

## ICCD Clubhouse Model

The ICCD (International Center for Clubhouse Development) Clubhouse Model is a day treatment program for rehabilitating adults diagnosed with a mental health problem. The goal of the program is to contribute to the recovery of individuals through use of a therapeutic environment that includes responsibilities within the Clubhouse (e.g., clerical duties, reception, food service, transportation, financial services), as well as through outside employment, education, meaningful relationships, housing, and an overall improved quality of life. Individuals who participate in the Clubhouse are called "members." Fundamental elements of their participation include openness and choice in type of work activities, choice in staff, and a lifetime right of reentry and access to all Clubhouse services.

Each individual is welcomed, wanted, needed, and expected each day and is considered a critical part of a community engaged in important work. A core component of the program is the "work-ordered day," the structure around which daily activity is organized. The day-to-day operation of the Clubhouse is the responsibility of members and staff, who work side by side in a rehabilitative environment. Other core components include transitional, supported, and independent employment through which members can secure jobs at prevailing wages in the wider community; access to community support, such as housing and medical services; assistance in accessing educational resources; "reach-out" to maintain contact with all active members; participation in program decisionmaking and governance; and evening, weekend, and holiday social programs.

Clubhouses are certified and coordinated internationally through the ICCD. Clubhouse staff, who function as generalists, maintain a caseload, including managing employment placements, housing issues, and access to community supports. They also are responsible for the ongoing work of the Clubhouse and help organize and participate in social activities. Staff have diverse life experiences and backgrounds in a variety of disciplines, including psychology, counseling, social work, and education. Clubhouse members do not pay dues or membership fees. Their attendance is voluntary, and they can participate as little or as much as they choose.

## Descriptive Information

<b>Areas of Interest</b>	Mental health treatment Co-occurring disorders
<b>Outcomes</b>	<b>Review Date: August 2010</b> 1: Employment 2: Quality of life 3: Perceived recovery from a mental health problem
<b>Outcome Categories</b>	Employment Quality of life Treatment/recovery
<b>Ages</b>	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)
<b>Genders</b>	Male Female
<b>Races/Ethnicities</b>	American Indian or Alaska Native Asian Black or African American Hispanic or Latino White Race/ethnicity unspecified
<b>Settings</b>	Other community settings
<b>Geographic</b>	Urban

<b>Locations</b>	Suburban Rural and/or frontier
<b>Implementation History</b>	<p>The first Clubhouse, Fountain House in New York City, began in 1948 when former patients of a New York psychiatric hospital began to meet informally. The "club" they organized was intended to be a support system for people diagnosed with mental illness rather than a treatment program. The ICCD Clubhouse Model has been implemented in urban, suburban, and rural areas with a wide variety of ethnic, cultural, and socioeconomic groups. Serving approximately 55,000 individuals annually, more than 300 Clubhouses operate in the United States and throughout the world, in countries such as Australia, Austria, Canada, China, Denmark, England, Estonia, Finland, Germany, Iceland, Ireland, Israel, Italy, Japan, Korea, Kosovo, the Netherlands, New Zealand, Norway, Poland, Russia, Scotland, South Africa, Sweden, and Uganda. (The International Clubhouse Directory can be accessed at <a href="http://iccd.org/search_form.php">http://iccd.org/search_form.php</a>.)</p> <p>Clubhouses are supported and coordinated internationally through the ICCD, formed in 1994. The ICCD coordinates training and ongoing technical support on the model through 10 international training bases and maintains both an international certification process and international standards for Clubhouse programs.</p>
<b>NIH Funding/CER Studies</b>	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: Yes
<b>Adaptations</b>	Materials are available in eight languages other than English: Chinese, Finnish, German, Hebrew, Korean, Polish, Russian, and Spanish. In addition, the ICCD Clubhouse Model has been adapted for individuals diagnosed with traumatic brain injury.
<b>Adverse Effects</b>	No adverse effects, concerns, or unintended consequences were identified by the developer.
<b>IOM Prevention Categories</b>	IOM prevention categories are not applicable.

