

**RECOVERY PLENARY:
THE RECOVERY ENHANCING ENVIRONMENT MEASURE (REE):
USING MEASUREMENT TOOLS TO UNDERSTAND
AND SHAPE RECOVERY-ORIENTED PRACTICE**

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BACKGROUND

In 1999, the Surgeon General of the United States recommended that all mental health systems assume a recovery orientation, but the report provided little guidance about the essential principles, elements or functions of recovery-oriented system.

Agencies need a way to assess the degree to which they provide services and supports, and an organization climate that supports and enhances the potential for personal recovery in the lives of the people they serve.

Work has been underway in several parts of the country, and across the globe to identify and begin to understand what formal mental health services can do to facilitate personal recovery, what essential services support recovery, and the functions such a system would play.

KANSAS RECOVERY INITIATIVES

Beginning in 1999, Kansas Department of Social & Rehabilitation Services funded a **Recovery Paradigm Project** to build new paradigm models and knowledge. Work of the Recovery Paradigm Project has included:

- Defining recovery from the person's perspective, and from the system's perspective using formal and informal literature and lived experience (recovery narratives).
- Convening a meeting of national recovery experts to elaborate and deepen the recovery paradigm or conceptual model.
- Strategic planning to identify the most important recovery initiatives to move the system forward.
- Planning and hosting the first statewide recovery conference.
- Conducting statewide training on recovery (Nine Passages on the Journey of Recovery) as well as other trainings: When the Rubber Hits the Road to Recovery: Putting Recovery Practice on the Ground; Telling Your Story of Recovery Workshop; Hope and Recovery.
- Designing Posters: 101 Ways to Involve Consumers; Growing Recovery: 101 Ways to Facilitate Recovery.

The Recovery Paradigm Project was only one of several initiatives to build recovery into the Kansas mental health system sponsored by SRS. These activities include:

- On-going case-management training in the Strengths Approach updated to incorporate recovery content, co-led with consumer trainers
- Creation of a self-help manual emphasizing recovery paradigm knowledge, self-directed assessment of personal, social and community resources and strengths, goal setting across life domains; positive strategies to increase the potential for recovery (*Pathways to Recovery: A Strengths Self-Help Workbook*); and designing & piloting a curriculum for *Pathways* support groups
- Tracking consumer recovery outcomes (living, learning, working, social) quarterly through Client Status Report
- Building the capacity for self-help and consumer leadership: Consumer Advisory Board; Leadership Academy; increased resources for CRO's (Consumer-Run Organizations); expanding the network of CRO's; providing tailored technical assistance to CRO's
- Statewide training in M.E. Copeland's Wellness Recovery Action Planning (WRAP), and training of facilitators
- 12 week Consumer as Provider training with internship to build a cadre of peer practitioners
- Best Practice Initiatives in supported housing, supported education, competitive employment, dual diagnoses
- Annual Consumer Satisfaction Survey linked to QA
- Ongoing annual Recovery Conference with 700+ consumer and provider participants

THE RECOVERY ENHANCING ENVIRONMENT MEASURE

RATIONALE

The Recovery Enhancing Environment Measure was designed to gather consumer's reports on:

- **Where they are in the process of mental health recovery.**
- **What elements of mental practice they believe contribute to their personal mental health recovery.**
- **How well their mental health agency is performing in delivering mental health recovery-enhancing services and providing a recovery-enhancing organizational climate.**

Secondarily, the measure was intended to:

- **Gather empirical data on the most important services and supports that serve to support personal recovery (moving from complexity toward parsimony).**
- **Educate consumers and agency staff about emerging recovery practice.**
- **Assess whether resilience-enhancing environmental factors found through another thread of research were important to persons in mental health recovery.**
- **Begin to shape recovery-oriented practice under the principle "What gets measured gets done."**

DEVELOPMENT OF THE MEASURE

The instrument was designed by Ridgway, based on **consumer's lived experience**, using consumerist research, personal narratives of recovery, and consumer forums, along with contemporary "emerging best practice" understanding.

Comprehensiveness rather than simplicity was the goal.

Two initial **group pilots** were conducted to finalize development of the draft measure:

1. 2 Groups (n=45) of consumer "experts" Consumers-as-Provider students (people in recovery)
2. 1 group (n=21) of more typical Community Support Program Clients.

Rewording, reformatting with survey research expert (Press). Scantrons format, data can be read by computer.

MEASURE SUMMARY

REE has several Domains:

Stage of Recovery—based on Prochaska's stages of change (pre-contemplation, contemplation, preparation, action, maintenance, and, sometimes, setback).

Rating of 24 Elements of Recovery:

Positive sense of personal identity beyond disorder	Sense of meaning in life
Up-to-date knowledge of disorder/effective Rx	Symptom self-management
Health & wellness	Rights respected & upheld
Active consumerism/Directing my own services	Self-help/peer support
Meaningful activities	Community involvement
Positive relationships	Personal strengths
Developing new skills	Basic needs met
Sense of control/empowerment	Spirituality
Normal social roles	New challenges
Challenging stigma/discrimination	Recovery role models
Crisis assistance	Intimacy/sexuality
Sufficient care/helping relationship	Hope

Subscales with **Ratings of 3 indicators of staff performance** on each element

Special needs areas (minority status, sexual preference, trauma history, parent status, dual diagnosis, and rating of staff performance addressing each issue.

Organizational Climate-14 items drawn from the resilience research literature:

Promotion of learning, striving, growth	Inspiring and encouraging
Hopeful/promotes positive expectations	Safe/attractive
Enough resources to meet needs	Compassionate staff
Opportunities for meaningful contribution	Feel valued/respected
Connections among people	Consumer feedback
Staff are welcoming	Creative/interesting activities

Markers of Recovery-a checklist of 28 intermediate outcomes and coping resources including motivation, goals, social role reclamation, basic needs such as housing, income met, symptom self-management, physical health, quality of life, others.

Minimal demographics, service history & use data. Four questions on lessons learned on a recovery journey, advice to peers just starting out, what one or two things most important for staff to do to promote recovery, other input into survey

FIELD TESTING & PSYCHOMETRIC PROPERTIES OF THE INSTRUMENT

- Mail-out pilot in 6 largest CSS programs—381 completed/useable surveys
- Consumer Interviewers/Full agency caseload, Agency Analysis conducted by Patricia E. Deegan, & Associates/ Advocates. Inc. (goal of 100+ additional)

FINDINGS TO DATE—INCLUDING SCIENTIFIC STRENGTH

- Modest to very high endorsement of importance of all elements
- Variability in findings within the measure for individuals, across individuals in a setting, and across settings
- Coefficient Alphas adequate to excellent for subscales (.77-.98)
- Differentiates among programs, can identify high & low performing programs
- Very useful qualitative data
- Consumers find it useful/interesting
- Some agencies using measure for policy-making, re-tooling, staff training, strategic planning; a few agencies freaking out

FEASIBILITY & POTENTIAL USE

- Requires modest revision—Available in package within several months
- Agency-level staff/consumer strategic planning for agencies with significant commitment to consumer-driven recovery enhancing approaches
- Potential use of modules, web based format with personal & program-level feedback
- Multi-Site comparisons to monitor and support spread of recovery orientation

Additional information:

Ridgway, P., Press, A., Ratzlaff, S., Davidson, L., & Rapp, C. (2003). Report on field-testing the Recovery-Enhancing Environment Measure (REE). Unpublished manuscript. Lawrence, KS: University of Kansas, School of Social Welfare, Office of Mental health Research & Training.

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