

From modest beginnings, Fountain House has assisted the spread of the clubhouse philosophy across the United States, and more recently the clubhouse movement has spread internationally. At the same time that dissemination of the innovative clubhouse approach has taken place, there has been careful specification of the contents of the clubhouse approach.

Stages in Realizing the International Diffusion of a Single Way of Working: The Clubhouse Model

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A few people who banded together in the late 1940s after discharge from Rockland State Hospital, seeking to find a way from "patienthood to personhood" (Peckoff, 1992), sowed the seeds of what has become the clubhouse movement. Today there are over twenty-five thousand men and women coping with severe and persistent mental illness who are members of clubhouses around the world - enough to populate a good-size town or fill Madison Square Garden to overflow. With the cliché caveat that every individual has a different story to tell, here is one clubhouse voice:

I washed up on the steps of the clubhouse, homeless, frightened, friendless, alienated from my family and just out of the hospital. They let me into this beautiful, warm place filled with people who weren't like ward attendants, but, friendly and affable even to someone as crummy as I was. Though I didn't feel like a member of the human race, I became a member of the clubhouse. I sat around a while, and then I began to help in the kitchen-mopping and waxing floors, doing the garbage, then cooking some. I like to cook. I was assisted in finding housing and a clinic. I began to give tours to people who came to visit. I came every day and made a few friends. After a couple of years, I noticed that I hadn't been in the hospital for a long time; for years, it had been at least an annual sojourn. The clubhouse offered me a chance to go to work-at a real place of business with a real paycheck, and a lot of support from the staff. Scared stiff, I was able to try, and to succeed in finishing a Transitional Employment Placement, as they are called, and then several more. At the same time, I discovered computers and wanted to learn all about them and I rediscovered my family and spent the holidays with them, two blissful happenings. My education had gone to pieces when I became ill, but with the clubhouse's help, I went back to school to learn computer science. I got pretty good, good enough to try full time temporary jobs and succeed at them. Now, today, I have a job as a computer specialist in a big bank, supervising several people and making \$35,000 a year. Almost every weekend, I come to the clubhouse to hang out with friends there and be again in the place that gave me so many second chances.

This, obviously, is a success story in any rehabilitation canon, and there are hundreds more as thrilling, and many more than that measured in smaller increments of a better quality of life in the community (Paul, 1992; Daily, 1995; Widdison, 1995; Flannery and Glickman, 1996). The clubhouse, in seeking to help mentally ill men and women lead socially satisfying and vocationally productive lives, fulfills the oft-broken promise of deinstitutionalization.

As we begin the account of the diffusion of the clubhouse model, it is important to recall that from 1948 to 1977, Fountain House was alone in the world in its way of working. This was true despite the fact that by the early seventies the program had achieved a national reputation and had hundreds of visitors a year. Hindsight strongly points to the fact that the entire set of assumptions that governed everything that Fountain House did—assumptions regarding what people recovering from serious mental illness needed—differed from the assumptions underlying other community programs for the mentally ill by 180 degrees.

What John Beard, the visionary director of Fountain House, a few others, and I were convinced of was that in reality the community that Fountain House had created was directly responsible to the "human condition"—to what all people everywhere need—and that it could therefore transcend local, regional, national, demographic, cultural, ethnic, and gender differences. What has not been clearly understood was that the community that Fountain House had created, though simple in its precepts, was indeed very difficult to learn how to do. In large part, these difficulties arose because of ingrained attitudes, some extremely stigmatizing, held by professional human service workers. The mental health establishment universally assumed even into the early 1980s that those suffering from schizophrenia or bipolar disorder could never successfully work again and that to suggest such a thing was either useless or cruel. The mentally ill were thought not to be like other people but totally unlike them, unable to cope even with medication, unable to work, unable to make friends, unable to live independently. As an obvious consequence, the conventional wisdom in mental health perceived Fountain House to be either absurdly sentimental or dangerously simpleminded, clearly unprofessional, and hardly a program to copy or promote.

In 1977, the General Accounting Office in Washington, D.C., conducted a program audit of the Community Mental Health Center movement. Among the findings of the audit was that although each center was mandated to provide services to the seriously mentally ill, they were woefully inadequate in doing so. The uproar that ensued in Congress led to the Special and Experimental Training branch of the National Institute of Mental Health (NIMH) putting out a request for proposals to develop a national training program based on a model already successfully working to improve the lives of the mentally ill in the community. Fountain House, whether because of or despite the fact that it offered help outside the mainstream concepts in community rehabilitation, received a multiyear grant to create a training design resulting in successful replications of Fountain House. During the next ten years, more than two hundred clubhouses opened throughout the United States.

The Way of Working to be Diffused: The Clubhouse Model

The clubhouse seeks to remove the barriers of stigma, dependency, and isolation that prevent the mentally ill citizen from full participation in the life of the community; it does this by meeting the needs shared by all citizens for self-respect and dignity, for recognition that one has a contribution to make to the community through one's own

efforts, and for the opportunity to have relationships with other people based on friendship and mutual concerns.

Central to meeting these needs is the concept of membership. Men and women belong to the clubhouse of their own free will (Glickman, 1992). As members, they choose the ways in which they use the clubhouse and the staff members with whom they work, and they have equal access to all that the clubhouse has to offer, regardless of diagnosis or so-called levels of functioning. There is no limitation to membership unless the presence of the person poses a significant threat to the general safety of the community.

The staff of clubhouse programs have an egalitarian relationship with members—they are coworkers and friends, not therapists or caretakers (Eddy, 1995; Ely, 1992). Staff do not meet separately to discuss members' behavior, problems, and futures. Members and staff together discuss and decide on program issues and clubhouse activities. Such records as must be kept are created by members and staff together. Through these relationships, the members gain, or regain, a sense of their own worth; social skills that may have been lost or never acquired come into play and are constantly reinforced by a group of people to whom the member is important and meaningful. For members—after having lived, often for years, with their status as "patients" at the bottom of a hierarchy—the sense that they have meaning and importance for others profoundly mitigates the stigma of mental illness, and a small flower of self-worth can begin to bloom.

Being a member carries with it the opportunity to make a contribution to one's clubhouse, and through that contributing activity to become dependable, rather than merely dependent. The main function of staff in clubhouse programs is to engage members in all of the work that needs to be done to keep the clubhouse going and, in doing so, to build relationships. The clubhouse is structured around the work-ordered day (Waters, 1992), in which all the activities needed to keep the program going translate into tasks that members and staff undertake together. Thus the focus is on the members' talents and abilities, which have long been ignored in most treatment programs concerned primarily with the symptoms of the illness. People with mental illness have been taught by the system of psychiatry and hospitals that their symptoms are the most interesting things about them, and those aspects and attributes of the person that are not psychotic or disturbed are ignored or depreciated. The clubhouse, on the other hand, creates an atmosphere that enhances the confidence, self-worth, and sense of purpose of the members because their skills are needed and used. Men and women everywhere find identity in their work, contributing to a sense of their worth and definition. For decades, the mentally ill have been denied this most vital and rehabilitative activity—work-through the misguided idea that they are unfit for valued occupation. This stigmatizing attitude has increased dependency and fulfilled its prophecy, making the mentally ill the wards of case managers and caretakers, rather than helping them find enabling and empowering behaviors for coping with their calamitous illness.

Relationships within the clubhouse are mediated by the work at hand, and as such are real and concrete (Jackson, 1992; Vorspan, 1992). By sharing tasks, achieving results, and dealing with failures, members and staff develop friendship, respect, and mutual confidence. The attitudes of the "helping professional" toward the help-needing client or patient, no matter how well meaning, lose their relevance when the problem at hand is to make lunch for fifty people. The shared responsibilities of all the work of the clubhouse answering phones, keeping records, typing letters, shopping for food, preparing meals, washing windows, sweeping floors, entering research data, and on and on-build egalitarian and mutually satisfying relationships among all concerned. This is not to say that problems of entitlements, medication, housing needs, therapeutic interventions, and so on are outside the realm of clubhouse. Rather, such issues are addressed within the context of the relationships that are evolving between members and staff and members with one another, and it is through work that these relationships grow. Working side by side, members and staff come to know each other beyond the context of the particular task, and problems can be raised while, say, stuffing envelopes, in a friendly, natural way that is far removed from the situation of a client sitting opposite a desk while being "social-worked" on. The trust and mutual respect that has built up through the work situation itself often mitigates the problem or makes it easier to take the steps to solve it.