## Quality of Research

**Review Date: August 2010**

### Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

#### Study 1

[Macias, C., Rodican, C. F., Hargreaves, W. A., Jones, D. R., Barreira, P. J., & Wang, Q. \(2006\). Supported employment outcomes of a randomized controlled trial of ACT and Clubhouse models. \*Psychiatric Services\*, 57\(10\), 1406-1415.](#) 

[Schonebaum, A. D., Boyd, J. K., & Dudek, K. J. \(2006\). A comparison of competitive employment outcomes for the Clubhouse and PACT models. \*Psychiatric Services\*, 57\(10\), 1416-1420.](#) 


#### Study 2

[Mowbray, C. T., Woodward, A. T., Holter, M. C., MacFarlane, P., & Bybee, D. \(2009\). Characteristics of users of consumer-run drop-in centers versus Clubhouses. \*Journal of Behavioral Health Services and Research\*, 36\(3\), 361-371.](#) 

### Supplementary Materials

Borkin, J. R., Steffen, J. J., Ensfield, L. B., Krzton, K., Wishnick, H., Wilder, K., et al. (2000). Recovery Attitudes Questionnaire: Development and evaluation. *Psychiatric Rehabilitation Journal*, 24(2), 95-102.

Lehman, A. G. (1988). A quality of life interview for the chronically mentally ill. *Evaluation and Program Planning*, 11, 51-62.

[Macias, C., Propst, R., Rodican, C., & Boyd, J. \(2001\). Strategic planning for ICCD Clubhouse implementation: Development of the Clubhouse Research and Evaluation Screening Survey \(CRESS\). \*Mental Health Services Research\*, 3\(3\), 155-167.](#) 

Mowbray, C. T., Holter, M. C., Stark, L., Pfeffer, C., & Bybee, D. (2005). A Fidelity Rating Instrument for Consumer-Run Drop-in Centers (FRI-CRDI). *Research on Social Work Practice*, 15(4), 278-290.

### Outcomes

**Outcome 1: Employment**

<b>Description of Measures</b>	Employment was assessed by self-report during face-to-face or phone interviews conducted by independent interviewers. Interviews were conducted at baseline and every 6 months thereafter using employment tracking forms. All jobs that were held for at least 5 days and met the U.S. Department of Labor's definition of competitive employment (mainstream, integrated work paying at least minimum wage) were included in the assessment of job duration (total number of hours, days, or weeks of employment per job), hourly wage earned per job, and total wages earned per job.
<b>Key Findings</b>	<p>A randomized trial compared participants in one certified Clubhouse with individuals receiving vocationally integrated Assertive Community Treatment (ACT), another multiservice program designed to provide employment assistance. Analysis of supported employment data showed that over 24 months:</p> <ul style="list-style-type: none"> <li>• Clubhouse members worked more days per job compared with ACT participants (median of 199 vs. 98 days; <math>p = .04</math>).</li> <li>• Clubhouse members worked more hours per job compared with ACT participants (median of 494 vs. 234 hours; <math>p = .04</math>).</li> <li>• Clubhouse members earned more total wages per job compared with ACT participants (median of \$3,456 vs. \$1,252; <math>p = .02</math>).</li> </ul> <p>Analysis of transitional, supported, and independent employment data showed that over 30 months:</p> <ul style="list-style-type: none"> <li>• Clubhouse members worked more weeks per job compared with ACT participants (average of 21.8 vs. 13.1 weeks; <math>p &lt; .01</math>).</li> <li>• Clubhouse members earned a higher hourly wage per job compared with ACT participants (average of \$7.38 vs. \$6.30; <math>p &lt; .01</math>).</li> </ul>
<b>Studies Measuring Outcome</b>	Study 1
<b>Study Designs</b>	Experimental
<b>Quality of Research Rating</b>	2.5 (0.0-4.0 scale)

