The Recovery Transformation Project: From Day Treatment to 
STEPS OF LIFE
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Problem: Like many programs in the Mental Health arena this Day Treatment had 
languished for years with little change in mission, purpose and design. It was based on the 
“medical model” programming initiated by staff assessment and assignment of patients to a 
level system of care.

Evidence: Recovery and empowerment were selected as the principles that were needed to 
 promote this evidenced based design. Prior research by Courtney Harding (1987) 
challenged the belief that mental illness is chronic and that maintenance is the best that 
one could hope for. The President’s New Freedom Commission on Mental Health issued 
a final report in 2003 calling for a radical renovation of the nation’s mental health system. 
Priscilla Ridgeway 2007 identifies three key factors in facilitating a recovery system of 
care. These factors are: person centered; consumer driven and community based.

Strategy:
In January of 2006, the Chief Nurse of Mental Health, selecting official for a new nurse 
manager position met with existing staff to obtain feedback on qualities they deemed 
necessary for successful integration of recovery principles into their design. She created 
and shared Performance Based interview questions that emphasized both knowledge and 
practice experience with recovery principles. Clarification of those qualities desired in a 
successful candidate assisted the panel to identify the ideal nurse leader for this effort. 
The new nurse leader began to assess and implement program design. Areas of improvement 
were identified. Common themes emerged from the perspectives of both staff and 
veterans. In formation from staff preferences and veterans evaluation of services were 
analyzed and discussed with Mental Health leadership and others which resulted in a new 
program design.

Practice Change: Transformation from the “medical model” of care to the "recovery 
model" and ultimately into a Psychosocial Rehabilitation Recovery Center (PRRC) in January 
of 2008.

Evaluation: Demonstrated impact on the veterans was assessed through brainstorming 
sessions and impact with staff was assessed through individual interviews.

Results:
Culmination of veteran evaluation and recommendations; staff group preferences; and 
community networking elicited a new program design that was consumer driven, person 
centered and community based. These veterans defined many outcomes some of these are:

- Person Centered: “choices, pick and choose the services that they receive and the 
  interconnected days of the week”
- Consumer Driven: “peer to peer support and self-help allow us to see that other 
  peers are going through similar experiences, can have real empathy because they 
  have been there done that”
- Community Based: “Vincent House gives people the opportunity to get back into the 
  workforce, a sense of accomplishment”
Other Results:

- Census has increased from an average of 14 veterans per day to an average of 23 veterans attending per day.
- Veterans are marketing the program to other veterans
- Staff members are expressing positive comments about veteran empowerment and desire to co-facilitate groups with veterans

Recommendations:

- From its inception this initiative supported a partnership between veteran and staff. The program design suggests that having staff and veterans working together at the same time promotes a new learning experience for all stakeholders and a real understanding and endorsement of each others perspective.
- These efforts all help to reduce the stigma of mental illness
- Service integration through veterans and staff co-teaching and facilitating groups together
- Implementation of Self-Help groups

What lessons did we learn?:

- Conversion from one paradigm to another can produce challenges. These challenges need to be addressed frequently in team settings and mixed veteran and staff group settings.
- Being solution driven with patience is a helpful approach to system change.
- It is relatively easy for both staff and veterans to “talk the talk” but much harder for them to “walk the talk”

Bibliography:


