

2. RECOVERY ENHANCING ENVIRONMENT MEASURE (REE) ALSO KNOWN AS THE DEVELOPING RECOVERY ENHANCING ENVIRONMENT MEASURE (DREEM)

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Introduction

Aim: The REE was developed to provide the mental health field with a multifaceted measure that collects information on personal recovery, a set of organizational climate factors that support resilience, and a set of programs/services that influence recovery. The REE was designed to be used in strategic planning processes and organizational change, or systems transformation efforts. Ideally, such activities would involve a wide variety of stakeholders, with consumer input being the central concern (Ridgway & Press, 2004).

Conceptual Foundation: Mental health recovery is a socially constructed concept that is evolving and crystallizing through greater understanding of the lived experience of resilience and rebound among people with serious psychiatric disabilities. The REE instrument is a consumer-driven assessment of the service user's own state, and his or her preferences, needs and desires, and assessments concerning the assistance provided by the helping system that support and uphold recovery.

Recovery is viewed as a complex multi-stage, multi-faceted nonlinear process or journey experienced by people with prolonged psychiatric disorders, which can be facilitated and/or impeded by the formal helping system. Recovery concerns much more than clinical remission, it relates to many facets of life, thus, the assessment of recovery and recovery markers or intermediate outcomes must therefore be holistic. While the journey of recovery is unique for each person, general patterns can be discerned from the experience of groups of service users.

Recovery must be consumer-driven; therefore transformation of service settings to better facilitate and support personal recovery should focus primarily upon the voice, experiences, and preferences of service recipients.

Development: The items in the REE were developed based upon: consumers' first person accounts of their recovery and the supports that assisted them in this process; an informal review of practices that are believed to promote recovery, i.e. promising practices; and a review of literature on factors that promote resilience or "rebound from adversity" in general. The REE measure was pre-tested and refined based on feedback from consumers in the Kansas Consumers as Providers training program and other consumers who were served by a Kansas Community Support Program day treatment program. Development of the instrument also benefited from the extensive input of two established researchers (Patricia E. Deegan, a consumer leader, and Allan Press, a statistician and measure designer). The REE then underwent two large field tests, one in Kansas and one in Massachusetts (N=500+), and was psychometrically tested and revised before being finalized (Ridgway & Press, 2004).

Stakeholders Involved in Instrument Development: Consumer/survivors, members of racial and ethnic minority groups, and researchers.

Involvement of Consumer/Survivors in Instrument Development: As indicated above, consumer survivors were integrally involved in all stages of development. The instrument developer (Ridgway) also has personal experiences of recovery.

Involvement of Members of Racial/Ethnic Minority Groups in Instrument Development: Members of minority groups were included in pre-testing and pilots of the instrument, representing approximately one third of those involved in the pilot test study groups.

Instrument Description

Versions of the Instrument:

- One version of the instrument
- Baseline/follow-up versions of the instrument
- Versions for different stakeholders groups

Items and Domains: The REE has a total of 166 items, however individuals answer up to 20 fewer items if they skip questions in the special needs section that do not apply to them. Instrument items are organized into eight domains: Demographics, Stage of Recovery, Importance Ratings on Elements of Recovery, Program Performance Indicators, Special Needs, Organizational Climate, Recovery Markers, and Consumer Feedback. The Performance Indicators measure staff behaviors or agency practice relating to the elements of recovery (e.g., hope, positive sense of self). The REE identifies 24 such recovery elements, each of which is associated with a subscale comprised of three program Performance Indicators.

The domains were developed through content analysis of recovery narratives, emerging promising practice, and a literature review of resilience-enhancing features of helping environments. The Stage of Recovery, Recovery Elements importance ratings, 24 sets of Performance Indicators, Organizational Climate, and Recovery Markers were treated as individual subscales and tested accordingly. The Recovery Markers subscale is available as a free-standing instrument (the Recovery Markers Questionnaire or RMQ) and that segment of the REE has been tested in program evaluation research and functions as a test of change over time. The 24 sets of Recovery Performance Indicators are each treated as a subscale but the total mean score can also serve as a subscale score to measure performance.