Major mental illness most often strikes in early adulthood, interrupting nascent vocational and educational aspirations. The clubhouse supports members in their desire to return to school, enabling enrollments in GED and high school equivalency programs, technical training, community colleges, and four-year institutions. Tutoring programs, liaison with appropriate officials for financial aid, and ongoing discussions of the problems facing older students all form a part of this support (Dougherty and others, 1992).

The confidence gained in the clubhouse can also be translated into work in the community through the Transitional Employment Program, pioneered by John Beard, which provides real jobs at the going rate with businesses in the community (Bilby, 1992, 1995). There are no "Job-readiness" assessments in the clubhouse. Wanting to go to work at a job that is available and appropriate is sufficient. These part-time, time-limited jobs can lead to the pursuit of independent employment. The clubhouse stands ready to support members in the change from being a recipient of social welfare and services to a fully participating citizen. The evening and weekend social and avocational activities of the clubhouse remain there for the independently working members to use and enjoy as fully as they choose. Membership is truly lifelong, if the individual wishes it.

Isolation and loneliness are by-products of mental illness. Years that others have used to get an education, begin a career, and start a family have sometimes been spent in and out of hospitals. Experiences that are parts of ordinary lives in a society are often foreclosed by illness. The loneliness of mental illness, the sense that it is impossible to participate in a larger setting where one finds acceptance, welcome and support are immediately altered by clubhouse membership, which can be summarized in the four guarantees of that membership: a right to a place to come, a right to meaningful work, a right to meaningful relationships, and a right to a place to return.

Another factor that cannot be ignored, especially in the early days when community mental health agencies as well as state central offices were dubiously committing themselves to the clubhouse model, is the low cost of such programs. Today, in New York State, it costs an average of \$21,000 a year to house and support individuals at Fountain House, as opposed to \$120,000 estimated annual hospitalization costs, and clubhouse members show a marked decrease in the need for repeated short-term hospitalizations (Wilkinson, 1992). Without housing, it costs \$35 per day to support a member at Fountain House as compared to \$100 per day in medical-model day treatment programs. Looking at the clubhouse community as a whole, in the United States the annual cost per member to provide clubhouse rehabilitation is \$4,162 (total budget divided by total active membership); 50 percent of the clubhouses have per capita costs between \$2,600 and \$5,000 per year. Internationally, clubhouses outside the United States provide service to their members for an average of U.S. \$3,374 per year (Macias, Wang, Snyder, and Gould, 1995).

First Stage of Diffusion: The National Training Program at Fountain House, 1977-1987

To move from program vision to changing services has required a thought-through training approach.

Training Design. The training design was based on two assumptions: first, that because Fountain House is an intentional community, the only way to learn the full community experience is to live it in a hands-on immersion apprenticeship; second, that the passiveness, the low level of demand, and the low expectations of outcome characteristic of many training programs in mental health are probably responsible for the meager results of such programs and that Fountain House would therefore place much higher demands than are characteristic in other, human services training both on trainees and on the agencies sponsoring them. Thus, training is offered only to those interested in starting a new clubhouse or improving the quality of an existing one; no one is accepted for "professional enrichment," or to fulfill intellectual curiosity, or as a "perk" from the sending agency. The people coming for training from a new clubhouse must include the director or director-designate, a second principal staff person, and, since 1982, a member or potential member, and must commit themselves to a three-week program, in residence, at Fountain House. The designation *colleague* was chosen for those who would participate in the training experience, rather than student or trainee, considering that those who would be coming were neither neophytes nor newcomers to the world of mental health and its concerns. During the third week, at least one person with major oversight responsibility—for example, a board member, executive director, or director of community mental health services—joins his or her members and staff for the entire week in order that he or she can understand and therefore support the very different program that the team in training will introduce on its return.

Other conditions included requirements that the supporting board or agency must, before training, have a budget already in place adequate to support either the startup or ongoing operational costs of the clubhouse, and that the space in which the clubhouse is

to be located will have already been obtained and prepared, or will be within a matter of weeks. An agency failing to meet these requirements is simply asked to reapply when the conditions can be met.

