DMHAS Recovery Self-Assessment

Executive Summary

Background and Significance

The challenge facing many statewide systems of care is determining how to translate principles of recovery into practices that are "consumer-oriented and focused on promoting recovery" (Surgeon General, 1999, p. 455). Many states have responded to the Surgeon General's challenge by integrating more recovery-oriented language into their mission statements, policies, and procedures; however, the extent to which this change in rhetoric is accompanied by a similar change in practice is unknown. Moving beyond the recovery rhetoric requires an operationalization of the principles of recovery into actual practices.

The present study involved the assessment of recovery-oriented practices of mental health and addictions service agencies funded by the Connecticut Department of Mental Health and Addiction Services using a newly developed measure of recovery-oriented practices—the Recovery Self-Assessment (RSA). Recovery-oriented practices were assessed from multiple perspectives including directors, direct care staff, persons in recovery, family members, significant others, and advocates.

Methods

Sample and Procedure

- RSA piloted with 122 individuals at 10 DMHAS funded agencies
  - 148 responses from 10 agencies (131% response rate)
- 16 copies of the RSA (5 Person in Recovery, 5 Provider/Direct Care Staff, 5 Family/Sig. Oth./Advocate, 1 Director) were sent to Directors at 231 DMHAS agencies (3312 surveys mailed)
- 974 responses were received from 82 agencies (29% response rate)
  - 69 Directors/CEOs
  - 347 Providers
  - 329 Persons in Recovery
  - 229 Family/Sig. Oth./Advocate

Measure

Recovery Self- Assessment (RSA; O'Connell, Tondora, Evans & Davidson, 2002)

- Self-report survey that contains 36 items that reflect practices identified to be associated with the conceptual domains of recovery
- Respondents rate the degree to which their agencies engaged in the recovery-oriented practices on a 5-point Likert scale response format from 1 (strongly disagree) to 5 (strongly agree) or N/A
- Higher scores reflect greater agreement with item

- 4 versions of the RSA: Director/CE), Provider, Person in Recovery, Family Member/Sig. Oth./Advocate
- Five empirically derived subscales:
  - *Diversity of Treatment Options*: 10 items that reflect the extent to which an agency provides linkages to peer mentors and support, a variety of treatment options, and assistance with becoming involved in non-mental health/addiction activities (12.24% of variance, α= .86)
  - *Consumer Involvement and Recovery Education*. 7 items that reflect the extent to which persons in recovery are involved in the development and provision of programs/services, staff training, and advisory board/management meetings, and community education activities (12.1% of variance, α= .86)
  - *Life Goals vs. Symptom Management*. 6 items that reflect the extent to which staff help with the development and pursuit of individually defined life goals such as employment and education (10.8% of variance, α= .76)
  - *Rights and Respect*. 6 items that reflect the extent to which staff refrain from using coercive measures, provide consumers with access to treatment records, and facilitate outside referrals (9% of variance, α= .71)
  - *Individually-tailored Services*. 7 items that reflect the extent to which services are tailored to individual needs, cultures, and interests, provided in a natural environment, and focus on building community connections (9% of variance, α= .75)

Key Findings

- Connecticut agencies vary in the provision of recovery-oriented practices
- Agencies were rated highest on Rights and Respect
- Agencies were rated lowest on Consumer Involvement and Recovery Education
- Providers had significantly more negative appraisals of their agencies' recovery-oriented practices than other respondent groups
- Top 5 endorsed Recovery- Oriented Practices in DMHAS agencies:
  - Coercion is not used to influence a person's behavior or choices
  - Role of staff is to help with a person's own goals
  - Progress made towards individually-defined goals is monitored regularly
  - Staff believe people can recover and make own treatment/life choices
  - Procedures are in place to facilitate referrals to other programs, if needed
- 5 least endorsed recovery-oriented practices in DMHAS agencies:
  - People in recovery are regular members of advisory boards and management meetings
  - People in recovery facilitate staff trainings and education
  - People in recovery work along side staff on development/ provision of services
  - A primary focus of services is the development of leisure interests and hobbies
  - Education is provided to community employers

Implications and Next Steps

- First statewide assessment of recovery-oriented practices
- Contributes to the emerging field of practice standards and guidelines
- RSA is a useful tool for program directors to gauge the perceptions of various stakeholders on the recovery-oriented practices at their agencies.
- RSA has potential to be used as one measure of fidelity to the recovery model
- Future studies will want to examine criterion and construct related validity of RSA
- Individual reports/feedback are being prepared for each participating agency

APPENDIX

Table 1: RSA factors and item loadings

Factor 1: Diversity of Treatment Outcomes		
Item #	Item	Loading
18	This agency actively attempts to link people in recovery with other persons in recovery who can serve as role models or mentors by making referrals to self-help, peer support, or consumer advocacy groups or programs.	.66
19	This agency provides a variety of treatment options (i.e., individual, group, peer support, holistic healing, alternative treatments, medical) from which agency participants may choose.	.64
17	Groups, meetings, and other activities can be scheduled in the evenings or on weekends	.55
23	Staff play a primary role in helping people in recovery become involved in non-mental health/addiction related activities, such as church groups, special interest groups, and adult education.	.53
8	People in recovery are given the opportunity to discuss their sexual and spiritual needs and interests.	.51
32	This agency provides formal opportunities for people in recovery, family members service providers, and administrators to learn about recovery.	.51
14	Staff and agency participants are encouraged to take risks and try new things.	.50
16	Staff are knowledgeable about special interest groups and activities in the community.	.46
20	The achievement of goals by people in recovery and staff are formally acknowledged and celebrated by the agency.	.45
28	At this agency, participants who are doing well get as much attention as those who are having difficulties.	.41

Factor 2: Consumer Involvement and Recovery Education		
Item #	Item	Loading
27	People in recovery are regular members of agency advisory boards and management meetings.	.72
30	People in recovery work along side agency staff on the development and provision of new programs and services.	.70
15	Persons in recovery are involved with facilitating staff trainings and education programs	.64
12	This agency provides structured educational activities to the community about mental illness and addictions.	.60
21	People in recovery are routinely involved in the evaluation of the agency's programs, services, and service providers.	.56
31	Agency staff actively help people become involved with activities that give back to their communities (i.e., volunteering, community services, neighborhood watch/cleanup).	.55
4	This agency provides education to community employers about employing people with mental illness and/or addictions.	.54
35	The development of a person's leisure interests and hobbies is a primary focus of services.	.41

Factor 3: Life Goals vs. Symptom Management		
Item #	Item	Loading
25	Staff actively assist people in recovery with the development of career and life goals that go beyond symptom management and stabilization.	.68
29	Staff routinely assist individuals in the pursuit of educational and/or employment goals.	.63
26	Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	.61
33	The role of agency staff is to assist a person with fulfilling their individually-defined goals and aspirations.	.55
22	Staff use a language of recovery (i.e. hope, high expectations, respect) in everyday conversations.	.41

Factor 4: Rights and Respect		
Item #	Item	Loading
13	Agency staff do not use threats, bribes, or other forms of coercion to influence a person's behavior or choices.	.67
3	People in recovery have access to all their treatment records.	.56
24	Procedures are in place to facilitate referrals to other programs and services if the agency cannot meet a person's needs.	.55
36	Agency staff believe that people can recover and make their own treatment and life choices.	.53
11	Progress made towards goals (as defined by the person in recovery) is monitored on a regular basis.	.51
34	Criteria for exiting or completing the agency are clearly defined and discussed with participants upon entry to the agency.	.49

Factor 5: Individually-tailored Services		
Item #	Item	Loading
1	Helping people build connections with their neighborhoods and communities is one of the primary activities in which staff at this agency are involved.	.57
2	This agency offers specific services and programs for individuals with different cultures, life experiences, interests, and needs.	.57
7	Most services are provided in a person's natural environment (i.e., home, community, workplace).	.57
9	All staff at this agency regularly attend trainings on cultural competency.	.53
10	Staff at this agency listen to and follow the choices and preferences of participants.	.50
6	People in recovery can choose and change, if desired, the therapist, psychiatrist, or other service provider with whom they work.	.49
5	Every effort is made to involve significant others (spouses, friends, family members) and other natural supports (i.e., clergy, neighbors, landlords) in the planning of a person's services, if so desired.	.39

