

**The Beginning of the Beginning:
Initial Development of the Beyond Recovery Initiative at Transition House, Inc.**

Transition House, Norman, OK

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(Abridged Version)

Introduction:

Located north of the University of Oklahoma's Norman Campus, Transition House has aided the Norman community since it was first established in 1982. Transition House, or TH is a non-profit organization that supports and assists adults with serious mental illness as they transition from in-patient treatment facilities to community living. Mental health has been a stigmatized topic in media and public and/or social circles, but in recent years, efforts have been put in place to give importance to these issues, which has had a positive impact on both people experiencing mental illness and those who do not as it opens up healthy and informative discourse on the importance of mental health as well as the de-stigmatization of mental health services and treatment. Studies performed by the National Alliance on Mental Illness (NAMI) have shown that 1-in-5 U.S adults experience mental illness in their lives and 1-in-20 U.S adults experience serious mental illness in their lifetimes.¹ With the efforts that have been put in place to help treat those with mental illness and educate those without, many more individuals have been open to and more comfortable seeking treatment or mental health services.

One of the services that makes TH stand out compared to other mental health and rehabilitation organizations is its Transitional Living Program (TLP), which provides clients with the stable and secure housing while transitioning from in-patient facilities into standard living in society. Studies have found that after outpatient facilities, there is a correlation between recovery and ability to function in society,² and this is where

¹ NAMI, Mental Health by the Numbers

² Tan, et al. [ps://doi.org/10.1007/s10597-018-0249-5](https://doi.org/10.1007/s10597-018-0249-5).

organizations like TH come into play, as they act as a “bridge between a care facility and community.”³

Other than providing supervised apartment living, TH also provides a wide variety of services such as, development of community living skills, pre-vocational, and vocational skills. Even after clients graduate from the program and move out of the TH-provided apartments, clients are still able to maintain in contact and receive additional support and resources as Community Outreach Program (COP) clients. By providing a safe and healthy environment to individuals dealing with mental illness and substance recovery issues, TH equips clients to better handle difficult situations, and develop coping skills, lifestyle skills, and other resources, to help them achieve their best lives even after graduating from the program.

At the moment, TH is in the process of developing the Beyond Recovery Initiative, which will be an additional resource that will work along with the existing transitional living program to promote the most successful recoveries long after the client’s graduation from the program, beyond reducing or eliminating symptoms of mental illness and/or abstinence from substance abuse. Starting the development of this program was my project during my time at TH.

This initiative was a little difficult for me to comprehend at first, not because it did not make sense, but because it seemed to me that it was too similar to the already existing TLP. It raised questions, such as if Beyond Recovery did get implemented into the agency, who would determine which clients get to go into Beyond Recovery and which ones get placed in traditional TLP? Wouldn’t this cause a level of discrimination against

³ Heard, et al. <https://doi.org/10.1186/s40352-019-0091-z>

clients based on the organization's criteria for who gets placed in what program? Furthermore, how would it differentiate (program and curriculum-wise) from TLP? And why would one want to develop a whole new program instead of reforming or amending the one that already exists? All of these and more were some of the questions that I had upon first hearing about Beyond Recovery until I was able to fully comprehend what this initiative is attempting to accomplish.

Instead of a new program to be implemented alongside the TLP and COP programs, the Beyond Recovery initiative has become a tool that will help TH measure what factors have influenced past clients, that have led them to achieve success (whatever that may look like in their life), compared to those who have gone through the program(s) and have not or have fallen back to their old habits. Once these factors are determined, they can be used to help clients currently in the program and after. Since it is still in development, it was not yet been established how it will be offered to clients in its implementation, but it will be offered to any interested on a voluntary basis for clients who believe they are at that point of their recovery journey. Beyond Recovery is not meant to be separate to TLP, but an enhancement to an already existing program to better coach and/or equip clients in their recovery journey.

In order to develop Beyond Recovery, TH has developed the Beyond Recovery Overview Document, which can be found under Appendix A: Beyond Recovery Overview. This document provides an overview of what staff has noticed in clients regarding how successful their recovery is. It determines that a big part of client success after leaving the program has to do with their willingness to change, comparing those who are still in the "negotiating" stages of recovery and those who embrace change and are willing to do

the work. Additionally, the overview establishes a total of seven strategies to be followed, analyzed, and implemented in attempts to gauge what Beyond Recovery is and looks like. They are as follows: 1. Develop tools to help people expand their support system. 2. Develop tools to further assess the traits and behaviors of those who embraced change. 3. Work to better understand the importance of life beyond the initial recovery process. 4. Develop an improved understanding of ways to help support those interested in change. 5. Explore ways that may help those in the 'negotiating' and/or 'getting by' phase of change. 6. Develop a curriculum for a Beyond Recovery group. 7. Develop new tools and strategies for working with people on an individual basis. During my time at TH, I was able to work and develop Strategy 1 and start working on Strategy 2, which will eventually roll over into Strategies 3 and 4.

