2006; Epping-Jordan, Pruitt, Bengoa & Wagner, 2004; Farkas, Ashcraft & Anthony, 2008; Jacobson & Curtis, 2000; Kendall, Muenchberger & Catalano, 2009; Mancini, Moser, Whitley, McHugo, Bond, Finnerty & Burns, 2009; Morris, Day & Schoenwald, 2010; Olmos-Gallo, Starks, DeRoche Lusczakoski, Huff & Mock, 2011; Piat & Sabetti, 2009; Rosenheck, 2001; Torrey, Drake, Dixon, Burns, Flynn, Rush, Clark & Klatzker, 2001).

When implementation of EBPs has been specifically studied, research has found the same key ingredients, specifically, committed leadership, allocation of sufficient resources, an organizational culture that embraces innovation, fidelity to the practice, careful hiring procedures, and effective training and supervision (Mancini, Moser, Whitley, McHugo, Bond, Finnerty & Burns, 2009; Whitley, Gingerich, Lutz & Mueser, 2009).

The following diagram from the 2001 Institute of Medicine’s Crossing the Quality Chasm report notes many of the essential elements for systems change:
At the end of the day, it is widely recognized that we have a responsibility to transform the way that mental health systems operate. Accomplishing the transformation has been difficult however. According to Morris, Day & Schoenwald (2010):

...consumers of mental health and substance use conditions treatment and other human services recipients have a right to expect that the services they receive are the best possible — that they actually work. Public systems have a special responsibility to purchase services that work, as the resources for safety net programs are chronically limited. We believe that interventions supported by rigorous research offer more reassurances of that level of quality... Why would a provider organization consider modifying practice?... The bottom line here is matching the needs and choices of consumers/persons in recovery/service recipients to services that will yield the desired
outcomes – the ethical responsibility of providers to give the best possible care desired by the service recipients who are their partners in care (pp. 2-3).

Obstacles

As if the list of key ingredients were not daunting enough, each of the items in the list is quite complex as each contains several components that are required. As just one example, in order to gain commitment from a system or an organization, the leadership must truly understand what the principle of recovery means and what is involved in moving to services that have been proven to work for people with serious mental illnesses. This means that they must be willing to partner with consumers, their families, and other stakeholders in a truly collaborative manner. The leadership must also know how to begin and carry through with the change process and they must understand the need to reallocate budgetary resources, commit to hiring and training appropriate staff, and commit to conducting outcome evaluations and garnering feedback in order to make further change.

Another key hurdle is that of changing long established practices in the health care arena, especially those that challenge the medical model and providers’ traditional ways of thinking about their roles. This can be especially challenging when providers see a recovery oriented system as threatening to their professional status rather than viewing it as an exciting opportunity to work in partnership with people who are working to make life changing decisions. All of the potential hurdles need to be thought about thoroughly and discussed with all stakeholders before the change process is initiated.

When the complex and difficult nature of such a change is coupled with the realities of most mental health systems, it is easy to see why change has proceeded slowly. In most organizations and systems, there is frequent turnover of leadership, continual threats to ever dwindling resources, and provider resistance to change that is often seen as a threat to provider autonomy (Clossey & Rowlett, 2008; Rosenheck, 2001). Moreover, many believe that in most parts of the U.S., there is no mental health system, but rather a set of fragmented and uncoordinated services that most people with serious mental illnesses reject (Drake & Essock, 2009; Institute of Medicine, 2001; Institute of Medicine, 2006; President’s New Freedom Commission on Mental Health, 2003).

Many who have written about the need to transform the mental health service delivery system note that simply providing information about the fact that people recover from serious mental illnesses or educating providers about evidence based and promising practices will have little impact. It is widely acknowledged that changing a system is a long term endeavor that requires sustained commitment from leaders who understand the values and practices to be implemented and who know how to undertake and maintain a systematic change process (Clossey & Rowlett, 2008; Epping-Jordan, Pruitt & Bengoa, 2004; Farkas & Anthony, 2010; Torry, Drake, Dixon, Burns, Flynn, Rush, Clark & Klatzker, 2001). It has also been recognized that managers must be willing to put forward clear expectations.
with incentives for those who adopt the new values and practices and sanctions for those who obstruct the change process (Morris, Day & Schoenwald, 2010).

