

## **Collaborative Recovery Projects**

The following are a list of abstracts from various articles and chapters that relate to the Collaborative Recovery Project. You can also go to the following website to view additional resources used in the Collaborative Recovery project:

[http://www.uow.edu.au/health/iimh/collab\\_recovermodel.html/index.html](http://www.uow.edu.au/health/iimh/collab_recovermodel.html/index.html)

Additional information about the Stages of Recovery Instrument (STORI) and various language translations can be located at:

<http://www.uow.edu.au/health/iimh/stori/index.html>

The Collaborative Recovery project was conducted as part of the Australian Integrated Mental Health Initiative (AIMhi), and was jointly funded by an NHMRC Strategic Mental Health Partnership Grant (# 219327) and by partner organisations.

### **Peer reviewed journal articles**

**Andresen, R., Oades, L., & Caputi, P. (2003). The experience of recovery from schizophrenia: Towards an empirically-validated stage model. *Australian and New Zealand Journal of Psychiatry*, 37, 586–594.**

Objective: The consumer movement is advocating that rehabilitation services become recovery-orientated. The objectives of this study are to gain a better understanding of the concept of recovery by: (i) identifying a definition of recovery that reflects consumer accounts; and (ii) developing a conceptual model of recovery to guide research, training and inform clinical practice. Method: A review was conducted of published experiential accounts of recovery by people with schizophrenia or other serious mental illness, consumer articles on the concept of recovery, and qualitative research and theoretical literature on recovery. Meanings of recovery used by consumers were sought to identify a definition of recovery. Common themes identified in this literature were used to construct a conceptual model reflecting the personal experiences of consumers. Results: The definition of recovery used by consumers was identified as psychological recovery from the consequences of the illness. Four key processes of recovery were identified: (i) finding hope; (ii) re-establishment of identity; (iii) finding meaning in life; and (iv) taking responsibility for recovery. Five stages were identified: (i) moratorium; (ii) awareness; (iii) preparation; (iv) rebuilding; and (v) growth. Conclusion: A five-stage model compatible with psychological recovery is proposed, which offers a way forward for attaining recovery-orientated outcomes. After further empirical investigation, a version of this model could be utilized in quantitative research, clinical training and consumer education.

**Oades, L.G., Deane, F.P., Crowe, T.P., Lambert, W.G., Kavanagh, D., & Lloyd, C. (2005). Collaborative Recovery: An integrative model for working with individuals that experience chronic and recurring mental illness. *Australasian Psychiatry*, 13, 279-284.**

Objectives: Recovery is an emerging movement in mental health. Evidence for recovery-based approaches is not well developed and approaches to implement recovery-oriented services are not well articulated. The collaborative recovery model (CRM) is presented as a model that assists clinicians to use evidence-based skills with consumers, in a manner consistent with the recovery movement. A current 5 year multi-site Australian study to evaluate the effectiveness of CRM is briefly described. Conclusion: The collaborative recovery model puts into practice several aspects of policy regarding recovery-oriented services, using evidence-based practices to assist individuals who have chronic or recurring mental disorders (CRMD). It is argued that this model provides an integrative framework combining (i) evidence-based practice; (ii) manageable and modularized competencies relevant to case management and psychosocial rehabilitation contexts; and (iii) recognition of the subjective experiences of consumers.

**Kelly, P. J., Deane, F. P., Kazantzis, N., Crowe, T. P., & Oades, L. (2006). Use of homework by mental health case managers in the rehabilitation of persistent and recurring psychiatric disability. *Journal of Mental Health, 15, 95-101.***

Background: Homework refers to between-session activities that are tied to therapeutic goals. Homework has been suggested as being an important clinical adjunct to case management practices, however, to date, research has not examined case managers' use of homework. Aims: To identify the degree that case managers use homework within their clinical practice and explore the way it is administered with people diagnosed with a persistent and recurring psychiatric illness. Method: A survey was completed by 122 case managers (63% of those approached) comprising nurses, psychologists, social workers, occupational therapists and welfare/support workers. Results: Ninety-three percent of case managers implement homework, but only 15% regularly use a systematic approach to homework administration. Seventy-six percent of case managers reported people in recovery had a positive attitude towards the use of homework, yet 72% felt that homework completed was of a low quality. Conclusions: Suggestions are made for improving the systematic use of homework by case managers.