Methods:

Recovery from substance abuse and/or mental illness is more than just the individual using willpower to abstain from substance abuse or cope with mental illness, it is also much more than providing them with classes on how to balance a checkbook, how to cope with anxiety or any other mental illness, assisting them filling out job applications, or even sending them to 12-step meetings like AA, NA, etc. Instead, it is a collective of all of those (and many more) factors that come together, and these are the factors we want to take account of when developing Beyond Recovery. Furthermore, this initiative will help determine if these factors can be replicated with all clients in recovery to support their success in recovery, or if the recovery journey is specific to every client and their experiences in terms of how successful their recovery is.

The first thing that should be defined is “success” in terms of recovery. TH determines success, not by the number of clients who have graduated from the program, but by the number of individuals who are living their best possible life after leaving the program (regardless of whether they graduated from it or left the program before finishing). It is also hard to determine success in the lives of former clients as TH has assisted people from different backgrounds with different lived experiences, so of course, success for one person is going to look different from success for another person. TH does not look at success measured by whether the individual works, owns a home, is married, etc., instead; it looks at how well the individual is doing in life: are they happy (or working towards that), do they maintain healthy relationships and lifestyles, do they have healthy coping mechanisms to help deal with any issues (whether it be related to mental health/substance abuse/social/professional/etc.)? These are some of the characteristics TH looks for in an individual’s success, and so these were some of the areas where we started working on in the development of Beyond Recovery. The work I did and the forms I helped develop were done under the advice and supervision of Bonnie Perutzzi, Executive Director of TH, and my direct preceptor for this practicum. I thoroughly enjoyed learning from her and getting to work on this initiative with her.

Strategy 1: Circle of Support

Circle of Support is the result of Strategy 1 and focuses on the importance of having healthy relationships with others in different areas of life. This is not a new idea by any means, and it is derived from the Eight Dimensions of Health document that has been established by the Substance Abuse and Mental Health Services Administration (SAMHSA). According to SAMHSA, these eight dimensions encompass the different

areas of everyday life that an individual should work on and maintain to live successfully as a functioning member of society. The dimensions are as follows: emotional, physical, occupational, social, spiritual, intellectual, environmental, and financial. All these aspects of life are, according to SAMHSA, interconnected and are affected by each other.⁴

Transition House already had an existing document, inspired by SAMHSA's Eight Dimensions of Health, but not quite the same. TH's version of the document focused on the different areas of life in which an individual interacts and has social relations with other people. TH's document was called Circle of Support and its purpose was for clients to determine what supports they had and what areas of support they lacked so that then they (along with TH) could work towards filling in those gaps.

The original form had been the same for some years, so one of our goals with Beyond Recovery was to update the original form to make it more relevant and easier to understand. The first thing we included was a graphic of the areas we determined to make up an individual's circle of support, with of course, the words "me" at the very center. This was done so the person filling out the form could visualize that their circle of support is all about their individual relationships. After that, we included a bit of narrative as to what Circle of Support is as well as encouragement to develop those and more connections in a healthy way. We also included a quote from Brene Brown's *Atlas of the Heart*,

*"If we want to find the way back to ourselves and one another, we need language and the grounded confidence to both tell our stories and be stewards of the stories that we hear. This is the framework for a meaningful connection"*⁵

⁴ SAMHSA 8 Dimensions of Health

⁵ Brene Brown, *Atlas of the Heart*

We decided on this quote because it is a good representation of the importance of not only forming connections with others but of forming *healthy* connections with others in order to grow and develop as members of society.

Next, we worked on re-determining what were the different areas or types of relationships that individuals could have and providing a definition and examples for each, so they were easy to understand. The original form had the different types of support as follows: professional, family, friends, spiritual, volunteer, and support groups, but we decided to amend those a bit. We established that there were at least six main areas in a person’s circle of support and provided examples and definitions of all six areas, as shown in the table below:

Table 1.1: Circle of Support, Types of Relationships

Type of Support	Definition	Examples
Professional	Mental Health and/or other professionals involved in recovery care. Also includes workplace relationships if employed.	Therapists, doctors, bosses, supervisors, co-workers, etc.
Family Members	Biological or Adopted Family.	Siblings, Children, Parents, etc.
Social Connections	Mutually healthy friendships; Casual social connections.	Organizations, Events, Areas, etc.
Romantic / Intimate	Mutual, ongoing, and voluntary romantic and/or intimate interactions between partners.	Partner, spouse, etc.

Support Groups	Gathering of people facing common issues to share experiences, encourage, and comfort themselves and others.	Emotional/Grief support groups, Alcoholics Anonymous, Narcotics Anonymous, etc.
Spiritual	Connections to self, others, a higher power, or nature.	Faith Communities/Events, organized or not.

We determined that these were the main areas and types of relationships that determine whether an individual has a circle of support. We also added a few questions to the form to determine the individual's readiness to discuss their circle of support and see what areas need improvement. The questions revolved around asking if the individual feels like their current support system meets their needs, what areas are lacking, and their readiness to expand their system of support. In addition, we added a series of boxes on the back of the form for the individual to write down their names and contact information in case they ever need to reach out to them. The final version of the Circle of Support form can be seen in the Appendix under B: Circle of Support.