Change is not easy for most individuals and is certainly difficult for entire systems, which are almost without exception inert and difficult to move. Professionals within the system are usually highly resistant to change because they do not want to give up the ways they have been conducting business – after all, they have been providing services that they believe are the right ones to offer and likely even believe they are effective (Clossey & Rowlett, 2008). Frequently, the more influential the professional, the more resistant to change due to the perception that the status quo will change and power will be lost. When high turnover rates among administrators are added, initiating and sustaining change, can be extraordinarily difficult.

In order to meet the needs of all those in the system with serious mental illnesses, it is important that transformation efforts encompass the entire system and include all necessary interventions in a recovery oriented perspective (see the three Interventions modules in this curriculum) to achieve a comprehensive system (Farkas & Anthony, 2010; Rosenheck, 2001). This generally means that all professionals will need to make changes to the ways they deliver services and the ways decisions are made.

**Implementation and Sustainability**

Changing a system to be one that respects a person’s capability to recover (implementation) and ensuring that the system remains recovery oriented (sustainability) has proven to be considerably more difficult than originally hoped and some have begun to call for implementation research to identify solutions to the difficulties experienced and to enable the U.S. to gain the benefits of research dollars invested in identifying services that work (Insel, 2007). In response, the federal government has initiated a research agenda to promote research based solutions for transformation efforts (Institute of Medicine, 2001; U.S. Department of Health and Human Services, 2006). The model depicted below has been proposed as one way to view the effort to measure the effect of monitoring implementation results (Proctor, Landsverk, Aarons, Chambers, et al., 2009).
A critical first step is assessing the recovery attitudes, vision, and status of the various stakeholders in the system. These include people using mental health services and their families, providers, administrators and managers, and any others that have a stake in the system. Self assessment tools for various stakeholders have been developed to enable system-wide assessment and these are available at http://www.ct.gov/dmhas/lib/dmhas/publications/practiceguidelines.pdf.

The key strategies necessary to transform services are those needed to ensure sustainability and include:

- Developing coalitions and providing the members with decision-making authority
- Ensuring that changes are linked to existing goals and values
- Conducting quantitative monitoring of implementation and performance on a continual basis
- Hiring the right kinds of people and providing continual training opportunities and expectations that become self-sustaining
- Adapting new services to special needs of individual communities, and
- Ensuring that knowledge gained from the implementation research effort is disseminated so everyone concerned knows how the effort is progressing (Bickman, 2008; Morris, Day, & Schoenwald, 2010; Rosenheck, 2001).

An essential component that can easily be overlooked is a measurement system that provides feedback on fidelity to services (where established fidelity scales exist) and also collects data on progress being made. Measures should be administered frequently; collecting information once a year will not produce information that can inform real time processes and effect change as needed. The feedback system must also be more than a questionnaire that providers fill out – such a strategy will result in providers indicating that
great progress is being made. One such system includes feedback on clinical processes, the environmental context in which the clinical interventions take place. This would encompass the values of the providers and organization and measure their relation to recovery oriented philosophy and outcomes, i.e., are real life changes taking place in the lives of people that are receiving services (Bickman, 2008). Evaluation data should be channeled to a continuing needs assessment system to ensure that new services are appropriate for the needs of the particular system. Feedback to administrators, clinicians and consumers along with willingness to change where results indicate that something is not working, are critical for effecting meaningful change to the service system as it evolves.

Another obstacle emerges even when changes are accomplished. Sustaining new practices can be a real challenge especially in light of the fact that many health care administrators (those with decision making authority) do not understand mental health consumers or the services they need. With continual budget cuts and the high level of frequent leadership and staff changes that occur in health care systems, it is all too easy for newly appointed administrators to dismantle a recovery oriented system and return to the more familiar medical model, which often has support from medically oriented professionals. This is where a strong measurement system that demonstrates positive outcomes and cost comparisons with cost benefits accrued from the new system, can save the day and avoid reverting to the old ways of doing business. Providing examples of what is working and the successes that have been achieved will provide encouragement and reinforcement for change efforts and help maintain enthusiasm for the process.

