

Can We Measure Recovery?

*A Compendium of Recovery and
Recovery-Related Instruments*



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Table of Contents

I. Introduction to and Organization of the Compendium	1
II. Conceptualizing Recovery	2
III. Measurement of Recovery and Recovery-Related Concepts	6
IV. Recovery Measures	7
<i>Crisis Hostel Healing Scale</i>	7
<i>Recovery Assessment Scale</i>	7
<i>Rochester Recovery Inquiry</i>	8
<i>Ohio Measures</i>	8
<i>Recovery Interview</i>	9
<i>Recovery Attitudes Questionnaire</i>	9
<i>Personal Vision of Recovery Questionnaire</i>	10
<i>Agreement with Recovery Attitudes Scale</i>	11
<i>Mental Health Recovery Measure</i>	11
V. Recovery-Related Measures	17
<i>Leadership Education and Training Assessment</i>	17
<i>Well-Being Scale</i>	17
<i>Mental Health Confidence Scale</i>	18
<i>Herth Hope Index</i>	19
<i>Hope Scale</i>	19
<i>Staff Relationships Scale</i>	20
<i>Making Decisions Empowerment Scale</i>	20
<i>UCLA Loneliness Scale, Version 3</i>	21
<i>Personal/Organizational/Extra-organizational Empowerment Scales</i>	22
<i>Community Living Skills Scale</i>	23
VI. Summary and Conclusions	29
VII. Bibliography	31
VIII. Appendix A: Notes for Non-Researchers	38

IX. Appendix B: Recovery Measures..... **Error! Bookmark not defined.**
X. Appendix C: Recovery-Related Measures..... 121

Correction

Please note the following corrections to the Evaluation Center@HSRI's product *Can We Measure Recovery? A Compendium of Recovery and Recovery-Related Instruments* (PN-43) by Ruth O. Ralph, Kathryn Kidder, and Dawna Phillips, June 2000.

1. In the Table of Contents, under section V. Recovery-Related Measures, the instrument listed as *Hearth Hope Index* should read *Herth Hope Index*.
2. On page 16, in section V. Recovery-Related Measures, under the description of the Herth Hope Index please note a correction in the name of the instrument – it should read *Herth Hope Index* and not the *Hearth Hope Index*.
3. The version of the *Mental Health Recovery Measure* (MHRM) by Young, Ensing and Bullock, 2000 included in the compendium (see page 99), was the original 36-item version and not the revised 41-item version. Please note the description of the instrument on pages 9-10, as well as the description in the instrument summary chart on page 14 are correct and correspond to the revised instrument. Enclosed is a copy of the updated 41-item version.

Please find enclosed a copy of the revised Table of Contents, page 16 (double sided with page 15) and the updated version of the Mental Health Recovery Measure. If you have any questions or comments please feel free to contact our publications manager at (617) 876-0426 ext. 2510 or through email at materials@tecathsri.org.

I. Introduction to and Organization of the Compendium

The study of recovery in mental health and the development of instruments to measure it are in their infancy. One of the major challenges to studying recovery is that the concept of recovery is not well defined, so studies and instrumentation vary widely. The instruments and much of the information found in this collection are in a dynamic state, changing from one month to the next as testing takes place, data analysis is done, and revisions are completed. Validation of developed work is in process, which may result in further revision. Thus, it must be recognized that this collection is a “point in time” collection, which may or may not reflect the final version of a particular instrument or measure. The instruments in this collection have been found through an extensive review of mental health literature, and through informal networking with recovery investigators.

The compendium begins with a discussion on the conceptualization of recovery and continues with further comments on measurement issues related to recovery. Following this general discussion, the compendium is divided into two main sections – Recovery Measures and Recovery-Related Measures. The Recovery Measures section covers instruments that purport to measure some aspect of recovery (e.g., attitudes, vision, recovery). The section on Recovery-Related Measures provides information on instruments that measure content that may be related to recovery (e.g., empowerment, confidence). An instrument summary chart follows both of these sections. Each chart includes the name of the instrument, the author(s), information about the development of the instrument including consumer involvement, the number and type of items, the domains measured, validity and reliability information, and information about how the instrument has been tested or used.