The training team at Fountain House comprises two members of the staff and two or three members of the clubhouse, all of whom are fluent in conveying the rationale for and the reality of every aspect of the clubhouse. Beyond this, *every* member and staff is part of the training experience throughout the clubhouse as colleagues join in the actual operation of the program on a daily basis. The deepest understanding of the model comes through the continuous interactions between the colleagues and the members and staff of the house. The close involvement of colleagues with members has proved crucial because one of the most subtle and insidious assumptions of colleagues coming for training is the terrible tendency to assume that because the members are suffering from the effects of serious mental illness, one can expect very little of them as workers, teachers, or friends.

Over the next decade (1977-1987), Fountain House, first supported by NIMH and then through tuition, established that the clubhouse model would be replicable in every region of the country and in communities of virtually any size. During this decade more than two hundred clubhouses opened all over the United States, and clubhouses were launched in Sweden, Denmark, Holland, Germany, Poland, and Pakistan. At the end of the NIMH cycle of funding, Fountain House was informed that it had produced the most successful training effort ever underwritten by the Special and Experimental Training branch.

An adequate training capacity is one of the ingredients essential to ensure that as the clubhouse community grows it remains faithful to its philosophy and practice. Other factors that support this success are important to note. First, the clubhouses that had opened began to form a community of interest around their way of working, often beginning with acquaintances made during training and continuing to develop through exchange of newsletters, visits to one another's programs, and loosely affiliated groups within states or regions. Members and staff of several clubhouses went camping together or gathered for special holiday celebrations. These activities were not formally encouraged or initiated by Fountain House, but grew naturally from similar interests. Obviously, these interactions and exchanges acted to strengthen and affirm the clubhouse way of working. Fountain House began to publish a directory of clubhouses that made it easier for clubhouses to be in touch with each other if they wished. This same directory was, and is, offered to anyone wishing to contact clubhouses worldwide.

Another factor that has bound the community together is the biennial seminar on the clubhouse model that has been held since 1981. The first two seminars were almost entirely informational in nature and drew a relatively small group of people. By 1985, however, the number of clubhouses had grown, and the community began to share problems and solutions in a unique way. Members and staff of clubhouses in roughly equal proportion came together, as they continue to do, for five days of intense and extensive discussions of the clubhouse philosophy and practice. At first it came as a surprise to some of the staff that a "professional" gathering would include members-

those they presumed to serve – but that surprise vanished as they lived and discussed and presented with members from dozens of clubhouses to audiences fully half of whom were members. More recently, consumers have been appearing at various meetings of mental health practitioners, but the clubhouse community still stands alone in its insistence on a mutual, egalitarian sharing of everything the clubhouse is and does.

Other Training Bases. By the early eighties it became obvious that Fountain House was no longer able to meet the steadily rising demand for training and that there was thus a need for additional training bases that would follow the training design exactly as it had been developed at Fountain House. From the beginning of this development, each new training base was described as “regional,” in that the base was meant to focus attention and provide support in its region. At the same time, however, it was manifest that to maximize the impact of each training base, the bases should be able to accept colleagues from anywhere in the world. In the 1980s, additional training bases were established in Missouri, upstate New York, and Virginia, and in Toronto, Canada.

Second Stage of Diffusion: The National Clubhouse Expansion Program, 1988-1992

By 1987, a number of issues and problems relating to clubhouse development had emerged. Newly opened and existing clubhouses were constantly calling for advice and on-site consultation. No provision for such assistance had been incorporated into the NIMH grant, and Fountain House had found no other fiscal resource to make such peer support available. By the middle of 1987, it had become a major priority of the training staff at Fountain House to design and find the means to fund on-site support. It was apparent that if such funding was not found, many clubhouses would lose their way and become less than adequate representations of the model.

As the cachet of calling oneself a clubhouse—a "Fountain House model program"—grew, more and more agencies began to describe what they were doing as "based on the Fountain House model," or "following the Fountain House philosophy." Such descriptions were rarely intentionally deceptive, but the direct result was that in some areas the reputation of Fountain House was very severely damaged. Bogus versions of Fountain House resulted in a loss of confidence among family members, sponsoring agencies, and whole state systems. Fountain House correctly identified this quality assurance issue as one requiring decisive action.