**Outcome 2: Quality of life**

<b>Description of Measures</b>	Quality of life was assessed by self-report using a single question from the Global Quality of Life scale: "Which of the following best describes how you feel about your life as a whole?" Response options ranged from 1 (terrible) to 7 (delighted).
<b>Key Findings</b>	One study examined the participants of 31 geographically matched pairs of certified Clubhouses and consumer-run drop-in centers (CRDIs). At posttest, Clubhouse members reported a higher quality of life than CRDI consumers (mean score of 4.88 vs. 4.55; $p < .04$ ).
<b>Studies Measuring Outcome</b>	Study 2
<b>Study Designs</b>	Preexperimental
<b>Quality of Research Rating</b>	1.6 (0.0-4.0 scale)

**Outcome 3: Perceived recovery from a mental health problem**

<b>Description of Measures</b>	Perceived recovery from a mental health problem was measured by self-report using a single item from the Recovery Attitudes Questionnaire: "Do you consider yourself to be in recovery from a mental health problem?" Response options were 1 (yes) and 0 (no/do not know).
<b>Key Findings</b>	One study examined the participants of 31 geographically matched pairs of certified Clubhouses and consumer-run drop-in centers (CRDIs). At posttest, a higher percentage of Clubhouse members than CRDI consumers believed they were in recovery (71.2% vs. 52.3%; $p < .04$ ), a finding associated with a small effect size (odds ratio = 1.54).
<b>Studies Measuring Outcome</b>	Study 2

<b>Study Designs</b>	Preexperimental
<b>Quality of Research Rating</b>	1.6 (0.0-4.0 scale)

## Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
<b>Study 1</b>	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	55% Male 45% Female	84% White 8% Black or African American 6% Hispanic or Latino 1% American Indian or Alaska Native 1% Asian
<b>Study 2</b>	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	60% Male 40% Female	82% Race/ethnicity unspecified 18% Black or African American

## Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see [Quality of Research](#).

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
<b>1: Employment</b>	2.5	3.0	2.5	2.3	2.0	2.8	<b>2.5</b>
<b>2: Quality of life</b>	1.5	2.0	2.0	1.3	1.5	1.5	<b>1.6</b>
<b>3: Perceived recovery from a mental health problem</b>	1.5	2.0	2.0	1.3	1.5	1.5	<b>1.6</b>

## Study Strengths

Measures used to assess employment were standardized across study sites. Employment data collected from participants were corroborated across data collection forms and were further corroborated with data collected from interviews and telephone calls with family members. The analyses used for the employment outcome were appropriate.

## Study Weaknesses

For the quality of life and perceived recovery outcomes, the researchers did not provide a rationale for using single-item measures or any documentation supporting the psychometrics of the measures. Neither study required a standard amount of services to be provided, creating concerns about implementation fidelity and potential confounds; researchers did not provide documentation on the variation in services provided or the results from efforts to monitor intervention fidelity. The first study used only a subset of an already small sample, raising concerns about selection bias, and additional exclusion criteria were imposed by study sites. Also in this study, the attrition rate was high for the sample used in the analyses of transitional, supported, and independent employment. In the second study, there were relevant differences between groups, including differences in mental health treatment (e.g., Clubhouse participants were receiving more intensive services and were living in more supervised settings than individuals in the comparison group). The second study, which collected only posttest data for the intervention and comparison groups, serves to compare the characteristics of the groups' participants but does not provide evidence to support the effectiveness of the Clubhouse on improving program outcomes.

## Readiness for Dissemination

## **Materials Reviewed**

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Corcoran, J. D. (2009, Spring). International Center for Clubhouse Development. International News, 3(1), 2-4.

International Center for Clubhouse Development. (2008). New Clubhouse development coaching. New York: Author.

International Center for Clubhouse Development. (2009). Certification employment guidelines. New York: Author.

International Center for Clubhouse Development. (2009). Clubhouse brochure. New York: Author.

International Center for Clubhouse Development. (2009). Clubhouse employment manual. New York: Author.

International Center for Clubhouse Development. (2009). International Center for Clubhouse Development, annual report 2008. New York: Author.

International Center for Clubhouse Development. (2009). International Clubhouse directory. New York: Author.