Strategy 2: Survey:

Upon finishing the circle of support document, we started looking into collecting data on what it looks like to live a life beyond recovery. We determined that the best way to collect this information was through a survey. The survey was first written on a Word Document but was quickly transferred over to a Google form, that way it could be sent out more rapidly and accessed by more people. Additionally, Google Forms have a feature where they automatically categorize and create charts and graphs based on people's responses. The survey link was added to Transition House's website under the

“Initiatives” tab where information on Beyond Recovery can be found, it was also sent out to COP clients through LinkedIn and Facebook, and it was also provided to current TLP clients. We determined early on that the information necessary to further develop Beyond Recovery as an implementation was with a cohort study, a type of study that follows the subjects for a period of time. In this case, the cohort would be as many former and current clients of Transition House, both COP and TLP clients, who volunteered to fill out the survey. The clients who participate are the experimental group, or dependent variable in this survey.

Furthermore, we discussed the possibility of sharing the survey with other people who have not been in recovery and/or recovery programs, such as students or maybe even people in senior living and/or adult communities. The idea is that these individuals would work as a sort of control group or independent variable, which would help us see how individuals who are not in recovery live their best life. An assessment like this would measure if there were anything specific in the life of those not in recovery that produces a different level of hope and/or optimism that can be measured and then determine if those skills could possibly be adapted for the clients in the program. This plan, however, would need to occur later on in the development of Beyond Recovery since, for right now, the goal is to collect data from people currently in recovery or who have gone through recovery.

Since the purpose of the survey was to determine what aspects of a person’s recovery journey led to their most successful life, it contained a variety of questions. The survey had a total of 21 questions, a mixture of multiple-choice and short answers. We did have a long discussion about how the quiz itself might have been a little lengthy, but

overall we decided that it contained important questions that were relevant to our efforts to determine what aspects of the recovery process were the most successful.

The questions were divided into 8 different sections or sub-headings, each with 2-4 questions per section. The different sections contained questions ranging from asking about their involvement with TH, their involvement with mental health professionals and medication compliance (if applicable), and their involvement with outside support groups (like AA, NA, etc.). It also asked about their lifestyle outside of mental health, their employment status, their social relationships/circle of support, do they volunteer/serve anywhere, do they eat healthily and exercise, etc. Finally, it contained questions about their own individual decision and commitment to recovery, which already has been established to be important when it comes to an individual's recovery journey. The initial format of the survey can be found under Appendix C: Beyond Recovery Survey. This initial format is what the survey looked like before being transcribed into Google Forms.

We excitedly introduced what we had created for Strategies 1 and 2: the Circle of Support form and the survey to both COP and TLP clients to receive feedback on our efforts. From this feedback, we expect to be able to start developing Strategies 3 and 4 of the Beyond Recovery Overview document. Strategies 3 and 4 both focus on our understanding of what helping individuals achieve successful recoveries as employees of TH, and the results and feedback from Strategies 1 and 2 will help better determine Strategies 3 and 4 and will help develop them along with the remaining strategies in the most effective ways possible.

Partnerships:

Bonnie and I were not the only ones working towards this goal, we also counted on the results of research done by the University of Oklahoma's Educational Training, Evaluation, Assessment, & Measurement (E-Team) department. This area of the College of Education focuses on designing research and evaluation tools to help organizations use data analysis and information to solve issues. Transition House partnered up with E-Team this semester to better determine what aspects of Transition House's TLP and COP programs contributed most to client success. They interviewed five COP clients and one TLP client for their research and concluded that some of the most impactful aspects of recovery at TH were related to the community they built with other people in transitional living, as well as how TH tailors the support given to specific client needs. More information on the E-Teams research can be accessed in Appendix D: E-Team, Spring 2023 Interview Series .

Results:

We gave the Circle of Support form to one of the current TLP clients. They filled out the form and provided us with feedback on it. They said it was easy to understand and fill out, and that it would also be useful to have everyone's contact information in a single place for easy access in case the client ever needs to reach out. However, not everyone felt that way about the form. A few clients asked what to do if they didn't have anyone for a particular area, to which we explained that that was not a problem and that the purpose of the form is to realize what types of relationships they have and what areas need improvement. This way, they can get a better idea of what they need and in what ways TH can facilitate these relationships in a healthy and safe way.

Others asked about the section related to spiritual relationships. Spirituality, and to be more specific, religion have often been used as tools to oppress others. In fact, according to an article published by the National Institutes of Health's *National Library of Medicine* database, those who "violate religious norms may experience feelings of guilt or shame, or they may fear punishment from God,"⁶ which show how these feelings can both come from the people around the individual or the individual themselves. However, religion can also be something that gives people hope and strength to move forward despite the challenges faced. The same journal posted by the National Institutes of Health also mentions that "positive religious coping" and relationships can lead to better relationships with others as well as more "benevolent" worldviews.⁷ This is why so many rehabilitation programs, like Alcoholics Anonymous, for example, rely so heavily on religion and spiritual connection.