**Kelly, P. J., Deane, F. P., Kazantzis, N., & Crowe, T. P. (2007). Case managers' attitudes toward the use of homework for people diagnosed with a severe psychiatric disability. *Rehabilitation Counseling Journal, 51, 34-43.***

The study examined mental health case managers' attitudes towards the use of homework and explored the relationship between clinician attitudes and systematic homework administration practices. One hundred and twenty two Australian mental health case managers completed a survey examining attitudes towards the use of homework. Case managers who held more positive attitudes reported better client responses to homework. Systematic homework administration was predicted by the degree case managers felt homework enhanced client outcomes and the importance case managers placed on the use of homework for severe psychiatric disabilities. The use of training and supervision programs to promote systematic homework administration practice is discussed.

**Clarke, S. P., Oades, L., Crowe, T., & Deane, F. P. (2006). Collaborative Goal Technology: Theory and practice. *Psychiatric Rehabilitation Journal*, 30 (2), 129-136.**

Goal striving promotes hope and enhances motivation, which is important for psychosocial rehabilitation and recovery. The Collaborative Goal Technology (CGT) is a new goal striving intervention that is used to support the autonomy and recovery processes of the person with a psychiatric disability. The CGT protocol and its utility are outlined. Theory and research from goal striving, motivation and mental health recovery domains that informed the development of CGT are described. A case example is also provided.

**Crowe, T. P., Deane, F.P., Oades, L.G., Caputi, P. & Morland, K.G. (2006). Effectiveness of a collaborative recovery training program in Australia in promoting positive views about recovery. *Psychiatric Services*, 57 (10), 1497-1500.**

Objective: This study examined the impact of a two-day, recovery-based training program for mental health workers on knowledge, attitudes, and hopefulness related to the recovery prospects of people with enduring mental illness. Methods: A self-report pre-post training repeated-measures design was used with 248 mental health workers from the community-based government health sector (N=147) and nongovernment organizations (N=101) in eastern Australia. Results: Staff attitudes and hopefulness improved after training. Trainees significantly increased their knowledge regarding principles of recovery and belief in the effectiveness of collaboration and consumer autonomy support, motivation enhancement, needs assessment, goal striving, and homework use. Conclusions: This preliminary evidence indicates that staff recovery orientation can improve with minimal training.

**Deane, F. P., Crowe, T., King, R., Kavanagh, D., & Oades, L. G. (2006). Challenges in implementing evidence-based practice into mental health services. *Australian Health Review*, 30, 305-309.**

This paper highlights challenges in implementing mental health policy at a service delivery level. It describes an attempt to foster greater application of recovery-orientated principles and practices within mental health services. Notwithstanding a highly supportive policy environment, strong support from service administrators and enthusiastic staff response to training, application of the training and support tools was weaker than anticipated. This paper evaluates the dissemination trial against key elements to promote sustained adoption of innovations. Organisational and procedural changes are required before mental health policies are systematically implemented in practice.

**Andresen, R., Caputi, P., & Oades, L. (2006). The Stages of Recovery Instrument: Development of a measure of recovery from serious mental illness. *Australian & New Zealand Journal of Psychiatry, 40*, 972-980.**

Objective: In order to realize the vision of recovery-orientated mental health services, there is a need for a model and a method of measuring recovery as the concept is described by mental health consumers. A preliminary five-stage model based on consumer accounts was developed in an earlier study by the authors. This next stage of the research program describes the development and initial testing of a stage measure which, when validated, can be used in testing that model. Method: Existing measures of recovery were reviewed to assess their concordance with the model, and a new measure, the Stages of Recovery Instrument (STORI) was subsequently developed. A postal survey was conducted of 94 volunteers from the NISAD Schizophrenia Research Register. Participants completed the STORI and measures of mental health, psychological wellbeing, hope, resilience and recovery. Results: The STORI correlated with all of the psychological health variables, and the five stage subscales were found to be internally consistent. An ordinal relationship between the stage subscales was demonstrated by the intercorrelations of the subscale scores and the pattern of correlations between the subscales and the other measures. However, a cluster analysis of items revealed an overlap in measurement of adjacent stages, with only three clear clusters emerging. Conclusions: The results provide preliminary empirical validation of the STORI as a measure of the consumer definition of recovery. However, refinement of the measure is needed to improve its capacity to discriminate between the stages of the model. The model could then be comprehensively tested using longitudinal methods and the inclusion of objective measures.

