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Running head: GOULD FARM OUTCOMES REEXAMINED

**GOULD FARM: OUTCOMES AT A PSYCHOSOCIAL THERAPEUTIC COMMUNITY  
REEXAMINED**

A project based upon an independent investigation, with the permission of Gould Farm,  
Monterey, Massachusetts. Submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work

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2015

# GOULD FARM OUTCOMES REEXAMINED

Frances Huberman  
Gould Farm: Outcomes at a  
Psychosocial Therapeutic  
Community Reexamined

## ABSTRACT

This study reexamined the data on outcomes of programming with clients at Gould Farm, a psychosocial therapeutic community located in Monterey Massachusetts. The methods of treatment currently utilized at Gould Farm were explored and evaluated through this reexamination as well. The data was analyzed to determine if there was a positive change in client satisfaction scores on the Quality of Life Scale between the intake interview and the discharge interview, and additionally from the discharge interview to the six month follow up interview. The data was also analyzed to determine if there was a relationship between the length of stay and the satisfaction scores. Based on the data, it was possible to better understand who is able to participate in the therapeutic milieu and the overall quality of life for the clients both before and after spending time at Gould Farm. The data provides a better understanding of the client's subjective satisfaction with their mental health, community support, daily structure, physical health, relationships with family members, social relationships, and independent living skills.. In every area, the findings showed that clients reported higher levels of satisfaction upon discharge. In the six month follow up group (n=21), there were no significant positive changes reported. The outcomes also revealed that there was a significant correlation between the length of stay and satisfaction with social relationships, however there were no significant correlations

## GOULD FARM OUTCOMES REEXAMINED

between the length of stay and any of the other satisfaction variables. In addition, it was significant to note that as the length of stay by months increased, the rating on the satisfaction scale also increased.

## ACKNOWLEDGEMENTS

I would like to thank Laurie Heatherington, Ph.D., the primary researcher for the Gould Farm Outcome Study who answered my questions, generously allowed me to reexamine the data, and brought the proposal to the Williams College Institutional Review Board. Thanks are due to Bryan Bonner, Ph.D., who cheerfully prepared a separate deidentified data set for me to use. I am grateful to Clinical Director Jane Linsley, LICSW and Executive Director Lianne Finston, M.Div., MSW, from Gould Farm who graciously took time out of their busy schedules to discuss this study in the early days of planning. Much appreciation also is due to my advisor, Claudia Staberg who provided consistent and honest feedback and took on the role of cheerleader especially during moments of despair. Finally, I could not have done this intensive Masters of Social Work program at Smith without the constant support of my patient and steady husband Bob Carlson, and my children, Jonah and Ella Huberman Carlson. They tolerated my absences and complaints, and provided me with much needed love and encouragement even when I was grouchy.

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## **CHAPTER I**

### **Introduction**

As the sun rises, the bell at the top of the old rambling farmhouse begins to ring. A kitchen worker pulls the rope's long end through a little cabinet door. She pictures the scene in each of the residential houses. Alarms ring inside as roosters crow outside rousing the sleepy residents. Slowly people begin to make their way into the dining room. Some have been up even earlier milking cows or cooking breakfast, some are returning to the residence houses to rouse residents who did not wake to their alarms right away, some are rushing their children as they get them ready for school, and some are drinking a cup of coffee or tea as they work hard to adjust to a strong sleeping medication that they took the night before. This ordinary and familiar scene repeats itself each morning as Gould Farmers get ready to begin their day.

According to the National Institute of Mental Health, an estimated twenty six percent of adult Americans are diagnosed with a mental disorder in a given year, and about six percent are diagnosed with a serious mental illness (National Institute of Mental Health, (2014)). Current modalities available for treating mental illnesses vary depending on the seriousness of the illness and the client's access to treatment. Most commonly, clients experiencing severe symptoms spend some time in a psychiatric hospital. Following a hospitalization, and depending on available resources, clients frequently have some options for longer term follow up care. These options may include individual or group psychotherapy, partial hospitalization programs, residential partial hospital programs, residential group homes, clubhouses, day treatment programs, and residential therapeutic communities.



Although residential therapeutic communities designed to provide psychosocial rehabilitation to assist those with psychiatric illnesses have been in existence for over one hundred years, in the United States there are just approximately fourteen in operation at this time (Edwards, 2009). This research project focuses on Gould Farm, the oldest therapeutic community in the United States. This research explains the treatment milieu at Gould Farm and attempts to address the question: are clients reporting a positive change in their overall quality of life, including mental health, physical health, social relationships, community support, daily schedule, and family relationships following treatment at Gould Farm and again six months following treatment? In addition, this study considers what the relationship might be between client feelings of satisfaction and their daily schedule.

This study examines preexisting data from the Gould Farm Outcome Study which was separated and further de-identified. The study was approved by both Gould Farm administration and the Institutional Review Board at Williams College. In addition, it was reviewed by the Smith College Human Subjects Review Board and approved.

One of the Gould Farm Outcome Study's primary scales that was used to measure satisfaction was the Human Services Research Institute (HSRI) Quality of Life Scale (QLS), which measures client's subjective satisfaction on a Likert scale with one being very low to ten being very high. This QLS is readily available through the HSRI. It is currently widely agreed that Quality of Life measures are a valid and important part of mental health outcomes research (Gellert, 1993; Torrey, 1997; Heatherington & Bonner, 2015), as it can provide an honest glimpse into an individual's current stage of recovery.

It is the purpose of this study to add to the social work knowledge base, and shine a light

on a method of treatment for individuals with serious mental illness which is not currently in widespread practice.

### **Gould Farm: History and Unique Treatment Model**

Gould Farm is a psychosocial therapeutic community that was founded one hundred and one years ago, during the progressive era by those who were active in early social work projects, including the Settlement House Movement and the Charity Organization Society. In the early years, Gould Farm's founders Will and Agnes Gould had the intention to serve a wide population of people, including individuals and families with situational difficulties, people with all varieties of disabilities, depression, recent immigrants, and those who were affected by war. All residents were called "guests" as they were guests of Will and Agnes Gould. Today, individuals who are living and working on the farm long term are called staff members, and they receive a salary. Those who are living and working for a short term period, often through a college program or faith based service organization are paid a monthly stipend, and are called volunteers. Those who come to Gould Farm directly following a psychiatric hospitalization, psychiatric program, or referral from a therapist or family member are called Guests.

With the advent of the widespread use of psychotropic medications in the middle nineteen fifties, the population being served at Gould Farm gradually centered on adults with severe mental illness (SMI) including primarily schizophrenia and bipolar disorder. This shift at Gould Farm was partially influenced by national and political changes in mental health care as a result of deinstitutionalization in the United States for individuals with SMI. This deinstitutionalization ensued in several stages, as federal and state mandates dissolved many of the state psychiatric hospitals and reallocated psychiatric care to community mental health organizations. (Koyanagi and Bazelon, 2007). As families were increasingly responsible for the

care of family members who may have previously been institutionalized, many turned to alternative programs such as Gould Farm. Unlike many psychosocial therapeutic communities and psychiatric programs, Gould Farm maintained from the very beginning that those seeking services would not be turned away as a result of inability to pay. A sliding fee schedule has been in effect ever since, with the daily fee adjusted for each circumstance.

In a 1981 speech to the International Association for Psycho-Social Rehabilitation Services, Kent Smith, the executive director described the unique model of Gould Farm, “The model of our life together is ‘working with,’ ‘playing with,’ celebrating with,’ ‘eating with,’ ‘sharing with,’ ‘suffering with,’—all of the things that happen when a number of people live in close proximity. We do not see ourselves as therapists, but we consider our life together ‘therapeutic’ in the deepest sense of the word—tending toward healing and new and independent life” (Smith, 2014, p.30). As has been the case since the beginning of Gould Farm, the largest number of staff members employed at Gould Farm are not professionally trained as mental health workers, instead they specialize in farming, gardening, maintenance, cooking and baking, activities planning, maple syrup production, and forestry.

With the increased use of psychotropic medications over the years, Gould Farm added to the staff two visiting psychiatrists, and a full time Registered Nurse. Social Workers have been involved with Gould Farm since the beginning days. Currently Gould Farm has a clinical team and a residential team which consist of social workers and other mental health professionals at the bachelors and masters level. Residents at Gould Farm have regular weekly therapy sessions with a Licensed Clinical Social Worker, and attend therapeutic groups as needed.