Unfortunately, TH has had multiple clients (both past and present) that have had negative experiences with religion and spirituality, whether it be a struggle caused by their families and/or past relationships or caused by an internal struggle; but there are also clients who have a belief system and receive comfort from it, so it didn't seem right for us to completely remove spirituality as a type of relationship from the forms we developed.

Instead, we explained to clients that even though spirituality can be a little triggering or uncomfortable to some people, it cannot be completely removed as it can be an important aspect of recovery for others. We also explained that spirituality does not always have to mean religion in the sense of an organized institution, whether it be Catholicism, Islam, etc, or even a non-organized system of belief, like new-age spirituality.

⁶ Holt, et al. NIH.gov. *National Library of Medicine*

⁷ Holt, et al. NIH.gov. *National Library of Medicine*

Instead, spirituality can represent a connection to the self and others outside of the physical, it can be connectedness to nature, one's environment, or anything else. It can also be a connection to others who share similar systems of belief.

It is unfortunate that we live in a world where something as inspiring and beautiful as spirituality has been and continues to be used as a weapon to discriminate against and/or punish others. So, we focused on explaining to clients that spirituality has a lot of different meanings and can manifest differently in everyone's lives. This is the beauty of religion, and this helped clients comprehend a little more what spiritual relationships can mean.

When we sent out the survey, we were expecting to receive a higher volume of responses, but we eventually only heard from 5 people, 2 COP clients, and 3 TLP clients. After further discussion with staff and clients, we determined it most likely was because clients maybe felt they were not at that stage of recovery yet, and so, felt ashamed or guilty, which was not and is not the intention of Beyond Recovery. We further determined that Beyond Recovery in its implementation will be available on a voluntary basis and that not every client will participate. These findings were cohesive with the E-Team's findings. Everyone's recovery process and journey will be different, so it makes sense that the support received by those in recovery be tailored to the client's specific needs, and Beyond Recovery will be one of those resources that will be tailored to the client's needs and journey.

Discussion:

Since Beyond Recovery is still in its early stages and is nowhere near ready for its official implementation, we have been asking current TLP clients as well as current COP

clients for feedback and their thoughts on Beyond Recovery as well as on the Circle of Support form and the survey. As mentioned before, we did receive some pushback from clients or hesitancy towards the program, but despite the reasons for those responses, we have taken their opinions and ideas into account with the intention of implementing them into the next steps of the development of Beyond Recovery. This is our goal with Beyond Recovery, to provide clients with the best possible support for them to be able to achieve the best possible recovery. This is why we have taken client feedback into account, as they are the ones who can provide the best feedback for a program that will be tailored and developed specifically for them. For example, from this feedback, we now know what areas of their support system TH clients struggle with the most, as well as what resources received have been the most impactful to them and their recovery journey. Of course, every individual is different, and some resources that could help some clients the most might have negative impacts on the recovery journey of others, so with all of that in mind, we have focused on the narrative and language that is used in the introduction of the implementation and all its parts.

Conclusion:

During my time at TH, I had the opportunity to sit in group twice a week for 15 weeks and got to know the clients and their stories. I find every single one of them to be an inspiration as they work towards recovery despite their past experiences. The work that TH and other organizations like TH do is extremely important in communities all over the US, as it not only provides a safe and secure living space and resources to people dealing with mental health and/or substance abuse issues, but it provides them with a family and community that will embrace them regardless of their past actions and experiences.

I am proud and honored to say that I had the opportunity to volunteer at Transition House, not only to help establish and set up the first steps and goals of the Beyond Recovery initiative but also as the first-ever Public Health intern at TH. Since TH is a client-service-based organization, their student interns have typically been in the Colleges of Psychology or Social Work since their practicums focus more on clinical interactions, but the Beyond Recovery initiative opened doors for me and any future Public Health students.

The next steps following my time here at TH are the next strategies of the Beyond Recovery Overview document (Appendix A: Beyond Recovery overview). As of right now, Beyond Recovery is transitioning between Strategies 2, 3, and 4, going from developing tools to further assess traits and behaviors of those who “embraced change”⁸ and moving towards gaining a better understanding of ways to help support “those interested in change.”⁹ This last part still needs to be kept in mind moving forward, as it is the driving force behind Beyond Recovery. However, the next strategy, Strategy 5, is about exploring ways that may aid those who are still in the “negotiating and/or getting by phase of change,”¹⁰ which continues to go together with the two strategies preceding it. Ideally, this strategy and the ones following can help better determine when would be the best time to introduce this initiative to clients and continue to develop a curriculum for Beyond Recovery once it is ready to be implemented. The purpose of this paper is not just to convey the work I have done during my time here at TH, but in addition to that, my hope

⁸ Appendix A, Beyond Recovery Overview, Strategy 2

⁹ Appendix A, Beyond Recovery Overview, Strategy 4

¹⁰ Appendix A, Beyond Recovery Overview, Strategy 5

is that the next Public Health student who takes on this role at TH can have a basis to go from in the next steps of the development of the Beyond Recovery initiative.

