

CONCEPTUALIZATION AND ASSESSMENT OF MENTAL HEALTH PRACTITIONERS' RECOVERY PROMOTING COMPETENCE

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**NASMHPD 16th Annual Conference
February 12-14, 2006, Baltimore, Maryland**

Recovery Promoting Competence (RPC) Study

- Background and need of study:
 - SMI as a challenge for mental health providers
 - Recovery paradigm and implications for the professional competence of mental health providers
- Purpose:
 - To develop an instrument measuring the recovery promoting competence of mental health providers

Design of the RPC Study

- *Stage One*: Mixed methods design to identify the ingredients of practitioners' recovery promoting competence
- *Stage Two*: Instrument development and validation design
 - cognitive interviews
 - construct validity cross-sectional data collection
 - test-retest reliability and convergent validity data collection

Initial Conceptualization of RPC

- Definition
 - RPC represents a complex set of practitioners' attitudes, skills and strategies that facilitate the recovery process
- Hypothesized content areas
 - RPC targets clients' hopefulness
 - RPC targets clients' empowerment
 - RPC targets client's personhood

Stage One of the RPC Study

- Anonymous Internet Survey included:
- 37 items describing different providers' attitudes, skills and strategies hypothesized to target either hopefulness, empowerment or the client's personhood; a 10-point Likert type scale was used to assess the importance of a given strategy/skill to the persons recovery process independent of a specific provider.
- One open-ended question inquiring about specific interactions with a provider that contributed to the person's recovery process.

Stage One of the RPC Study

- Anonymous Internet Survey was conducted with:
 - consumers (n=603; 78% female; 88% white)
 - consumer-providers (n=153; 71% female; 87% white)
 - providers (n=239; 72% female; 84% white)

Most Important RPC Ingredients – Consumers' Perspective

1. Having genuine respect for clients
2. Helping clients develop skills to cope and manage symptoms
3. Seeing clients as persons apart from diagnosis and symptoms
4. Helping clients accept and value themselves
5. Listening to clients without judgment
6. Believing in clients' potential to recover
7. Trusting the authenticity of clients' experiences and accounts
8. Caring about clients
9. Being accessible to clients when they need help
10. Understanding clients

Most Important RPC Ingredients – Discrepancies in Perspectives

- Providers and consumer-providers attributed lesser importance to understanding clients (rank 23 vs 16 for consumer-providers and 10 for consumers).
- Providers and consumer-providers attributed lesser importance to being accessible when clients need help (rank 29 vs 18 for consumer-providers and 8.5 for consumers).

Most Important RPC Ingredients – Discrepancies in Perspectives

- Providers attributed lesser importance to caring about clients (rank 17 vs 10 for consumer-providers and 8.5 for consumers).
- Providers attributed lesser importance to trusting the authenticity of clients' accounts (rank 24.5 vs 9 for consumer-providers and 7 for consumers).
- Providers attributed lesser importance to helping clients deal with feelings of shame related to their condition (rank 32 vs 15 for consumer-providers and 13.5 for consumers)

Least Important RPC Ingredients – Consumers' Perspective

1. Helping clients to enhance their spirituality
2. Guiding clients in using alternative healing practices
3. Conveying to clients his/her own experiences of struggle
4. Helping clients identify with other consumers who have done well in recovery
5. Helping clients find their sense of humor
6. Helping clients find meaning in their trauma and suffering
7. Supporting clients to take risks and try things out on their own

Stage Two of the RPC Study – Item Development

- Item development based on findings from Stage One and cognitive interviews resulted in a list of 38 items.
- Generated items were grouped in the following four sub-groups of attitudes, skills and strategies fostering respectively: a) hope; b) empowerment; c) sense of acceptance and self-acceptance; and d) the client's personhood.
- Instrument was titled Recovery Promoting Relationships Scale (RPRS).

Stage Two of the RPC Study – Data Collection

- Anonymous Internet survey collected cross-sectional data about the internal consistency and construct and known groups validity of the instrument.
- Expanded paper copy of the survey used to collect additional data for test-retest reliability, concurrent, convergent, and criterion validity.

