



The CooperRiis Enhanced Recovery Program: Summary of Philosophy, Program, and Practices

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Introduction

Our healing community rests upon a rich heritage of therapeutic communities in the United States that began in the early 1900's. The central concept of therapeutic community is to create a living environment in which staff, volunteers, and residents live, learn, recreate, and work together as a functioning community. To this model, CooperRiis has added the elements of modern psychiatry and psychology, with an emphasis on relationship-centered care, recovery, and a strong holistic approach that affirms and honors the whole person.

CooperRiis nurtures the whole person, rather than just the mind by utilizing comprehensive services and experiences such as:

- Therapeutic Community Support of Individual Recovery
- Individual and Group Therapy
- Family Support and Education
- Psychiatric and Medication Support
- Support for Individuals with History of Substance Abuse and/or Addiction
- Service and Life Skills Training
- Scholastic Education and Career Assessment
- Physical Wellness Counseling and Support for Optimal Health
- Recreational, Cultural, and Arts Experiences

These activities are provided in beautiful and comfortable facilities and under CooperRiis staff supervision to ensure the safety and welfare of the residents at all times. The

activities are suitable for the ages, interests, and needs of the residents served in a program that operates 24 hours a day, 365 days a year.

The Mill Spring farm location accommodates up to 36 residents in private bedrooms in three lodges, with six residents on each of the lodge's two main floors. Our Asheville location is located in a historic neighborhood across from the University of North Carolina at Asheville. It accommodates up to 24 residents in either private or shared bedrooms.

Residents at both locations are age 18 or older and desire to engage in their recovery process from a mental health condition and to take steps to move forward in their lives. Residents may be diagnosed with health conditions such as schizophrenia, schizoaffective disorder, anxiety disorders, bipolar disorder, depression, addiction disorders (in some state of remission) and/or personality disorders.

Key components of the CooperRiis program are service and life skills. Voluntary non-compensated work (volunteer work) is used as a medium to provide opportunities to contribute, to establish healthy routines, and to provide pre-vocational and limited vocational training for the resident. CooperRiis provides its residents with the opportunity to learn the practical lessons of working with both peers and supervisors in actual work and volunteer settings. The life-skills efforts simultaneously benefit the resident and the greater CooperRiis community.

Arts and recreation activities exemplify the holistic approach at CooperRiis. Western North Carolina is known nationally for its arts and traditional or contemporary handmade crafts. CooperRiis provides programming in the creative expressive arts including: woodworking, musical opportunities, and exposure to multiple creative modalities. CooperRiis encourages each resident to express him or herself creatively throughout their stay.

The CooperRiis Clinical Program consists of multiple components including:

- individual psychotherapy
- group therapy
- family support and education
- wellness and nutritional counseling
- psycho-education,
- Ongoing psychiatric evaluation and medication support/monitoring.

The licensed and/or professional clinical team consists of multiple highly trained individuals including Psychiatrists, Psychologists, Counselors, Social Workers, Registered Nurses, and a Nutritionist. (For more information on our clinical team members as well as the other staff, refer to the CooperRiis website at <http://www.cooperrriis.org/>).

Our clinical program is consistent with the latest paradigm for the treatment of serious and persistent mental illnesses, which is referred to as the 'recovery paradigm' or

‘recovery philosophy’. All staff members are trained in the recovery paradigm, and are able to participate in the support of each resident’s individual process of recovery.

After an average stay of six to nine months, residents may transfer to the CooperRiis Community Program. This option provides long-term, supportive housing and growth and employment opportunities in the Asheville and Mill Spring areas. Given that residents may come to CooperRiis from anywhere in the world, we also assist in planning transitions for those returning to their respective home communities from CooperRiis or our Community Programs.

