STRIDES of Alameda

Using a "Step Up" Group for individuals with co-occurring Disorders Transitioning from ACT

Who We Are

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- M.S.W. University of California, Berkeley
- B.A. Psychology and Ethnic Studies, UC Berkeley.
  4 years of case management, group facilitation, psychiatric emergency crisis response, clinical psych research
- **Yelena Rybkina**
- B.S. in Health Education from San Francisco State University
- 3 years of case management, group

STRIDES

- Located in Downtown Oakland, California
- Individuals with:
  - High Hospitalizations
  - High-Risk Behaviors
  - High Recidivism
- Refer to our population as members
- We firmly believe that everyone has hopes and dreams

Demographics

Primary Axis I Disorder	%
Schizoaffective Disorder	57.3
Schizophrenia	38.6
Mood Disorder	1
Other Disorder	3.4
Co-Occuring Substance Disorder	70

Step Up Group

- Group developed in 2008
- 8 initial members--> 15 current members
- 1 -->2 facilitators
- Weekly 1 hour group meetings
- Individual appointments as needed
- Transitioning to more independence

Enrollment

- [illegible]
- A [illegible] letter [illegible]
- Criteria
  - Stable placement
  - [illegible] hospitalization
  - Taking your medication as prescribed
  - [illegible]

Step Up Group

- Mission Statement: We offer specialized support to those individuals that have demonstrated consistent stability and independence in our Strides program. Our interactions are focused on positive support, problem solving, and empowerment. Our discussions are intended to reduce the long standing effects of past institutionalization.

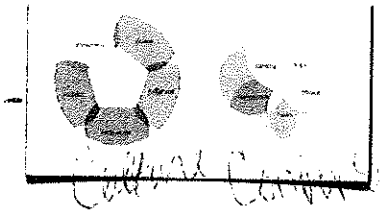
Cognitive Behavioral Theory

- Refocusing; Reframing
- Quantitative techniques
  - Scaling
  - Self-monitoring -> record keeping, journaling.
- Compassion-based techniques --
  - Double-standard: "What would I say to a friend with the same problem?"
- Identify Cognitive Distortion
  Negative thought - distortion
  (Buras, 2001).

Responses

RCCS Theory

Recovery Centered Clinical System



-culture

RCCS Theory

Recovery Centered Clinical System

Responsibility
Judgement:
Personal
Uniqueness
Self Evaluation
Power
Dignity and Respect
Hopes and Dreams
Choice Making Skills
Identity: A
Motivation
Person with
Opportunities: Life Rol
Pride
Connections
SELF - Control
Self - Determination

1 conversation

these topics harness more self-control

Responses

MI Theory

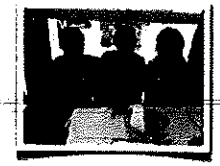
Motivational Interviewing

- Particular style of conversation about change.
- Applied in counseling, therapy, consultation, method of communication
- Collaborative - person centered, partnership, honors autonomy
- Seeks to call forth the person's own motivation and commitment.

W.R.A.P

Wellness Recovery Action Plan

1) Hope
2) Personal Responsibility
3) Education
4) Self Advocacy
5) Support



- Individuals are self-experts
- ↑ self agency
- Feel Better, Get well, Stay well

" hopefulness @ self-knowledge
@prevention

hopefulness ⇒ self-knowledge ⇒ prevention

Why Transition?

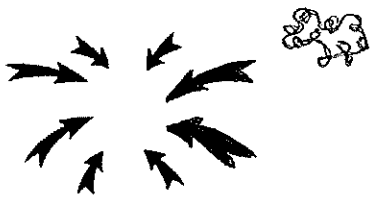
- Programs are reaching capacity
- Limited funding
- Restructure STRIDES growing census
- In-line with recovery
- Not originally built into the ACT model
- Community focused Vs. Program focused

Retention

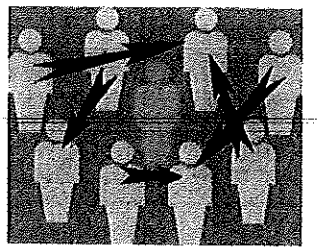
- Flexible attendance
- Positive reinforcement
- Home outreach
- Engaging topics
- Structured group setting despite disruptions
- Staff/Treatment team collaboration.