Table 3.21

REE Domains and Items	
Domain	Items
<i>Demographics</i>	4
<i>Stage of Recovery</i>	1
<i>Importance Ratings on Elements of Recovery</i>	24
<i>Program Performance Indicators</i> 24 subscales comprised of 3 items that rate program/staff performance on each recovery element.	72
<i>Special Needs</i> 5 special needs subscales comprised of 4 items.	20
<i>Organizational Climate (resilience-enhancing factors)</i>	14
<i>Recovery Markers (process and intermediate outcomes)</i>	27
<i>Consumer Feedback (open-ended questions)</i>	4

The REE is composed of several types of questions, including close-ended questions (Demographics, Stage of Recovery), Likert Scale items with a 5-point agreement response scale ranging from “strongly agree” to “strongly disagree” (Elements of Recovery, Program Performance Indicators, Special Needs, Organizational Climate, and Recovery Markers) and open-ended questions (Consumer Feedback).

REE Sample Item

The first sample item is one of the 24 Recovery Elements. The three items marked a, b, and c are Program Performance Indicators.

- a) Having a sense of meaning in life is important to my recovery.
- b) Staff help me make sense out of what is happening in my life.
- c) Staff ask me what is meaningful to me.

This program encourages me do things that give my life meaning.

The response options for all of the sample items are: strongly agree, agree, neutral, disagree, strongly disagree.

Populations: The REE is intended for use with adults from diverse ethnic/racial backgrounds who have been diagnosed with a serious mental illness or who have a dual diagnosis. Individuals from several ethnic/racial groups were included in the sample during testing: Black or African American (limited testing), White, Hispanic or Latino (limited testing), and limited testing with members from other minority groups. The sample of respondents had a diagnosis of serious mental illness or a dual diagnosis. Subgroup analyses have not yet been conducted to establish whether significant differences exist across ethnic/racial groups or across groups of individuals with a diagnosis of serious mental illness or a dual diagnosis.

Service Settings: The REE is intended for use with individuals who receive services in outpatient service settings, peer-run programs, residential service settings, and comprehensive community support programs. Testing of the instrument included data gathered from individuals receiving services in all of the above mentioned settings except for peer-run programs.

Reading Level: The Flesch-Kincaid Grade Level of the instrument is 7.8.

Translations: None at this time.

Adaptations: One adaptation of the instrument has been done for UK English speakers, using UK terms (e.g. “tic this” rather than “check this”).

Practical Issues

Method of Administration:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Self-administered | <input checked="" type="checkbox"/> Individual interview |
| <input checked="" type="checkbox"/> Self-administered in a group | <input checked="" type="checkbox"/> Group interview |
| <input type="checkbox"/> Mail administration | <input type="checkbox"/> Phone interview |
| <input type="checkbox"/> Completed via the internet | <input type="checkbox"/> Observational method |
| <input type="checkbox"/> Other (specify): | |

Administration Time: The time for an individual to self-administer the REE averages 25 minutes; in an interview format the REE takes an average 30-45 minutes, with the longest time needed for completion of an interview being 1.5 hours.

Qualification/Training Requirement: If conducted as an interview, interviewers should be trained to ensure that they are familiar with confidentiality, ethics, and how to introduce and conduct an interview.

Scoring: There are explicit guidelines indicating how to score responses and norms with which to compare data [available in a user’s manual].

Supporting Material Available: Information on administering the instrument, guidelines to scoring responses, guidelines to interpret data scores and technical assistance are available. Consultation is available for a fee in three areas: study planning, data analysis using scantron technology, and report preparation. The instrument is available in two formats: a scantron format of the instrument (computer read) and WORD format.

User Guide: Ridgway, P., & Press, A. (2004). *Assessing the recovery-orientation of your mental health program: A user's guide for the Recovery-Enhancing Environment Scale (REE)*. Version 1. Lawrence, Kansas: University of Kansas, School of Social Welfare, Office of Mental Health Training and Research.

