

Title of Presentation: Psychometric Evaluation of a Recovery Scale

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A variety of scales have been developed to measure recovery for people with severe mental illness. We will present information on the development and validation of the Illness Management and Recovery Rating (IMR) Scale. The IMR Scale is a 15-item instrument that was developed in order to measure the outcomes specifically targeted by the IMR program. The IMR Scale assesses the consumer's ability to manage his or her psychiatric illness and to make progress towards personal recovery goals. Parallel forms of the scale are completed by the consumer and a clinician. The items are behaviorally-anchored and include: progress towards goals, knowledge about mental illness, involvement with significant others and self-help, time in structured roles, impairment in functioning, symptom distress and coping, relapse prevention and hospitalizations, use of medications, and alcohol and drug use. It is recommended that the scale be administered every three months for clients receiving services aimed at promoting their ability to manage and recover from their mental illness. Information obtained with the IMR Scale

can be used for treatment planning (including in discussions between consumers and treatment providers), program evaluation, and research purposes.

We are currently using these scales in our IMR studies (1, 2) and have conducted psychometric analyses on a sample of 50 consumers with SMI. Internal consistency was adequate with Cronbach's alpha of .71 for clinician and .70 for consumer rated forms of the IMR Scale. Test-retest reliability over a two-week period was strong for both clinician ($r = .78, p < .001$) and consumer ($r = .82, p < .001$) forms of the scale. Clinician-rated IMR was significantly correlated ($r = .48, p < .001$) with clinician-rated consumer functioning on the Multnomah Community Ability Scale (3). Consumer-rated IMR was significantly related to self-reported symptom distress on the Colorado Symptom Inventory (4) ($r = -.38, p < .01$) and to perceptions of recovery on the Recovery Assessment Scale (5) ($r = .54, p < .001$). In the proposed presentation, we will also present sensitivity of the IMR scales to changes over time, based on the preliminary outcomes of our IMR implementation studies. We will provide practical information on administration and scoring and discuss the utility of these rating scales as one method of measuring recovery outcomes.

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2. Boyle C, Salyers MP: Implementing and Evaluating IMR In Indiana, SAMHSA SM56140, (\$789,834), 10/03 - 9/06, in progress
3. Barker S, Barron N, McFarlane B: Multnomah Community Ability Scale: Users Manual. Portland, OR, Western Mental Health Research Center, Oregon Health Sciences University, 1994
4. Shern D, Lee B, Coen A: The Colorado Symptom Inventory: A self-report measure for psychiatric symptoms. Tampa, FL: Louis de la Parte Mental Health Institute., 1996
5. Corrigan PW, Giffort D, Rashid F, et al.: Recovery as a psychological construct. Community Mental Health Journal 35:231-240, 1999