

[DATA SUPPLEMENT TO SALERNO ET AL. BEST PRACTICES COLUMN]**Extension 1: WSM description**

WSM is a 57 lesson curriculum consisting of three major chapters: Recovery, Mental Health Wellness/Relapse Prevention and the Importance of a Physically Healthy Lifestyle. WSM groups are held a minimum of once weekly for 45-60 minutes. Variations to the program, including back-to-back sessions and multiple sessions per week, have also been found to be appropriate when members have a shorter length of participation in the program. While duration of the WSM program varies, it typically takes a year or more to complete the entire curriculum. Programs with shorter lengths of stay such as inpatient hospitals select specific lessons and/or chapters that most closely match the needs of patients and the core mission of the setting. The structure provided by the WSM curriculum, along with group skills training, enables staff with varying levels of credentials and experience to effectively facilitate the program. Staff and peer specialists expected by their employer to provide group treatment services receive a one day face to face training in conducting a WSM group. This is now accomplished through the use of an online WSM training course.

Since the majority of lessons are designed to stand alone, a practitioner and consumer working individually may pick and choose the topics of interest. This also facilitates the entry of individuals at various points throughout a group program. The recommended group size is between 8-12 participants. Optimally, a combination of group and individual follow up is recommended. Through action step planning, participants are encouraged to follow up with helpers in individual meetings on topics of interest or to take other steps to continue their learning outside the group.

Extension 2: WSM and IMR contrasted

The most important ways in which WSM differs from IMR include:

- 1) expansion of the curriculum to include physical health concerns. This chapter was added to address the poor health outcomes for people with serious mental health problems as well as to emphasize the importance of a healthy lifestyle in promoting mental health recovery
- 2) inclusion of self directed action steps in each lesson rather than homework assignments initiated by the practitioner. This was done to reflect the recovery value of choice and self direction.
- 3) development of a group facilitation framework that is aligned with the workbook. Practitioners often struggle with running groups that are focused and personalized. Aligning the lesson format with a group framework promotes successful group facilitation
- 4) embedding practitioner core competencies into the workbook itself represents another effort to guide practitioners in implementing effective group facilitation strategies and
- 5) creation of a bound workbook with structured lessons. In group programs in particular, the use of a bound workbook that participants take with them has a number of distinct advantages over single lesson handouts that may require organizing folders or binders that typically remain at the treatment location. Specifically,
 - Individuals have the choice to read ahead; prepare for an upcoming lesson and to review any lesson at any time. Participants are not dependent on the pace of the practitioner for their learning.

- Participants report a sense of ownership and empowerment by having a comprehensive resource that belongs to them.
- Bound handouts keep the material organized and easy to track.
- Participants can more easily bring their workbook into individual meetings with other helpers and/or discuss the workbook with family or friends.

Organizing a curriculum into a workbook that guides the learning process along with a straightforward and easy to learn group facilitation process reduces burden on practitioners, consumers and program leadership. This has led to rapid uptake and adoption across program types, clinical conditions and cultural populations. These adaptations were instrumental in promoting widespread adoption of WSM in NYS

Extension 3: Practice fidelity and measurement methods

Practice fidelity was assessed by employing a structured checklist that focused on specific behaviors of group leaders. The group format and process used in WSM is an adaptation of the skills training format developed by William Anthony and associates at the Center for Psychiatric Rehabilitation at Boston University (1). This approach, referred to by the acronym ROPES (Review-Overview-Presentation-Exercise-Summary), establishes a sequence of steps to structure the beginning, middle, and end phases of a curriculum-based group. Specifically, the ROPES approach involves Reviewing main points and action steps from the previous lesson as well as Reviewing members' experience with and knowledge of the current topic and why it's important. This is followed by an Overview of the current lesson's agenda. The Presentation phase includes reading, discussing, and completing the personalized worksheet, followed by the Exercise, which offers participants an opportunity to choose and plan an action step to continue the learning process outside the group. Finally, the group ends with a Summary that reinforces the main points and reactions of members to the completed lesson. The ROPES format employs sound educational principles that build on the strengths and interests of participants, creates a safe and trusting environment, personalizes the topic area for each participant, keeps the group on task, and supports participants in applying their learning outside of the group.

Supervisors conducted fidelity assessments by observing an actual group and employing a checklist that included ROPES as well as an additional set of core competencies. Independent fidelity was assessed by a research assistant who sat in on a WSM group or listened to a group via a speaker phone. For a copy of the independent fidelity scale, please contact the Center for Practice Innovations at www.practiceinnovations.org

1. Cohen, M., Danley, K., & Nemecek, P. B. Psychiatric rehabilitation practitioner package: Direct skills teaching. Boston, MA: Boston University, Center for Psychiatric Rehabilitation, 1985.