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Recovery from Mental Illness: Further Development of a Measure of Recovery Constructs

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Objective

To develop a theory-driven, empirically-based, brief psychometric instrument to assess recovery from mental illness.

This new psychometric instrument will help mental health professionals to (a) quickly assess and understand the client's level of progress in recovery and (b) identify specific factors (i.e., hope, purpose in life, or agentic control) that need to be targeted in order to augment and promote one's recovery.

Background

Recovery involves compensating for (or transcending) one's symptoms in order to pursue a meaningful life, and it involves hope, a sense of meaning, empowerment, coping, self-efficacy, and self-esteem (Corrigan & Ralph, 2005).

Recovery movement included in:
 President's New Freedom Commission on Mental Health (2007)
 Surgeon General's report (Office of the Surgeon General, 2009)

Testimonies:
 A summary of mental illness recovery testimonials:
 (a) recovery is a non-linear process,
 (b) recovery does not imply "curing",
 (c) one can be actively engaged in the recovery process while symptoms continue (Corrigan & Ralph, 2005).

Longitudinal research: selected long-term follow-up studies
 Bleuler, 1978; Tsuang & Winokur, 1975; Huber et al., 1980; Ciompi, 1980; McGlashan, 1984; Ogawa et al., 1987; Harding et al., 1987; DeSisto et al., 1995; Marneros et al., 1989; Harrison et al., 2001

Calabrese and Corrigan's review (2005)
 • Exhibit the "heterogeneity in the outcomes of schizophrenia, with significant improvement or recovery typically occurring in more than half of the participants" (p. 65).
 • Concludes that, "each of these findings suggests that recovery is a real possibility for people with a severe mental illness" (p.79).

Theoretical Model of Recovery with interrelated constructs of hope, purpose in life, and agentic control (Reeb, 2010, 2007)

Hope: Preliminary research on recovery (e.g., Corrigan, Salzer, Ralph, Sangster, and Keck, 2004) suggests that hope may be the most important factor in recovery from mental illness, since it is highly correlated with several recovery factors (e.g., coping with symptoms, high quality of life despite ongoing symptoms).

Purpose in life: Some feel that *meaning* or *purpose* makes life worth living (Debats, Drost, & Hansen, 1995). Loss of meaning in life is associated with symptom severity (Yalom, 1980), psychological distress (Melton & Schulenberg, 2008), and depression (Mascaro & Rosen, 2008); and purpose in life is positively correlated with psychological well-being (Melton & Schulenberg, 2008).

Agentic control: Reeb (2011, 2009) contends that many recovery-related concepts center on the idea of perceived or agentic control, including coping, empowerment, self-efficacy, and self-esteem. When there is a lack of perceived control, a person may have learned helplessness--a perceived inability to escape unpleasant situations after failed attempts (Seligman, 1975)--which is a characteristic of many mental disorders (Flannery, Penk, Addo, 1996).

Previous Study

Previous research (Hintze, 2009)

- Identified a number of scales which represent the varying components of the recovery model
- Review of potential items with the goal of modifying or deleting items
- Recommended twenty-one items from these identified scales by utilizing empirical and rational approaches to maximize construct validity
- Items were selected based on the highest factor loadings, highest correlation with total scores on a measure using the empirical approach
- In some cases, the items that seemed most pertinent to recovery or seemed to best represent the construct assessed by the measure were selected using the rational approach
- Suggested modifying format of items: ease of completion, standardized between instruments, shorten to allow quick measure

Present Study

Participants will include approximately 100 adult clients from a local community mental health agency at various levels of recovery from mental illness.

Measure:

21 items selected from sources described below, 6 items reverse-scored (items with *), standard formatting

Instructions: For each item, circle a number from 0 to 10 that best represents your feelings (strongly disagree = 0 and strongly agree = 10). Please circle only one response for each statement.

	0	1	2	3	4	5	6	7	8	9	10
Strongly											Strongly
Disagree											Agree

1	My past experiences have prepared me well for my future.
2	I can think of many ways to get out of a jam.
3	*I feel scared about the future.
4	I can see possibilities in the midst of difficulties.
5	*I feel all alone.
6	I have a mission in life that gives me a sense of direction.
7	I have a clear understanding of the ultimate meaning in life.
8	I have been aware of an all consuming and powerful purpose towards which my life has been directed.
9	*I feel that some element which I can't quite define is missing from my life.
10	I am determined to achieve new goals in the future.
11	When things aren't going well, I am confident that I can break an upsetting problem down into smaller parts.
12	When things aren't going well, I am confident that I can make unpleasant thoughts go away.
13	When things aren't going well, I am confident that I can get friends to help me with the things I need.
14	*I feel powerless most of the time.
15	*Most of the misfortunes in my life were due to bad luck.
16	People have a right to make their own decisions, even if they are bad ones.
17	People should try to live their lives the way they want to.
18	People are limited only by what they think possible.
19	I can pretty much determine what will happen in my life.
20	*All in all, I am inclined to feel like a failure.
21	I take a positive attitude towards myself.

Source of items:

- Adult Dispositional Hope Scale (Snyder et al., 1991): 2 items, agency and pathways factors
- Herth Hope Index (Herth, 1992): 3 items, inner sense of temporality and future factor, inner positive readiness and expectancy factor, interconnectedness with self and others factor
- Life Attitude Profile-Revised (Reker, 1992): 5 items, 3 from purpose and coherence factor, 1 from existential vacuum factor, 1 from goal seeking factor
- Coping Self-Efficacy Scale (Chesney et al., 2006): 3 item, one each from problem-focused coping, emotion-focused coping, and social support factors
- Empowerment Scale (Rogers et al., 1997): 6 items, 2 items from power-powerlessness factor, 2 items from community activism and autonomy factor, 2 items from optimism and control over the future factor
- Rosenberg Self-Esteem Scale (Rosenberg, 1965): 2 items

Outcome measures:

- World Health Organization Quality of Life (WHOQOL)-BREF (The WHOQOL Group, 1996): 6 items, 5 point Likert scale with descriptor for each point on scale
- Brief Symptom Inventory (BSI; Derogatis, 1993): 53 items, rated on a 5-point Likert scale. Respondents answer from 0 ("not at all") to 4 ("extremely"). High scores reflect high endorsement of symptoms
 - Symptomatology in nine areas (dimensions) of psychopathology: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobia, paranoid ideation, and psychoticism.
 - Three global indices: Global Severity Index (GSI), Positive Symptom Distress Index (PSDI), Positive Symptom Total (PST)

Comparison measure:

Recovery Assessment Scale (RAS; Giffort, Schmook, Woody, Vollendorf, Gervain, 1995): 5 items, 5 point Likert scale, range from Strongly disagree to strongly agree, items represent highest loadings on following factors:

- personal confidence and hope
- willingness to ask for help
- goal and success orientation
- reliance on others
- no domination by symptoms

Planned analyses

- Factor analysis - attempt to confirm the underlying factors in the new recovery measure
- Bivariate correlational analyses- determine if there is an improvement of the new measure over the Recovery Assessment Scale based on the correlation with key psychosocial functional criteria (e.g. symptom severity, quality of life, and well-being)

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