A graphic depiction of how sustainability can be assessed can be seen below:

**Sustainability Levels for Assessment and Assumptions**

**Four Levels of Change for Assessing Performance Improvement**

- Larger System / Environment
- Organization
- Group / Team
- Individual

**Assumptions about Change**

- Reimbursement, legal, and regulatory policies are key
- Structure and strategy are key
- Cooperation, coordination, & shared knowledge are key
- Knowledge, skill, and expertise are key

*Source: Shortell, 2004*

**Psychologists Have an Important Role to Play**

Due to their broad training in clinical services, research, program evaluation, and organizational systems development, psychologists often advance to leadership positions in
mental health systems. In this rapidly advancing era of health and mental health reform, it is crucial that psychologists be informed about the essential elements of a recovery oriented system and about the full range of services that people with serious mental health can benefit from so they can effectively lead transformation efforts. Full engagement with all modules of this APA recovery oriented curriculum is an important first step in the training of psychologists for these new leadership roles. It is equally important that psychologists understand the complexities of the transformation process and be willing to undertake the thoughtful and difficult work needed to bring about change, implement new services correctly (with fidelity), and in a sustainable fashion by taking the steps needed to ensure that the new system can be maintained. Psychologists are leaders in effectiveness research and demonstrating the effectiveness of a new system is essential to garner funding and support. The key ingredients discussed in this module provide the guidance for psychologists to undertake change efforts, but psychologists must be thoughtful and politically savvy about the work they undertake. They must also be willing to recruit others who will champion efforts to provide the services people with serious mental illnesses desire and to do the difficult work to maintain those services in the face of challenges that will inevitably arise.

**Some Successes**

Despite the considerable challenges that the field has experienced, many states and organizations have taken steps to make services more recovery oriented and to offer services that are outcome based. The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded transformation grants to states to encourage them to move forward with transformation efforts and is collecting information about transformation efforts through the National Outcome Measures initiative. Several states have made substantial progress toward this goal, notably among them Connecticut, Delaware, New York, Ohio and the city of Philadelphia.

Some of these successes have been documented. In Connecticut for example, in early 2000, Davidson and his colleagues were asked to assist the state with moving to a recovery oriented system of mental health care. With this commitment from the leadership, the team was able to lead a systematic initiative that targeted the state as a whole and developed a completely new approach to service provision which began with the critical step of assessment. The effort was designed as a several year approach with several interrelated steps:

a) Developing core values and principles based on the input of people in recovery  
b) Establishing a conceptual and policy framework based on this vision of recovery  
c) Building workforce competencies and skills through training, education, and consultation  
d) Changing programs and service structures;
e) aligning fiscal and administrative policies in support of recovery; and, finally

f) Monitoring, evaluating, and adjusting these efforts (Davidson, Tondora, O’Connell, Kirk, Jr., Rockholz & Evans, 2007, p. 23)

The process and details of this successful systems change effort are detailed in the article by Davidson and colleagues, which is a required reading for this module.

An example of a successful local change effort is from Omos-Gallo and his colleagues who provided assistance to a mental health center in Denver whose leadership decided that the center should become one that is oriented to helping people recover the effects of their illness. The group described seven key strategies and identified challenges that were turned into opportunities. The changes described include:

- a) Vision and persistent leadership
- b) Consumer inclusion and involvement
- c) Seizing opportunities to add recovery oriented ideas into clinical practice
- d) Providing the right level of service at the right time
- e) On site staff recovery training
- f) Hiring the right people, and
- g) Outcome driven learning and quality improvement (Olmos-Gallo, Starks, DeRoche Lusczakoski, Huff & Mock, 2011, p. 1).

Several common elements can be seen from these examples and one that is a crucial first step is commitment from the leadership. Having leaders that understand the importance of moving to a recovery oriented system is essential. Partnerships among stakeholders including consumers and family members are key to the effort. Developing a competent staff is crucial. And, establishing, right at the very beginning, and using an outcomes monitoring system is an absolute must if the effort is to be sustained.

**Challenges**

Changing long established practices in the health care arena, especially those that challenge the medical model and providers’ traditional ways of thinking about their roles, presents a difficult hurdle. This is even more challenging when entire systems are involved such as large mental health systems. In the U.S., large systems are essential however since states are most often the source of funding for the majority of mental health services.

Threats to system change come from a variety of sources including provider misunderstanding of the recovery paradigm and associated services, lack of leadership and commitment, continually dwindling budgets, never ending changes in administrative leadership, and provider failure to properly implement services and develop outcomes monitoring systems to support sustainability of new services.
The complexity of the components that must be brought together to effect change can be daunting and even overwhelming. And, those undertaking such change efforts must have the political will, stamina, and be politically savvy if they are to succeed. Despite these challenges, mental health systems and the providers that work therein have a responsibility to do nothing less than to provide the most up to date services in an environment that encourages engagement and recovery.

Summary

Transforming systems and organizations so that they focus on, and provide recovery oriented services is an ongoing challenge. While many systems and organizations have attempted to confront the challenges, and several tout their environment and services as recovery oriented, few have succeeded in changing the organizational culture and actual services provided in substantial ways.

Despite the considerable challenges that the field has experienced, many states and organizations have taken steps to make services more recovery oriented and to offer services that are outcome based. Several large systems have made substantial progress toward this goal, notably the states of Connecticut, Delaware, New York, Ohio and the city of Philadelphia. These efforts continue and with time, more of these efforts are successful. A notable achievement that is testament to the success of these efforts is the incorporation of peer services in many if not most mental health systems. While not a total transformation and while challenges remain with implementation of peer delivered services, the fact that consumers not only have a say in the kinds of services provided, but actually deliver those services in some case, is a testament to the fact that progress is underway. See the Peer Delivered Services module of this curriculum for additional information.

Several common elements necessary for successful transformation efforts can be seen from the examples presented. One that is a crucial first step is commitment from the leadership. Having leaders that understand the importance of moving to a recovery oriented system is essential. Partnerships among stakeholders including consumers and family members is key to the effort. Developing a competent staff is crucial. And, immediately establishing and using an outcomes monitoring system is a must if the effort is to be sustained.

This module reviews the key ingredients needed to effect change and notes the major challenges to transformation efforts. Psychologists’ training prepares them for this specialized work better than most mental health practitioners. The research and evaluation capability that psychologists bring to their work makes them ideally suited for leadership positions as change agents.

Key ingredients include:

- Strong and active leadership that is committed to the philosophy, values, and practice of recovery
• Ability to link the new system to the organization’s priorities and mission
• A reorganization that is system-wide, rather than one that is conducted piecemeal
• Commitment to a long term process
• Willingness to collaborate with all stakeholders: policy makers, providers, consumers, families, educators, the forensic system, and professional associations
• Ability to put structures in place that will ensure the continuation of the initiative even after current leadership changes
• Willingness to develop consumer and family leadership
• Commitment to hiring the right people and to providing initial and ongoing training and supervision
• Provision of the most appropriate services and fidelity in implementing evidence based and promising practices
• Conduct of outcome measurement and gathering of feedback
• Willingness to make changes based on measurement and feedback.

Development of outcome measurement systems is an area of specialized expertise for psychologists, making it imperative that psychologists take on leadership roles in system change efforts.