Recovery Philosophy

The latest and most progressive paradigm pertaining to the treatment of ongoing significant emotional distress and/or emotional health conditions is based on the individual-centered recovery philosophy or paradigm. Consistent with this philosophy is the belief that individuals with ongoing emotional health conditions undergo a recovery process much like individuals who experience other types of ongoing health conditions. Similarly, mental health recovery is an evolving process that involves gradual and sometimes uneven progress over the course of time. Recovery does not imply cure but, rather, overall forward movement. Contrary to earlier treatment paradigms that placed primary emphasis on basic functioning, the recovery model addresses issues of personal empowerment, connectedness with others, creating a healthy sense of self, purpose in life, spirituality, and overall quality of life. William Anthony, who is described as the “father of the recovery movement,” states the following:

“Recovery is described as a deeply personal, unique process of changing one’s attitudes, values, feelings, and goals, skills, or roles. It is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by mental illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.” (Anthony, 1993)

The values and intentions of the CooperRiis programming clearly resonate with and reflect the life-affirming and hopeful nature of the recovery philosophy.

CooperRiis Enhanced Recovery Model

The foundation of the CooperRiis programming is based on the **Enhanced Recovery Model** that was created by **CooperRiis psychologist, Sharon Young, Ph.D.** Distilled from this model are the seven domains of recovery that guide the CooperRiis programming and provide the structure for each resident’s recovery plan. The CooperRiis clinical programming encompasses multiple components including individual psychotherapy.

The development of this model by Dr. Young was supported by a research grant from the Ohio Department of Mental Health. The goal of the research was to produce a model of the recovery process that outlined the various phases of recovery that individuals experience as they move forward. Although the recovery philosophy provided by William Anthony and other researchers has provided important guiding principles, the actual process of recovery had not been clearly delineated.

The Enhanced Recovery Model was created based on the input from individuals who were actually experiencing the mental health recovery process. Those individuals were interviewed both individually and in focus groups to provide information about what actually happened as their mental health and their quality of life improved over the course of time. The interview and focus group data was transcribed, and a qualitative research technique called Grounded Theory Analysis was utilized to identify common themes and to produce a coherent model of the recovery process.

The Recovery Model that Emerged from the Grounded Theory Analysis Delineated Three Basic Phases of the Recovery Process:

The **initial phase** of recovery is characterized by achieving a stable sense of acceptance of one's condition as opposed to the pre-recovery state of minimization and denial. Developing a sense of hopefulness and inspiration is a critical aspect of this phase along with developing the desire and motivation to move forward and the willingness to accept help. It is significant that individuals with mental health conditions can spend a prolonged period of time in the denial phase before gradually shifting into the acceptance phase that represents the initiation of the recovery process. It is also very common that individuals experience much ambivalence about their acceptance, and can spend time vacillating between acceptance and denial before shifting into a more even and sustained phase of recovery.

The **middle phase** of recovery is characterized by multiple processes including discovering and fostering a sense of empowerment, gaining new perspectives about oneself and one's illness, and returning to a level of basic functioning that might have been left behind due to one's symptoms. In order to achieve a sense of empowerment, individuals with ongoing mental conditions begin to take more control of their own recovery process and of their own lives. Instead of depending on others for their day-to-day needs, they begin to accept more responsibility for their own care. Gaining more insight into their health conditions and learning to self-monitor and initiate proactive strategies to control their symptoms also increases the sense of empowerment. Recognizing and discontinuing harmful coping strategies such as substance abuse or poor eating habits is part of this process as well. Empowerment also entails developing certain positive attitudes such as determination and confidence.

Redefinition of one's sense of self is also an important aspect of the middle phase of recovery. The initial experience of mental illness often shatters an individual's core sense of self and leaves him or her feeling lost and confused. A critical aspect of recovery is the reconstruction of one's self-concept. As time passes and the recovery process evolves, individuals often rediscover parts of themselves that they thought were lost, in addition to developing new potentials that emerge as a part of personal growth and recovery. A particularly salient aspect of the reconstruction of self is the recognition that one's health conditions and symptoms are only one aspect of a complex and multidimensional self. This allows the development of a healthier perspective about their challenges and themselves, and frees them up to appreciate and honor their own unique characteristics and strengths.

Regaining one's ability to function in an adaptive way in society is also an important aspect of the middle phase of recovery. In the early stages of recovery, basic functioning

skills can be temporarily overcome by one's symptoms and an accompanying sense of discouragement and despair. Regaining the desire and ability to take care of one's basic needs is essential: getting into a healthy sleep/wake cycle and maintaining basic hygiene are two examples of basic functioning domains. Prioritizing physical wellness needs such as exercise and healthy diet is also part of the recovery process.

Functioning in an adaptive manner calls for the individual to be active instead of passive. Individuals with persistent mental health conditions too often become isolated and passive as opposed to being a participating member of their community. Being connected in a healthy way with family, friends, supportive professionals, and one's community at large is an important aspect of recovery.

The **third phase** of recovery entails striving for and attaining a stable sense of wellbeing and a better quality of life. This process often includes developing a stable and positive sense of self, a sense of inner peace, a sense of overall emotional stability (including decreased symptoms due to improved coping and symptom management) and positive attitudes and beliefs that are not transient. Developing a sense of meaning and purpose in one's life is also a part of later recovery and can be related, for example, to one's sense of spirituality or one's role in serving as a mentor for others who are in an earlier phase of recovery. Achieving a sense of independence and self-sufficiency is also a part of this phase along with more concrete standard-of-living challenges such as being able to afford housing or leisure activities.

The CooperRiis Programming is designed to facilitate movement through all phases of recovery, and recognizes that residents may be working on aspects of all three phases simultaneously. Staff members are trained to understand their roles in this process, and understand the recovery goals of each individual. They then can support the resident in his or her achievement of those goals. Serving as constant sources of hopefulness and encouragement is perhaps the most crucial role for all CooperRiis staff members. Many of the components of the program are designed to promote empowerment, functioning, insight, and the self-redefinition processes that occur in the middle phases of recovery. At the same time, the CooperRiis Community Program support is tailored for individuals in middle to later phases of recovery. Incorporating clinical and recovery programming into the Community Program ensures support through the recovery process of the residents and graduates and provides the continuity of care and support that promotes long-term success and fulfillment.

CooperRiis Recovery Domains and Person-Centered Recovery Plans

The format for resident's individualized Person-Centered Recovery Plans reflects the overall recovery philosophy, the Enhanced Recovery Model, and the features of the CooperRiis program. The seven recovery domains include:

- Community/Connectedness
- Spirituality
- Physical Wellness
- Emotional/Psychological Health
- Purpose/Productivity

- Empowerment/Independence
- Intellectual/Learning/Creativity

With the help of a clinical team member, each resident will create long range and short-range goals in each of the seven domains. This aspect of the CooperRiis program, which will address each goal, will be identified along with a responsible staff person who will assist the resident in achieving that goal and will help to evaluate progress. By intentionally focusing on all seven domains, the program provides holistic and balanced care for each individual and supports and facilitates the recovery process from multiple angles. The seven CooperRiis recovery domains are described below:

1. Social/Community/Connectedness

This domain refers to one's ability to connect to others in a healthy, balanced and functional manner. It refers also to the ability to maintain appropriate boundaries and the capacity to develop the authentic emotional intimacy, which in turn leads to rich and meaningful relationships. The acquisition of effective interpersonal skills including listening skills, nurturing skills, and empathy and conflict management skills also falls within this domain. Additionally, this domain refers to the sense of pride, that occurs by acceptance and belonging that is fostered by being a contributing and valued member of a caring community.

2. Spirituality

This domain refers to one's sense of inner peace and harmony. It also refers to a sense of hopefulness, a passion for life and a sense of appreciation and gratitude. Spirituality often offers a sense of clarity about one's values and one's sense of purpose and meaning in life. An individual may obtain spiritual nurturance in a variety of ways including practicing a certain faith, spending time in nature, or practicing yoga or meditation. Residents utilize a variety of approaches to become more centered and to facilitate self-reflection and inner peace.

3. Purpose/Productivity/Fulfillment

This domain refers to the sense of accomplishment and fulfillment that derives from meaningful and rewarding activities. Having the opportunity and initiative to become a contributing and productive member of a community is central to this domain whether it is through employment, education, volunteer opportunities, or general acts of good will. Mentoring, role-modeling and other leadership opportunities can foster this sense of fulfillment, purpose, and productivity.

4. Empowerment/Independence

This domain refers to the development of attitudes and behaviors, which foster increased independence, and an increased sense of control over one's life and one's own recovery process. Increased self-confidence, motivation, responsibility, and self-esteem are all associated with this domain. An increased ability to self-monitor and to be proactive in order to decrease symptoms and problems also contributes to empowerment as well as increased functional coping abilities and decreased reliance on self-destructive or dysfunctional ways of coping. More functional and adaptive ways of thinking contribute

to empowerment (as opposed to dysfunctional, self-defeating thinking patterns). Willingness to take risks in order to grow also fosters independence and empowerment.

5. Emotional and Psychological Health

This domain refers to an overall sense of well-being and emotional stability. The ability to monitor emotional states, recognize warning signs, and implement proactive strategies to effectively manage one's emotions, contributes to emotional and psychological well-being. The ability to self-soothe and nurture oneself is also important. This domain also refers to symptom reduction, which often implies increased insight, improved self-care, and a willingness to seek help and medication adherence. For an individual with a chronic health condition such as a mental illness, developing a healthy sense of self often entails recognizing that he or she is a unique, complex and multi-dimensional person who refuses to be defined by their illness. Instead, the individual recognizes and honors their unique skills, characteristics, and interests and pursues activities and relationships that provide pleasure and fulfillment. Making play and humor a priority contribute to emotional and psychological health, as well as feeling capable of obtaining the quality of life for which one strives.

6. Physical Wellness

This domain refers to one's ability to take care of basic physical needs such as hygiene and healthy sleep patterns as well as other physical wellness domains such as regular exercise and a healthy diet. Physical wellness also refers to the conscious decision to adopt a healthy lifestyle. Avoiding habits and behaviors that negatively impact physical health such as smoking, eating unhealthy food and abusing substances such as caffeine, alcohol, and drugs is also important. Physical wellness is positively impacted by a variety of self-care and stress reduction activities and behaviors such as exercise, meditation; massage therapy, acupuncture, and yoga.

7. Intellectual/Learning/Creativity

This domain refers to the willingness and desire to learn and to challenge oneself mentally and creatively. This reflects a curiosity about the world around us and a desire and openness to multiple growth opportunities. Taking risks and challenging oneself often promotes learning and growth. For an individual with a chronic health condition, a constant desire to learn more about the process of recovery is also important. A willingness to tap into and to release creative energy is helpful as well.

CooperRiis Clinical Program

As previously mentioned, the CooperRiis Clinical Program consists of multiple components including individual psychotherapy, group therapy, family support and education, physical wellness counseling, psycho-education, and ongoing psychiatric evaluation and medication monitoring. Although there are many distinct components of the program that represent specific curative elements, it is important to note that all components function in an integrated, synergistic manner that reflects the overall milieu. CooperRiis is very intentional about creating an overall therapeutic milieu that surrounds every resident with multiple sources of support and multiple opportunities for growth and recovery. We support our residents with our attitudes, actions, and interventions. Our

multi-faceted approaches all work toward the enhancement of recovery and are all interrelated. Each separate but related component of the clinical program is described in more detail below:

▪ **Individual Therapy, Coaching, and Recovery Planning**

Each resident meets with both a therapist and a Recovery Coordinator at least once a week. Therapy sessions are individually tailored to foster emotional growth and healing as well as to foster overall recovery progress. Possible therapy techniques that are utilized include:

- cognitive behavioral therapy
- creative expressive therapy
- process experiential therapy
- psychodynamic therapy
- narrative therapy
- art therapy techniques

Recovery Coordinators monitor, support and coordinate the overall programming for the resident. They also partner with the resident to create a Dream Statement and corresponding sequential goals that help the resident to create the life they want to live.

The Dream Statement:

CooperRiis' orientation to recovery is broad, aiming for optimal health, not just mental health. In some ways, the resident's healing process is similar to pursuing a liberal arts education in recovery. Residents are familiarized with the seven recovery domains and are invited into a process of putting energy into each of these areas which in turn honors the whole person and provides a framework for a balanced and fulfilled lifestyle.

The resident also chooses a 'major' by developing a Dream Statement along with associated Core Goals and Objectives. Generally, this Statement evolves as the resident begins to reclaim their lives and overcome the impediments of mental illness. The Dream Statement, Goals and Objectives focus of the resident's vocational and avocational interests. In some ways it becomes the narrative of how they envision the life of meaning and purpose which lies ahead of them.

In-depth Recovery Planning sessions that involve the resident's whole recovery team, including the resident's family members, occur every 6 to 8 weeks. These sessions review resident's broad progress across the domains and the specific progress on their Dreams, Goals and Objectives.

▪ **Group Therapy**

Each resident is encouraged to participate in at least one group therapy session per week. The Wellness Recovery Action Planning (WRAP) group is offered to all residents. Mary Ellen Copeland created this nationally utilized curriculum in order to help each participant create an individualized and comprehensive wellness plan. The WRAP group also addresses Enhanced Recovery topics such as hopefulness, multi-dimensionality,

stress and symptom management, general recovery education, and cognitive restructuring.

Other group therapies offered:

- Dialectical Behavior Therapy, DBT, (created by Marsha Linehan) to enable better management of intense emotions
- General Process group that offers opportunities for mutual support
- Interpersonal Skills Group emphasizing the improvement of interpersonal skills.
- **Support for Substance/Addictions History**

Although CooperRiis is not an intensive dual diagnosis program, support is provided for those who are in an ongoing addictions recovery process. Individuals with a history of addiction problems are offered either individual or group therapy opportunities.

CooperRiis also sponsors an Alcoholics Anonymous (AA) meeting that is open to the broader community and provides transportation to other twelve step meetings in the area

- **Family Support and Education**

CooperRiis acknowledges family members as critical sources of support, hopefulness, and knowledge. We recognize that family members are a part of the resident's ongoing recovery team and therefore welcome and encourage family involvement while honoring resident confidentiality. Our residents and their family members are fully informed about mental health conditions and treatment issues. Regular family contact occurs with the resident's permission. Educational programs are offered to families during the semi-annual Family Education Weekend (April and October) and are designed for all current residents at CooperRiis and in our Community Programs. Family therapy sessions are facilitated as needed.

- **Psychiatric and Medication Support**

Because most persistent mental illnesses responds to biological psychopharmacology, especially during exacerbations of symptoms, a critical aspect of our program is medication evaluation, monitoring and optimization. During the admission process, the medical team evaluates each resident's medication regimen. Working in conjunction with our nutritionist, this team may also add a regimen of dietary supplements to the prescribed medications. At least every three weeks, the psychiatrist reviews CooperRiis residents' medications and modifications of medication orders are made as necessary, with the resident's consent.

The monitoring of each resident's response to medications is an ongoing daily process that involves participation of the residents. To facilitate self-monitoring and responsible participation in medication treatment, each resident receives written or verbal education on all prescribed medications. The medical team routinely evaluates and implements any necessary alterations to the medication regimen with a view toward minimizing side effects and finding the lowest, most effective combination and dosage of medications. Whenever possible, CooperRiis residents move towards self-administration of medications in order to facilitate long-term empowerment and successful medication optimization..

(Note: Individual sessions with the psychiatrist are not included in the basic CooperRiis fee and are separately billed to the family of the resident.)

▪ **Physical Wellness Counseling and Support**

The CooperRiis program is comprehensive and holistic because we realize that a singular approach is not sufficient when we are dealing with the complexity of persistent mental illness. On the one hand, our approaches are based on the understanding that recovery is advanced by the individual self-knowledge, volition, and resolve that comes from psychotherapy and counseling. On the other hand, our approaches also respect the biochemical nature of serious mental illness.

Residents are invited to utilize a variety of complementary therapies that are available to them under the guidance of the nursing staff, nutritionist, wellness coordinator, and therapists. Each resident has access to physical wellness counseling, and has the opportunity to target individualized areas of physical wellness such as fitness, weight loss, or smoking cessation. Disease prevention and health promotion are enhanced through physical exercise, nutritional counseling, and complementary measures that could include massage, acupuncture, meditation, and yoga. All residents and staff are invited to join group exercise activities that take place each weekday morning and in late afternoons. Consistent with the emphasis on a healthy lifestyle, CooperRiis meals are made with fresh, organic foods – supplied from outside sources as well as our gardens and greenhouses. The nutritionist advises the psychiatrist on the use of dietary supplements.

○ **Nutritional Planning and Education**

Each resident meets with the nutritionist during their first two weeks at CooperRiis for an assessment of individual nutritional needs. Based on this assessment, the resident and nutritionist may plan changes in the resident's approach to nutrition in order to positively impact his or her recovery. The personalized dietary and education plans and meetings with the nutritionist for coaching and assessment of progress. Each resident also has the opportunity to participate in a group wellness curriculum that provides hands on training regarding meal planning, meal preparation and education about a host of wellness topics. All residents are evaluated by the nursing staff and nutritionist for metabolic syndrome, and those who fall into this category receive individualized attention and health planning support from the psychiatrist, nurse, and nutritionist.

○ **Reducing/Eliminating Use of Harmful Products**

CooperRiis sponsors smoking cessation programs for both residents and staff

○ **Physical Exercise and Fitness**

CooperRiis has the expectation that every resident and staff member will participate on a consistent basis in the regular exercise sessions.

○ **Complementary Modalities**

- CooperRiis may refer residents for therapeutic massage as a means of fostering relaxation and a sense of well being or for treatment of specific pains. Nursing staff may also provide access to licensed or certified practitioners of other alternative modalities as indicated.

- **Life Skills Program, Academics, and Volunteer Work**

Each resident joins one of several Life Skills programs that could include housekeeping, farming/ gardening, maintenance, art barn, kitchen/ bakery, and wood shop. At our Asheville location residents also participate in volunteer work at non-profits within the local community. Each resident works along side other residents and staff every morning and afternoon in programming scheduled from 9:30 am – 12:00 noon and from 1:00 pm – 4:00 pm that is designed to help him or her prepare for future work, school, and/or volunteer opportunities.

The Life Skills Program supports and reflects the resident’s recovery processes in several important ways; by playing a role in the daily functioning of the CooperRiis community; making significant contributions to the CooperRiis and/or local community; experiencing a sense of ownership and pride in the community; and to have a sense of belonging to a supportive, appreciative community.

The Life Skills Program provides a sense of structure, routine, purpose, and productivity that leads to fulfillment and increased confidence and empowerment, and provides opportunities for positive interpersonal interactions. Educational and vocational evaluations are provided for all residents. Assistance is provided for obtaining a GED or high school diploma if relevant. Residents may also be assisted with taking a class or two (on-line, continuing education, community college or traditional university classes).

Arts and Recreation CooperRiis greatly values artistic expression and believes that the creative expression of our residents often facilitates the recovery process. Our residents are offered a number of arts and recreation opportunities on a daily basis in both structured and unstructured formats. Our creative programming accommodates a wide variety of creative activities such as acting, pottery, woodworking, painting, and sculpting.

Recreational outings take advantage of the many outdoors and arts activities in the surrounding area. Recreational opportunities promote physical and emotional wellness by directly enhancing health; enabling increased self-esteem and personal growth; increasing opportunities for positive social interactions, learning, and play; and by supporting the recovery process.

Moving on from CooperRiis

The CooperRiis Community Program promotes primarily the more advanced stage of recovery by focusing on the creation of more stability, independence, purpose in life, and quality of life. The average stay at CooperRiis in Mill Spring and in Asheville is six to nine months with a maximum of three years. Due to the varied strengths, needs, abilities,

recovery pacing, and preferences of the individual, the range of time spent at CooperRiis is quite broad. Some residents may graduate in three months; others may stay a year or more to work more deeply on their issues. Some residents will move on to living situations developed by themselves or their families. Others may choose to use CooperRiis' Community Programs for their continued recovery.

Continued Recovery Options

As residents “graduate” from the CooperRiis program in Mill Spring, approximately 50% continue their recovery process by entering the CooperRiis Community Programs in either Mill Spring/Tryon or Asheville, NC, where they focus on retaining and strengthening:

- A stable and positive sense of self and of inner peace,
- A sense of overall emotional stability (including decreased symptoms due to improved coping and symptom management),
- Positive attitudes and beliefs about their futures.
- A sense of meaning and purpose.
- A sense of independence and self-sufficiency.
- The ability to acquire and maintain gainful employment, useful education, or meaningful volunteer work for up to 30 hours a week.
- The ability to make full use of the psychotherapy, psycho-education, counseling and psychopharmacology supports.
- The ability to prepare nutritious meals and to care for and clean their apartments and/or rooms.
- The ability to afford housing, the normal expenses of living, and the cost of leisure activities. *(Note: This ability may require the ongoing support of family with the objective that the graduate continuously increases his or her ability to earn economic resources.)*

Going to the Community Programs

A resident transitions from the residential programs in Mill Spring or Asheville and joins the community program typically after participating for a minimum of three months, or longer. Readiness is assessed by gauging achievement on the resident's goals and progress on the program transition guidelines. This move can be made sooner, but not before successful completion of at least one month at the CooperRiis program.

• What and where are the Community Programs?

- The Community Programs in Asheville and Mill Spring/Tryon provide residents with three levels of support:
 - a) Shared Residence with 24-hour 7-day on-call staff.
 - b) Supportive Housing leased or owned by CooperRiis, with daily staff contact and support.

- c) Extended Community Services for graduates in their own housing, who have weekly staff support and on-call services as needed.
- o Community Members in the Mill Spring/Tryon area also have access to the full- or half-day programming at the residential campuses in Mill Spring and Asheville.

- **How can the Community Programs help with Continued Recovery?**

During the resident's experience at the residential level of services, he or she receives more than one-to-one staff support as they strengthen their level of recovery, self-confidence, and abilities across the Seven Domains of Enhanced Recovery. As the recovery process continues, the community program levels of staff support (as well as program expense) decrease as one's personal empowerment increases. The Community Residents continue pursuing their goals as they move toward Extended Community Services, but they are not alone. The CooperRiis healing mission and values guide staff and community members towards creating and sustaining a broadened therapeutic community experience where important relationships are maintained. The community member receives modified levels of structure and support through familiar expectations, rules and therapy. At the same time, they are challenged to achieve new levels of freedom and responsibility through work, school, and increased interaction with the world even as they know that staff and fellow community members continue to be available for support.

- **Staff Support for Community Program Members**

Community Program staff walks with, dines with, works with, recreates with, and socializes with the community members. Staff uses a hands-on, practical, and pragmatic approach in working with the community members. We encourage mutuality and deep connections amongst community members, knowing that it is an internal sense of mutuality and community that will continue to strengthen them far beyond his or her experience in the CooperRiis programs.

- **Community Services**

In addition to the various levels of residential support and supervision, CooperRiis staff provides individualized coaching to support, encourage, and facilitate:

- o Goal-achievement related to individualized Dream Statements and progress review of work within the Seven Domains of Enhanced Recovery.
- o Regular weekly individual meetings that address:
 - a) Self-administration of medication; to include obtaining and setting up own medication, strengthening his or her understanding of medication, and reinforcing the importance of the partnership with the psychiatrist.
 - b) Weekly meal management; to include meal planning, food purchasing, nutritional understanding, and direct support with development of cooking and individual kitchen management skills.
 - c) Personal hygiene and apartment cleanliness; to encourage maintaining a clean and organized living and work environment.

- d) Exercise: we encourage exercise at least four times a week.
 - e) Work and education planning and support: encouraging participation in and supporting accomplishment of 20 to 30 hours a week of work and/or school.
 - f) Review of goals and their achievement.
 - g) Facilitating regular appointments for psychiatry and individual or group therapy.
 - h) Developing substance-abuse relapse prevention plan (if applicable) and developing ongoing addictions support.
- Regular community meeting/meals for all community members, helping to create a safe and supportive arena for discussion and mutual support.
 - Understanding of rules and guidelines in place to provide the optimal environment and support for individual recovery.
 - On-call support 24 hours a day, 7 days a week.
 - Coordinated and preferential access to care at CooperRiis - respite care if temporary or full return if desired.
 - Transportation, either by CooperRiis or through public means.
 - Scheduling of weekend and evening social, recreational, and community activities.
 - Coordination of routine and/or emergency medical/dental care.

CooperRiis Lifetime of Support

Regardless of what level of participation, all residents are considered lifetime members of the CooperRiis community. Our mission includes helping residents achieve long-term progress in their recovery. Support continues long after formal departure from our program. Respite rooms are available on an ongoing basis for the purpose of returning for a social visit. We encourage ongoing communication, and provide residents with permanent CooperRiis email accounts. A toll free line is also available for staying in touch, **1-800-957-5155**.