For more than one hundred years Gould Farm has been able to adhere to a stable therapeutic program and environment which continues to embrace three main features: work,

community, and therapy. First, all guests work a five day per week schedule on one of the work teams: the garden, farm, forestry and grounds, kitchen, maintenance, harvest barn, or the Roadside store. Second, all guests live alongside staff members and volunteers on the premises of the six hundred and thirty acre property. Third, psychotherapy happens in weekly individual and group sessions with a trained clinician. Therapeutic interactions also transpire unplanned and unscheduled in the work program, at meals, during community wide activities, with families living on the farm, with the many animals and pets, on the wooded trails, and in the residential living rooms in the evenings.

## CHAPTER II

### Literature Review

The focus of this thesis is to examine data from the Outcome Study at Gould Farm in order to better understand the efficacy of this psychosocial therapeutic community. This research will specifically look at client's subjective feelings of satisfaction with their own quality of life. Little academic literature exists which describes psychosocial therapeutic communities in the United States, or evaluates their efficacy. Specific published literature examining the effectiveness of the Gould Farm model or clients' subjective experiences at Gould Farm was not available. Although specific academic literature regarding Gould Farm is limited in availability, much has been researched with regard to methods of treatment and recovery for individuals with serious and persistent mental illness. Thus, this literature review will include research on the following topics:

- The Recovery Theory Model
- The outcomes of physical activity on mental health
- The association between activity level/daily schedule/work and subjective mental health
- The influence of meaningful work on mental health
- The impact of community, social, and therapeutic support
- The effect of working with animals in a rural environment
- Therapeutic communities
- Care farms

### **The Recovery Theory Model**

Researchers and clinicians have just begun to examine mental illness through a recovery model, and this endeavor is consumer led. The Recovery Theory Model does not necessarily mean that an individual is cured and no longer experiences any symptoms; instead, the symptoms are managed and continually addressed as needed. Numerous studies have shown that community involvement, creating significant connections with others, and being involved with meaningful activity are all important factors in recovering from mental illness (Scheyett, DeLuca and Morgan, 2013; O'Beirne, 2010; Pachoud, Plagnol, Leplege, 2010; Merryman and Riegel, 2008; Rosenberg, 2002; Amundson, Dyer, Henderson, and Rathbone-McCuan, 1991). As Scheyett, DeLuca, & Morgan (2013) explain, "this contemporary model of recovery differs in significant ways from the more traditional and widely held medical model" (p.286). While the traditional model views recovery as a reduction of symptoms, the recovery model looks at recovery as an individualized strengths-based process where "consumers live with their illness, not in spite of it; in so doing, they are able to reconstruct and develop personal, social, and spiritual experiences that allow for a purposeful life regardless of their mental disabilities" (p. 286). Scheyett, DeLuca, & Morgan (2013) examined twelve instruments designed to measure recovery in adults with serious and persistent mental illness. They found that the definitions of what recovery entailed varied considerably, which led to a lack of clarity on the part of social workers on how recovery was defined. This made using an instrument to measure it difficult (p.288). For example, Scheyett, DeLuca, & Morgan explain that although the notion of the Recovery Theory Model has been discussed at length, it is not narrowly defined or conceptualized in only one way. Instead there are two distinct ways of looking at recovery. The first involves determining the locus of recovery and the second involves recognizing the

temporary and often tenuous nature of recovery (p. 288). For each client and each unique situation, recovery may involve a separate and unique treatment model which changes depending on the circumstances. This perspective of recovery melds well with strengths based social work theory; however, the preexisting research has limitations in showing how this theory can be applied within multiple systems, and in a wide variety of situations.

As much of the recovery movement research shows, there is often a disconnect between what mental health providers expect clients to do and what is actually possible given the environment in which individuals with severe mental illness are living (Merryman and Riegel, 2008). For example, suitable living environments and work opportunities are frequently unavailable and unsupported. It can be difficult to find appropriate work which provides a living wage, and this inability to find work can interfere with the ability to find a supportive and safe living situation. This difficulty in securing a steady and adequate income often has immediate and significant consequences.

According to the Substance Abuse and Mental Health Services Administration (SAMSHA) and the Homelessness Resource Center, “About a quarter to a third of the homeless have a serious mental illness -- usually schizophrenia, bipolar disorder, or severe depression” (Substance Abuse and Mental Health Services Administration [SAMSHA], 2014). In addition, The National Institute of Corrections (NIC) estimates that individuals with mental illness are overrepresented in both incarcerated individuals as well as individuals who are on parole or probation. (The National Institute of Corrections, [NIC] 2014). Living in conditions such as on the streets, in shelters, and in jails, it is easy to understand how individuals with severe mental illness may be marginalized. In these less than ideal situations, anyone would be forced to think only of basic survival rather than ponder the principles of The Recovery Theory Model, which

integrates the adaptation of meaningful activities such as work, and adequate community support.

In order to fully engage in the elements necessary to the Recovery Theory Model, it is clear that living conditions, daily schedule options, and community support networks are crucial factors in recovery. As Merryman and Riegel (2007) explain, “people who have been labeled with mental illness focus their occupations and their role performance around their diagnoses and being clients in the mental health system while people who successfully engage in the recovery process are able to move ‘beyond’ their diagnoses to build meaningful lives and participate more fully in the communities in which they choose to live” (p.56). The Recovery Theory Model and its success do in fact depend on opportunities for individuals with mental illness, including involvement in daily meaningful activities and a vibrant and accessible community environment. This theory is important to consider for this research project, as the design of the Gould Farm program applies the core tenants of Recovery Theory. Although the Recovery Theory Model is not specified in the mission statement, this theory is apparent in application every day when clients at Gould Farm engage in daily meaningful work, supportive psychotherapy, and plentiful community support.

### **The outcomes of physical activity level on mental health.**

Unger, Skrinar, Hutchenson, and Yelmokas (1992), Knochel, Ectal, Oeterl-Knochel, O’Dwyer, Prvulovic, Alves, Kollmann, and Hampel (2011), Alexandratos, Barnett, and Thomas (2011), and Pearsall, Smith, Pelosi, and Geddes (2014) studied the impact of exercise or physical fitness activities on individuals diagnosed with a serious mental illness or psychiatric condition. The researchers acknowledged that there has long been a link between exercise and feelings of well-being in the general population. Alexandratos, Barnett, & Thomas (2011)



explain, “The results of the studies suggest that exercise can lead to improvements in quality of life by offering an avenue for social interaction and goal-directed activity. It can also contribute to a sense of empowerment and improved self-confidence for people who experience severe mental illness (SMI). In addition, the study results indicate that exercise can improve some symptoms of SMI.” (p. 56). Among the studies examining exercise and mental health, it is interesting to note that a wide variety of exercise types or physical activities showed improvement in outcomes. Activities examined included yoga, swimming, walking, weight training, cycling, jogging, and cardiovascular training. Alexandratos, Barnett, & Thomas (2011) describe how many of the studies they examined were short term in nature, and suffered from high dropout rates. Adherence to the exercise programs was greater when it was done in the context of a supervised program that provided structure and reminders for individuals.

It is significant that three independent studies, Pearsall, Smith, Pelosi, & Geddes (2014), Knochel, et al., (2011), and Unger, Skrinar, Hutchenson, & Yelmokas (1992), each drew conclusions that exercise is a worthy addition to the treatment of both young adults with psychiatric disabilities, and adults with serious and severe mental illness. Although the benefits of exercise were clear, a limitation of the research was a consistent lack of a clear recommendation to mental health agencies and psychiatric hospitals about exactly how exercise might be added to existing routines and programs. This research looking at the effect of physical activity on mental health outcomes is significant for this research project because the daily work projects and many of the after work activities at Gould Farm involve being physically active.

**The association between activity level/daily schedule/work and subjective mental health.**

This researcher had difficulty finding much current research specifically relating to activity level or daily schedule and mental health outcomes. However, there was a great deal of current literature on the subject of physical activity levels, and the conclusions from a wide variety of studies agreed upon the mental health benefits of being active. (Unger, Skrinar, Hutchenson, and Yelmokas, 1992; Knochel, Ectal, Oeterl-Knochel, O'Dwyer, Prvulovic, Alves, Kollmann, and Hampel, 2011; Alexandratos, Barnett, and Thomas, 2011; Pearsall, Smith, Pelosi, and Geddes, 2014). In addition, there is much literature on the importance and value of meaningful work and the positive effect on mental health. (Harvey, Modini, Christensen, and Glozier, 2013; Lanctot, Durand, and Corbiere, 2011; Waghorn, 2013). It appears that individuals who have persistent and serious mental illness can and do benefit from both meaningful work and physical activity. These activities, when pursued regularly, would logically translate into having at least a semi structured daily schedule. As Alexandratos, Barnett, & Thomas (2011) explain in their study, the benefits from regular exercise were gained when participants were supervised and encouraged to attend exercise classes and events. Thus, the physical activity events were critical in helping to create structure for those individuals in their daily schedules. In addition, the research showed that many of the work environments, which provided clear mental health benefit would also help to provide a structured daily schedule.