There are three appendices to the compendium. Appendix A: Notes for Non-Researchers presents a brief discussion of research terms. It is designed to be used by the reader who has little to no research knowledge. In Appendices B and C the reader will find the actual instruments previously discussed in the Recovery Measures and Recovery-Related Measures sections. Additionally, when available, each instrument is accompanied

by an article, a report or section of a report that provides more specific information about the development and testing of the instrument. The authors do not claim that the information included here is all that may be available.

II. Conceptualizing Recovery

The greatest barrier to the measurement of recovery is that the concept of recovery has not been clearly defined. The discussion of recovery, including what it is, what it includes, and what term best describes it, continues among consumers across the world. The following excerpt from a review of recovery literature prepared as a contribution to the U.S. Surgeon General's Report on Mental Health (Ralph, in press) gives some examples of consumers' personal definitions of recovery.

The concept of recovery was introduced and continues to be defined in the writings of consumers. The following quotations illustrate both the diversity and the commonality of consumer perspectives of recovery.

"Recovery is a process, a way of life, an attitude, and a way of approaching the day's challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup and start again. The need is to meet the challenge of the disability and to re-establish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work, and love in a community in which one makes a significant contribution" (Deegan, 1988, p. 15).

"One of the elements that makes recovery possible is the regaining of one's belief in oneself" (Chamberlin, 1997, p. 9).

"Having some hope is crucial to recovery; none of us would strive if we believed it a futile effort...I believe that if we confront our illnesses with courage and struggle with our symptoms persistently, we can overcome our handicaps to live independently, learn skills, and contribute to society, the society that has traditionally abandoned us" (Leete, 1988, p.52).

*Recovery is a process, a way of life, an attitude, and a way of approaching the day's challenges.
(Deegan, 1988)*

“A recovery paradigm is each person’s unique experience of their road to recovery...My recovery paradigm included my re-connection which included the following four key ingredients: connection, safety, hope, and acknowledgment of my spiritual self” (Long, 1994, p. 4).

“To return renewed with an enriched perspective of the human condition is the major benefit of recovery. To return at peace, with yourself, your experience, your world, and your God, is the major joy of recovery” (Granger, 1994, p. 10).

Other consumer descriptions of recovery include activities which enable recovery.

“Creativity in my life has been my salvation” (McDermott, 1990, p. 13). “Advocacy for others has had a positive effect on my mental health” (Weingarten, 1994, p. 370).

Anger and its energizing effect is also part of these descriptions.

Unzicker (1989, p. 72) describes reading Judi Chamberlin’s book, *On Our Own: Patient-Controlled Alternatives to the Mental Health System* (1977) “...it was Judi’s story of suffering and survival that jump started my rage...Judi’s book awakened in me a spirit of defiance, will and courage that I am still uncovering, like opening a perpetual birthday present.” It also includes constructive anger, advocacy for self and others, acceptance of personal responsibility, and asking for and accepting help (Ralph, 1997).

We relapse and recuperate, we decide and rebuild, we awaken to life and recover/discover, and then we spiral again. This spiral journey is one of renewal and integration...the dynamic nature of this process leads to what can only be described as transformation. (Cohan and Caras, 1998)

Still, there are some who feel that the word recovery does not truly or fully describe the journey nor the results of the journey. One survivor of childhood sexual abuse commented that recovery implies that you return to something you were before the illness. “But I have no before!” she cried. Many consumers whose lives have been interrupted by bouts of mental illness feel that they have gone beyond where they were when the illness struck. Many have started or continued their education, reached new heights in their careers, or begun new careers.

I really do not want to be called recovered. From the experience of madness I received a wound that changed my life. It enabled me to help others and to know myself...I have not recovered. I have overcome. (Clay, 1994)

“Healing is seen as broader than recovery. Healing often emphasizes the healing from an injury or trauma or hurt in life. Healing is more suggestive of the mind/body split. Healing implies that the self has a role in the process. Recovery connects more with the 12 step programs” (Jeanne Dumont as quoted in Fisher & Deegan, 1998, p. 6).

Cohan and Caras (1998) have introduced the word transformation. “Our lives seem not to follow a traditional linear path; our lives appear to be like advancing spirals. We relapse and recuperate, we decide and rebuild, we awaken to life and recover/discover, and then we spiral again. This spiral journey is one of renewal and integration...the dynamic nature of this process leads to what can only be described as transformation...Recovery and rehabilitation imply that something was once broken and then was fixed. Transformation implies that proverbial making of lemonade after life hands you lemons. It is the lesson, hard learned, of the opportunity available in the midst of crisis that evokes a substantive change within ourselves” (p. 1).

After describing her spiritual journey through and past mental illness, Clay (1994) provides this summary. “I really do not want to be called recovered. From the experience of madness I received a wound that changed my life. It enabled me to help others and to know myself. I am proud that I have struggled with God and with the mental health system. I have not recovered. I have overcome” (p. 12).

The measurement of recovery must also delve into what influences or helps recovery take place. Dimensions of recovery are described as follows: “(1) internal factors – those which are within the consumer, him/herself; (2) self-managed care which is an extension of the internal factors; (3) external factors – the interconnectedness with others, including the kinds of supports which can be provided by professionals, family, and friends; and (4) empowerment, which is a combination of internal and external factors – where the internal strength is combined with interconnectedness to provide the self-help, advocacy, and caring about what happens to ourselves and to others” (Ralph, in press, p.3). Internal and

external factors in recovery have been further defined in *The Recovery Advisory Group Recovery Model* (Ralph & The Recovery Advisory Group, 1999), discussed in more detail in section VII Summary and Conclusions.

III. Measurement of Recovery and Recovery-Related Concepts

Information on the measures included in this compendium was summarized in the paper *Can we measure recovery? A summary of recovery instruments* (Ralph & Kidder, 1999). As noted in this paper, the number of instruments that attempt to measure recovery is few, compared to instruments that measure other areas in mental health, for example, symptoms or satisfaction. Also, instruments listed may measure something about recovery rather than recovery alone or have been used in qualitative studies to define or identify perceptions about recovery. Thus, four of the instruments in this compendium measure attitudes or personal vision, two are qualitative question sets, and only three provide Likert-type rating scales that may readily result in the quantitative measurement of recovery. All of these instruments ask for responses from the consumer. Because most of these instruments are a work in process, there is little information about change over time, or use of the instrument with an intervention. Further work needs to be done to examine these developed instruments for their use in measuring the effects of specific interventions or the course of recovery through the assistance of the mental health system. Cultural and geographic impacts on recovery also need to be examined, and measurements must reflect these concerns.

IV. Recovery Measures

The following describes instruments, scales, or qualitative question sets that have been developed to study or measure recovery or healing.

Crisis Hostel Healing Scale

The Crisis Hostel Healing Scale (New York Crisis Hostel Project, 1998) was developed through concept mapping with consumers and providers who were operating and using the Crisis Hostel in the federally funded Crisis Hostel Project. This scale contains 40 items rated on a 4 point Likert Scale from 1 = Strongly Disagree to 4 = Strongly Agree. It takes approximately 15-20 minutes to administer in face-to-face interviews. The scale was piloted with 110 people from local day treatment centers and psychosocial clubs. While pattern matching and factor analysis did not strongly support the constructs in the concept map, the instrument shows strong internal consistency reliability ($\alpha = .89$) and test-retest reliability at 6 months with the non-treatment control group (.67). The scale was used with 225 people who used the Crisis Hostel during the course of the project. Significant changes over time were shown for the treatment group.

SAMPLE ITEM: I HAVE A SENSE OF BEING IN CONTROL OF MYSELF AND MY LIFE. (STRONGLY AGREE – STRONGLY DISAGREE)

Recovery Assessment Scale

The Recovery Assessment Scale (Giffort, Schmook, Woody, Vollendorf, & Gervain, 1995) was developed by analyzing four consumer stories of recovery and, from the concepts identified, 39 items were developed. These items were reviewed by a group of 12 consumers, whose feedback was instrumental in the creation of the final 41 item scale. This scale has 41 items which are rated on a 5 point agreement Likert Scale in which 5 = Strongly Agree. It is administered by reading the items to participants in an interview format. It was tested with 35 consumers in the University of Chicago partial hospitalization program. Test-retest reliability between two administrations fourteen days

apart was .88. Alpha was .93. Factor analysis revealed that recovery was positively associated with the following factors: self-esteem, empowerment, social support, and quality of life. Other measures were used in the study to determine concurrent validity. These measures were the Empowerment Scale (Rogers, Chamberlin, Ellison, & Crean, 1997), the subjective component of Lehman's (1988) Quality of Life Interview, the short version of the Social Support Questionnaire (Sarason, Levine, Basham, & Sarason, 1983), and the Rosenberg Self-Esteem Scale (Rosenberg, 1965).