Stage Two of the RPC Study – Data Collection

- Psychometric properties of RPRS instrument were established based on a sample of 382 consumers (73% female; 79% white)
- Additional properties was established on a smaller sub-sample of 58 consumers
- All respondents with psychiatric disabilities and able to report about a current helping relationship
- Non-probability sampling using a variety of methods

Initial Analyses of RPRS based on Classical Test Theory

- Initial statistical analyses to determine:
 - Internal consistency
 - Stability
 - Construct and Factorial Validity
 - Concurrent Validity with 2 established similar measures
 - Convergent Validity with related construct (recovery)
 - Criterion Validity with Satisfaction with relationship
- Result: a 37-item instrument with excellent psychometric properties
- Next Step: IRT analyses

Item Response Theory Analyses

- IRT is a relatively new approach to the validation of measures and items
- Frequently used in educational measurement with aptitude testing
- More recently applied to psychological constructs and scales such as the Basis-24 or SF-36
- IRT allows measurement of an individual on the latent trait (as defined by a set of items)
- Also incorporates into score an item's difficulty (e.g., aptitude), or favorableness (e.g., attitudes)
- In RPRS, incorporates the probability of respondent to “agree” with item

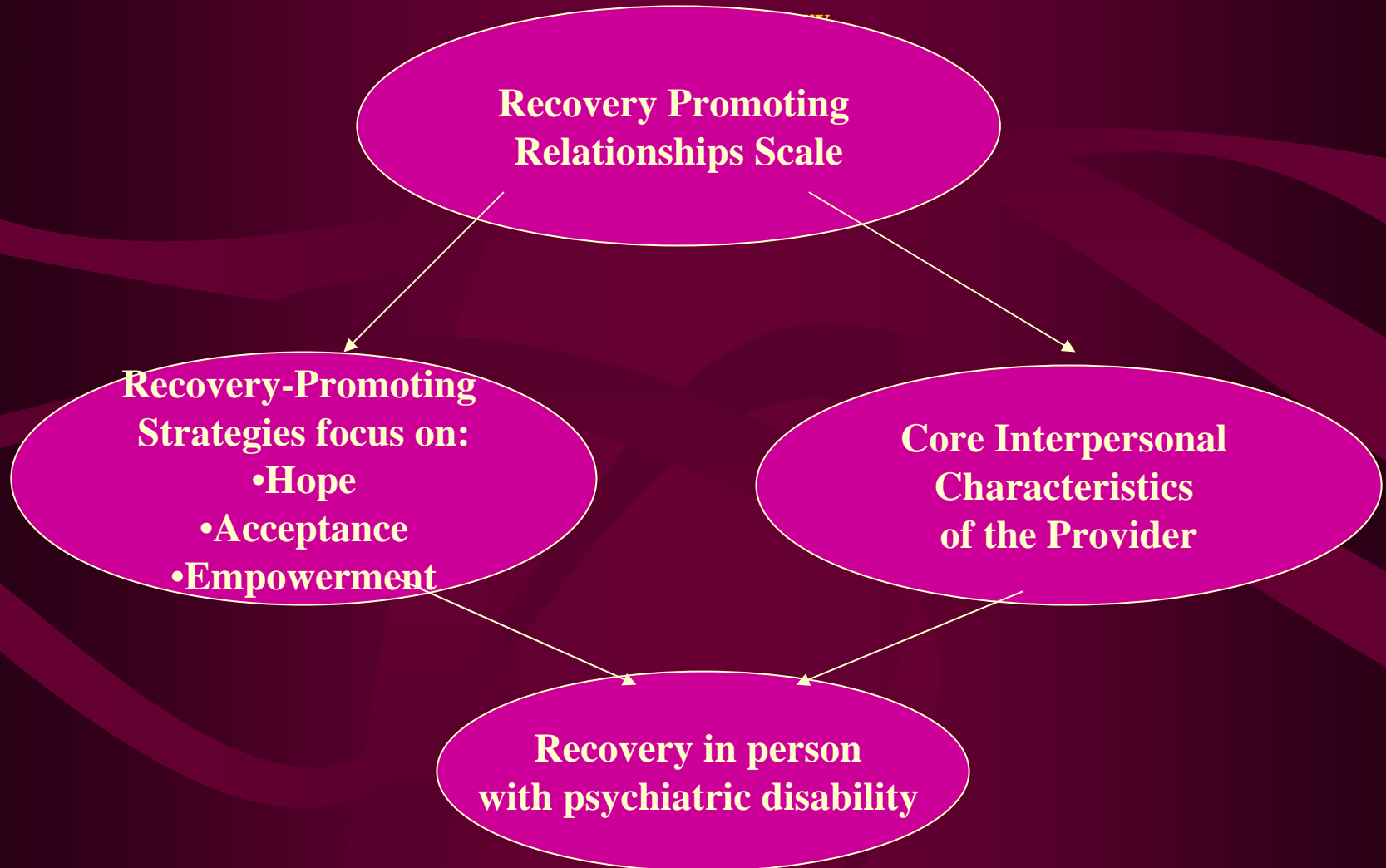
Combining CTT and IRT

- Combining both CTT and IRT methods is also a relatively recent undertaking (cf., Bechger, et al., 2003)
- We preformed initial CTT analyses, followed by IRT and then used this final set of items determined by IRT for CTT re-analysis
- Our experience suggests iterative process:
 - Discussed meaning, clinical relevance and importance of items alongside of IRT results
 - Results of CTT informed the IRT process

Combining CTT and IRT

- IRT suggested deletion of 13 items
- Thus, greater parsimony achieved with IRT
- Concordance table produced by IRT allows cross-walking raw score to IRT-calibrated summary scores
- Robustness of findings indicated by similar results across two methods

A recovery promoting relationship consists of two components: the 1) *core relationship* which emphasizes the interpersonal skill of the provider to create an alliance based on warmth, empathy, genuineness, etc., and, 2) the *ability of the provider to use strategies to promote and engender recovery*. These strategies fall into three subscales: a) *hopefulness*, b) *empowerment* and c) *acceptance*. Recovery promoting strategies must be delivered within the context of a therapeutic or helping relationship that emphasizes the core relationship in order to be maximally effective in



