Recovery in Severe Mental Illnesses: A Literature Review of Recovery Measures

Background

• There is a lack of clarity and consistency in social work literature regarding recovery conceptualization.

• There are two basic models of recovery:
  - Traditional medical model
    • Passive, strong focus on problems, assume that the client will never have a “normal” life (Carpenter, 2002)
  - Contemporary, consumer-based model
    • Dynamic, strength-based process, believe that consumers recover from mental illnesses (Center for Mental Health Services, 2006)

(Scheyett, DeLuca, & Morgan, 2013)
• 2 major variations in theories of recovery
  ▪ Locus of recovery
    • frames recovery along a continuum, from internally defined meaning state to externally observable state (Carpenter, 2002)
  ▪ Developmental and temporal nature of recovery
    • recovery is a process but variation in views about process
    • most literature says each recovery is unique but some have posited a more predictable progression (Andresen, 2007)
• It can be hard for a social worker to choose a recovery instrument that can help track a client’s progress
  - Difficult to identify a recovery instrument
  - Difficult to understand which aspect of recovery the instrument measures
  - Difficult to understand how well the instrument measures recovery

(Scheyett, DeLuca, & Morgan, 2013)
Research Questions

• How do the recovery instruments define recovery?
  ▪ Where do the instruments fall in the internally defined/externally observable and unique/predicable stages of recovery domains?

• What was the nature of consumer involvement in the development of the recovery instruments?

• What are the psychometric properties (validity and reliability) of the various recovery instruments?

(Scheyett, DeLuca, & Morgan, 2013)
Methods

• Strategy and Results
  ▪ 5 parameters for inclusion
    • Evaluate a specific quantitative instrument
    • Focus on adults with severe mental illnesses
    • Instrument must specifically use the term “recovery”
    • Instrument must measure consumer recovery, not recovery attitudes of providers or recovery environments
    • Must be written in article form, even if unpublished
  ▪ Ended up with 17 articles discussing 12 instruments

(Scheyett, DeLuca, & Morgan, 2013)
Results

• Concept of recovery varied substantially across instruments
  ▪ 3 had a traditional externally observed clinical view of recovery
  ▪ 2 defined recovery by considering both internal meaning and externally observable variables
  ▪ Remaining majority focused on internally defined meaning states
  ▪ Few examined temporal patterns of recovery—those that did viewed recovery as a process and measured consumer’s current point in that process

(Scheyett, DeLuca, & Morgan, 2013)
• Considering the importance of consumer involvement, instruments that may better fit recovery purposes are:
  ▪ the Mental Health Recovery Measure (Bullock, 2009),
  ▪ the Recovery Assessment Scale (Corrigan et al., 1999),
  ▪ the Stages of Recovery Inventory (Andresen et al., 2006),
  ▪ the Self-Identified Stages of Recovery (SISR) (Andresen, 2007),
  ▪ the Short Interview to Assess Stages of Recovery (SIST-R) (Wolstencroft et al., 2010)
Based on psychometric properties, the strongest reviewed instruments were:

- the Consumer Recovery Outcomes System (Bloom & Miller, 2004),
- the Recovery Assessment Scale (Corrigan et al., 1999),
- the Recovery Process Inventory (Jerrell et al., 2006)
Implications for Practice

• No gold standard recovery instrument exists yet
  ▪ A single “ideal” instrument may not be necessary, because of unique client experiences

• There are several important characteristics that social workers should consider when choosing a recovery instrument, including:
  ▪ How the instrument conceptualizes recovery
  ▪ Emphasis of the importance of consumer voice
  ▪ Sound psychometric characteristics

(Scheyett, DeLuca, & Morgan, 2013)
References


(Scheyett, DeLuca, & Morgan, 2013)
 References, (cont.)  


(Scheyett, DeLuca, & Morgan, 2013)