International Center for Clubhouse Development. (2009). International standards for Clubhouse programs. New York: Author.

International Center for Clubhouse Development. (2009). New Clubhouse development manual. New York: Author.

International Center for Clubhouse Development. (n.d.). Clubhouse certification brochure. New York: Author.

International Center for Clubhouse Development. (n.d.). Value story [PowerPoint slides]. New York: Author.

One in Four [DVD]

Program forms and templates:

- Action Plan template
- Clubhouse Performance Measure
- Clubhouse Profile Questionnaire (CPQ)
- ICCD Clubhouse Certification Report template
- ICCD Clubhouse Research and Evaluation Screening Survey (CRESS)
- Performance-Based Contracting Reporting Form and Definitions
- Sample Posttraining Site Visit form
- Self-Study and Data Log Certification Protocol

Program Web site, <http://www.ICCD.org>

Sample Clubhouse Community Newsletter

These Are the Stories [DVD]

Together Everyone Achieves Clubhouse (TEACH) manual

Other training materials:

- Application for New Clubhouse Development Training
- Clubhouse Model Training Description
- New Clubhouse Development Training Description
- Sample Clubhouse Training Syllabus
- Sample International Clubhouse Seminar Program

## **Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see [Readiness for Dissemination](#).

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
4.0	4.0	4.0	4.0

### Dissemination Strengths

Materials are comprehensive, clearly written, and well organized. The resources that are available to guide new Clubhouse development are extensive and include detailed and practical tips and tools. The Web site offers numerous resources and overview information, and the DVDs provide real-life examples to assist with training and education about Clubhouses. Extensive, thorough, and well-organized training opportunities are offered, including a 3-week training for new implementers. Further, through a certification process, ongoing training, coaching, and consultation are available. The ICCD standards are clearly defined for new sites, with performance measures identified. All standards are reviewed and updated every 2 years. The certification process is comprehensive and promotes continuous quality improvement and fidelity to the model.

### Dissemination Weaknesses

No weaknesses were identified by reviewers.

### Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Developer
All implementation and training materials	Free	Yes
5-day international seminar	About \$1,000 per participant	No
2.5-day regional conference	About \$500 per participant	No
3-day, off-site orientation visit for one mental health consumer and one staff person/interested party	\$1,000 per site for two participants (includes lodging), plus \$500 for each additional participant	No
2-day new Clubhouse development training held near an established Clubhouse (includes 1 year of ongoing mentoring and support)	\$1,000 per site for three to six participants (includes lodging)	No
3-week, off-site initial training (for new Clubhouses) for director, one staff person, one member, and one administrator	\$6,500 per site for four participants (includes lodging)	No
2- to 3-week, off-site ongoing training (for established Clubhouses) for one staff person, one member, and one administrator	\$4,500 per site for three participants (includes lodging)	No
1-week, off-site specialized training (for certified Clubhouses) for one staff person and one member (topics include housing, work-ordered day, transitional employment, leadership, young adult supports, and supported education)	\$2,000 per site for two participants (includes lodging), plus \$900 for each additional participant	No
Training site visit 6-9 months after training	Varies depending on site needs and location	No
ICCD certification and associated materials (includes self-study; Clubhouse Profile Questionnaire; 4-day, on-site visit; preliminary findings meeting; written report on outcome status; and ongoing consultation)	\$2,550 per site	No
Annual membership dues	0.25% of the Clubhouse's annual budget	Yes, for sites in operation for more than 2 years

### Additional Information

In 2000, the average total operating budget (excluding any housing services) for a Clubhouse certified by ICCD was \$486,839. The average cost per member per year was \$3,354, and the average cost per visit was \$30.22.

## Replications

No replications were identified by the developer.

## Contact Information

### To learn more about implementation, contact:

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### To learn more about research, contact:

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Consider these [Questions to Ask](#) (PDF, 54KB) as you explore the possible use of this intervention.

### Web Site(s):

- <http://www.ICCD.org>
- <http://www.umassmed.edu/Content.aspx?id=40414>

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