SAMPLE ITEM: I HAVE MY OWN PLAN FOR HOW TO STAY OR BECOME WELL. (STRONGLY AGREE – STRONGLY DISAGREE)

Rochester Recovery Inquiry

The Rochester Recovery Inquiry (Hopper et al., 1996) is an open-ended, qualitative questionnaire. It is administered as a semi-structured interview. The Rochester Recovery Inquiry was developed by a working group of recipients, researchers, and clinicians brought together under the auspices of the Center for the Study of Issues in Public Mental Health in New York State. The 32 questions tap feelings about psychiatric hospitalizations, view of your own illness, relationships with other people, and coping with stressful situations. Results of the use of this questionnaire are not available.

SAMPLE ITEM: IN GENERAL, HOW WOULD YOU SAY [YOUR ILLNESS] HAS AFFECTED HOW PEOPLE BEHAVE TOWARD YOU?

Ohio Measures

There has been a great deal of work on recovery and the measurement of various aspects of recovery in Ohio, funded by the Office of Program Evaluation and Research, Ohio Department of Mental Health. Dissertation studies have been proposed and approved at the University of Cincinnati and the University of Toledo. The following instruments are some of the results of these efforts.

Recovery Interview

The Recovery Interview (Heil & Johnson, 1998), a qualitative questionnaire, was developed by the research team at the Ohio University Institute for Local Government Administration and Rural Development (ILGARD). “The research team consists of a Ph.D. level project manager, student research assistants, and consumer research assistants/liaisons. The Recovery Interview consists of 31 questions developed to examine recovery from a personal perspective. Responses to the Recovery Interview questions provide rich qualitative data that can be content analyzed for major themes” (Ohio Demonstration Project, 1998). Further results of use of this instrument are not available.

SAMPLE ITEM: WHAT DOES RECOVERY FROM MENTAL ILLNESS MEAN TO YOU, PERSONALLY?

Recovery Attitudes Questionnaire

The Recovery Attitudes Questionnaire (RAQ-7; Borkin et al., 1998; RAQ-16; Steffen, Borkin, Krzton, Wishnick & Wilder, 1998) was developed by a team comprised of mental health consumers, professionals, and researchers at the Hamilton County (Ohio) Recovery Initiative. It was “developed to compare attitudes about recovery among different respondent groups, particularly consumers, mental health professionals, family members of mental health consumers, and members of the general public” (Steffen & Wishnick, 1999). In the initial effort, 21 items reflecting the recovery process were piloted with 825 consumers, family members, mental health professionals, and students. Responses from these 21 items were factor analyzed, which reduced the items to a final scale of 7 (RAQ-7) with the addition of two items which measure “somewhat unconventional attitudes about mental illness and its treatment but which are important to the idea of recovery” (Borkin et al., 1998). Psychometrically the measure was found to have good inter-item reliability ($\alpha = .838$). The two factors (Recovery is possible and needs faith, and Recovery is difficult and differs among people) underlying the scale account for 54% of the variance. The RAQ-7 is self-administered. It can be used to make comparisons across different groups.

Exploration of factor structures showed that the respondent groups have different views of recovery, and that different items have varying levels of importance in each group. Thus, the RAQ-16 was developed using items from the original 21 items, which reflected the different attitudes of each group. Four separate scales were developed, for consumers, family members, mental health professionals, and the general public. All four scales are included in the RAQ-16 due to content overlap. The RAQ-16 is self-administered and measures attitudes within groups.

SAMPLE ITEM: PEOPLE IN RECOVERY SOMETIMES HAVE SET BACKS. (STRONGLY AGREE – STRONGLY DISAGREE)