I would like to thank Professor King for her advice in writing and developing this paper. I would also like to thank the staff and volunteers of Transition House, Inc. for the passion and energy they put into their work. Most importantly, I would like to thank the clients of TH who allowed me a look into their lives and willingly shared their stories and experiences with me.

~michelle <3

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Transition House's Beyond Recovery Project

BEYOND RECOVERY

Transition House (TH) is exploring new ways to support an improved quality of life and increases in an overall sense of joy past the initial stages of recovery. Beyond Recovery is a project of working with those who have been able to live their best life beyond the reduction or elimination of symptoms of mental illness and abstinence from substance use and utilizing the knowledge gained to better assist the People of TH.

Since 1982, Transition House has been providing essential housing, skills development, and support to people with serious mental illness and substance misuse issues. Through the Transitional Living Program (TLP), people are provided with opportunities to focus on recovery and restoration of essential life needs to move away from the negative impacts of active mental illness and substance misuse. People come to TH stating a desire to change. Though all who come to TH indicate they need change, the realities of the process and desire to actually change is not present for every person who comes to TH.

For those still 'negotiating' the process of change, we see:

- Resistant to program engagement
- Excuses
- Justifications
- Blaming
- Lying
- Avoidance
- Continuance of unhealthy life patterns – from unhealthy choices to unhealthy connections
- Shame
- Expectations that others will do for them

For those ready to embrace change and willing to do the work, we see:

- Commitment to change
- Hard work
- Willingness to accept personal responsibility and accountability
- Change in unhealthy, destructive behaviors and connections
- Willingness to continue even when faced with slips, relapses, and challenges
- Acceptance of imperfection
- Improvements in self-worth
- Increases in gratitude and joy
- Active listening
- Development of healthier connections and trust
- Willingness to ask for and receive support

The inspiration behind Beyond Recovery comes from people who are often involved with the Community Outreach Program (COP). Most have participated in the TLP and are now living in the community without the intensive structure of the TLP. Once people leave the TLP, life responsibilities ultimately rests with them to take what they have learned and continue their recovery and healing process.

Getting By Approach: For those whose primary focus is on the getting by, doing the expectations of the initial recovery process without fully embracing the process of change, they may experience some improvements in quality of life, but often they experience more struggles.

Appendix A: Beyond Recovery Overview Continued

Transition House's Beyond Recovery Project

With those who focus on *Getting By*, we see:

- Increased struggles in community living
- Periods of relapse – starting with testing their ability to engage in unhealthy patterns of behavior with the belief that the results will be different from the past – often resulting in frequent misuse of substances
- Increases in symptoms of mental illness
- Reduction in self-worth

Healthy Life Change Approach: For those who continue to seek a different life and lifestyle, they may experience challenges, but do not remain immersed in them.

With those who focus on *Healthy Change*, we see:

- Healthy connections and support systems
- Increased gratitude and sense of joy
- Continuance of improvements in self-worth
- Acceptance of life challenges
- Continuance of personal responsibility and accountability
- Goals achieved and development of new goals
- Increases in respect and kindness towards self and others
- Overall improvements in quality of life
- A healthy sense of pride
- Willingness to support others in healthy ways

Beyond Recovery Development Strategies

1. **Develop tools to help people expand their support system – being tested by 1 client – next step – goes to group for feedback**
 - a. Further develop Circle of Support tool
 - b. Incorporate routine updates related to this tool
2. **Develop tools to further assess the traits and behaviors of those who embraced change - Potentially E-Team work) – Michelle will work on new survey as well**
 - a. Develop a written assessment tool
 - b. Meet with clients to complete assessments
3. **Work to better understand the importance of life beyond the initial recovery process**
 - a. Meet with clients who are living healthier lives, request and document their thoughts, feedback, and traits related to their experiences with the recovery process and life after recovery
 - b. Meet with clients who still struggle with change and document their thoughts, feedback, and traits while exploring things that might help them become more willing to change
4. **Develop an improved understanding of ways to help support those interested in change**
 - a. Review and compile feedback from assessments and meetings
 - b. Begin documentation and development of ways to improve TH programs' structure
5. Explore ways that may help those in the 'negotiating' and/or 'getting by' phase of change
 - a. Review and compile feedback from those still struggling
 - b. Use their feedback to explore potential new approaches to help those still struggling
6. Develop curriculum for a Beyond Recovery group
 - a. Explore existing research on ways to work with people past the initial phases of recovery
 - b. Use feedback and research findings to develop curriculum

2

Transition House Beyond Recovery – updated 3/15/23

Transition House's Beyond Recovery Project

- a. Ask clients who are interested to be involved in the curriculum development process
7. Develop new tools and strategies for working with people on an individual basis
- a. Provide opportunities for supportive counseling at TH
 - b. Use feedback to develop additional approaches that can be used in
 - i. Recovery Coordinator individual meetings with TLP clients
 - ii. COP activities and individual contacts

Beyond Recovery Strategies

Focus on Kindness:

- I commit to a routine practice of acts of kindness daily. This includes acts of kindness towards myself and others. Work to understand what healthy kindness towards self and others looks like in practice
- I commit to a routine practice of gratitude. Being intentional to reflect on gratitude daily. Work to develop healthy gratitude practices.
- I commit to a routine practice of striving to be non-judgmental towards self and others.
- I commit to grow in my understanding that perfection is an unhealthy expectation and will work to do my best while being understanding that my best will likely look different from day to day.