In 1987, the Robert Wood Johnson Foundation sought proposals to enhance and support community mental health programs. Fountain House submitted a proposal entitled "The National Clubhouse Expansion Program (NCEP) with the following objectives: to develop a highly prescriptive set of standards governing clubhouse practice that would, among other things, verify that a program was in fact a clubhouse; to create an on-site peer support consulting capacity to help clubhouses achieve a high degree of compliance with these standards; to establish three additional training bases; to introduce a special Transitional Employment Track in the three-week training program; and to expand the clubhouse model into at least six additional states. In 1988, the Robert Wood Johnson Foundation awarded Fountain House a grant (which ultimately ran for four

years) to carry out the objectives outlined above, with major additional support from the Pew Charitable Trust and the Public Welfare Foundation.

Developing the Standards for Clubhouse Programs. To begin the development of the standards, Fountain House adopted the following process: first, twelve strong clubhouses were asked to submit proposed standards. Second, a group of members and staff from eight additional clubhouses met over a period of days and reached agreement on a draft of the Standards for Clubhouse Programs (Propst, 1992). The draft identified seven component areas: membership, relationships, space, work-ordered day, employment, functions of the house, and funding, governance, and administration. The resulting draft was submitted to the six hundred members and staff attending the fifth International Seminar on the Clubhouse Model in St. Louis in 1989. The attendees, after proposing significant additions and clarifications, reached consensus in all areas except housing, a concern that falls under the category of "functions of the house." A committee was formed to consider that standard, which was subsequently presented and agreed upon in 1991. The resulting standards were submitted to all the clubhouses in the clubhouse directory for, as it turned out, their overwhelming approval. The standards were promulgated in 1990. (It should be noted that the standards are open to modification and additions. Proposed changes are solicited from the clubhouse community and considered at the biennial international seminars.) The standards had an immediate salutary effect on many clubhouses, because they act as a codification of the philosophy and practice of the model Jarl, 1992; Norwood, 1992).

Creating the Faculty for Clubhouse Development. To meet the need for on-site peer support consultation, Fountain House formed a Faculty for Clubhouse Development composed of members and staff from strong clubhouses. The term *faculty* was used because there is no formal university training in clubhouse philosophy and practice and little attention is paid in social work education to the clubhouse model. The only place to learn these concepts had been at clubhouses designated as training bases. The faculty made possible not only peer support but continued training, thus creating a clubhouse "University without walls".

Following the promulgation of the Standards for Clubhouse Programs, the proposed consultations, funded by the NCEP grant monies, were met with one of two reactions: either they were welcomed as the peer support and advisory visits they were intended to be, or the program staff declined the visit, saying, that after reviewing the standards, they saw that their program was not really a clubhouse. Over the four-year period some 125 programs, more than a third of the listings, were removed from the directory at their own request. This outcome confirmed what we had long feared, that indeed there were many programs self-defined as clubhouses that were not true to the model, despite the fact that at one time they had been part of a training program. Loss of the original trained staff, changes in funding, and shifts in parent agency personnel and policies all contributed to the demise of programs as true clubhouses.

Identifying New Training Bases. Despite the deletion of many clubhouses from the directory, the demand for training had accelerated, and new training facilities were

needed. During this four-year period, three came into being in clubhouses in South Carolina, Massachusetts, and Washington State. These three clubhouses met, at a very high level of realization, the criteria of delivering all of the major dimensions of the clubhouse as set forth in the standards, each having a full-time director who, together with key staff and members, had undergone the three-week training program themselves, and a willingness to undertake responsibility for training others to create clubhouse programs. At this time Fountain House adopted a formal curriculum for use by all training bases to ensure consistency and equivalency in their offerings. This curriculum is reviewed, and if need be, modified at annual training base meetings.

Strengthening Transitional Employment. The development of a special Transitional Employment Track within the three-week training program was an innovation prompted by the difficulty, reported by faculty consultants, that clubhouses had with developing a system of transitional employment (TE) opportunities for their members. Finding jobs, setting up a TE system of members and staff to guarantee their coverage and retention, understanding how such employment affects benefits and entitlements, and keeping records of all this activity can be daunting, especially to staff who by training and experience have little faith in the ability of men and women recovering from severe and persistent mental illness to work in a normal setting. With the help of Ralph Bilby, Fountain House director of employment, a specialized series of readings, demonstrations, and job-site visits was designed to increase the employment opportunities offered by clubhouses to their members (Beard, Propst, and Malamud, 1982). This TE track has been adopted by all training bases and has increased such opportunities nationwide by some 25 percent.