Testing and Use / Psychometric Properties

Cognitive Testing: Pilot tests included individual and group discussions with participants about how they perceived the instrument, confusing questions, and language they didn't understand (e.g., an informal "think-aloud").

Field Testing: The psychometrics properties of the REE are based on 2 field tests. The first field test used a mail-out scantron format survey to collect data from individuals with severe and prolonged psychiatric disabilities served by Community Support Programs (CSP) in several areas of Kansas. Every CSS client of the seven largest community mental health centers was surveyed by mail. A total of 381 usable surveys were attained. The sample was predominantly white, female, long-term service users, most of whom viewed themselves as being in the stage of active recovery.

The second study was conducted in Massachusetts and used face-to-face interviews to collect data from individuals with psychiatric disabilities served by a large mental health agency. All clients of the residential services of a large agency were invited to participate; over 50% of program participants voluntarily participated and received a small payment. Interviewers were agency consumers who had received training and who had completed the REE themselves. A total of 143 usable surveys were obtained. The sample was predominantly male, white, of younger middle age, predominantly long-term service users, and most described themselves as being in the stage of active recovery.

Full reports of each of these field tests are available from priscilla.ridgway@yale.edu.

Reliability

Internal Consistency: As noted earlier, the performance indicators are organized into 24 subscales, each associated with a unique recovery element. The Cronbach's alphas for these subscales were found to range from .72 to .87. To further empirically validate the subscales, correlation matrix analysis was performed on the entire set of performance indicators. The average correlation among subscale items was .61 while the average correlation among non-subscale items was .44, supporting the subscales' representation of the 24 identified elements of recovery. The Cronbach's alpha for the overall set of 72 performance indicators was found to be .94. In the remaining REE domains, the special needs subscales alphas were found to be greater than or equal to .88 and the organizational climate subscale yielded an alpha of .97 (Ridgway & Press, 2004).

Validity: High face validity. Quantitative indicators of validity have not been assessed.

Response Rate: The response rate for the mailed REE ranged up to 30+% for some centers but averaged 13.6% for all the CSS programs combined.

Refusal Rate: The response rate for the REE as an interview is over 50%.

Rates of Missing Data: There is almost no missing data when conducted as an interview.

Plans for Further Testing and Evaluation: There is a plan to gather data sets from additional sites and run further psychometric tests. Also, planned is the development of an REE-short form (seeking a field test site).

Utility

Quality Improvement Uses: The REE can be used in strategic planning and organizational change efforts.

Examples of ways the REE data can be used include the following:

- Educate staff and consumers about mental health recovery.
- Orient program toward recovery.
- Target specific program innovations and organizational change efforts.
- Assess the impacts that program change/interventions have on personal recovery.
- Compare the performance of agencies and programs.
- Support on-going quality improvement efforts.

Intended Level of Analysis: Data are intended to be analyzed at the Program Level and/or System Level:

Program Level:

- Provider Organization
- Specific Service

System Level:

- State Mental Health System
- Local Mental Health System
- Behavioral Health Care Organization
- Multi-Service Agency
- Other (please specify):

Current/Past Uses:

The REE has been used in whole or in part by a wide variety of programs and systems. The scale was used for agency self-assessment in one Massachusetts agency, while another has adapted the assessment to adolescent programs and used this adaptation to gather data. Part of the instrument was used to assess a State Hospital Program in a New England state. Several state hospitals are looking at using the instrument. An area in Illinois is currently conducting an assessment using the REE, other large agencies in several states are looking at or are beginning to use the REE, e.g., Mental Health Corporation of Denver, Value Options. The recovery markers section has been used to assess change over time in a supported education intervention in Kansas. The REE has been adapted and a User's Manual prepared for use in the United Kingdom by Piers Allott. The instrument is to be piloted in the Midlands region of England, with potential for broader application in the U.K. Interest has been expressed by researchers in Scotland, Ireland, and Australia.