Final RPRS-24 Item Scale

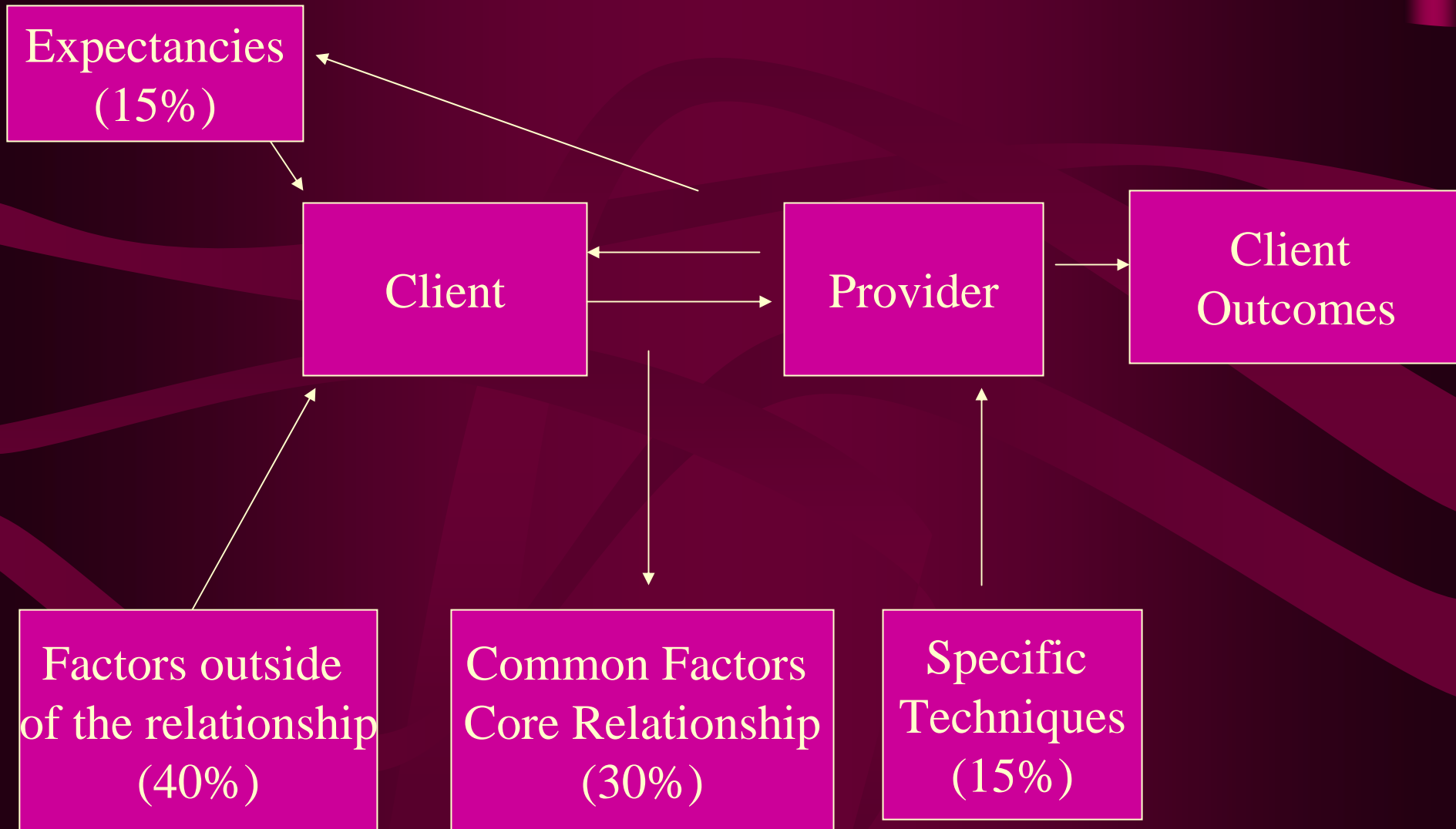
- High level of **internal consistency** (0.98; 0.97; 0.95 for total and two indices)
- Good **test-retest reliability** (ICC correlation coefficients of 0.72, 0.72 and 0.75 for the total scale and the indices)
- **Concurrent validity**- Working Alliance Inventory (12) correlation coefficients of 0.78, 0.73, and 0.78 with total and indices
- **Concurrent validity**-Helping Alliance Questionnaire - coefficients of 0.68, 0.67, 0.63 with the total and the two indices

RPRS-24 Item Scale

- Criterion validity determined in the Scale's association with the level of satisfaction (.58)
- Convergent Validity-low correlation with RAS (<.30)
- Known groups validity with two types of providers (psychotherapy and psychopharmacological management)-significant difference in scores.
- Taken together, these data provided strong evidence for the reliability and validity of the RPRS scale.

Variance in Outcomes

Lambert & Barley, 2001



RPC Structure

- **Core Relationship Skills (core conditions)** are foundation of any helping interaction without which specific techniques and interventions less likely to be effective
- Added to core conditions are **Professional Competencies** that may be discipline-specific and specific to the service or intervention
- Supplementing those professional competencies are **Recovery Promoting Strategies** that are specifically derived to assist persons with severe mental illness achieve recovery



RPC as a Research Tool

- Use as an outcome measure if trying to affect provider competencies, skills, attitudes
- Examine RPC as an independent predictor of client outcomes
- Use as a covariate/mediator of outcomes—i.e., in intervention study provider competencies will account for outcome variance independent of intervention

RPC and Programmatic Assessments

- Use by program administrators as an assessment of skill/competency level of providers
- Use by program administrators to target needed areas for staff development and training

RPC as a Clinical Tool

- Proposing to use RPRS as a clinical feedback tool
- Study of the utility of giving provider rank-ordered items for use in helping sessions
- Provider/client to explore highest and lowest ranked items and any discrepancies
- Develop a plan to work on items important to client and to resolve discrepancies