Expanding Clubhouse Programs into New States and Within Existing States. With the three new training bases in operation, new clubhouses began to open at a rate of approximately two a month; despite the removal of more than one hundred programs, by the end of the grant period there were 172 clubhouses from thirty-eight states listed in the directory. During this period, clubhouses opened in twelve new states.

Third Stage of Diffusion: The International Center for Clubhouse Development

By the end of the NCEP grant period, the clubhouse community had become a much stronger and more focused group of members and staff, clearer in purpose through the use of the standards and more defined in their mission. The immediate group of members and staff who had worked at Fountain House to fulfill the objectives of the NCEP were faced with the final challenge of that grant: What next? The great work of the standards, the assemblage of a now-experienced Faculty for Clubhouse Development, and the increased training opportunities and expanded clubhouse programs were indicative of a beginning, not a finished process.

As early as the fourth international seminar in Seattle in 1987, discussions had begun about the need to establish some kind of formal organization. To sample the level of concern, a brief questionnaire asking for an expression of interest in such an organization was circulated among the approximately four hundred participants. The

great majority of the responding clubhouses favored the idea, but those who had thought the most about it already, including myself, realized that a great deal of work had to be done before formally proposing a clubhouse organization.

By the end of 1990, it had become apparent that the faculty not only was successfully carrying out its principal function of on-site consultation and support but also constituted a magnificent "think tank" for future planning for the clubhouse community. Consequently, the idea of an international center was on the agenda for the annual faculty meeting in fall 1990; at this meeting, faculty not only agreed that such an organization must come into being but developed a rough sense of its probable design. The center concept was again on the agenda of the faculty meeting at the end of the sixth international seminar in Greenville, South Carolina, in fall 1991. Another survey was sent to every clubhouse in the directory; 92 percent agreed that they wanted an organization like the International Center for Clubhouse Development (ICCD), and 70 percent thought they would be able to support it with dues. The highly positive response became a powerful stimulus to bring the Center into reality.

The NCEP had been provided funding only for work within the United States. In order to respond to the rapidly growing segments of the clubhouse community outside the United States, the faculty felt that a major dimension of the new organization would be its formal international character, expressed directly through representation on the board of directors and on all of its working bodies. In the course of the discussions about the way the Center would be structured, two needs became apparent: first, that the Center be located in a clubhouse, and second, because of the years of leadership in the clubhouse community and its worldwide reputation, that Fountain House should be that clubhouse. It had also become clear that for the Center to get off to a fast start, thereby quickly demonstrating its usefulness, it could do so much more effectively as a separately incorporated 501(c)(3) under the corporate umbrella of Fountain House. The president of the board of Fountain House, John Ingram, announced the formal incorporation of the International Center for Clubhouse Development at the seventh international seminar in Worcester, Massachusetts, in August 1993.

Once again, at the faculty meeting after the seminar, the Center was on the agenda-indeed was the agenda-because with the end of the NCEP in 1992, the faculty's work had been put on hold until another venue could be found for it. The faculty made many productive recommendations, one of the most enabling being to create a steering committee for the Center that would act until the entire structure and set of functions had been worked out, and that would end its work by acting as the nominating committee for the Center's first board of directors.

The steering committee proposed by the faculty met five times under the chairmanship of Joel Corcoran, the director of Baybridge, a clubhouse in Hyannis, Massachusetts. The first task was to outline the functions of the ICCD, particularly those that would be new. The committee began, however, with those elements that would become the responsibility of the ICCD, for example, the Faculty for Clubhouse Development. Thus, the Center would immediately reanimate the consultation process,

ensure the quality and equivalency of every training base, identify and authorize new training bases, and ensure that the Standards for Clubhouse Programs, the heart of the Center, continued to evolve consensually as the clubhouse community grew and changed.

The committee also identified a significant number of altogether new functions, beginning with the formal internationalization of the faculty and the consultation process. Among these new functions were the initiation of a coordinated advocacy function permitting every clubhouse to speak with a single voice on issues of common concern; the initiation and support of research on the fidelity, efficacy, and cost effectiveness of clubhouse programs; and, crucially, the diversification of the governance of the organization itself.