Personal Vision of Recovery Questionnaire

The Personal Vision of Recovery Questionnaire (PVRQ; Ensfield, Steffen, Borkin, & Schafer, 1998) “was designed to measure consumers’ beliefs about their own recovery” (Ensfield, 1998). Developed by a team of professional and consumer researchers through a participatory process, the scale was “created to capture the consumer perspective of this highly personal, multifaceted process” (Ensfield, 1998). Factor analysis identified the final 24 items and the following five factors: (1) support (alpha = .70), (2) personal challenges (alpha = .65), (3) professional assistance (alpha = .63), (4) action and help-seeking (alpha = .61), and (5) affirmation (alpha = .57). Convergent construct validity was addressed through comparison with a number of other measures. These measures were the Community Living Skills Scale (Smith & Ford, 1990), the Client Experiences Questionnaire: Life Satisfaction Measure (Greenley, Greenberg, & Brown, 1994), the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988), and the Mastery Scale (Pearlin, Menaghan, Lieberman, & Mullan, 1981). Low to moderate correlations were found among these measures with the factors of the PVRQ indicating the questionnaire factors are tapping separate aspects of recovery related outcomes, which are somewhat related to other measures.

“Normative data are available from a sample of 251 mental health consumers in Hamilton County, Ohio. Responses to the PVRQ are coded on a scale of 5 to 1 (Strongly Agree to Strongly Disagree). Items are summed across each subscale and weighed equally. No items are reverse scored” (Steffen & Wishnick, 1999).

SAMPLE ITEM: SPIRITUALITY IS A PART OF MY RECOVERY. (STRONGLY AGREE – STRONGLY DISAGREE)

Agreement with Recovery Attitudes Scale

The Agreement with Recovery Attitudes Scale (Murnen & Smolak, 1996) was developed by Knox County researchers in collaboration with consumers. “It was designed to assess change in attitudes with regard to movement toward a recovery process. Some items were based on the empowerment-oriented outcomes discussed in Rapp, Shera, & Kisthardt (1993). The researchers report the internal consistency for this 22 item Likert response scale as Coefficient Alpha = .87” (Ohio Demonstration Project, 1998).

SAMPLE ITEM: I HAVE LEISURE ACTIVITIES THAT ARE PLEASURABLE TO ME. (DISAGREE STRONGLY – AGREE STRONGLY)

Mental Health Recovery Measure

The Mental Health Recovery Measure (MHRM; Young, Ensing, & Bullock, 1999) was developed with input from consumers and adapted from the original 36-item Recovery Scale. It is intended to comprehensively measure elements of recovery based upon a specific recovery model grounded in the self-described recovery experiences of consumers (Young & Ensing, 1999). The MHRM is a self-report measure of 41 items answered on a 5 point Likert scale. In addition to a total score, the MHRM has six subscales – “Overcoming Stuckness,” “Self-Empowerment,” Learning and Self-Redefinition,” “Basic Functioning,” Overall Well-Being,” and “Reaching New Potentials.” The original 36-item instrument was “used as an outcome measure for a new group treatment program designed to promote recovery in persons with psychiatric disabilities” (Young, 1999). It was shown to have high internal consistency (alpha = .91). The Cronbach Alphas for the subscales ranged from .55 - .83. The MHRM was also shown to

have convergent validity with the Community Living Skills Scale (Smith & Ford, 1990) and the Making Decisions Scale (Rogers et al., 1997). In addition to the 41-item adult version there is also a 41-item adolescent version of the MHRM.

SAMPLE ITEM: I AM WILLING TO WORK HARD TO RECOVER. (STRONGLY AGREE – STRONGLY DISAGREE)

RECOVERY MEASURES

Instrument	Authors, Year	Instrument Development	Items (Number & Type)	Domains Measured	Validity and Reliability	How Tested/ Used (population, number, location, extent)
Crisis Hostel Healing Scale	New York Crisis Hostel Project (1998)	Developed by consumers and providers using concept mapping.	40 items 4-point Likert scale	<ul style="list-style-type: none"> • Self-esteem, confidence and internal self-control • Feelings/hopefulness • Altered states • Self and other inflicted violence • Spiritual awareness • Physical well-being • Medications • Giving and getting care in relationships • Perceptions/self-acceptance • Comfort and pleasure 	Test-retest reliability = .665 with test group only. Cronbach's Alpha = .8855.	Tested with 110 persons in the Rochester area who were attending one of five psychosocial clubs or day treatment centers. Used in Crisis Hostel Project with experimental and control groups. Interviews conducted at baseline, 6 month, and 12 month intervals.
Recovery Assessment Scale	Giffort D, Schmook A, Woody C, Vollendorf C & Gervain M (1995)	Developed by analyzing four consumer stories of recovery. This yielded 39 items that were reviewed by 12 consumers. Feedback resulted in 41-item scale.	41 items 5-point Likert scale	<ul style="list-style-type: none"> • Self-esteem • Empowerment • Social support • Quality of life 	Factor analysis. Administered twice within fourteen days to determine test-retest reliability ($r = .88$). Cronbach's Alpha = .93	Tested with 35 consumers in the University of Chicago partial hospitalization program.