Summary

Strengths:

- Provides opportunity for comprehensive assessment.
- Can help agencies learn more about recovery, find out where consumers are in the process of recovery, assess what elements of recovery enhancing practices already exist and which need to be improved or introduced.
- Data attained with the REE can be used to plan and target program transformation and to assess program performance and the impact of change efforts over time.

Weaknesses:

- Fairly extensive.
- Requires a commitment of resources and a willingness to enter into a process of leaning and change.
- Should only be undertaken by agencies that seek to learn from service users and to transform.

Permission to Use

The REE is copyrighted by Priscilla A. Ridgway, 2005. Permission is required from the author prior to using the instrument. Whether fees will be associated with the instrument's use has yet to be determined.

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References and Suggested Readings

- Ridgway, P. (2003, May 28). *The Recovery Enhancing Environment Measure (REE): Using measurement tools to understand and shape recovery-oriented practice*. Plenary paper presentation. Washington, DC: The 2003 Joint National Conference on Mental Health Block Grants and National Conference on Mental Health Statistics.
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- Ridgway, P.A., Press, A.N., Ratzlaff, S., Davidson, L. & Rapp, C.A. (2003). *Report on field testing the Recovery Enhancing Environment Measure*. Lawrence, KS: University of Kansas School of Social Welfare Office of Mental Health Research and Training.

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Ridgway Recovery-Enhancing Environment Measure (REE)

WORD VERSION

This questionnaire explores the process of recovery from psychiatric disability, and the services and supports that mental health consumers say help them achieve recovery. While **recovery is always a personal process based in self-responsibility**, there are many things mental health programs can do to support your progress or hold you back. This questionnaire looks at your personal experience of recovery, and the services and supports that are available to you.

Your answers to these questions will be confidential. This means your answers will stay secret. Your name will never be asked. Please do not write your name in the booklet. This study is completely voluntary. You can skip any questions that you do not wish to answer. Other consumers have said that this questionnaire is very interesting and they enjoyed filling it out. The survey takes about 25 minutes to complete. Be sure to read the instructions below before you begin to answer.

Instructions:

1. This is **not a test**. There are no right answers or wrong answers on this survey. Answer each question based on your personal opinions and beliefs.
2. All of the questions should be answered by marking one of the answer spaces that best fits your opinion or situation. If you don't find an answer that fits exactly, use one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.

For more information contact:

THANK YOU FOR YOUR TIME AND ANSWERS!!!!

A FEW QUESTIONS ABOUT YOU

1. What age group are you in (Check your current age group)?
 18-25
 26-35
 36-45
 46-55
 56 and over
2. What is your gender?
 Male
 Female
3. What is your racial or ethnic background?
 African-American
 Asian or Asian-American
 Caucasian/Non-Hispanic
 First Nations/Native American
 Hispanic/Latino
 Other _____
4. In total, how long have you received any form of mental health services?
 Less than 1 year
 One year or more but less than five years
 Between five and ten years
 More than ten years

YOUR INVOLVEMENT IN THE RECOVERY PROCESS

Which of the following statements is most true for you? (Check only one)

- I have never heard of, or thought about, recovery from psychiatric disability.
- I do not believe I have any need to recover from psychiatric problems.
- I have not had the time to really consider recovery.
- I've been thinking about recovery, but haven't decided to move on it yet.
- I am committed to my recovery, and am making plans to take action very soon.
- I am actively involved in the process of recovery from psychiatric disability.
- I was actively moving toward recovery, but now I'm not because:

- I feel that I am fully recovered; I just have to maintain my gains.
- Other (specify) _____

For the rest of the questions in this survey, answer only about what you experience in:

_____ (name of mental health program)

If no program is listed above, think about the mental health program you use the most and the staff of that program. Write the name of the program in the line above. Answer each of the following questions keeping that particular program in mind.