During the faculty meeting in Worcester, the most controversial proposal for a work of the ICCD was one that suggested certification status as one of the outcomes of a consultation visit. I took the lead in presenting the rationale for certification, namely, that were we not to have a time-limited certification, were we not to have a guaranteed re-entry into every clubhouse we consulted, we would within no more than five years be back to the situation we were in at the beginning of the NCEP. After a prolonged and often agonizing discussion, the concept of certification was adopted and forwarded to the steering committee.

Overall, the challenge in the creation of the ICCD was to make it directly reflect the distinct nature of the clubhouses that it represents. The defining principles of clubhouses are the respectful mutuality between members and staff, and the access to opportunity for all members. This being so, all of the bodies of the ICCD would be composed of both members and staff from clubhouses around the world. The ICCD staff would be intentionally lean in order to create opportunities for broad community participation.

The steering committee proposed seven groups that would constitute the structure of the ICCD: (1) the board of directors, the governing body of the Center; (2) the clubhouse advisory council, to be responsible for advising, supporting, and providing perspective to both the ICCD staff and the board of directors; (3) the Faculty for Clubhouse Development, responsible for consultation and certification visits; (4) the training base group, responsible for equivalency and quality of clubhouse training; (5) the council of community advisors, a group of eminent representatives of the consumer and family moments, as well as of governmental mental health agencies, who meet regularly with ICCD staff to keep them sensitive to the trends in the larger mental health community; (6) the research advisory group, responsible for overseeing the research agenda of the ICCD; and (7) the public advocacy group, responsible for helping members of clubhouse programs to advocate in all forums in which rehabilitation and the quality of life for people with mental illness are at issue.

Having set the seven goals summarized here, the steering committee acted as the nominating committee for the ICCD board of directors. This board, under the leadership

of Judith R. Gartner, met for the first time on June 4, 1994. The board adopted the following mission statement:

The mission of the International Center for Clubhouse Development is to build and coordinate a strong international network of clubhouse model programs, founded on the realization that recovery from serious mental illness must involve the whole person in a vital community offering respect, hope, mutuality, and unlimited opportunity to access the worlds of work, housing, education, and friendship. In pursuit of this goal the Center promotes the development of clubhouses; oversees the creation of clubhouse standards; facilitates training, consultation, certification, research and advocacy; and insures effective communication and dissemination of information.

Conclusion

Today there are 305 clubhouses listed in the clubhouse directory; they are located in nineteen countries: Australia, Canada, Denmark, Egypt, Finland, Germany, Holland, Japan, the Republic of Korea, New Zealand, Norway, Pakistan, Poland, Portugal, Russia, South Africa, Sweden, the United Kingdom, and the United States. Of this number, as of April 1996, 136 are members of the ICCD and 75 have undertaken the consultation-certification process. There are eight training bases worldwide and two more immediately foreseen, one in the United States and another in Great Britain. There is growing interest throughout eastern and western Europe. Nothing in clubhouse development so far suggests that there will not be interest and clubhouse "starts" in Central and South America, the Caribbean, and the rest of Africa, India, and the Pacific Rim.

As the devastating major mental illnesses know no national or cultural boundaries, so the clubhouse-based on the simple yet profound needs that constitute the whole human condition-is without borders and continues to spread throughout the world. The specter of "cultural differences" has been raised in considering the diffusion of the clubhouse way of working - and certainly, lives lived in Minneapolis are different than lives lived in Moscow, regardless of psychological status. But, so far, all these reputed "differences" have been transcended in programs offering respect, meaningful work, and friendship to those they serve, mitigating the isolation, stigma, and dependency that has been the terrible lot of the mentally ill.

This chapter has attempted to describe under what circumstances and by what means the clubhouse model has been replicated and its ideas diffused throughout the world. It has discussed the importance of training and hence the building of a cadre of people-members and staff who believe in what they are doing because they see the results of their efforts; the crucial value of codified Standards for Clubhouse Programs to inform this way of working; the initiation of peer consultation to enhance and strengthen programs; and the adoption of a formal certification process that guarantees fidelity to the clubhouse model with a formal re-entry process that ensures that fidelity over time.

Other salient factors in the diffusion without dilution of the clubhouse model are the leadership that Fountain House has given for many years in the face of sometimes disdainful opposition, the growth of the biennial seminars, and the rise of strong state,

regional, and national coalitions that have educated and reinforced clubhouses internationally. The International Center for Clubhouse Development has emerged to guide, support, oversee, and secure the future of the growing clubhouse community into the next century.

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