The issue of sustainability has been summed up by Dixon (2014) in her introduction to a recent report:

…strong, supportive relationships—between clinicians and service users and among organizational staff at various levels—are the key to sustainable improvements in treatment and outcomes. Organizational practices and cultures that nurture such relationships are therefore critical, given the strong implication of this report that the therapeutic and recovery enhancing relationships between users and professionals/clinicians/providers are the essential—and most endangered—element in mental health services. Administrative, fiscal, and policy impediments to forming such relationships must be addressed rather than regarded as inevitable (p. v).
Sample Learning Activity

This is a large group exercise. The full group is actively involved in all parts of the exercise. For the first part of the exercise, the group is to spend several minutes thinking about and deciding on the changes that need to be made to the community mental health system in their hypothetical community. The current system in this community is comprised of an outpatient clinic which is oriented toward diagnosis, medication prescription, a case management program, social work staff that link individuals to community services, and some counseling services. There is also a hospital where people in acute crises are treated. Remember that for change to be effective, it should be system wide with all components (reference the eleven key strategies discussed in the module) considered rather than making changes in a piecemeal fashion. One member of the group should write down the things the group believes need to change on a board where they can be seen by all.

For the second part of the exercise, the group is to list all the categories of stakeholders that need to be involved. For example, the director of the system might be one, consumer representatives might be another, program managers might be a third, etc. These should be written on the board as well.

For the third part of the exercise, the group is to list the components of the system that will need to change in order to accomplish the vision for the new system. Examples could be that the intake and assessment process might change, the case management system could become more participatory, in-depth psychotherapy might no longer be offered in favor of CBT and skills training, etc. These are only examples – the group should identify the changes they believe are needed. As before, write these on the board.

For the fourth part of the exercise, the group is to answer the following two questions: Who will benefit from the proposed changes? Who will lose from the proposed changes? The answers to both questions should be written on the board under the headings: Beneficiaries and Losers.

For the fifth part of the exercise, the group should review the eleven key ingredients for effective change and determine which have been covered, which remain to be considered, and how the needed steps will be accomplished.
Sample Evaluation Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Correct Answer</th>
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<tbody>
<tr>
<td>1. The following are some of the key ingredients for system change:</td>
<td></td>
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<tr>
<td>a) leadership commitment</td>
<td></td>
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<tr>
<td>b) involving all stakeholders in partnerships that include consumers and</td>
<td></td>
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<tr>
<td>family members</td>
<td></td>
</tr>
<tr>
<td>c) hiring the right staff and providing ongoing supervision and training</td>
<td></td>
</tr>
<tr>
<td>d) implementing services with fidelity</td>
<td></td>
</tr>
<tr>
<td>e) commitment to long term process</td>
<td></td>
</tr>
<tr>
<td>f) an outcomes monitoring system</td>
<td>h is correct</td>
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<tr>
<td>g) a, b, c, and f</td>
<td></td>
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<tr>
<td>h) all of the above</td>
<td></td>
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<td>2. Some of the obstacles to system change include:</td>
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<tr>
<td>a) failure to obtain commitment of key system leaders</td>
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<tr>
<td>b) providers’ lack of understanding of the recovery paradigm and effective</td>
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<tr>
<td>services</td>
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<td>c) continual budget and leadership changes</td>
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<tr>
<td>d) lack of attention to outcome measurement systems</td>
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<tr>
<td>e) all of the above</td>
<td>e is correct</td>
</tr>
<tr>
<td>3. The importance of implementing and using an outcome measurement</td>
<td></td>
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<tr>
<td>system is that it helps to make changes as needed and can provide data</td>
<td></td>
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<tr>
<td>on service outcomes and cost benefit comparisons</td>
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<tr>
<td>4. Psychologists’ training makes them especially suited for leadership</td>
<td></td>
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<tr>
<td>roles in mental health systems</td>
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<tr>
<td>5. Providing information about recovery from serious mental illness and</td>
<td></td>
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<tr>
<td>educating providers about evidence based services is the most important</td>
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<tr>
<td>component of the change process</td>
<td>F</td>
</tr>
</tbody>
</table>

True  False
Lecture Notes Citations


**Additional Resources**

American Psychological Association Recovery to Practice Initiative.  

Connecticut Recovery Practice Guidelines available at:  
Citing the Curriculum

Citation for this Module:

Citation for the full Curriculum:

For additional information, contact:
Recovery to Practice initiative at the American Psychological Association, www.apa.org/pi/rtp
or
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