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RECOVERY IN THE CLUBHOUSE ENVIRONMENT: APPLYING ECOLOGICAL AND SOCIAL COGNITIVE THEORIES

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ABSTRACT

A psychosocial model of psychiatric rehabilitation known as the Clubhouse, has been founded on the principles of peer support and empowerment and now is recognized as part of the United States National Registry of Evidenced-based Practices and Programs (NREPP). The objectives of this article are to align recovery-oriented principles with clubhouse practices and offer ecological and psychological theoretical frameworks to further understand the clubhouse methodology. Specifically, Bronfenbrenner's ecological theory of development and Bandura's Social Cognitive Theory within the context of a humanistic environment are examined in relation to clubhouse programming.

Key Words: clubhouses, recovery, social cognitive theory, ecological theory

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RECOVERY IN THE CLUBHOUSE ENVIRONMENT

The Clubhouse model has its initial roots in the early self-help movement of the 1940s through *We Are Not Alone* (Anderson, 1988), which was founded on the principle of *consumer-survivors* providing each other mutual aid and peer support following psychiatric hospitalization (Anderson, 1988). The Clubhouse model is a psychosocial, psychiatric rehabilitation setting that is gaining worldwide recognition as an effective mental health environment for assisting in the recovery process from serious mental illness (SMI). Unlike other types of psychosocial rehabilitation models, Clubhouse acknowledges and utilizes the influence of the group in hastening recovery from serious mental illness (Pernice-Duca & Onaga, 2009).

The United States Substance Abuse and Mental Health Services Administration (SAMHSA) was established by congress to help people with a substance use disorder or serious mental illness. SAMHSA works to identify current research which has findings proven to be effective in the prevention and/or treatment of mental illness. In order to efficiently transition researched interventions and methods into readily used practices, SAMHSA uses the database National Registry of Evidenced-Based Practices and Programs (NREPP) to provide a representative list of Evidence-Based Practices (SAMHSA, http://www.nrepp.samhsa.gov). Only those models that have consistent and significant scientific research into the promotion of mental health are listed; these are rated on reliability and validity of measures, intervention fidelity, missing data and attrition, potential confounding variables, appropriateness of analysis, and how readily the program is for implementation. Interventions listed in the NREPP database are available to assist mental health systems, professionals, and consumers to identify or implement scientifically based interventions. Models that have consistent and significant scientific research demonstrating their promotion of mental health are listed.

Inclusion of the Clubhouse model as an Evidence-Based practice validates the research conducted on the Clubhouse model as reliable, valid, and that the methods for the treatment or prevention of SMI have yielded significant results. Inclusion in the National Registry also means that Clubhouse programs may be used effectively in communities. The Clubhouse methods have embraced the notion of recovery from the beginning, that through empowerment an individual may start on a journey toward a healthier quality of life. Recognition by NREPP acknowledges the workings of the Clubhouse model as an important tool for those with mental health needs.

Objectives of Article

Clubhouses evolved primarily experientially and a-theoretically and have not been integrated conceptually with emerging ideas in the recovery literature. Nor have Clubhouses been conceptualized in relation to established theories of growth and individual change to any extent. This article addresses the lack of conceptual and theoretical connection of Clubhouses with the recovery literature

and with the mainstream theories of growth and development. The first objective is to show that key aspects of recovery are related to the core aspects of the Clubhouse model. The second objective is to examine the well established and respected social science theories of Bronfenbrenner's (1992, 2005) ecological development and Bandura's (1977) Social Cognitive Theory showing how they can conceptually embrace the social processes of change and individual development exemplified by the Clubhouse model. To satisfy the first objective, the article initially describes a nationally derived list of 10 components of mental health recovery developed by a process of consensus among key stakeholders in the United States and how they relate to elements of the Clubhouse model. The second objective considers Bronfenbrenner's theory of ecological development as the broadest and most inclusive conceptualization of social milieus or environments within which individual change evolves and how features of the Clubhouse model are shown to fit with Bronfenbrenner's conceptualizations. Finally, Bandura's Social Cognitive Theory of how individuals learn, grow, and develop within social contexts by interacting with others is related to Clubhouse processes of individual learning and growth.

The Correspondence between Recovery Elements and the Clubhouse Model

Recovery as a concept is now highly endorsed in the research literature and by U.S. Federal policy. Successful recovery neither erases traumatizing experiences from memory, nor does it necessarily eliminate symptoms. Rather, successful recovery simply means that the person has adapted to new perspectives of himself and his world (Ridgway, 2001). The experiences of the illness, while still important, are no longer the primary focus of the person's life (Anthony, 1993).

In an effort to operationalize recovery so that all who are affected by serious mental illness may strive for a better quality of life, the U.S. National Consensus Statement on Mental Health Recovery was established by a panel representing consumers, advocates, families, providers, researchers, policy makers and more. The statement outlines ten components related to the process of recovery, which reflect both aspects of the person and recovery environment (SAMHSA, 2006). The ten components are briefly summarized and aligned with core elements of the Clubhouse structure:

[1] *Self-direction*. This ideal is characterized as leading, controlling, or exercising choice over one's self and determining one's own path of recovery by optimizing autonomy, independence, and control of resources. Clubhouse members exert autonomy by independently deciding to attend the Clubhouse, as well as by choosing which tasks to participate in (www.iccd.org).

[2] *Empowerment*. Empowerment is described as the authority to choose from a range of treatment and service options as well as to participate in all decisions

that will affect the life of the consumer. Empowerment is exemplified through many activities of the Clubhouse including participation in consensus based decisions pertaining to the running of the Clubhouse as well as in the way staff and members work side by side with no separation of power.

[3] *Individual and person-centered*. Recovery occurs in environments that emphasize *individualized and person-centered* planning which provides multiple pathways to the recovery process based on the unique strengths and resiliencies of the consumer. Talents and abilities of the members are identified and utilized within the Clubhouse through tasks designated via the work-ordered day (Pernice-Duca & Onaga, 2009).

[4] *Holistic*. Emphasizing recovery as a holistic process recognizes the important interplay between the whole person and their context. This includes awareness not only pertinent to supporting physical and mental health needs, but also contextual issues related to whole health, such as housing issues, employment, education, spirituality, and opportunities for social connection. SAMHSA recognizes that "families, providers, organizations, systems, community, and society play crucial roles in creating meaningful opportunities and roles for consumers to access these supports" (SAMHSA, 2006, p. 1). U.S. Clubhouses are essentially defined as holistic; they are multidimensional and encompass access to both individual and contextual supports such as education (Dougherty, Hastie, Bernard, & Broadhurst, 1992) housing (McKay, Osterman, Shaffer, Sawyer, Gerrard, & Olivera, 2012), employment (Di Masso, Avi-Itzhak, & Obler, 2001), social networks and peer support (Pernice-Duca, 2008; Biegel, Pernice-Duca, Chang, & D'Angelo, 2012).

[5] *Non-linear process*. Recovery oriented services and environments also recognize the *non-linear* process of recovery, acknowledging aspects of the illness that are subject to occasional setbacks but that based on continual growth. The Clubhouse through its three tiered model of employment opportunities (e.g., transitional employment, supported employment, and competitive employment) and access to crisis intervention services provides support for an individual during times of setback (Clubhouse International, 2013, www.iccd.org).

[6] *Strengths-based*. Strengths-based mental health programs value and build on the "*multiple capacities, resiliencies, and talents, and the inherent worth of individuals*" (SAMHSA, 2006, p. 2). By focusing on these strengths, Clubhouses work to define members through meaningful roles rather on the deficits of their illnesses, which is the cornerstone of the model and inherent in ways that members and staff perceive the environment (Herman, Onaga, Pernice-Duca, Oh, & Ferguson, 2005).

[7] *Peer support*. Critical to clubhouse programming, peer support, is based on sharing experiential knowledge of the illness and used to encourage others through supportive, non-judgmental and valued relationships. Studies have found peer support as the central element in the clubhouse environment support recovery (Biegel et al., 2012; Coniglio, Hancock, & Ellis, 2010).

[8] *Respect*. Within all interpersonal and systemic interactions, operating with *respect* recognizes the rights of individuals, and works to eliminate discrimination. The Clubhouse model celebrates inclusion and respect in its operation.

[9] *Responsibility*. Responsibility emphasizes self-determination and the obligation for one's self-care by identifying successful coping strategies, resources, and other elements to promote healing and wellness. The membership nature of Clubhouse instills a responsibility for the self, and others.

[10] *Hope*. According to several experts (see Corrigan & Ralph, 2005), hope is the essential element of recovery. The extent to which programs nurture hope has been commonly reported by consumers to encourage recovery (Young & Ensing, 1999). Hope has been described by clubhouse members as a healing aspect of recovery and a core element of the clubhouse community (Herman et al., 2005).

Previous research by Harding and her colleagues (Harding, Brooks, Asolaga, & Breier, 1987) provided early evidence of recovery among those who participated in psychosocial programs or activities. A major thrust of psychosocial Clubhouses is to provide an open and welcoming humanistic environment that embraces diversity, increases trustworthiness, and helps people establish a social interest with others and their community. This intentional milieu is based on voluntary engagement and participation with an emphasis on personal empowerment and peer support, which reinforces the notion that one can take an active role in their recovery and personal development. Within these clubs, the strengths of each individual are emphasized as they engage in both social and work related aspects of the clubs instead of focusing on deficits or weaknesses. Thriving on this idea, the Clubhouse International, the center for clubhouse development and support, has outlined four rights of members, including the right to a place to come, rights to meaningful relationships, right to return, and a right to meaningful work. These four rights highlight the importance of having a supportive and engaging environment, such as the Clubhouse, in the recovery process, as well as reinforce the notion that self-determination and empowerment aid in one's journey to living a recovered life.

Mutual aid through peer support is also a foundational element of Clubhouse programming. Mutual aid is demonstrated by the practice of collective Clubhouse work, which encourages individual recovery through the support of group processes. Clubhouses are predicated on the mutually obligated relationships among peers, as well as professional staff, centering on the daily work of the clubhouse. This work-ordered day comprises activities such as housekeeping, cooking, and clerical work. The "side by side" work of the clubhouse contributes not only to the *running* of the clubhouse, but, more importantly, to a sense of belonging, brotherhood and fellowship, referred to as *sense of community* (Herman et al., 2005). Clubhouse members are more likely to identify the Clubhouse as a "whole" system, not isolating or identifying single members or staff (Herman et al., 2005). In an unpublished report examining Clubhouses in

one mid-western U.S. state, an overwhelming majority of Clubhouse members reported coming to the Clubhouse for social support as well as increased opportunities for social interaction (Herman et al., 2003). Thus, a Clubhouse that creates an environment that facilitates member relations, friendships, and support may be more beneficial than a Clubhouse that isolates members into various individualized tasks or activities. For the most part, mental health services for individuals with chronic or persistent mental illness have mainly focused on the impact of specific individualized mental health services involving individual skill development or medication compliancy. The influential dynamic of the group within the Clubhouse illuminates the concept of recovery—that individuals with serious mental illness may live connected, purpose-driven lives (Pernice-Duca & Onaga, 2009).

By utilizing all components of recovery, the Clubhouse model yields an environment and social milieu that fosters personal growth and healing. The next section considers the second objective of showing how the ideas of Bronfenbrenner's Ecological Model of Development and Bandura's Social Cognitive Theory reveal the structural and interpersonal dynamics in the Clubhouse environment that work to influence recovery and increase positive self-efficacy through group belonging.

Applying Ecological and Social Cognitive Theory

Many studies involving Clubhouse programs have described specific program operations and practices, but often without an overarching theory or guiding model (e.g., Cowell, Pollio, Norton, Stewart, McCabe, & Anderson, 2003; Macias, Barreira, Alden, & Boyd, 2001; Macias, Jackson, Schroeder, & Wang, 1999; Mowbray, Lewandowski, Holter, & Bybee, 2006). Clubhouses have evolved without theory, through pragmatism and trial and error (Corrigan, Mueser, Bond, Drake, & Solomon, 2008). The psychosocial rehabilitation (PSR) model of Clubhouse stems from a number of theoretically informed practices, but is most notably aligned with an ecological and general systems perspective (Jackson, 2001). This approach acknowledges the influence of the context of the environment in which the individual is embedded (e.g., family, community, society), and the interaction therein, and also attends to the individual's resilience and adaptations. This greatly deviates from the medical perspective, which simply focuses on the identification, management, and reduction of the illness. Clubhouses only later came to rest on the principles of a general systems theory of intervention after practical implementation was established (Jackson, 2001).

Clubhouses are thus communities and ecologies on to themselves; they have structural and organizational rules that function to create an environmental milieu conducive to the values and goals of the model—to provide interpersonal engagement that facilitates individual growth and wellbeing. Moos (1996) originally suggested a "need to study environments not just in relation to

specific outcomes, but also for their own sake, and that it is important to develop better theories about environments' underlying patterns and dynamics" (p. 195). Therefore, an ecological perspective is utilized to better understand the environment of the Clubhouse, and how that environment is used to promote recovery.

Ecological Theory. The ecological perspective has influenced many movements in the social and behavioral sciences, which in turn influenced mental health treatment models as well as the study of their behavioral ecologies (Moos, 1975). Traditional behavioral ecology tends to place heavy emphasis on behavior modification through changes in the elements of one's physical environment, or place heavy reliance on the contingencies within these environments. Ecological theory, however, incorporates the interaction of humans and their environments. The Clubhouse is a structured environment that includes prevocational activities (i.e., work-ordered day units) with tasks shared between members and staff dependent on common goals and joint responsibilities (Propst, 1992), which engender feelings of fellowship and social support (Carolan, Onaga, Pernice-Duca, & Jimenez, 2011). Such tasks include clerical, kitchen, maintenance, and financial duties, which are all designed to increase personal competency and develop a particular skill set. Involvement in such tasks is highly valued by both members and staff because it is essential to maintaining daily operations and promoting recovery (Mowbray et al., 2006).

Bronfenbrenner (1988) is primarily associated with the ecological model of human development, which proposed a series of interrelated systemic levels that influenced human development. Bronfenbrenner suggests that development entails the process of complex, reciprocal interactions between a developing individual and the person's objects and symbols that are within his or her immediate environment. For these interactions to be influential, they must occur regularly and over extended periods of time, typically through an interactive-experience referred to as "proximal processes." Proximal processes are deemed to be the primary engines of development. They include activities such as parent-child and peer-to-peer interactions. Bronfenbrenner proposed that the influence(s) of proximal processes are more effective than the environments within which they occur.

Within the framework of the ecological theory of development, proximal processes are part of the "process-person-context" time model. The model proposes that the form, power, content and direction of proximal processes vary as a function of the developing person's characteristics; the characteristics of his/her environment; the nature of the developmental outcomes being considered, and the continuities and changes that occur within the environment over time. Five different subsystems are involved in forming and maintaining the processes that influence development. These subsystems are active and occur across the lifetime in various environments of which a person is embedded. At the very center of Bronfenbrenner's model is the microsystem, which includes the

developing person as well as the person's immediate context, such their family, peers, or school. In this example, the Clubhouse can serve as the microsystem. The next level, referred to as the exosystem, includes the involvement of local community variables. The macrosystem is next and encompasses the prevailing social environments and societal influences, and finally, the interactions among and across these systems—referred to as the mesosystem. The fifth dimension is known as the *chronosystem*, which adds the dimension of time and takes into account constancy and change in the person and their environment(s). The chronosystem model appreciates the characteristics of the person at a given time in his or her life as a joint function of the environment over the course of time, up to a specific point in time in the individual's life. This is applied to the clubhouse recovery environment as examining a member's personal recovery before and after joining the clubhouse.

Bronfenbrenner's (1992, 2005) ecological theory of development may, in part, provide a guiding framework for understanding personal recovery and development within the context of the environment. According to the ecological paradigm, development is a function of both properties of the person (i.e., genes, traits, biological, heritability) and their immediate contexts (e.g., family experiences, school and peer relations) as well as other systemic levels of the environment (e.g., the relationship between Clubhouses and their communities; social polices determining access to treatment). For example, development in the microsystem is often expressed in the following formula: D = f(PE), where development (D) is defined as the "set of processes through which properties of the person (P) and the environment (E) interact to produce constancy and change in the characteristics of the person over the life course" (p. 191). The Chronosystem adds the element of time (t) and captures how changes in a person occur through interactions with the environment up to a given point in their life. Thus, according to Bronfenbrenner, development is a function (f) of both the person (P) and the environment (E) over time (t) in which the person interacts. Similarly, recovery can also be thought of as a developmental process that takes place over the course of the person's life and jointly influenced by the environment—*albeit positive or negative*—(e.g., unsupportive family, disempowering program environments, access to quality services, policies to support employment, etc.) and characteristics of the person (e.g., readiness for change, history of the illness, strengths, etc.).

Applying this framework to the Clubhouse environment would involve substituting *recovery* (R) for *development*, so that $R_t = f_{(t\text{-}p)}(PE\ (_{t\text{-}p})$. This model permits analysis and interpretation of the developmental process of recovery as characteristics of the person up to a given time in his or her life are a joint function of the person and the environment in a person's life up to that time. Thus, through opportunities to experientially engage in work and relational opportunities couched in a context of support and rehabilitation, the Clubhouse member constructs an identity apart from the illness and one that is focused more on skill, which is at the core of a person's vocational identity. For instance, Tanaka

(2013) acknowledges the personal growth that members experience in the work-ordered-day of the environment, noting how the peer-to-peer experiences in the microsystem of the clubhouses facilitated this development. The mutual aid and support via Clubhouse community reinforces positive relational and vocational identities. In essence, Clubhouses operate as ecosystems that include the developing person (i.e., the Clubhouse member), his or her context and the interaction within the context (i.e., peers, staff, program activities), and embedded in the larger community and regulated under specific policies of that country (i.e., mental health policies).

At the *microsystem level,* the nature of the work-ordered day is at the heart of the Clubhouse and includes both the relevancy and the meaningfulness of the task (Tanaka, 2013). Poorly designed work-ordered day tasks might contribute to low participation, lack of motivation, and relevancy to each individual person, whereas predictable and structured settings can provide people with a sense of routine, and facilitate identification with particular tasks as well as play a role in engaging those less interested. Given that some individuals maintain engagement in Clubhouse responsibilities despite other life difficulties, the meaningfulness of the work-ordered day curriculum in relation to each individual's development and recovery needs may be an important factor at this level of development.

According to Bronfenbrenner, *proximal processes* shape development. Thus, interaction among Clubhouse peers, others in the community, as well as other environments (e.g., job sites, conferences, educational settings, volunteering), play a profound impact on shaping personal development. For example, Mowbray et al. (2006) found that the staffing qualities of Clubhouses played an important role in predicting an aspect of personal recovery, such as experiences and feelings of empowerment. When Clubhouses were comprised of more experienced staff, consumers received additional resources and staff preserved the "supportive, problem-solving" environment that facilitates personal development (p. 178). These proximal processes among staff and members serve to provide the relational dynamics to engage in reciprocal social interactions that facilitate the recovery narratives and experiences (Tanaka, 2013).

A missing element in understanding how the ecology of the Clubhouse promotes personal development and recovery is the way in which the interpersonal dynamics that occur on a daily basis influence positive growth and development. Therefore, application of Social Cognitive Theory in conjunction with the theory of Ecology of Development couched within recovery serves to inform the recovery promoting environment of the Clubhouse model.

Social Cognitive Theory. Social Cognitive Theory (SCT) has as a basic tenet that people learn by observing and modeling the behaviors of others. Bandura (1977) posits, "Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors

are performed, and on later occasions this coded information serves as a guide for action" (p. 22).

Social Cognitive Theory has long been identified as an effective theory to inform community based mental health models and psychosocial rehabilitation programs. The Fairweather Lodge (Fairweather, Sanders, Maynard, & Cressler, 1969), an intentional community providing housing, employment, and social support for people with psychiatric disabilities, was based on Social Cognitive principles. Experimental studies of the Lodge demonstrated that people with a history of long-term psychiatric hospitalizations entering the collective community of the Fairweather Lodge were more likely to successfully live in the community and hold jobs longer than those who left for other types of community mental health programs. Similarly, the Clubhouse has demonstrated similar outcomes, with members working and earning more than their counterparts in other forms of mental health programs (McKay, Johnsen, Banks, & Stein, 2006).

The behavioral ecology of Clubhouses is also influenced by Social Cognitive principles. Some studies have shown that Clubhouse members generally identify four key themes of the Clubhouse environment: (1) meaningful relationships, (2) importance of work tasks and work activity, (3) recovery support, and (4) benefits of membership (Herman et al., 2005; Norman, 2006). These suggest that the pre-vocational work within the Clubhouse is considered necessary in the development of self-efficacy.

Essentially, Social Cognitive Theory is a grand theory of human behavior to understand the learning and motivations of individuals within their situations or contexts. Core concepts of the theory include the development of self-efficacy, which is defined as one's belief in their ability to carry out or perform a given task. Self-efficacy influences the activities the individual will attempt and the amount of effort they will exert toward that goal or activity. Self-efficacy plays an important role in coping with illness (Schmutte, Flanagan, Bedregal, Ridgeway, Sells, Styron, et al., 2009). It is the basis for improving overall wellness and engaging in recovery promoting behavior.

Bandura (1986) indicated that there are four sources of self-efficacy information. *Enactive Attainment* which involves one's mastery experiences and tends to be the most important of these judgments. *Vicarious judgments* involve one observing the behaviors of others and comparing those others to oneself. *Persuasion* involves significant others trying to convince or encouraging the individual that she possesses the necessary skills and capabilities for successful attainment. One's *affective or physiological state*, such as the presence of anxiety or mood is also considered in efficacy judgments. The extent to which an activity will elicit a positive or negative physiological state will influence the extent of energy or effort one expends on the activity.

The lives of those entering the Clubhouse environment tend to show the following determination based on enactive judgments related to positive mental health outcomes and recovery: *I Can't* (they couldn't help themselves); *They Can't* (traditional

medical methods, i.e., hospitalizations, psychiatric interventions, etc. weren't working); but as many came to believe in the Clubhouse environment, *We Can*—together through peer support and a working collaborative environment, recovery is facilitated through the mutual support of others clubhouse member (Herman et al., 2005). This leads to the Social Cognitive concept of collective efficacy.

Bandura (2000) speaks of collective efficacy in human agency. "Perceived collective efficacy is not simply the sum of the efficacy beliefs of the individual members. Rather it is an emergent, group level property" (p. 76). These collective efficacy beliefs act in a similar way to personal efficacy beliefs, that is, they influences the activities of the group, the effort expended and the persistence toward a collective goal.

Clubhouse staff are a valued part of the Clubhouse member's social network (Pernice-Duca, 2008) and play an important role in recovery promotion (Pernice-Duca & Kellogg, 2010). Modeling by Clubhouse members and staff provides opportunities for learning or developing confidence in oneself to attempt new tasks and experiences. Harnessing the social dynamics within the Clubhouse through a shared work is essential to the development of meaningful peer relationships. These opportunities for group engagement through shared work provide experiences to develop new definitions of the self and increase self-efficacy, thereby influencing the process of recovery. Further, members who represent the Clubhouse to the community can also aid in redefining the self through increasing the group's collective efficacy and legitimizing the Clubhouse community. If the Clubhouse is regarded highly in the community, there is enhanced pride in the members, and a stronger belief that their association with the Clubhouse will help improve their lives. Bandura (1982) states, "People who have a sense of collective efficacy will mobilize their efforts and resources to cope with the external obstacles to the changes they seek" (p. 144).

Given that the Clubhouse is a psychosocial program designed with specific structural and relational elements to facilitate the recovery process from mental illness, it is contended that these environments are important to the course and prognosis of serious mental illness, and that the relational dynamics that occur within and across these systems support recovery. Thus, recovery outcomes informed from the social-cognitive perspective would include positive appraisals of self-efficacy and collective efficacy, confidence in illness-management, and the internalized experiences of newly constructed role identities based on experiences that influence efficacy (Bandura, 1986). It is contended that the fundamental concept of *self-efficacy,* which is facilitated by the interaction of the person, their environment, and their behavior is significant to influencing recovery within in the Clubhouse environment. For example, self-efficacy, can serve to increase appraisals of subjective recovery via newly construed identities of the self, one's newly acquired abilities and skills. Further, Clubhouse staff and members of the Clubhouse community as well as the individual herself are at the core of the collective efficacy and the WE of *We can*.

Clubhouses operate on the core philosophy of establishing a non-hierarchical environment between staff and members, which is designed to influence a greater sense of equality (WE) thus resulting in greater treatment empowerment (Kosciulek & Merz, 2001). Essentially, relationships that exist in this system are based on equal status and position among staff and members. This collaborative relationship between staff and Clubhouse members ideally aims to create partnerships and equity in decision-making strategies that benefit the Clubhouse and its members (Mowbray et al., 2006). The environment is *wholistic* in the sense that focuses on the person within their context and aims to increase community integration through work, housing, and skill development. Clubhouse members are generally more likely to report greater quality of life and recovery experiences than those in other peer-based programs (Mowbray, Woodward, Holter, MacFarlane, & Bybee, 2009).

SUMMARY

The structure of the Clubhouse environment can easily be aligned with the recovery principles that have been set forth in the United States by the Federal Administration office of Mental Health and Substance Abuse Services (SAMHSA). A key aspect of Clubhouse structure is to provide a climate to support opportunities in order to facilitate recovery without reliance on professional interventions. Verbal and emotional support during work and skill related activities in the Clubhouse provide mechanisms that encourage self-efficacy, as well as a sense of collective efficacy being part of the whole clubhouse. This integration of the Ecological Model of development, and Social Cognitive principles, recognizes the influence of group belonging, community, and relationships in hastening recovery. Studies involving Clubhouses have documented the importance of community (Herman et al., 2005), peer support (Biegel et al., 2012; Coniglio, 2010), social support networks (Pernice-Duca, 2008), as well as the structure of the environment (Carolan et al., 2011) in facilitating recovery.

The theories and models presented provide a framework to elucidate how the Clubhouse environment and peer support influence personal recovery. Since Clubhouses originated without a guiding theoretical basis, applying the Ecological and Social Cognitive principles to the practices of the Clubhouse Model helps to strengthen the theoretical evidence to use as a foundation for future research evaluations. Further, the emphasis to look toward greater collective solutions to mental health recovery is becoming increasingly important. Friedli in a report for the World Health Organization (2009) acknowledges the limitation of treating pathology at the individual level and encourages global communities to identify social solutions that increase collective efficacy in mental health recovery that consider the larger social context of housing, employment, and community inclusion:

> A focus on social justice may provide an important corrective to what has been seen as a growing over-emphasis on individual pathology. Mental health is produced socially: the presence or absence of mental health is above all a social indicator and therefore requires social, as well as individual solutions. A focus on collective efficacy, as well as personal efficacy is required. A preoccupation with individual symptoms may lead to a "disembodied psychology" which separates what goes on *inside people's heads* from social structure and context. . . . There is a need to think more critically about the relative contribution to mental wellbeing of individual psychological skills and attributes (e.g., autonomy, positive affect and self-efficacy) and the circumstances of people's lives: housing, employment, income, and status.

By examining those theories in relation to Clubhouses, the methodologies embraced in the Clubhouse model may be examined in terms of strengths or weaknesses. Since individual recovery is on the forefront of the mental health world, utilizing the Clubhouse as an example of a program in fostering recovery is essential. By providing a theoretical frame around the model, those successful practices may be used in other peer based recovery communities.

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