Focus on Substance Use Accountability:

- Active engagement in some recovery focused program, 12 Step meetings,
- Engagement with a sponsor or mentor

Intentional Healthy Connections and Expanding Circle of Support:

- Intentional practice of developing a diverse Circle of Support.
- Normalize healthy social engagement.
- Start with weekly group related to this.
- Have at least 1 healthy social engagement weekly with a peer (not a professional)

Telling their story & Future Story:

- Reflection on the past story.
- Focus on Future life – specifics that can be related to goals.
- Forward thinking.

Personal Responsibilities:

- Sobriety
- Med compliance
- Therapy
- Appropriately seeking help when needed

Separate Beyond Recovery Log:

- Intentional Focus on a healthy life

3

Transition House Beyond Recovery – updated 3/15/23

Transition House's Beyond Recovery Project

Focus on Worthiness:

- Healthy Self-Esteem
- Affirmations
- Awareness
- Intentional coping skills that don't include self-shame
- Addressing issues related to Perfectionism
- Addressing People pleasing

Becoming Mentors for Others:

- Positive Leadership with Others

Volunteerism:

- Giving back
- Gratitude

Developing a sense of spirituality/(faith):

- Teaching about healthy spirituality (faith)
- Trust outside of self
- Free will – making healthy choices related to faith
- Exploration of spirituality and belief

Appendix B: Circle of Support Form

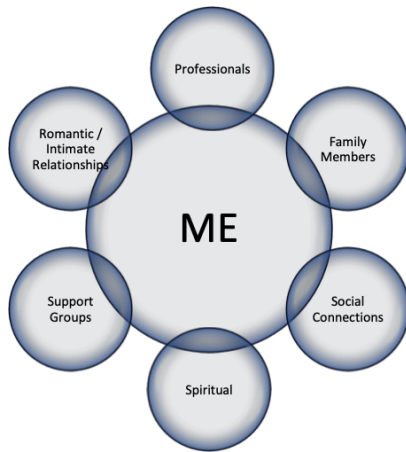
NAME: _____

CIRCLE OF SUPPORT

Circle of Support:
a tool to help bring awareness of your current support systems while encouraging development of healthy connections.

"If we want to find the way back to ourselves and one another, we need language and the grounded confidence to both tell our stories and be stewards of the stories that we hear. This is the framework for meaningful connection."
Brene Brown, Atlas of the Heart

We must first connect authentically with ourselves before we can have the healthy connections we crave with others.



- Does Your Support System Meet Your Needs?
 - Always
 - Most of the Time
 - Sometimes
 - Never
- What Type of Support is Lacking?
 - Professionals
 - Family
 - Social Connections
 - Romantic
 - Support Groups
 - Spiritual
- Are you ready to Expand Your Support System? Yes No
- What are Barriers to Expanding Your Support System?

Appendix B: Circle of Support Form Continued

NAME: _____

DATE: _____

PRELIMINARY ASSESSMENT – CURRENT SUPPORT SYSTEM:

Professional Mental Health and/or other professionals involved in recovery care.	Family Members Biological or Adopted Family. Ex. Siblings, Children, Parents, etc.	Social Connections Mutually healthy friendships; Casual social connections. Ex. Organizations, Events, Areas, etc.	Romantic/Intimate Mutual, ongoing, and voluntary romantic and/or intimate interactions between partners. Ex. Partner, spouse	Support Groups Gathering of people facing common issues to share experiences, encourage, and comfort themselves and others. Ex. AA, NA, etc.	Spiritual Connections to self, others, a higher power, or nature. Ex. Faith Communities/Events
Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone _____ Confidentiality Release: <input type="checkbox"/> Yes <input type="checkbox"/> No

Appendix C: Beyond Recovery Survey

Beyond Recovery Survey

Transition House (TH) is exploring new ways to support an improved quality of life and increases in an overall sense of joy past the initial stages of recovery. Beyond Recovery is a project of working with those who have been able to live their best life beyond the reduction or elimination of symptoms of mental illness and abstinence from substance use and utilizing the knowledge gained to better assist the People of TH.

Your Connection with Transition House

1. When did you first become involved with Transition House?

2. What Transition House Programs have you used:

- a. Transitional Living Program (TLP)
- b. Community Outreach Program (COP)
- c. Both

3. What are some of the supports that TH has provided that you think have been most influential or positive to you and your recovery journey? (Circle all that apply)

- a. Outreach Program
- b. Activities / Events
- c. Programs and Group Meetings
- d. One-on-One meetings with a Recovery Coordinator
- e. Job Search
- f. Providing Transportation when necessary
- g. Transitionisms
- h. Other: _____

Other Mental Health/Health Providers

4. Do you currently or in the past have received help from a mental health professional (therapist, psychiatrist, etc.)?

- a. Yes
If you answered Yes, when did you start and how often do you see them?