Leufstadius & Eklund (2008) investigated the use of time among individuals with persistent mental illness (PMI). As they compared daily schedules of work, studies, leisure, social activities, and hours of sleep, they found that they were able to identify where and how additional social support was needed. This led to the creation of a daily schedule, which then in

turn led to positive reporting of individual perceptions of mental health satisfaction. According to Leufstadius & Eklund (2008), “Daily activities that give structure to the day are important for the perception of health and well-being among people with PMI. Daily occupations composed of various activities could give meaning and satisfaction to the individual and help him or her to maintain a balanced daily rhythm, and work or studies seem to be the activity category with the strongest relation to health and well-being” (p.24). The balanced daily rhythm that Leufstadius & Eklund (2008) describe refers to the ability to sleep during the nighttime hours and remain awake during daytime hours. This ability to limit daytime sleep seems to be crucial in creating a positive daily structure. The researchers found that involvement in these activities, especially work, studies, and employment led to an increase in self-esteem and an enhanced sense of purpose, as well as positive reporting of subjective mental health.

As this researcher was not able to find additional studies specifically examining the effect of a daily structure and activity level on mental health outcomes, it will be a goal of this research project to add to the existing research on the effect of a daily structured schedule on mental health outcomes. This research on daily structure is important for this research project, as the schedule at Gould Farm is highly structured, and often incorporates increased physical activity and time spent outdoors. While clients reside at Gould Farm there are many opportunities to add to the existing structure with optional after work activities.

### **Meaningful work and mental health.**

Harvey, Modini, Christensen, and Glozier (2013) Lanctot, Durand, and Corbiere (2011), and Waghorn (2013) each studied the relationship between work and mental illness. Harvey, Modini, Christensen, and Glozier (2013) examined the difficulties faced by individuals who have experienced psychosis and would like to find a job, but face challenges in finding and

maintaining employment. Employment is associated with financial benefit; however, it is also associated with improved self-esteem, greater social contact, and independence (Harvey, Modini, Christensen, & Glozier, 2013).

Waghorn, (2013) evaluated public policy that investigates supporting individuals with mental illness in acquiring employment in Australia. His research is important to this research as he also makes an appeal to other countries to heed the evidence pointing to the potential benefits for all people, including those who are experiencing mental illness, in finding meaningful work opportunities. Lanctot, Durand, & Corbiere (2011) highlight the social enterprise work model, which is designed for adults with severe mental disorders. In their qualitative study, they measured the quality of life that individuals who were involved with a social enterprise program experienced. Lanctot, Durand, & Corbiere (2011) describe the sub themes that were seen in their study, and they include, “having a sense of belonging to the enterprise, having the feelings of being a good worker, establishing relationships with coworkers, and establishing relationships with supervisors” (p. 1415). Although their emphases were slightly different, Harvey, Modini, Christensen, & Glozier (2013) Lanctot, Durand, & Corbiere (2011), and Waghorn (2013) each support the philosophy that engagement in meaningful work opportunities has a positive effect on individuals with mental illness. One gap in the research is that it does not address specifically how many hours of work would be the minimum or maximum needed in order to begin to see the benefits. This research is important for this project because clients at Gould Farm are required to be a part of the work program for the duration of their stay in the program.

**The effect of working with animals and being in a rural environment.**

Berget, et al., (2007) studied psychiatric patients for a twelve week period as they worked on rural farms tending to cows, horses, and other farm animals. Their interactions were video recorded, and the films were analyzed. They found that

“Psychiatric patients working with farm animals for a 12-week intervention increased both the intensity and the exactness in their work with the animals. There were some differences between the diagnostic groups. Patients with schizophrenia, personality disorders, and anxiety disorders showed the greatest increase in intensity and exactness during the intervention. For patients with affective disorders, increased intensity in the work with the animals from early to late observations was correlated with lower anxiety and higher self-efficacy. These patients also showed increased self-efficacy and quality of life compared with the control groups, as measured six months after end of intervention” (p.113).

Thus, psychiatric patients in this study continued to benefit from the intervention even six months following its conclusion.

In their study, Pedersen, I., Ihlebæk, C., & Kirkevold, M. (2012) identified many positive and helpful effects that adults with severe mental illness experienced during a twelve week farming intervention. In looking at the Green Care movement (also called Care Farms) in Europe, they conclude that

“The results show that farm animals should be considered an important part of Green Care interventions by offering closeness, warmth and calmness which is difficult to replace by other means. The farmer offers the participants both an experience of being an

ordinary coworker and a considerate relation, and the farmer's attitude and commitment should be stressed as essential when planning interventions for clients with clinical depression" (p. 1532).

As all Care Farms, green farms, and therapeutic communities involve some animals, plants, gardens, and aspects of a rural environment, it may be important to consider the beneficial effects both of being in a natural environment as well as spending time with animals. In many of the above locations, significant time is spent outdoors working in fields or wooded environments. Thus the physical environment is a crucial aspect of the therapeutic environment (Pedersen, et. al, 2012; Bayles, 2014; Benteet. Et.al, 2007; Edwards, 2009; Iancu, et. al, 2014; Schen, 2013; Smith, 2011). As research for this literature review has shown, individuals with mental illness may demonstrate this benefit by showing a subsequent decrease in psychological arousal, depression, and anxiety, and a corresponding increase in coping skills, self-esteem, and enhanced feelings of safety by working with animals and being in a natural environment.

This research is relevant to this project because all residents at Gould Farm live on the premises in a rural environment and are exposed to animals. Although the level of their exposure to animals varies depending on which work team program they are assigned to, for example the clients working on the farm team are in close daily contact with cows, sheep, pigs, chickens, ducks, dogs and cats. Clients who are working in various other departments still have contact with the animals as they live in close proximity with the animals.

### **The impact of community, social, and therapeutic supports.**

Much research has linked effective community and therapeutic supports to improved outcomes for individuals with mental illnesses. In her study, Wiersma, (2006) investigated the

needs of individuals with severe mental illness. She explains how individuals with severe mental illness often have unmet needs, chiefly named among those needs are the need for social contact and community support as well as regular meaningful daily activities.

Community or social support is a wide ranging concept, and can be used in referring to a support network that encompasses both professional and nonprofessional members. Antonelli and Thoren (1980), Chou and Chronister (2012), Edmondson et.al (2012), Iancu (2014), Merryman and Riegal (2007), Pernice-Duca (2006), Rosenberg (2002), Mandell et.al. (2008), reiterate the importance of the need for a wide network of community, social, and therapeutic support for individuals with mental illness. Edwards (2009), Schen (2013), Smith (2011, 2014), Shulman (2011), Wimmersberger (2011), Pereira & de Sousa (2014), and Dickey and Ware (2008) narrow the definition of community to encompass an intentional residential therapeutic community. The therapeutic community has many of the same defining features of the aforementioned network of community, social, and therapeutic support, however it also involves the members of this said support network living together in a specific geographical location for the purpose of providing services and support to individuals with mental illness. This research is significant to this research as Gould Farm is an intentionally created community designed to provide support to individuals.

### **Therapeutic communities.**

Therapeutic farming communities are not new. In 1782 William Tuke, a Quaker merchant founded a retreat asylum in England. This was the beginning of the moral treatment model, which inspired farm based environments which focused on recovery (Edwards 2009). Early social work projects, such as the Settlement House Movement and the Charity Organization Society drew inspiration from this model as well. Whitley, Harris, and Fallot, and

Berley (2008), Edwards (2009), Schen (2013), Pereira, Romaode, & Sousa (2014), Smith (2011, 2014) researched various aspects of therapeutic communities, focusing on descriptive case studies, and historical relevance. Wimmersberger (2011) and Schulman (2011) focused their research on staff perspectives of working and living in a therapeutic community. Dickey and Ware (2008) evaluated one therapeutic community, Spring Lake Ranch in Vermont, which serves adults with severe mental illness, and found that therapeutic communities merit additional study. They explain, "Further studies would do well to focus on the relationship between a therapeutic community experience and subsequent involvement in the social world outside treatment" (p. 109). As it is recognized that individuals with serious mental illness can function and thrive in the therapeutic community setting, it is a concern of these previous researchers that the skills and lifestyle gained while living in a therapeutic community may have the potential ability to be replicated once the individuals leave the community.

