

Title of Presentation: Defining and Measuring Principles for Recovery-Oriented Care in Mental Health Organizations

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There is growing consensus among policymakers and consumer advocates that recovery must be the organizing principle of the mental health system. The President's New Freedom Commission report identifies recovery as the essential goal of a transformed mental health system (President's New Freedom Commission on Mental Health, 2003), and recovery has long been central to the concerns of consumers (Deegan, 1988; Mead & Copeland, 2000; P. A. E. Ridgway, 2000). Moreover, prominent longitudinal studies demonstrate that, to varying degrees, recovery, not progressive deterioration, is the modal trajectory of severe mental illness (DeSisto, Harding, McCormick, Ashikaga, & Brooks, 1995; Harding, Brooks, Ashikaga, Strauss, & Breier, 1987; Strauss, Hafez, Lieberman, & Harding, 1985).

There is increasing interest in the concept of recovery and its application to mental health organizations, reflected in a growing number of instruments designed to assess recovery from the perspective of consumers and staff (Corrigan, Salzer, Ralph, Sangster, & Keck, in press; O'Connell, Tondora, Croog, Evans, & Davidson, 2005; Onken, Dumont, Ridgway, Dornan, & Ralph, 2004; P. A. Ridgway & Press, 2004). However, there is no

well-validated *organization-level* scale that assesses the extent to which the practices, policies, and procedures of individual mental health programs are consistent with a recovery orientation. Recent research on the development and use of organization-level fidelity instruments (Becker, Smith, Tanzman, Drake, & Tremblay, 2001; McGrew, Bond, Dietzen, & Salyers, 1994; McHugo, Drake, Teague, & Xie, 1999), which assess the degree of program adherence to a particular treatment model, suggests that the same principles can be applied to recovery-orientation.

In this presentation, we will describe the development of an *organization-level* scale designed to measure the extent to which a mental health provider organization's policies, procedures, and practices are consistent with a recovery orientation. The presentation will include: 1) review of existing literature and measures on recovery-oriented practice; 2) identification of recovery principles across extant recovery instruments; 3) development of an organizational instrument of recovery-oriented practices.

We will then describe an ongoing pilot study of the ROP scale in assertive community treatment programs and continuing day treatment programs in New York State. Findings will address psychometric properties of the scale, observed variability between program types, and inter-rater reliability. We will conclude with a discussion of the uses of an ROP scale, including its potential in describing and measuring an organizational model of recovery-oriented practice, in examining the relationship between recovery practices and consumer outcomes, and in developing interventions that can enhance ROPs.