1. What kind of services are you currently receiving in that program? (check in all that apply)

- self-help or consumer-run services
- clubhouse
- day treatment program
- residential program
- case-management
- psychotherapy
- medications/med. management
- vocational/employment services
- supported housing
- other (describe) _____

ELEMENTS OF RECOVERY AND RECOVERY-ENHANCING PROGRAMS

For each of the following questions you should circle one of these answers:
SA --If you *strongly agree* with the statement.
A --If you *agree* with the statement
N --If you are *not sure*, or neither agree nor disagree, or you are *neutral*.
D --If you *disagree* with the statement.
SD --If you *strongly disagree* with the statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Having a positive sense of personal identity beyond my psychiatric disorder is important to my recovery.	SA	A	N	D	SD
a) Staff view me as more than a "case" or a diagnosis; they want to know me as a person.	SA	A	N	D	SD
b) The program offers individualized services to meet my unique needs.	SA	A	N	D	SD
c) Staff treat me as a whole person with a body, mind, emotions, important relationships and spirit.	SA	A	N	D	SD

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2. Having a sense of meaning in life is important to my recovery.	SA	A	N	D	SD
a) Staff help me make sense out of what is happening in my life.	SA	A	N	D	SD
b) Staff ask me what is meaningful to me.	SA	A	N	D	SD
c) This program encourages me do things that give my life meaning.	SA	A	N	D	SD
3. Having hope is important to my recovery.	SA	A	N	D	SD
a) Staff believe I have a positive future.	SA	A	N	D	SD
b) Staff encourage me to feel hopeful again when I'm discouraged or have a setback.	SA	A	N	D	SD
c) Staff tell me most people do recover from psychiatric problems over time.	SA	A	N	D	SD
4. Having up-to-date knowledge about psychiatric disorders and the most effective treatments is important in my recovery.	SA	A	N	D	SD
a) Staff teaches me about my psychiatric disorder and symptoms.	SA	A	N	D	SD
b) The program provides me up-to-date information about effective treatments.	SA	A	N	D	SD
c) Staff gives me enough information about my treatment options and their risks and benefits, for me to give informed consent for treatment.	SA	A	N	D	SD
5. Being able to self-manage symptoms and avoid relapse is important to my recovery.	SA	A	N	D	SD
a) This program helps me identify and monitor triggers/early signs of relapse.	SA	A	N	D	SD
b) This program helps me develop personalized coping skills so I can manage stress well.	SA	A	N	D	SD
c) This program teaches me ways to self-monitor and self-control psychiatric symptoms.	SA	A	N	D	SD

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6. Improving my general health and wellness is important to my recovery.	SA	A	N	D	SD
a) Staff pay careful attention to my physical health.	SA	A	N	D	SD
b) This program encourages me to achieve a higher level of wellness.	SA	A	N	D	SD
c) This program offers wellness programming such as nutrition, movement, relaxation.	SA	A	N	D	SD
7. Being an active consumer and directing my own recovery is important to my recovery.	SA	A	N	D	SD
a) Staff assist me to explore options and set my own personal goals.	SA	A	N	D	SD
b) Staff treat me as a responsible partner in decision-making.	SA	A	N	D	SD
c) I direct my own treatment in this program.	SA	A	N	D	SD
8. Having my rights respected and upheld is important to my recovery.	SA	A	N	D	SD
a) Staff inform me of my rights.	SA	A	N	D	SD
b) There is a clear grievance policy if any of my rights are violated.	SA	A	N	D	SD
c) Staff uphold my rights.	SA	A	N	D	SD
9. Mutual self-help/ peer support is important to my recovery.	SA	A	N	D	SD
a) This program encourages consumers to help and support one another.	SA	A	N	D	SD
b) Self-help groups and peer support opportunities are available in this program.	SA	A	N	D	SD
c) This program actively links me to self-help groups and self-help resources in the community.	SA	A	N	D	SD