### **Care farms.**

Care farms are widespread in the UK, Ireland, Scotland, and the Netherlands. According to the organization Care Farming UK, care farms can operate on one area of a working farm, or they can utilize an entire farm. The mission is to:

Provide health, social or educational care services for one or a range of vulnerable groups of people. Includes people with mental health problems, people suffering from mild to moderate depression, adults and children with learning disabilities, children with autism, those with a drug or alcohol addiction history, disaffected young people, adults and people on probation. (Care Farming UK)



Hassink, Elings, Zweekhorst, Nieuwenhuizen, and Smit (2009) and Hine, Peacock, and Pretty (2008) studied care farming in the Netherlands and also in the UK. Both groups found benefits for those who participated. Hassink, et al. (2009), the group that examined care farming in the Netherlands, explain: “the perceived benefits of care farms are improved physical, mental, and social well-being. Mental health benefits consist of improved self-esteem, improved well-being, and improvement in mood. Examples of social benefits are independence, formation of work habits and the development of personal responsibility and social skills” (p. 424). Hine, Peacock, & Pretty (2008) examined care farming in the UK, and focused on two case studies. Their conclusions were:

Care farmers reported that the physical benefits experienced by clients include improvements to physical health and farming skills. Mental health benefits consist of improved self-esteem, improved well-being and improvement of mood with other benefits including an increase in self-confidence, enhanced trust in other people and calmness. (p. 252)

It is interesting to note the similarities in outcomes in these two studies, despite the varied geographical location. Given the number of care farms currently in operation, it seems as though one limitation is that more studies, especially longitudinal, are needed. This research is relevant to this project, as Care Farms and Green Farms as therapeutic communities bear many similarities to Gould Farm.

The literature showed a clear benefit for individuals with mental illness in following the tenants of the Recovery Theory Model, specifically being engaged in physical activity, meaningful work, daily activity, community, social and therapeutic support, and time spent with animals and in natural environments. A therapeutic community such as a care farm or residential

psychosocial community such as Gould Farm is uniquely positioned to combine many of these aspects in one accessible and supportive location.

## **CHAPTER III**

### **Methodology**

#### **Statement of the Research Purpose**

The purpose of this research is to explore, explain, and evaluate the methods of treatment at Gould Farm, a therapeutic psychosocial rehabilitation community for adults with major mental illness. This research project will analyze parts of this outcome data which has been collected uninterruptedly for the past sixteen years, and continues to be collected currently.

Gould Farm has been gathering outcome data since June of 1998, as a part of a longitudinal study called the Gould Farm Outcomes Study. This research is overseen by the Williams College Institutional Review board, as the primary researcher, Laurie Heatherington, PhD, is a Psychology professor at Williams College and a long time board member at Gould Farm. As of this writing, the Gould Farm Outcome Study has not been published outside of yearly reports to the Gould Farm Board of Directors.

This research project is relevant because although the data was previously collected and reviewed, this reexamination of the data is focused specifically on seven factors relating to the client's perceived quality of life. The seven aspects which make up the quality of life scale are as follows: the client's subjective feelings of satisfaction with their own mental health before and after treatment at Gould Farm, the client's satisfaction with their level of community support, the client's satisfaction with their daily structure, the client's satisfaction with their physical health, the client's satisfaction with their relationship with their family, the client's satisfaction with

their social relationships, and lastly, the client's satisfaction with their independent living skills . Finally, this research attempted to understand if there was a demonstrated positive change in levels of satisfaction with these seven areas between arrival at Gould Farm and discharge from Gould Farm. This researcher was interested to also understand the relationship between levels of satisfaction and the individual's current activity levels. This measurement of satisfaction was achieved using a pre-existing quality of life scale (Human Services Research Institute 1995). This research has implications for current social work practices, because it looks at the efficacy of a treatment model for major mental illness that has been marginalized as a result of the prevalence of a psychiatric care model that minimizes the importance of physically active daily structure, and community living arrangements.

It is my hypothesis that clients at Gould Farm after treatment will consistently report increased feelings of well-being, greater satisfaction with their current mental health over time, and that there will be a correlation between feelings of well-being and their daily schedule and activity level.

This reexamining of the data research is important in order to better understand if the Gould Farm outcome data adequately represents the client's subjective experiences of recovery while engaged in the therapeutic milieu at Gould Farm. Does the data demonstrate positive change in satisfaction scores from the intake interviews to the discharge interviews? Does the data demonstrate a continued positive change six months following treatment at Gould Farm?

Finally, it is known that clients are engaged in full time work and physical activities while participating in the therapeutic milieu, however, it was a purpose of this research to better understand the relationship between client's satisfaction within the quality of life scale and whether they were engaged in paid or volunteer work or school activities,

**Sample/ Data Collection**

This researcher has been the primary interviewer for the Gould Farm Outcome Study for the past fourteen years. As a result of this position, I was able to request permission from Gould Farm, the primary researcher for the Gould Farm Outcome Study, and the Williams College Institutional Review Board in order to use the data that I have been involved in collecting.

Bryan Bonner, Ph.D. (Gould Farm Outcome Study statistician) and Laurie Heatherington, Ph.D. (Primary Researcher) from Williams College prepared a separate sample of 100 guest intake and discharge interviews to use exclusively for this purpose. Those interviews were assigned unique numbers, were kept in a separate data set, and this researcher created a new and separate code book. The code book is a document which detailed what each research variable was, and where it was located in the data set. At the conclusion of this research, the data set and code book files will be transferred to a disk drive, and stored in a locked file cabinet for three years as required by the Smith College Human Subjects Review Board.

This separate data from one hundred clients was examined, and included both intake and discharge interviews. Twenty- one of the interviews included six month follow up interviews. I was limited to twenty-one because the six month follow up interviews have not been occurring for as long a duration, and there are fewer available for study.

### **Method/Data Analysis**

After a separate data set specific to this study was obtained, I examined and organized the responses to the interview questions. The intake interview information included responses with basic demographic information, such as age, sex, and race. In addition, the exact date of the interview was noted, the source of referral, as well as the primary psychiatric diagnosis of the client as provided by the Gould Farm psychiatrist in a separate intake psychiatric assessment interview. Clients answered a question which explained how they were referred to Gould Farm and the choices which make up the list of options for answers include: hospital, home/family, residential program, independent living, or “other”. Finally, clients answered a question explaining when their most recent hospitalization occurred. This was important, because often clients are hospitalized for only a few days and then discharged home for a period of time while they wait for admission to Gould Farm. In the discharge and six month follow up interviews, it was noted what the planned or current living situation was, as well as what the client’s current daily structure was. The choices included: paid work, school, volunteer work, participation in another mental health related program or other. This researcher was able to examine pertinent responses which were taken from these open ended or multiple choice questions as well as the quality of life scale (Human Services Research Institute 1995).

The following questions were taken from the Human Services Research Institute Quality of Life Scale. The answers are given using a 1- 10 Likert scale, with 1 being completely unsatisfied and 10 being excellent:

1. Thinking about your independent living skills, have you been feeling confident in your ability to live independently? Consider factors such as budgeting, self-care, cooking, shopping, paying bills, etc.

2. Thinking about your daily structure, Have you been feeling satisfied with how you spend your time? Consider your involvement in work, school, rehabilitation activities, day programs, etc.
3. Thinking about your physical health, have you been feeling satisfied with your health? Consider weight, diet, sleep, exercise, general physical condition, illnesses, etc.
4. Thinking about your emotional and mental health, have you been feeling satisfied with how you have been feeling? Consider your mood, thinking, feeling secure, etc.
5. Thinking about your relationship with your family, Have you been feeling satisfied with your relationship with your family? (parents, siblings etc.) Consider communication, support (financial and emotional), frequency and quality of contact.
6. Thinking about your social relationships, have you been feeling satisfied with the quality and the quantity of your social relationships? (as opposed to more general community supports) Consider friendships, causal and close, intimate relationships, etc.)
7. Thinking about your community support, have you been feeling satisfied with your support network? How well does it work for you?