- b. No

5. Have you ever been prescribed any type of treatment/medication by a health professional?

- a. Yes
- b. No

6. How often do you take your medication?

- a. I always take the medication as prescribed
- b. I sometimes take the medication as prescribed
- c. I rarely take the medication as prescribed
- d. I never take the medication as prescribed

Substance Misuse and Recovery

7. Do you participate or have you in the past participated in a 12-step program (AA, NA, etc.)?

- a. Yes
- b. No

Appendix C: Beyond Recovery Survey Continued

Beyond Recovery Survey

8. What level of engagement did you or do you have in that 12-step program? a. Very Engaged b. Engaged Sometimes c. Engaged a few times d. Not engaged at all
9. Do you or did you have a sponsor while in the program? a. Yes b. No
10. How often do you or did you actively follow the steps? a. Always b. Almost Always c. Sometimes d. Almost Never e. Never
11. How long have you been or how long were you in the program? a. Less than 1 month b. 1-3 months c. 4-7 months d. 9-12 months e. More than a year
Lifestyle
12. Do you maintain a healthy lifestyle? a. Yes b. No
13. How do you maintain a healthy lifestyle? (Circle all that apply) a. Exercise / Work Out; What type and how often? _____ b. Eat Healthy c. Meditate d. Other: _____
Employment/Volunteer
14. Are you Employed and/or volunteer somewhere? a. Yes b. No c. If you answered "No" to the previous question, what barriers prevent that? _____ _____ _____
Circle of Support
15. Do you have a healthy Circle of Support? a. Yes b. No

Appendix C: Beyond Recovery Survey Continued

Beyond Recovery Survey

16. Circle all areas that are part of your Circle of Support:

- a. Family Members
- b. Friends / Social Connections
- c. Professional
- d. Support Groups
- e. Romantic / Intimate Relationships
- f. Spiritual
- g. Other: _____

17. Do you feel your Circle of Support is lacking and/or failing to provide you with needed support?

- a. Yes
- b. No
- c. If you answered "Yes" to the previous question, how is it lacking/failing and how can TH help in that area?

Your Change Process

18. The first step in a recovery journey is making the decision to change your past behaviors and lifestyle. What made you want to change and seek recovery? (Circle all that apply)

- a. Tired of being sick (mentally and/or physically)
- b. Homelessness
- c. Unemployment
- d. Tired of continuing past behaviors and lifestyle
- e. A friend and/or relative
- f. Other: _____

19. What aspects of your previous lifestyle are you or have you changed? (Circle all that apply)

- a. Blaming others for my mistakes
- b. Being the victim
- c. Ending that feeling of shame and/or worthlessness
- d. Ending the cycle

Beyond Recovery

20. What does living your life Beyond Recovery mean to you?

21. What additional supports and services can Transition House and/or others provide to help you live your best life?

Appendix D: E-Team, Spring 2023 Interview Series



Spring 2023
**INTERVIEW
SERIES**

The UNIVERSITY of OKLAHOMA
eteam
COLLEGE OF CONTINUING EDUCATION

Prepared by:
Cayton Moore
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TRANSITION HOUSE, INC.

Appendix D: E-Team, Spring 2023 Interview Series Continued

Introduction

Transition House, Inc. is a provider of mental health and addiction services in Norman, Oklahoma. The organization works toward its mission of “Changing lives by creating pathways for mental wellness” through two programs: The first is Transition House’s Transitional Living Program (TLP) which focuses on supervised apartment living and skill-building for adults with severe mental health or addiction challenges. Space in the program is limited, with applications exceeding capacity. Clients may participate in TLP for up to a year, and upon completion of TLP, they are enrolled in Transition House’s second service, the Community Outreach Program (COP), which continues to provide all TLP clients with additional support such as social/recreational events, drop-in services, and crisis intervention.

The E-TEAM at the University of Oklahoma College of Continuing Education conducted six interviews with Transition House clients between February and March 2023 with the goal of highlighting areas that clients felt contributed most to their successes in Transition House’s Transition Living and Community Outreach Programs.

Client Interviews

Structure

Each client interviewed was asked about their experience with the program agreement and TLP handbook set out by Transition House. These documents contain guidelines and expectations for living in TLP housing, which every client is expected to abide by for the duration of their program. These are not just limited to matters of TLP living space and behavioral expectations, but also integrate treatment benchmarks such as daily and weekly goal-setting to encourage client participation in their treatment. Several clients mentioned that they received mentorship and support to adjust to these guidelines both from TH staff and their peers/outreach clients that are part of their recovery community. Two of the clients interviewed praised these expectations as thorough and transparent, which made meeting those expectations easier.

Most frequently, clients said that the program agreement provided much-needed structure to their lives while in TLP and that they maintained


This place is magic.
—Transition House client

some or all of the expectations as part of their lives as they entered the Community Outreach Program. One client remarked that they never had a stable routine prior to their participation in TLP and cited it as one of their biggest takeaways from the program while another client said that the guidelines “let me set boundaries with myself” after moving from TLP into Outreach client status.