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
10. Being involved in meaningful activities is important to my recovery.	SA	A	N	D	SD
a) Staff encourages me to get involved in meaningful activities.	SA	A	N	D	SD
b) Program activities are meaningful.	SA	A	N	D	SD
c) The program assists me to become involved in meaningful activities (such as working, furthering my education, creativity, volunteerism).	SA	A	N	D	SD
11. Being involved in, and a part of, the larger community is important to my recovery.	SA	A	N	D	SD
a) Staff helps me find and use community resources.	SA	A	N	D	SD
b) Staff help me gain individualized supports so I can live, learn & work in the community.	SA	A	N	D	SD
c) I don't feel cut-off from the "real world" in this program.	SA	A	N	D	SD
12. Having positive relationships is important to my recovery.	SA	A	N	D	SD
a) Staff assist me in having positive relationships with my peers.	SA	A	N	D	SD
b) Staff support me in building or rebuilding positive relationships with family members.	SA	A	N	D	SD
c) Staff assist me in forming friendships with people outside the mental health system.	SA	A	N	D	SD
13. Identifying and building on my personal strengths is important to my recovery.	SA	A	N	D	SD
a) Staff recognize and focus on my positive attributes and talents.	SA	A	N	D	SD
b) Staff help me explore my dreams, values and goals.	SA	A	N	D	SD
c) Staff link me to opportunities and resources that build on and reflect my strengths.	SA	A	N	D	SD

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
14. Developing new skills is important to my recovery.	SA	A	N	D	SD
a) Staff help me assess how I am functioning and identify skills I need to develop.	SA	A	N	D	SD
b) This program teaches me the skills I want and need.	SA	A	N	D	SD
c) This program connects me to places and people who help me build important skills.	SA	A	N	D	SD
15. Having my basic needs met is important to my recovery.	SA	A	N	D	SD
a) This program assists me to get a basic income and/or benefits.	SA	A	N	D	SD
b) This program helps me get decent, affordable housing and/or rent subsidies.	SA	A	N	D	SD
c) This program helps me gain access to health care.	SA	A	N	D	SD
16. Having a sense of control over my life and feeling empowered is important to my recovery.	SA	A	N	D	SD
a) Staff encourage and support my sense of empowerment.	SA	A	N	D	SD
b) Staff assist me to gain or maintain control over important decisions in my life.	SA	A	N	D	SD
c) Staff <u>do not</u> try to maintain power and control over me.	SA	A	N	D	SD
17. Spirituality is important to my recovery.	SA	A	N	D	SD
a) Staff ask me about my spiritual beliefs.	SA	A	N	D	SD
b) Staff helps me connect with spiritual resources and groups, if I so desire.	SA	A	N	D	SD
c) Staff encourage me to explore spiritual practices such as prayer or meditation that can support well-being.	SA	A	N	D	SD

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
18. Taking on, and succeeding in, normal social roles is important to my recovery.	SA	A	N	D	SD
a) Staff would help me get a real job and succeed as an employee.	SA	A	N	D	SD
b) Staff would assist me to return to school and be a successful student.	SA	A	N	D	SD
c) Staff would help me get housing and be a successful tenant.	SA	A	N	D	SD
19. Challenging stigma and discrimination is important to my recovery.	SA	A	N	D	SD
a) This program helps me overcome internalized stigma (feeling badly about myself because of my psychiatric label).	SA	A	N	D	SD
b) This program raises my awareness of stigma and discrimination.	SA	A	N	D	SD
c) This program teaches me to be an effective self-advocate for my civil, human and personal rights.	SA	A	N	D	SD
20. Taking on new challenges and moving out of my comfort zone is important to my recovery.	SA	A	N	D	SD
a) Staff encourage me to take on new challenges.	SA	A	N	D	SD
b) I feel supported when I try new things that seemed out of my reach before.	SA	A	N	D	SD
c) Staff encourage me to stretch myself and grow.	SA	A	N	D	SD
21. Having positive role models is important to my recovery.	SA	A	N	D	SD
a) This program employs people who are positive role models of recovery.	SA	A	N	D	SD
b) Staff help me learn from others who have successfully recovered (e.g. share consumer life stories, internet sites, speakers, mentors).	SA	A	N	D	SD
c) I have opportunities to become a provider or role model in the program, if I so choose.	SA	A	N	D	SD