For the purpose of this research, I was interested in finding out specifically how feelings of satisfaction with all aspects of the quality of life scale changed over time. By looking at the answers to these questions during three intervals, admission to Gould Farm, discharge from Gould Farm, and six months post program, I hoped to determine if there was a positive change between each interval.

**Possible Concerns**

This research project, which is reexamining previously collected data specific to the Gould Farm Outcome Study, therefore naturally shares some of the reliability and validity strengths and concerns, as it is examining the data from that study. However, to be clear, these issues are specific to the Gould Farm Outcome Study. For this study, the data was provided from a separate data set, and this researcher did not have the ability to identify the de-identified and anonymous data that was received for the purpose of reexamination. In the Gould Farm Outcome Study, the questions are specific and clear, and the same questions were asked in the same way at each period of time. Although the questions were not yes/no questions, the fact that they were specific and clear was helpful. One possible concern was that the intake and discharge data was gathered through in- person interviews at Gould Farm. Participants were given time off from regular work duties in order to participate. The interviews were highly recommended, although not required. The follow up interview was conducted via telephone, and was dependent on the client to respond to an initial request for the interview. Despite the favorable initial response to scheduling an interview, it often took the interviewer several attempts to contact the client. The clients were given a \$30 honorarium by Gould Farm for participating in the interview. The client did not have to finish the entire interview in order to receive the honorarium; however they did need to complete part of it. Validity concerns include the fact that the majority of the clients who were interviewed at the six month follow up time had a positive experience at Gould Farm. A portion of the participants did not respond to the request for a follow up interview. It is a concern of this researcher that it is unclear if those clients who chose not to participate had a positive or negative experience at Gould Farm. As a result, the sample may not be an accurate or generalizable representation of clients at the six month point.



### **This Researcher's Personal Connection to Gould Farm**

I first heard about Gould farm when I was a college student at Antioch College searching for a placement as part of their cooperative education program. I subsequently spent three months at Gould Farm as a volunteer, working as a work leader. Following my placement there, I eventually returned as a volunteer, and then transitioned to being a full time staff member in 1992. I continued to live and work as a full time member of the community until 2000, when I moved with my husband and our two small children six miles away. We remained involved as a part of the extended Gould Farm community, occasionally attending meals and visiting friends there. At that time I began to conduct the interviews for the Outcome Study, and have continued with this work to the present time.

During my graduate studies in Social Work, I have been interested to see how my experience at Gould Farm and how their unique model and mission statement has influenced me. I have been the primary interviewer for the Outcome Study for the past fourteen years. I decided to further expand and evaluate my research within my role as the outcome interviewer in order to more deeply examine the results of the Gould Farm Outcome Study data in partial fulfillment for my master's degree at Smith College.

A possible bias in this study is that as the researcher I have a long history of working with Gould Farm, and may have a strong attachment to proving my hypothesis correct. This could result in great disappointment if the hypothesis is incorrect. In addition, as the primary interviewer for most of the interviews, I may have developed a personal connection to many of the clients over time. This possible bias will be addressed by the fact that as the researcher, I am conducting a secondary analysis of the data that has already been collected through previous

interviews, and the data has been de-identified by a separate party so that I do not have access to any personal identifying information.

### **Data Analysis**

After the data was gathered and organized, it was sent to Marjorie Postal, Research Analyst at Smith College. She ran three statistical tests. The first test examined if there was a significant difference in satisfaction scores between arrival and discharge. Paired t-tests were run to determine if there were differences in these scores between arrival and discharge. Second, paired t-tests were run to determine if there were differences in satisfaction scores between discharge and the six month follow up. Third, Pearson correlation tests were run between length of stay and the satisfaction variables to determine if there were any differences in satisfaction during this interval, and t-tests were run to see if there was a difference in the average stay for the more satisfied and less satisfied groups.

## CHAPTER IV

### Findings

The purpose of this study was to examine the treatment milieu at Gould Farm, a psychosocial therapeutic community that has been practicing the recovery theory model for over one hundred years by recognizing that recovery is an individual process which looks slightly different for each person, and by structuring the therapeutic community program to allow for an environment which consists of involvement in daily meaningful work, supportive psychotherapy, and plentiful community support.

During the process of revisiting the new selection of data from the Gould Farm Outcome Study, it has been possible to better understand within this sample who it is that is able to participate in the milieu, and what specifically is the overall quality of life for the clients both before and after spending time at Gould Farm. By studying the specific responses of one hundred clients (n=100) to questions on this quality of life scale at arrival and discharge from the Gould Farm, it has been possible to better understand the client's subjective satisfaction with their mental health, community support, daily structure, physical health, relationships with family members, social relationships, and independent living skills. In addition, the data from twenty one clients (n=21) who were also interviewed six months following discharge from Gould Farm were studied and examined to see if there was a change in satisfaction scores.

The following charts represent the demographic information for the sample, including: sex, race, age, and marital status at intake interview. As can be seen in table 1, 71% of the sample were male, 25% were female, and 4% were missing a designation as they did not choose

to specify. As can be seen in table 1, 1% of the sample identified as African American, 93% identified as Caucasian, 1% identified as Latino, and 1% identified as other. At intake, the median age was twenty-five years old. Eighty nine percent of the sample identified their marital status as being single, while 3% were married, 3% were divorced, and 1% were separated.

Table 1

*Self-Identified Sexual Identification of the Sample*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	71	71.0	74.0	74.0
	female	25	25.0	26.0	100.0
	Total	96	96.0	100.0	
Missing	System	4	4.0		
Total		100	100.0		

Table 2

*Self-Identified Racial Identification of the Sample*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		4	4.0	4.0	4.0
	African American	1	1.0	1.0	5.0
	Caucasian	93	93.0	93.0	98.0
	Latino	1	1.0	1.0	99.0
	Other	1	1.0	1.0	100.0
	Total	100	100.0	100.0	

Table 3

*Age of the Sample at the Intake Interview*

N		96
	Valid	
	Missing	4
Mean		28.021
Median		25.000
Std. Deviation		9.3279
Variance		87.010
Minimum		10.0
Maximum		64.0

Table 4

*Self-Identified Marital Status Identification of the Sample at Intake*

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	4.0	4.0	4.0
divorced	3	3.0	3.0	7.0
married	3	3.0	3.0	10.0
separated	1	1.0	1.0	11.0
single	89	89.0	89.0	100.0
Total	100	100.0	100.0	

The following charts further identify the sample, and include the location from which (or where they were living directly before arriving at Gould Farm), the length of time since the most recent psychiatric hospitalization (by months), and the primary psychiatric diagnosis. The primary diagnosis for the clients is noted in a chart which breaks it down by coded diagnosis. As can be seen in table 5, 17.6% of the sample was referred to Gould Farm directly from a

psychiatric hospital, 38% were referred from home, 5% were referred from a residential program, 4% were missing this field, as they chose not to answer the question, and 36% responded “other.” It is unknown what might constitute this “other,” as the data set does not specify details regarding this. As table 6 displays, the number of months since a client’s most recent psychiatric hospitalization is noted, with the mean being 8.58 months and the median being 2.0 months. Finally table 7 notes the coded psychiatric diagnosis for clients upon intake at Gould Farm. This diagnosis is made or confirmed by the Gould Farm psychiatrist. Of the sample (n=100), 24% were diagnosed with bipolar disorder, 16% with depression, 30% with schizophrenia, 21% with schizoaffective disorder, 1% with psychotic disorder, and 6% with “other.” It is unknown what the “other” constitutes, as the data set does not specify.

Table 5

*How the Sample was Referred to Gould Farm*


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		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	hospital	17	17.0	17.7	17.7
	home/family	38	38.0	39.6	57.3
	residential program	5	5.0	5.2	62.5
	other	36	36.0	37.5	100.0
	Total	96	96.0	100.0	
Missing	System	4	4.0		
Total		100	100.0		

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Table 6

*Number of Months at Intake Since the Sample's Most Recent Psychiatric Hospitalization*

N	Valid	83
	Missing	17
Mean		8.58
Median		2.00
Std. Deviation		22.567
Variance		509.262
Minimum		
Maximum		168

Table 7

*Primary Psychiatric Diagnosis of the Sample at the Intake Interview*

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
	2	2.0	2.0	2.0
Bipolar	24	24.0	24.0	26.0
Depression	16	16.0	16.0	42.0
Other	6	6.0	6.0	48.0
Psychotic Disorder	1	1.0	1.0	49.0
Schizoaffective	21	21.0	21.0	70.0
Schizophrenia	30	30.0	30.0	100.0
Total	100	100.0	100.0	

Three research questions were analyzed statistically:

1. Is there a positive change in satisfaction scores during the client's stay at Gould Farm?

These satisfaction scores were further analyzed by looking at each category of

satisfaction: mental health, community support, daily structure, physical health, family relationships, social relationships, and independent living skills.