Table 2: Means, Standard Deviations, and Internal Consistencies of RSA Subscales

Recovery Self Assessment	Mean	SD	Alpha
Summary Score	4.03	.59	.94
Diversity of Treatment Options	4.04	.67	.86
Consumer Involvement and Recovery Education	3.61	.93	.86
Life Goals vs. Symptom Management	4.14	.66	.76
Rights and Respect	4.34	.57	.71
Individually-Tailored Services	4.01	.68	.75

Figure 1: Mean scores on RSA factors

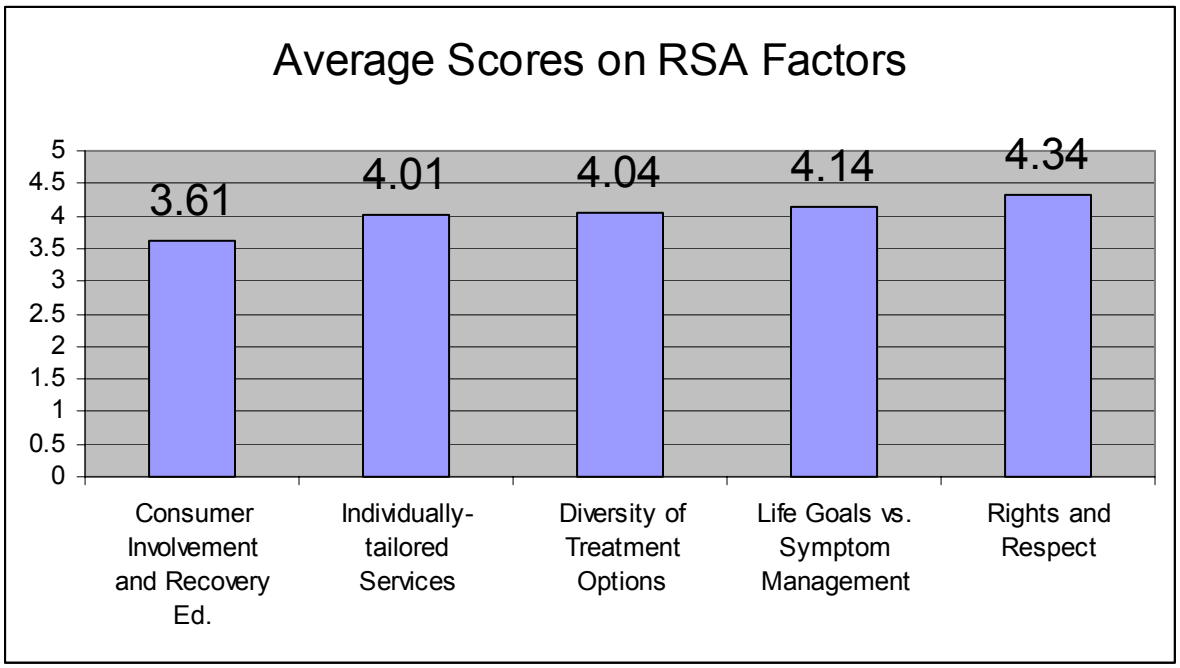

Table 3

ANOVAs on Recovery Self-Assessment Factors

Measure	Directors	Providers	Persons in Recovery	Family/ SO/ Advocates	F-value	df	p-value
Summary Score	4.09 (.43)	3.82 (.54)	4.10 (.63)	4.09 (.65)	6.34	3, 859	.00*
Diversity of Treatment Options	4.15 (.49)	3.90 (.64)	4.14 (.69)	4.08 (.72)	7.84	3, 900	.00
Consumer Involvement and Recovery Education	3.63 (.81)	3.47 (.88)	3.79 (.92)	3.77 (.97)	13.61	3, 859	.00
Life Goals vs. Symptom Management	4.16 (.50)	4.06 (.61)	4.21 (.69)	4.16 (.73)	2.58	3, 921	.05
Rights and Respect	4.57 (.40)	4.38 (.53)	4.32 (.59)	4.25 (.64)	5.99	3, 909	.00
Individually-Tailored Services	4.03 (.58)	3.92 (.64)	4.09 (.72)	4.04 (.72)	3.80	3, 922	.01

Figure 2: Average overall scores on Recovery Self-Assessment