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
22. Having assistance when I am in crisis is important to my recovery.	SA	A	N	D	SD
a) This program has help available immediately if I am in crisis.	SA	A	N	D	SD
b) Staff hang in with me through hard times, they help me see setbacks are a part of recovery.	SA	A	N	D	SD
c) This program has good options if I am in crisis that help me avoid involuntary treatment and hospitalization.	SA	A	N	D	SD
23. Intimacy and sexuality are important to my recovery.	SA	A	N	D	SD
a) This program supports me in forming and succeeding in intimate relationships.	SA	A	N	D	SD
b) This program adequately addresses my sexuality.	SA	A	N	D	SD
c) This program provides information on sexuality, such as safe sex, and med side effects and sexuality.	SA	A	N	D	SD
24. Having helpers who really care about me and my recovery is important to my recovery.	SA	A	N	D	SD
a) The staff here really listen to me.	SA	A	N	D	SD
b) Staff here spend enough quality time with me on activities that promote my recovery.	SA	A	N	D	SD
c) Staff encourage, motivate and support me to move toward recovery.	SA	A	N	D	SD

SPECIAL NEEDS

These questions relate to specific groups of people. If you are not a member of the specific special needs group being asked about, place a check mark beside the question and go onto the next question.

___ **1. If you are not a member of a minority group check here and skip to question 2.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Having my ethnic & cultural background respected is important to my recovery	SA	A	N	D	SD
a) Staff here are respectful to me as a person of a racial, ethnic, or cultural minority	SA	A	N	D	SD
b) This program understands and supports my cultural values/language/customs.	SA	A	N	D	SD
c) Staff are aware of, and sensitive to my cultural heritage and needs.	SA	A	N	D	SD

___ **2. If you do not have both psychiatric problems and substance abuse check here and skip to all of question 3.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Having help with alcohol or drug problems is important to my recovery.	SA	A	N	D	SD
a) This program has resources to help me with both alcohol and psychiatric problems.	SA	A	N	D	SD
b) This program has resources to help me with both drug and psychiatric problems.	SA	A	N	D	SD
c) This program links me to self-help groups that deal with dual diagnoses/ substance abuse.	SA	A	N	D	SD

_____ **3. If you do not have a history of abuse and/or trauma check here and skip to question 4.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Healing trauma, including sexual abuse and/or physical abuse, is important to my recovery.	SA	A	N	D	SD
a) This program has resources to help me heal from abuse and/or trauma.	SA	A	N	D	SD
b) It feels safe to open up about abuse or trauma in this program.	SA	A	N	D	SD
c) Staff deal effectively with abuse and trauma.	SA	A	N	D	SD

_____ **4. If you are not lesbian, gay, or bi-sexual put a check here and go to question 5.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Having support for my sexual orientation is important to my recovery.	SA	A	N	D	SD
a) Staff of this program are not homophobic (very negative about gay, lesbian or bi-sexual people).	SA	A	N	D	SD
b) Staff of the program are respectful to me as a lesbian, gay or bi-sexual person.	SA	A	N	D	SD
c) Staff deal effectively with issues of sexual preference .	SA	A	N	D	SD

_____ **5. If you are not a parent put a check here and go on to the next section.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Having support as a parent is important to my recovery.	SA	A	N	D	SD
a) Staff support me in my role as parent.	SA	A	N	D	SD
b) Staff assist me to be an effective parent.	SA	A	N	D	SD
c) Staff help me uphold my rights in custody disputes.	SA	A	N	D	SD

ORGANIZATIONAL CLIMATE

Circle the answer that best describes whether your organization has the quality we are asking about. These qualities support resilience or the ability to rebound from adversity.