It was my hypothesis that clients would experience low satisfaction scores upon arrival, and higher scores upon discharge. Paired t-tests were run in order to determine if there were any differences in these satisfaction scores between the arrival interview and the discharge interview.

Significant differences were found in all pairs of tests. In every case, the mean score at the discharge interview was higher than the score at arrival, which indicated an increase in satisfaction. In reporting satisfaction with mental health, the significant difference was  $(t(78)=7.396, p=.00, \text{two tailed})$ . For the arrival mental health scores  $m=4.53$ , and for the discharge mental health scores  $m=7.25$ . In reporting satisfaction with community support the significant difference was  $(t(75)=6.213, p=.000, \text{two tailed})$ . The arrival community support scores  $m=5.58$ , and the discharge community support scores  $m=7.88$ . In considering satisfaction with daily structure, the significant difference was  $(t(76)=8.621, p=.000, \text{two tailed})$ . The arrival daily structure satisfaction was  $m=4.49$ , and the discharge daily structure  $m=7.36$ . For physical health satisfaction, the significant difference was  $(t(78)=4.402, p=.000, \text{two tailed})$ . The arrival physical health satisfaction was  $m=5.13$ , and the discharge physical health satisfaction was  $m=6.69$ . Looking at satisfaction of family relationships, the significant difference was  $t(77)=5.556, p=.000, \text{two tailed}$ . The arrival family relationship satisfaction was  $m=6.07$ , and the discharge score was  $m=7.76$ . Satisfaction with social relationships showed a significant difference, with  $(t(79)=9.000, p=.000, \text{two tailed})$ . The arrival score showed  $m=4.56$ , and the discharge score showed  $m=7.44$ . Finally, the client's satisfaction with independent living skills showed a significant



difference of  $(t(77)=5.775, p=.000, \text{two tailed})$ . The arrival independent living skills showed  $m=5.73$ , and the discharge score was  $m=7.38$ .

2. Is there a positive change in satisfaction scores of mental health, community support, daily structure, physical health, family relationships, social relationships, and independent living skills between the discharge interview and the six month follow up interview?

I did not have a clear hypothesis for this question. I was interested to find out if clients experienced changes in satisfaction after leaving the Gould Farm community. Each category of satisfaction was examined, with no significant differences found between the discharge interview and the six month follow up interview.

3. Is there a relationship between the length of stay at Gould Farm and the satisfaction levels of mental health, community support, daily structure, physical health, family relationships, social relationships, and independent living skills?

Again, I did not have a hypothesis regarding this question, and I was interested to find out if there was a relationship between the levels of satisfaction and the length of stay. Pearson correlations were run between length of stay and the satisfaction variables. There was a significant positive correlation between the length of stay and the discharge social relationship satisfaction ( $r=.313, p=.005$ ) however, there were no significant correlations between the length of stay and any of the other satisfaction variables.

Following discharge from Gould Farm, clients went to a variety of different living situations, as is illustrated by this table.

Table 8

*Living Situation of the Sample at Discharge Interview*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Boston Program	16	16.0	18.8	18.8
	Group Home	8	8.0	9.4	28.2
	family Home	28	28.0	32.9	61.2
	Independent living	14	14.0	16.5	77.6
	independent living with others	14	14.0	16.5	94.1
	supported housing	4	4.0	4.7	98.8
	other	1	1.0	1.2	100.0
	Total	85	85.0	100.0	
Missing	System	15	15.0		
Total		100	100.0		

For the purpose of this research, I was interested to better understand the activity level or daily schedule such as involvement in paid or volunteer work or school, and how this might impact satisfaction levels. At the point of discharge from Gould Farm, all clients are fully engaged in the work program within the program's milieu, and as illustrated in the previous charts, did demonstrate statistically significant positive changes in satisfaction scores. This chart illustrates the types of daily schedules that the clients anticipated being involved in at the discharge interview.

Table 9

*Work Situation of the Sample at the Six Month Follow-up Interview*


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	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	83	83.0	83.0	83.0
Day	1	1.0	1.0	84.0
Day treatment or partial hospitalization; other	1	1.0	1.0	85.0
Exercise, Working for music teacher, Playing music, socializing with community	1	1.0	1.0	86.0
internship	1	1.0	1.0	87.0
Job searching, school, volunteer, studying/homework	1	1.0	1.0	88.0
Other	2	2.0	2.0	90.0
School	2	2.0	2.0	92.0
Volunteering	1	1.0	1.0	93.0
Work	4	4.0	4.0	97.0
Work and Volunteer	1	1.0	1.0	98.0
Work for pay	1	1.0	1.0	99.0
Work for pay, volunteer	1	1.0	1.0	100.0
Total	100	100.0	100.0	

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Table 10

*Volunteer Work Situation of the Sample at the Six Month Follow-up Interview*

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	91	91.0	91.0	91.0
local non profit Fellside Gould Farm affiliated program	1	1.0	1.0	92.0
Food pantry, nursing home visits	1	1.0	1.0	93.0
Historical museum	1	1.0	1.0	94.0
No none	3	3.0	3.0	95.0
therapeutic horseback riding	1	1.0	1.0	98.0
Total	100	100.0	100.0	99.0
				100.0

Table 11

*Daily Reported Schedule of the Sample at the Six Month Follow-up Interview*

Day program	2
School (community college, four year college, graduate school, culinary school)	4
Work for pay	5
Volunteer work	2
Work for barter	2
Paid work and volunteer work	2
Missing	1
Internship work/education	1
Job searching/transition	1
School and volunteer work	1

Finally, it was interesting to note the frequency of hospitalization that was required at the six month follow up. While at intake, clients reported a mean of 8.58 months since their most recent psychiatric hospitalization, the following chart shows hospitalization at the six month

follow up point, with ninety eight percent of the former clients having zero hospitalizations, and one person requiring hospitalization for psychiatric reasons.

Table 12

*Hospitalization History of the Sample at the Six Month Follow-up Interview*

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
	80	80.0	80.0	80.0
no	1	1.0	1.0	81.0
No	17	17.0	17.0	98.0
Yes	1	1.0	1.0	99.0
Yes-Medical	1	1.0	1.0	100.0
Total	100	100.0	100.0	

In summary, the findings demonstrated positive outcomes on all measures of satisfaction on the quality of life scale from admission in the Gould Farm program to discharge. The six month follow up scores did not show a positive change. However, it is clear to see that clients were involved with both paid and volunteer work and educational opportunities following discharge from the program. The following chapter will discuss these findings in more detail.

## **CHAPTER V**

### **Discussion**

This research hoped to both describe the program at Gould Farm, a psychosocial therapeutic community, and evaluate its efficacy. Gould Farm is unique in that it is a residential program with a therapeutic milieu that incorporates meaningful work, psychotherapy, and community support. Specifically three research questions were examined. First, was there a positive change in quality of life satisfaction scores for clients between arrival and discharge at Gould Farm (n=100). Second, was there a positive change in satisfaction scores between the discharge interview and the six month follow up interview (n=21)? Third, was there a relationship between the length of stay at Gould Farm and the satisfaction levels? The seven areas of satisfaction that were examined included mental health, community support, daily structure, physical health, family relationships, social relationships, and independent living skills. This researcher hypothesized that clients would report an increase in levels of satisfaction in their quality of life scales at the time of discharge from the program, and the findings confirmed this hypothesis. In every area, the findings showed that clients reported higher levels of satisfaction upon discharge. In the smaller data set regarding six month follow up interviews (n=21), there were no significant positive changes reported between the time of discharge and the six month follow up interview. Finally, the relationship between levels of satisfaction and length of stay by months was also examined.