Culture

A common theme across clients and their responses was the emphasis on how the culture at Transition House supports both program goals and the individual treatment of clients. True to Transition House’s own statement on their culture—“We listen. We respect. We support. We empower.”—respect features profoundly in the interviews that were conducted. Five out of six interviewees discussed respect culture as an aspect of their success in the program.

One client felt more comfortable in their adjustment to TLP, knowing that Transition House afforded them privacy by not opening client mail, which they contrasted with previous treatment programs they had undergone in Oklahoma. This built trust, according to the client. Another client characterized this trust and respect built into the TLP approach as allowing them to “Respect myself for the first time in my life.” In no uncertain terms, one client concluded their interview saying, “The most important thing about my time at transition house was the respect I was given.”


Bonnie is a superstar.
—Transition House client

Related to respect and trust-building in the TH client community, interviewees also mentioned the program’s emphasis on accountability, especially self-accountability. The TLP Handbook checklist for clients posits “I understand that part of the learning process involves staff holding me accountable to my goals and healthy behaviors” as one of the criteria that potential clients should consider when applying for the TLP program. This is corroborated when clients express that “Transition House rewards people who put in the work.” Two interviewees mentioned that TLP empowers clients by giving them skills to complete steps in their recovery themselves, which supports an environment where self-accountability is fostered in clients alongside independence. One client did feel that the emphasis on self-reporting and accountability regarding substance abuse relapse created friction. Specifically, the interviewee stated that when a peer in TLP relapsed and was not truthful with TH staff, their relapse behavior went without intervention for longer than it would have with a drug testing policy. This affected the interviewed client as it created a tempting and stressful environment for substance abuse recovery clients such as themselves.

Interventions that do not rely on self-reporting and accountability exist in tension with Transition House’s goals of building trust and respect culture within its programs. The concerned client conceded in the interview that policies like drug testing would be unpopular and could run counter to TLP’s goals as a result.

Integration with Community Resources

One client characterized TLP’s approach to treatment as “They’ll drive you to the door”, meaning that Transition House will facilitate everything a client needs to be able to meet their recovery goals, stopping short of doing the work on behalf of the client. In order for Transition House staff to drive clients to the proverbial door, however, they must know where they’re going. Transition House’s 41 years in operation have given clients access to decades of local relationship building and knowledge of community resources.

One way this expertise comes in the form of helping clients navigate available resources. For example, one client interviewed reported applying for Social Security Disability benefits while participating in TLP and was denied. While this client was enrolled as a COP client, staff encouraged them to reapply and helped with their application. The client now receives disability benefits. Another client related that they were involved in Alcoholics Anonymous while in TLP. Transition House worked alongside AA and their sponsor to ensure that the client could utilize both treatment options. As an Outreach client, Transition House provided mental health support in much the same way that Alcoholics Anonymous provided addiction support. Clients also reported assistance from TH staff in enrolling in Oklahoma’s Medicaid program, SoonerCare, as well as finding local mental health community groups such as the Thunderbird Clubhouse. Transition House’s community involvement is integrated into all levels of the organization from the composition of the board of Directors to TH’s partnership with the University of Oklahoma’s Southwest Prevention Center to provide Social Work practicum students with hands-on experience. These connections support and enhance TH’s work in the community.

Community Outreach Program

Five of the clients interviewed were presently Community Outreach Program clients. COP provides a means of holistic support for TLP alumni by providing some of the services that clients utilized as TLP participants


Thank you for the love, support, and healing.
—Transition House client

on an as-needed basis. Clients described community social events and resource navigation as among the most commonly used COP services. However, each client’s described experience with COP entailed a different utilization of these services, tailored to their needs. One client disclosed that TH staff have continued to act as their mental health provider since transitioning out of TLP due to difficulties in finding other local providers. Frequency of usage differs among clients based on support needs, with some clients receiving weekly check-in calls, while others reported going several months between check-in calls.

In the Community Outreach Program, clients are just as likely to reach out to Transition House for their needs as Transition House is to contact Outreach clients. “The doors at Transition House are wide open,” said one client, who reported using drop-in services several times following the completion of TLP. The Outreach relationship also fosters a strong sense of duty to give back to Transition House. Half of the clients interviewed expressed that they were willing to participate in the interview because they saw it as giving back. Another client reported that they visited Transition House daily after work to engage with the client community and staff, contributing to a larger support community that current TLP clients have at Transition House. Finally, Transition House appointed an Outreach client to the Advisory Council, a non-voting attachment to the Board of Directors tasked with acting as a liaison between clients and board members. This appointment formalized the relationship that Transition House fosters with clients, where clients are grateful and eager to give back to the organization. This only further improves TH’s community involvement as described above.

Conclusion

With forty-one years of experience, Transition House has built a robust network dedicated to serving its clients. In interviewing six of Transition House’s success stories, we have identified some of the systems, attitudes, and approaches that allow Transition House to change lives.


Transition House has given me the best 15 years of my life.
—Transition House client

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