For each of the following questions you should circle one of these answers:

SA --If you *strongly agree* with the statement.

A --If you *agree* with the statement

N --If you are *not sure*, or neither agree nor disagree, or you are *neutral*.

D --If you *disagree* with the statement.

SD --If you *strongly disagree* with the statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The program promotes learning striving, and growth.	SA	A	N	D	SD
2. The program is a hopeful environment that promotes positive expectations.	SA	A	N	D	SD
3. The program is inspiring and encouraging.	SA	A	N	D	SD
4. Staff of this program are caring and compassionate.	SA	A	N	D	SD
5. The program has enough resources to meet peoples' needs.	SA	A	N	D	SD
6. The program provides opportunities for meaningful participation and contribution.	SA	A	N	D	SD
7. The program helps people feel valued, respected and powerful.	SA	A	N	D	SD
8. The program helps people feel connected to others in positive ways.	SA	A	N	D	SD
9. The program is safe and attractive.	SA	A	N	D	SD
10. All levels of staff are welcoming.	SA	A	N	D	SD
11. There are creative and interesting things going on in the program.	SA	A	N	D	SD
12. The program provides real choices, desirable options, and opportunities.	SA	A	N	D	SD
13. The program asks for consumer feedback.	SA	A	N	D	SD
14. The program makes changes based on consumer satisfaction.	SA	A	N	D	SD

RECOVERY MARKERS

For each of the following questions you should circle one of these answers that is true for you now.

- SA** --If you *strongly agree* with the statement.
A --If you *agree* with the statement
N --If you are *not sure*, or neither agree nor disagree, or you are *neutral*.
D --If you *disagree* with the statement.
SD --If you *strongly disagree* with the statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. My living situation is safe and feels like home to me.	SA	A	N	D	SD
2. I have trusted people I can turn to for help.	SA	A	N	D	SD
3. I have at least one close mutual (give-and-take) relationship.	SA	A	N	D	SD
4. I am involved in meaningful productive activities.	SA	A	N	D	SD
5. My psychiatric symptoms are under control.	SA	A	N	D	SD
6. I have enough income to meet my needs.	SA	A	N	D	SD
7. I'm not working, but see myself working within 6 months.	SA	A	N	D	SD
8. I am learning new things that are important to me.	SA	A	N	D	SD
9. I am in good physical health.	SA	A	N	D	SD
10. I have a positive spiritual life/connection to a higher power.	SA	A	N	D	SD
11. I like and respect myself.	SA	A	N	D	SD
12. I'm using my personal strengths, skills or talents.	SA	A	N	D	SD
13. I have goals I'm working to achieve.	SA	A	N	D	SD
14. I have reasons to get out of bed in the morning.	SA	A	N	D	SD
15. I have more good days than bad.	SA	A	N	D	SD
16. I have a decent quality of life.	SA	A	N	D	SD
17. I control the important decisions in my life.	SA	A	N	D	SD

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
18. I contribute to my community.	SA	A	N	D	SD
19. I am growing as a person.	SA	A	N	D	SD
20. I have a sense of belonging.	SA	A	N	D	SD
21. I feel alert and alive.	SA	A	N	D	SD
22. I feel hopeful about my future.	SA	A	N	D	SD
23. I am able to deal with stress.	SA	A	N	D	SD
24. I believe I can make positive changes in my life.	SA	A	N	D	SD
Check the box that is true for you now.	YES	NO			
25. I am working part time (less than 35 hours a week).					
26. I am working full time (35 or more hours per week).					
27. I am in school.					

FINAL QUESTIONS

1. What are one or two of the most important things a mental health program and its staff can do to support people with psychiatric disabilities in their mental health recovery?

2. What are one or two of the most important thing you have learned so far on your journey of recovery?

3. What one or two things would you want to say to a person who is just beginning his or her journey of recovery from psychiatric disability?

4. Are there any other comments or ideas that could improve the program that you want to include in the survey?

THANK YOU!