Responses

Group Process



Group Process



Methods

- Art Therapy
- Alternative Medicine
- Meditation
- Drugs and Alcohol
- Smoking Cessation
- Relapse
- Building Good Habits

- They went to acupuncture clinic

Methods

- Cooking: - microwave class
- Healthy Eating
- Social Support
- Mindfulness
- Finding Affordable Housing
- Money Management
- Symptom Management

Methods

- Self esteem
- Peer counseling
- Working with SSI
- Vocational training
- Positive psychology
- Video Interviews

↳ Pat Deegan

Methods

- Computer skills
- Crisis management
- Transition
- Medication compliance
- Community resources

reduction of hospitalizations

Responses

Hospitalizations

	Nov 08	May 09	Nov 09	May 10	Nov 10	May 11	Nov 11
Thomas							
Betty							
Alan							
Linda							
Ricardo							
Jeffery							
Dawn							
Errol							
Tirzo							
Mark							
George							
Gene							
William							
James							
Vincent							

Hospitalizations

Thomas						
Betty						
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Linda						
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Mark						
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Gene						
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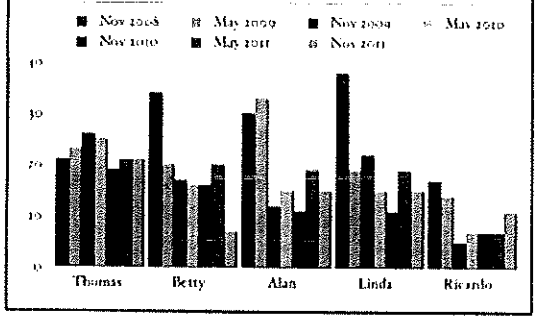
Vincent						

Number of Contacts



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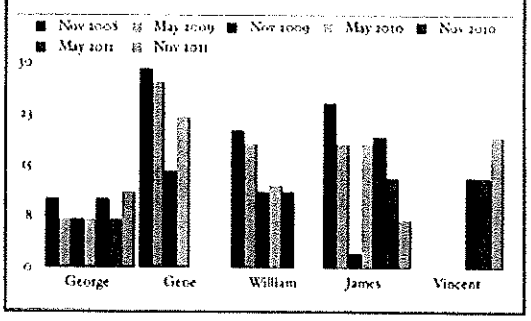

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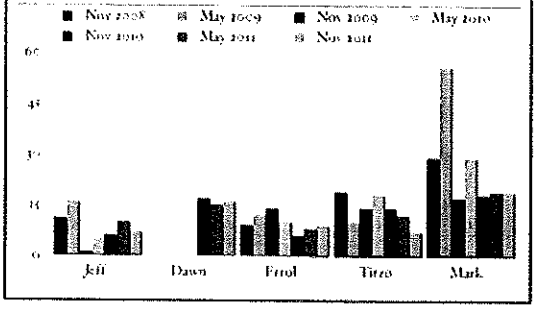


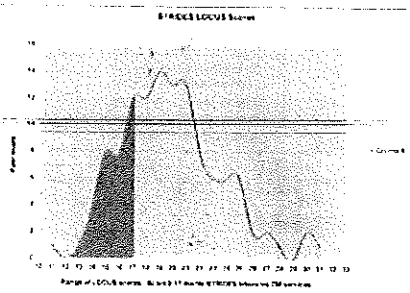
LOCUS 2010 Assessment

Level of Care Utilization System

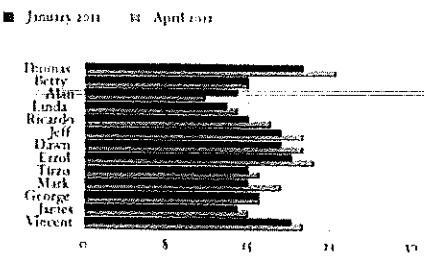
1. Risk of Harm
2. Functional Status
3. Medical, Addictive and Psychiatric Co-Morbidity,
4. Recovery Environment
5. Treatment and Recovery History
6. Engagement and Recovery Status

- **low score = optimal**

LOCUS



LOCUS



Alan

- 61 y/o living with Schizoaffective Disorder, Bipolar Type
- 16 years with STRIDES
- # of Contacts: 30-->15/month
- Hospitalizations: 0
- LOCUS score: 14-->11
- Barriers: Struggles with Depression, Social Cues, Motivation
- Improvements: Moves from SRO--> Apartment, Made good friends, Improved Insight, Opened Bank Account, Led

Ricardo

- 1[illegible] y/o living with Schizophrenia, Paranoid Type
- 16 years with STRIDES
- Contacts: 1[illegible]--> Hospitalizations: 0
- LOCUS score: 15--> 12
- Barriers: Poor Hygiene, Managing Money, Social Anxiety
- Improvements: Reduced Isolation, Increased Social Support, Opened Bank Account, Applying for Work, Improved Living Space

Betty

- 55 y/o living with Schizoaffective Disorder, Bipolar Type
- 5 years with STRIDES
- Contacts: 31-->7
  Hospitalizations: 0
- LOCUS score: 15-13
- Barriers: Experiences Delusions around Religion
- Improvements: R/S --> Apartment, Reconnected w/

Summary

- Forming--> Storming-->Norming
- Distractions
- Offer Hope
- Step Up to meet Needs of Individuals and Community
- Evolving Process
- Our Hopes and Dreams for Step Up Group