The outcomes revealed that there was a significant correlation between the length of stay and satisfaction with social relationships, however there were no significant correlations between the length of stay and any of the other satisfaction variables (see table 1). It was significant to note that as the length of stay increased, the rating on the satisfaction scale also increased. Two separate groups were then created from within this sample, dividing those who scored eight or above and those who scored seven or below. When the t-tests were run, a significant difference was found in that the more satisfied group had a higher mean stay ( $m=15.57$  months) than the less satisfied group ( $m=9.169$ ). Considering these findings, it seems as though clients at Gould Farm may benefit from a longer stay, specifically when considering the impact that spending more time in a structured therapeutic community may have on an individual's satisfaction with their social relationships. It is clear from the literature that individuals with serious mental illness benefit greatly from increased social and community support, and this finding reinforces that. This finding was particularly interesting to report, given that it may impact future lengths of stay that are recommended for clients at Gould Farm.

In addition to looking for statistically significant differences in arrival and discharge scores and positive correlations between length of stay and satisfaction, this researcher was also interested in better understanding the relationship between client's daily structure and satisfaction levels. It is clear that while involved in the therapeutic milieu at Gould Farm, clients are immersed in a full daily schedule which includes work, community activities, psychotherapy, group therapy, and shared social living arrangements. During this period, client's satisfaction scores increased in a significant positive fashion. Six months following discharge from Gould Farm, there was not a significant change in satisfaction scores. In looking at client's daily activities (see chart 13), with these six month follow-up interviews, with a much smaller sample

(n=21), it was interesting to note that at the six month mark, with the exception of one missing entry, everyone reported involvement with some variety of a daily structure, the majority including both paid and volunteer work, and educational pursuits.

### **The recovery theory model.**

As Scheyett, DeLuca, & Morgan (2013) and Merryman and Riegel, 2008 define the Recovery Theory model described in the literature review, the Gould Farm therapeutic program appears to operate based on a Recovery Theory model, and has been doing so even before the Recovery Theory model was defined and discussed. It is clear that many of the necessary components to aiding recovery are present within the program, including adequate living conditions, daily schedule options such as meaningful work, psychotherapy, and plentiful community support. Having access to all of these components is a critical factor in aiding recovery, and it appears that having access to these same components in one easily accessible location, such as a therapeutic community, is a clear benefit.

### **The outcomes of physical activity on mental health.**

The literature also clearly supported the benefits of physical activity on mental health for both the general population as well as individuals with significant mental illness. Within Gould Farm's rural community location and specifically the work program, there are numerous opportunities for physical activity. The findings of this research clearly show a positive change in satisfaction scores in client's feelings about their own physical health. In examining the arrival and discharge data, the arrival physical health satisfaction scores were  $m=5.13$ , and the discharge physical health satisfaction scores were  $m=6.69$ . This represents a statistically significant difference.



### **The association between activity level/daily schedule/work and subjective mental health.**

In examining the literature, this researcher found that Leufstadius & Eklund (2008) investigated and stressed the importance of involvement in activities, such as work, studies, and employment for individuals with significant mental illness. They found that involvement with a daily schedule which incorporated these factors led to an increase in self-esteem and an enhanced sense of purpose as well as positive reporting of subjective mental health. The findings of Leufstadius & Eklund reinforce the findings of this research on Gould Farm outcomes. The satisfaction scores upon discharge from Gould Farm show a positive change in satisfaction with the arrival daily structure satisfaction being  $m=4.49$ , and the discharge daily structure being  $m=7.36$ . This is a statistically significant positive change in satisfaction with daily schedule.

### **The influence of meaningful work on mental health.**

As discussed in the literature review, Harvey, Modini, Christensen, & Glozier (2013), Lanctot, Durand, & Corbiere (2011), and Waghorn (2013) each support the philosophy that engagement in meaningful work opportunities has a positive effect on individuals with mental illness. As the findings from this research confirm, there were significant positive changes in client's satisfaction with their mental health between arrival and discharge from the Gould Farm program. Upon arrival the mental health scores were  $m=4.53$ , and for the discharge mental health scores were  $m=7.25$ . All clients at Gould Farm are expected to be fully engaged in the work program for the duration of their time spent in the program, and therefore as the findings support, experiencing some of the positive effects on mental health that involvement in meaningful work provides. As Smith (2014), explains, "the idea, practice, and attitude towards work were born

from necessity at Gould Farm...the founders saw work not as a burden to avoid, but as a challenge, participation in which helped integrate all members in the community” (p.53). This philosophy and in fact the clear reality of the necessity of work can still be observed today. If the cows do not get milked on time, the meals are not prepared, the wood is not stacked, the dishes are not cleaned, or the floors are not mopped, everyone in the community notices and experiences the distressing results.

At the six month follow up point, the findings demonstrated that thirteen out of the twenty one respondents reported being involved with paid, bartered or volunteer work, with one being involved in an active job search. It seems that even after leaving the structured therapeutic work environment of the Gould Farm program, clients are able to continue to be involved in work related activities with success. This experience that clients had of being involved with daily and meaningful work seems to have translated into a desire to continue this type of activity six months following time spent at Gould Farm. It is likely that the positive experiences of increased feelings of well-being and general improvements in mental health satisfaction contributed to this desire to remain involved in meaningful work activities.

### **The impact of community, social, and therapeutic support.**

As explained in the literature review, Antonelli & Thoren(1980), Chou & Chronister (2012), Edmondson et.al (2012), Iancu (2014), Merryman & Riegal (2007), Pernice-Duca (2006), Rosenberg(2002), Mandell et.al. (2008) reiterate the importance of the need for a wide network of community, social, and therapeutic support for individuals with mental illness. The findings support this research, and showed that during the course of time spent at Gould Farm, clients experience a significant positive change with regard to feelings of satisfaction with community support. The arrival mean community support scores were  $m=5.58$ , and the discharge mean

community support scores were  $m=7.88$ . In addition, clients experienced a positive change in satisfaction with social relationships while at Gould Farm, with the arrival mean score being  $m=4.56$ , and the discharge score was  $m=7.44$ . These findings support the previous literature demonstrating the benefits of having a robust community support network for individuals with significant mental illness.

### **The effect of working with animals and being in a rural environment.**

The literature supported and confirmed that working with animals and being in a rural environment is beneficial for the mental health of individuals with significant mental illness. All residents at Gould Farm are located in a rural environment, and have the opportunity to interact with animals daily; however this level of interaction with the animals was not specifically measured in the research, and is difficult to link with the findings. All residents are not required and expected to engage with animals during their time in the program, as they are required and expected to engage in the work program, the therapy, and the community living environment. Being in a rural environment and working with animals could certainly be a contributing factor to this increase in satisfaction; however, this is an area that merits additional research in order to fully understand all of the contributing factors which contribute to increased mental health satisfaction.

### **Therapeutic communities: care farms and Gould Farm.**

As the literature clearly demonstrated, therapeutic communities, which are specifically formed to provide support to individuals who need it, have been in existence for more than one hundred years. Therapeutic communities take many forms. As the literature review explained, the care farm or green care movement is particularly widespread in Europe where care farms are

used to assist adults, children, and adolescents with substance use addictions as well as adults, children, and adolescents with developmental disabilities or mild to serious mental illness. What makes the Gould Farm program unique is that it incorporates meaningful work, individual and group psychotherapy provided by trained clinical social workers, and a robust and varied community surrounding. This comprehensive community environment creates a crucial and vigorous support system. Gould Farm clients live in a dynamic community in tandem with both paid and volunteer staff, staff family members (including children), and animals of all varieties. In contrast to many traditional medical settings, where the staff members are separated by plexiglass walls or uniforms designating their status, and clients are known not by their name, but often by their diagnosis, it is often impossible for the average visitor to Gould Farm to discern who the staff member is and who the client is. Staff members at Gould Farm explain a client's identity often in reference to the work team that they are a part of rather than their psychiatric diagnosis. This makes for a unique therapeutic community environment, where respect for each other is the norm. As the findings show, clients report feeling improvement in their quality of life scores in every category after treatment in this unique environment.

As the findings from this research reveal, clients engaged in the therapeutic milieu at Gould Farm consistently report an increase in subjective satisfaction across seven measured areas, including mental health, community support, daily structure, physical health, relationships with family members, social relationships, and independent living skills. As the findings for this research substantiate the evidence found in the literature review, and clearly demonstrate significant positive changes for the clients, research regarding the effectiveness of psychosocial therapeutic communities shows encouraging signs, and certainly merits further study.