**Marshall, S., Oades, L., Crowe, T., Deane, F. P., & Kavanagh, D. (2007). A review of consumer involvement in evaluations of case management: Consistency with a recovery paradigm. *Psychiatric Services, 58*, 396-401.**

Abstract: The following review examines research on case management that draws on consumer perspectives. It clarifies the extent of their involvement and whether evaluations were informed by recovery perspectives. Searches of Ovid Medline(R) (1966-2006), Psychinfo (1967-2006) and Cinahl (1982-2006) were conducted using combinations of: assertive community treatment/case management/assertive outreach/strengths model/rehabilitation model/ICM/Intensive case management; and client/participant (perspectives)/service users/consumer priorities/client attitudes. Thirteen studies that sought to investigate consumer perspectives were identified. Only one study asked consumers about experiences of recovery. Most evaluations did not adequately assess consumers' views, and active consumer participation in research was rare. Supporting an individual's recovery requires commitment to a recovery paradigm that incorporates traditional symptom reduction and improved functioning, with broader recovery principles, shifting its focus from illness to wellbeing. It also requires greater involvement of consumers in the implementation of case management and ownership of their own recovery process, not just in research that evaluates the practice.

**McNaught, M., Caputi, P., Oades, L., & Deane, F. P. (2007). Testing the validity of the Recovery Assessment Scale using an Australian sample. *Australia and New Zealand Journal of Psychiatry, 41*, 450-457.**

Objective: Mental health services in Australia are increasingly becoming 'recovery-orientated'. However, there are varying meanings for recovery and few measures that specifically target recovery outcomes. The current study aimed to assess the construct and concurrent validity of a patient self-report measure, the Recovery Assessment Scale. Method: Participants were 168 individuals with severe and persistent psychiatric disability who were participants in the Australian Integrated Mental Health Initiative (AIMhi) project. They completed self report recovery and other mental health measures and their case workers completed the Health of the Nation Outcome Scales. Exploratory and confirmatory factor analyses were carried out to examine the factor structure of the RAS. Results: Exploratory factor analysis of the RAS revealed five factors which were replicated using confirmatory techniques. Each factor has satisfactory internal reliability (Cronbach alpha range = .73 to .91). The factors displayed convergent validity with positive and significant correlations with other recovery measures. Concurrent validity was demonstrated with significant but lower correlations with symptoms and clinician rated measures of psychiatric functioning. Conclusion: The factors of the RAS are consistent with the consumer literature on recovery. Correlations with other variables suggest the RAS is measuring something different from traditional symptom or functional mental health measures. Further research is needed to clarify the extent to which the RAS is able to capture the range of recovery experiences that have been described by consumers.

**Kelly, P. J., Deane, F. P., King, R., Kazantzis, N., & Crowe, T. P. (2007). A taxonomy for homework used by mental health case managers when working with individuals with severe and persistent mental disability. *Community Mental Health Journal, 43*, 565-581.**

A survey was completed by 122 case managers describing the types of homework assignments commonly used with individuals diagnosed with severe mental illness (SMI). Homework types were categorized using a 12-item homework description taxonomy and in relation to the 22 domains of the Camberwell Assessment of Need (CAN). Case managers predominately reported using behaviourally based homework tasks such as scheduling activities and the development of personal hygiene skills. Homework focused on CAN areas of need in relation to Company, Psychological Distress, Psychotic Symptoms and Daytime Activities.

**Clarke, S. P., Crowe, T. P., Oades, L. G., & Deane, F. P. (2009). Do goal setting interventions improve the quality of goals in mental health services? *Psychiatric Rehabilitation Journal, 32*(4), 292-299.**

The use of evidence-based goal-setting principles is thought to improve goal attainment of people with psychiatric disability. Little is known about the frequency or quality of goal setting, and whether training and formalised goal-setting interventions improve goal

setting practice. The Goal Instrument for Quality (Goal- IQ) was used to review 122 goal records in several eastern Australian mental health services. Seventy four percent of people in recovery had a documented goal record and these had 54% of the evidence-based goal setting principles measured by the Goal-IQ. Staff trained in goal setting showed significant improvements in the frequency and quality of documenting goals.

**Marshall, S., Oades, L., & Crowe, T. (2009). Mental health consumers' perceptions of receiving recovery-focused services. *Journal of Evaluation in Clinical Practice, 15*, 654-659.**

Rationale, aims and objectives: This study examines the experiences of mental health service consumers engaged in various recovery-focused support practices as well as examining consumer valuing of these activities. Method: A self-report questionnaire was developed drawing on key aspects of the Collaborative Recovery Model (CRM) (responsibility, collaboration, autonomy, motivation, needs, goals, homework). Ninety-two adult consumers from metropolitan, regional and rural non-government organizations and public mental health services in eastern Australian states completed the questionnaire. Results: Consumers using services provided by CRM-trained workers identified significant changes to service delivery in relation to frequency with which they were encouraged to take responsibility for their recovery, degree to which they collaborated with staff and the extent to which they were encouraged to complete homework activities to assist them to achieve their goals, when compared with consumers using traditional services. The key aspects of the CRM were valued by consumers. No differences were found in terms of overall ratings of clinician helpfulness in assisting recovery between the two groups. Conclusions: Consumers are able to perceive recovery-focused service changes. Although preliminary, this is a significant step towards assessing the operationalization of recovery principles from the consumer's perspective.

**Clarke, S., Oades, L., Crowe, T., Caputi, P. & Deane, F. P. (2009). The role of symptom distress and goal attainment in assisting the psychological recovery in consumers with enduring mental illness. *Journal of Mental Health, 18*, 389-397.**

*Background:* Conceptualisations of recovery involve more than just symptom amelioration and include the development of hope, meaning and self identity. Goal attainment promotes wellbeing within non-clinical samples and mental health consumers report that it facilitates their psychological recovery. Research is yet to investigate the impact of baseline symptom distress on goal progress/attainment and subsequent wellbeing amongst service users with enduring mental illness. *Aims:* 1) To examine whether baseline measures of symptoms, functioning and recovery are associated with greater goal progress, and 2) to examine the association between improvements in mental health outcome and goal attainment. *Method:* Seventy one consumers with enduring mental illness who were receiving case-management support from both government and non-government mental health services participated in the study. Case-management goal attainment was examined against mental health outcome measures (functional and recovery measures) for the same goal setting period. *Results:* Path modelling indicated that goal attainment mediates the relationship between baseline (pre-goal setting) levels

of symptom distress and progress on recovery constructs such as hope, self confidence, a greater sense of meaning and identity. *Conclusions:* When symptoms are less distressing consumers are better able to make progress on their case-management goals, which in turn enables consumers to progress in aspects of their psychological recovery. Therefore, assisting consumers in the alleviation of these symptoms is important within a recovery framework particularly when this is done in service of promoting self determined recovery for mental health consumers.

**Kelly, P., J. & Deane, F. P. (2009). Does homework improve outcomes for individuals diagnosed with severe mental illness? *Australian and New Zealand Journal of Psychiatry*, 43, 968-975.**

*Objective:* Therapeutic homework has been recommended for use by mental health case managers to help clients with severe mental illness (SMI). The current research examined the actual use of homework by case managers working in clinical practice. *Method:* Case managers were trained in a systematic approach to homework administration and were provided with carbonized Homework Administration Pads to assist with homework implementation. Hierarchical Linear Modeling (HLM) was used to examine the relationship between homework and outcome for participants in the study (N = 129). *Results:* The total number of homework assignments administered to each client predicted improvement on the Health of Nation Outcome Scale (HoNOS) and Kessler 10 (K10). How Well the homework was completed also predicted improvements on the HoNOS. The relationship between homework and recovery-orientated outcome measures was not significant. *Conclusion:* The study provides preliminary support for the use of a systematic approach to homework administration procedures when working with SMI. Future research should examine strategies to promote the regular use of systematic homework administration procedures by mental health case managers.

**Kelly, P., J. & Deane, F. P. (2009). (Frontline report). The use of therapeutic homework to support recovery from severe mental illness. *Psychiatric Services*, 60, 1391.**

**Oades, L., G., Crowe, T. P., & Nguyen, M. (2009). Leadership coaching transforming mental health systems from the inside out: The Collaborative Recovery Model as person-centred strengths based coaching psychology. *International Coaching Psychology Review*, 4, 25-36.**

Mental health service provision is being transformed by a call for ‘recovery oriented care’. Rather than the traditional medical meaning of cure, the term ‘recovery’ refers to the personal and transformational process of patients living with a mental illness, moving towards a preferred identity and a life of meaning – a framework where growth is possible, and the fixed mindsets around diagnoses as such as schizophrenia are challenged. At an organisational level, however; organisations and their service providers have typically operated on a framework that is fixed in terms of the potentialities of the mental health patients. This paper describes the ongoing transformation of a large tertiary inpatient mental health unit in Ontario, Canada, through

a parallel staff and patient implementation of a person-centred strengths based coaching framework, known as the Collaborative Recovery Model (CRM). Consistent with developments in positive psychology, the model focuses on strengths and values, goals and actions, within a coaching framework, with an emphasis on the alliance between staff and patient, and the growth potential of the patient. By using the principles of coaching psychology, mental health staff members are leading change in the organisation by personal use of the principles and practices that they are also using to coach patients. The leadership and organisational change challenges are described and future directions are discussed.

**Uppal, S., Oades, L., Crowe, T., & Deane, F. P. (in press). Barriers to transfer of collaborative recovery training into Australian mental health services. *Journal of Evaluation in Clinical Practice*.**

Transfer of training (ToT) is defined as the application of competencies acquired during training into the workplace. Poor ToT to clinical practice in mental health settings has negative implications for evidence based service provision. The study aimed to explore the variables influencing differences in ToT across mental health settings. Variables of interest included organization type, caseload, and several variables related to the opportunity to use training. One hundred and seventy-three mental health clinicians from community based government and non-government mental health services in eastern Australia were trained in recovery oriented interventions. Measures of ToT included time taken until implementation of intervention protocols, assessed using a clinical audit and a questionnaire survey completed by clinicians to identify barriers to implementation 6 months after training. Approximately 37% of the trained clinicians participating in the study were found to be implementing training protocols in clinical practice. In addition, the average time taken to implement the protocols was 5.6 months following training. The most frequently cited barriers were institutional constraints. Higher caseloads and more frequent client contact were related to a higher level of ToT. ToT can be difficult to achieve in clinical practice. Greater facilitation of ToT may be achieved through better integration of the new ideology and protocols, regular monitoring of progress, staff incentives and examination of external attributions by clinicians of their responsibility to transfer training.

**Kelly, P. J., & Deane, F. P. (in press). Do therapeutic homework assignments address areas of need for individuals with serious mental illness? *Community Mental Health Journal*.**

The current study explores the types of homework assignments used in a recovery orientated case management approach. It also examines the relationship between the types of homework used and the clients' area of need as rated on the CANSAS. There were 129 client and mental health case manager dyads that participated in the study. Written copies of all homework assignments administered during the 12-month research period were collected (N = 1054). The homework assignments were categorised according to the 'type' and the 'need domain addressed by the task'. The majority of these tasks were behavioural in nature. On a group level homework tended to broadly

address areas of need for clients in the study. Only 2 of the 1054 homework assignments administered directly addressed areas of Intimate Relationships or Sexual Expression. The importance of addressing Intimate Relationship and Sexual Expression within case management is discussed.

**Chiba, R., Kawakami, N., Miyamoto, Y., & Andresen, R. (in press). Reliability and validity of the Japanese version of the Self-identified stage of recovery (SISR) for people with chronic mental illness. *International Journal of Mental Health Nursing*.**

Self-identified stage of recovery (SISR) is a two-part scale assessing both the the stage of recovery (SISR-A) and the component processes of recovery (SISR-B) for people with mental illness. This study aimed to develop a Japanese version of SISR and to examine its reliability and validity. The Japanese versions of SISR-A and SISR-B were developed through focus group cognitive interviews and the translation-back-translation procedure. A cross-sectional questionnaire survey was conducted of 223 participants who had chronic mental illness, aged 20 or older, currently living in communities and inpatient ward settings; 59.2% were males and the average age was 47.6 years. The questionnaire also included the 24-item Recovery Assessment Scale, Herth Hope Index, Empowerment scale, and Resilience scale. Cronbach's alpha coefficient, intraclass correlation coefficient and weighted kappas were generally fair to high. And SISR-A and SISR-B scores positively correlated with other relevant scales. This study supported the reliability and validity of the Japanese version of SISR-A and SISR-B among people with chronic mental illness in Japan.

#### **Book chapters and other related publications:**

**Oades, L., & Deane, F. P. (2007). The framework for psychosocial rehabilitation: Bringing it into focus. In R. King, C. Lloyd and T. Meehan (Eds.), (pp. 43-56). *Handbook of Psychosocial Rehabilitation*. Oxford, UK: Blackwell.**

This chapter provides the practitioner with a framework to understand and evaluate psychosocial rehabilitation in mental health. A key challenge in psychosocial rehabilitation is to clearly define, operationalise and measure what we mean by psychosocial rehabilitation. To address this, the current chapter provides a definition of psychosocial rehabilitation that is relevant to five areas of intervention foci. A framework of psychosocial rehabilitation is presented using the metaphor of a lens to assist clarification of the complexities of psychosocial rehabilitation. Within each lens, principles are presented and indicators of good practice are described and this yields a list of thirty-six criteria to evaluate psychosocial rehabilitation programs. Possible future directions of psychosocial rehabilitation are considered including the challenges from the recovery and positive psychology movements as well as opportunities from contemporary approaches in self-help and self-management of chronic health conditions.

**Deane, F. P., & Crowe, T. P. (2007). Building and maintaining a recovery focused therapeutic relationship. In R. King, C. Lloyd and T. Meehan (Eds.) (pp. 57-70). *Handbook of Psychosocial Rehabilitation*. Oxford, UK: Blackwell.**

In this chapter we review the evidence for the importance of therapeutic relationship and particularly therapeutic or working alliance in facilitating recovery processes for individuals with mental illness. Most of the existing empirical evidence comes from psychotherapy research related to the treatment of non-psychotic disorders. However, there is growing evidence that therapeutic alliance may also be an important predictor of treatment outcome for people with serious mental illness including those diagnosed with psychotic disorders.

**Lloyd, C., & Deane, F. P. (2007). Community participation. In R. King, C. Lloyd and T. Meehan (Eds.), (pp. 129-142). *Handbook of Psychosocial Rehabilitation*. Oxford, UK: Blackwell.**

This chapter looks at how people with a mental illness are marginalised and often denied opportunities to participate fully in the community of their choice. The importance of adopting a recovery focus is discussed. This is followed by exploring the implications for service delivery and the role of rehabilitation practitioners in providing a recovery oriented service, which targets access to a range of community activities. Practical strategies for developing a community participation focus are outlined.

**Oades, L., Crowe, T., & Deane, F. P. (2007). The Collaborative Recovery Model: Moving beyond ‘us and them’ in mental health. *New Paradigm*, June, 32-37.**

Although there has been a consistent call for recovery-focussed care, there are few examples of recovery training programs that clearly attempt to operationalise recovery principles. Furthermore, the research evidence regarding recovery-based approaches is in its infancy. The guiding principles and key components of the Collaborative Recovery Model (CRM) are outlined in this paper. The CRM was designed to be an integrative framework that is consistent with recovery-based principles to assist mental health workers to use evidence-based practices with consumers.

**Crowe, T., Couley, A., Diaz, P., & Humphries, S. (2007). The adoption of recovery-based practice: The organisation’s journey. *New Paradigm*, June, 51-57.**

In this article we describe the implementation of the CRM and describe it in terms of how three non-government mental health organisations responded to the call to increase their recovery-focussed practices. Although located in three different Australian states, servicing metropolitan, regional, and rural populations, the three organisations independently introduced very similar protocols to transfer recovery-focussed training into routine practice. The introduction of these implementation protocols is discussed in terms of the organisations’ development journeys and its parallels with a model of consumer recovery journeys.

**Couley, A., & Oades, L. (2007). SNAP Gippsland: A recovering team. *New Paradigm*, June, 61-63.**

It has long been recognised, that an essential part of the body of evidence in recovery is the lived experience of those recovering. An important part of the overall picture is the lived

experience of those delivering a recovery model. It is difficult to imagine how a team can instil hope, meaning, identity and responsibility in its clients, if it has none of these for itself. This is an examination of how the SNAP team embarked on its own journey.