### **Strengths and Limitations**

This study has several limitations. First, it was designed as both a way of measuring client's satisfaction with their quality of life while within the therapeutic community as well as satisfaction with these same measures six months following discharge from the program. It has proved difficult to contact and follow up with clients six months and longer after the time that they are discharged from the Gould Farm program. There are numerous and varied reasons for this. As of the 2015 Gould Farm Outcome Report, 93% of clients gave permission upon discharge to be contacted for a follow up interview; however many do not return phone calls despite numerous attempts (Heatherington & Bonner, 2015). This is part of the reason why the sample for this study includes only twenty- one six month follow up interviews out of the entire sample of one hundred clients, and no eighteen month or three year follow up interviews.

Second, as the sample shows, the demographic variety of the sample is limited (see tables 1,2,3,4), and it is not widely generalizable. In the study, 71% of respondents were male, while only 25% were female, and 4% did not wish to specify a gender. In addition, 93% identified as Caucasian, only 1% identified as African American, only 1% identified as Latino, 1% identified as other, and 4% chose not to answer that question. Clearly the Gould Farm sample is not representative of the broader population of adults in the United States living with serious mental illness, particularly individuals representing a wider range of racial and ethnic backgrounds. In addition it is a concern of this researcher that the research did not take into account the socioeconomic status of the respondents, and it was unknown what percentages of respondents had financial support through families, who was paying the full fee, and which clients were attending the program with a scholarship.

Third, at the discharge interview time point, 13% of the clients anticipated moving to a group home or continuing care model of treatment sponsored and administrated by Gould Farm. It is this researcher's opinion that further study is warranted in order to consider satisfaction levels of clients during the six month follow up time period depending on where they anticipated being discharged. Therefore such research would make it more feasible to discern the efficacy of the group home or continuing care model of treatment post treatment in the therapeutic community.

In addition to these aforementioned limitations, the study does have some significant strengths as it contributes to the slowly growing body of research regarding psychiatric psychosocial residential therapeutic communities. In this reexamination of the outcome data, this research specifically took into account the client's subjective feelings of satisfaction with their mental health, physical health, community support, social relationships, and daily schedule. This melds nicely with the Recovery Theory Model which focuses on an individualized strengths-based psychosocial therapeutic approach. This study did not use measures such as GAF scores, which are assigned to clients by a psychiatric practitioner to measure the social, occupational and psychological dysfunctional aspects of how a client was functioning. By using instead a measure which incorporates many various aspects of the client's perceptions of their satisfaction with their current quality of life, it was this researchers hope to gain a more client focused measure of day to day social, occupational and psychological satisfaction and well- being. Many current, former, and present members of the Gould Farm community have often expressed their appreciation for the "magic" that happens at Gould Farm, without being able to articulate exactly what it is that constitutes this magic. This research project attempts to explain the efficacy of the treatment model, which is what this researcher believes is an important piece of the "magic."

This analysis of the data reveals information that will allow some of the magical thinking to be replaced with clear findings and strong evidence of what constitutes some of that magic and some of the factors that contribute to the effectiveness of this approach with chronic mental illness.

### **Implications for Social Work Practice**

This research has implications for social work practice, as the current medical model for treatment of mental illness in the United States does not commonly include time spent in psychosocial residential therapeutic communities. The findings of this research do demonstrate significant positive outcomes. As the wide ranging benefits of this strengths-based model are disseminated and understood, perhaps more people will have the opportunity to become involved with this unique and successful model of treatment. It is a concern of this researcher that more individuals are not able to partake of this treatment model.

### **Recommendations for Further Research**

Psychosocial therapeutic communities have been around for many years, but still are not yet well known alternatives for mental health treatment in this country. As such, they all merit further research. As this researcher had a personal connection to Gould Farm as a former staff member and current outcome study interviewer, and permission to use the current Outcome Study data, the Gould Farm outcomes were my primary focus. However, a thorough investigation of outcomes at various psychosocial therapeutic communities throughout the United States and abroad is recommended.

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**APPENDIX A**

**Institutional Review Board  
William College<sup>1</sup>  
Application for Review**

Please submit this form with a Research Summary and supporting materials following the guidelines given below. The investigator should allow sufficient time for review before scheduling the implementation of the project. If the proposal requires the approval of the full committee, it could be a month before a decision is made.

Principal Investigator Fran Huberman/Laurie Heatherington (sponsor\_\_ Department Psych\_\_\_\_  
Campus Ext./Phone x2442\_\_\_\_\_ Email lheather@williams.edu\_\_\_\_\_  
Title of Project: Reanalysis: Gould Farm Outcomes Study Data

Estimated beginning and completion dates of research Oct 20, 2014 to May 20, 2014

The principal investigator assures the IRB that all procedures carried out under the project will be conducted by persons legally and responsibly entitled to do so, and that any deviation from the submitted project (change in principal investigator, participant recruitment procedures, research methodology, etc.) will be submitted to the IRB for approval prior to implementation. The IRB also requires that the principle investigator be familiar with the Belmont Report, which is included in this application package. (Please indicate your compliance below.) Faculty are required and students are strongly recommend to take the Web training session for non-IRB members (it takes less than an hour) provided by The National Cancer Institute. Please follow this link to review the **Human Participant Protections Education for Research Teams**: <http://cme.cancer.gov/clinicaltrials/learning/humanparticipant-protections.asp>.

I have read the Belmont Report.....yes  **X** no

**What is the nature of this project (please check)**

- Faculty/staff research  Undergraduate coursework
- Student project (thesis, independent study)  OtherX

**Please indicate whether or not the following are involved:**

Patients as participants	<b>Yes</b>	No	Film-, video-, or voice-recording of participants <sup>2</sup>	Yes	No
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<sup>1</sup> Adapted from Claremont McKenna College

<sup>2</sup> Be sure to include this information in consent form(s) as well as provide a separate signature line for the participants to agree to be video/audio taped and/or photographed

Minors as participants (under 18) <sup>3</sup>	Yes	No	Questionnaires	Yes	No
Elderly participants (over 65)	Yes	No	Data banks, archives, or medical records	<b>Yes</b>	No
Non-English-speaking participants	Yes	No	Payment for participants	Yes	No
Cognitively impaired participants	Yes	No	Interviews	Yes	No
Prisoners or parolees	Yes	No	The use of alcohol, drugs, or medication	Yes	No
Participants in other countries	Yes	No	The taking of physical (biological) specimens <sup>4</sup>	Yes	No
Greater than <u>minimal risk</u> <sup>5</sup> to participants	Yes	<b>No</b>	The use of deception	Yes	No

Principal Investigator (signature) \_\_\_\_\_ Date \_\_\_\_\_

Faculty Sponsor (printed name) \_\_\_\_\_ Laurie Heatherington \_\_\_\_\_ Department \_\_\_\_\_

**I have verified that this research proposal is methodologically sound, that it minimizes risk to participants, and that the consent form is adequate.**

Faculty Sponsor (signature) \_\_\_\_\_ Date \_\_\_\_\_

**Review Board Action:**

- Certified by chair as exempt from review \*\*
- . Approved by chair under expedited review
- . Approved by full committee
- Returned by full committee for additional details, clarifications, or adjustments

IRB Representative (signature) \_\_\_\_\_ Date \_\_\_\_\_

\*

\*\* For the categories of exemption, see Title 45, Section 46.101(b) of the Code of Federal Regulations.

<sup>3</sup> Active, written parental consent is required. It is generally expected that you also obtain the written assent of children 7 years and older. Be sure to include consent and assent forms with your protocol materials

<sup>4</sup> Please contact Biological Safety Officer (Anne Skinner) for specific safety

requirements

<sup>5</sup> Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.



**APPENDIX B****Williams College Institutional Review Board**

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Date: September 30, 2014

To: Laurie Heatherington, Williams College, Dept. of Psychology  
Fran Huberman, Smith College School for Social Work

From: Ken Savitsky, Chair, Williams College Institutional Review Board

Dear Laurie and Fran,

The IRB has reviewed your research proposal entitled **Reanalysis: Gould Farm Outcomes Study Data**, and has granted approval for this protocol via expedited review as of the above date. The review was expedited because the study represents a reanalysis of existing data that were obtained from a study that has already received IRB approval, and because the data analyzed in this project will have been de-identified.

If you decide to make any substantive modifications to your procedures, please obtain new IRB approval prior to implementation of those changes. Also note that the approval for this project lasts for one year from the above date. Federal funding agencies require annual re-approval, so if you wish to continue your project beyond that date, you may need to obtain new IRB approval prior to doing so.

Good luck with your research.

Sincerely,

Ken Savitsky, Ph.D.  
Professor of Psychology  
Chair, Williams College IRB  
ksavitsk@williams.edu