RECOVERY MEASURES

Instrument	Authors, Year	Instrument Development	Items (Number & Type)	Domains Measured	Validity and Reliability	How Tested/ Used (population, number, location, extent)
Rochester Recovery Inquiry	Hopper K, Blanch A, Carpinello S, Johnson S, Knight E, Kovaszny B & Krauss A (1996)	Developed by a working group of recipients, researchers, and clinicians brought together under the auspices of the Center for the Study of Issues in Public Mental Health.	32 qualitative items	<ul style="list-style-type: none"> • Feelings about psychiatric hospitalization(s) and view of illness • Relations with other people • Coping with stressful situations 	Not available.	No information available.
Recovery Interview	Heil J & Johnson LK (1998)	Developed by a research team of consumers and researchers.	31 qualitative items	<ul style="list-style-type: none"> • Recovery from a personal perspective • Includes site specific questions and questions on the mental health system and family 	Not available.	No information available.

RECOVERY MEASURES

Instrument	Authors, Year	Instrument Development	Items (Number & Type)	Domains Measured	Validity and Reliability	How Tested/ Used (population, number, location, extent)
Recovery Attitudes Questionnaire (RAQ-7)	Borkin JR, Steffen JJ, Ensfield LB, Krzton K, Wishnick H, Wilder KE & Yangarber N (1998)	Developed by a team of consumers, professionals and researchers.	7 items 5-point Likert scale	<ul style="list-style-type: none"> Recovery is possible and needs faith Recovery is difficult and differs among people 	Factor analysis. Internal consistency & test-retest reliability met “conventionally accepted standards.” Alpha = .838.	Piloted with 825 consumers, family members of consumers, mental health professionals, and students.
Recovery Attitudes Questionnaire (RAQ-16)	Steffen JJ, Borkin JR, Krzton K, Wishnick H & Wilder KE (1998)	Developed by a team of consumers, professionals and researchers.	16 items 5-point Likert scale	<ul style="list-style-type: none"> Attitudes about recovery within four respondent groups – consumers, family members, mental health professionals and the general public. 	Factor analysis. Internal consistency & test-retest reliability met “conventionally accepted standards.”	Piloted with 825 consumers, family members of consumers, mental health professionals, and students.
Personal Vision of Recovery Questionnaire (PRVQ)	Ensfield LB, Steffen JJ, Borkin JR & Schafer JC (1998)	Developed by a team of professional and consumer researchers.	24 items 5-point Likert scale	Recovery through: <ul style="list-style-type: none"> Support Personal challenges Professional assistance Action and help-seeking Affirmation 	Alpha computed for each factor: 1) .695 2) .648 3) .633 4) .607 5) .571	Normative data available from a sample of 251 mental health consumers in Hamilton County, Ohio.
Agreement with Recovery Attitudes Scale	Murnen SK & Smolak L (1996)	Developed in collaboration with consumers.	22 items 5-point Likert scale	<ul style="list-style-type: none"> Change in attitude with regard to movement toward a recovery process 	Alpha coefficient = .87.	No information available.

RECOVERY MEASURES

Instrument	Authors, Year	Instrument Development	Items (Number & Type)	Domains Measured	Validity and Reliability	How Tested/ Used (population, number, location, extent)
Mental Health Recovery Measure (MHRM)	Young SL, Ensing DS & Bullock WA (1999)	Developed using qualitative analysis of consumer interviews.	36 items (original ver.); 41 items (revised ver.) 5-point Likert scale	Total recovery score and 6 subscales: 1) Overcoming stuckness, 2) Self-empowerment, 3) Learning and self-redefinition, 4) Basic functioning, 5) Overall well-being, and 6) Reaching new potentials	Alpha for total score = .91. Alphas for each subscale: 1) Overcoming stuckness = .74, 2) Self-empowerment = .55, 3) Learning and self-redefinition = .68, 4) Basic functioning = .61, 5) Overall well-being = .73, and 6) Reaching new potentials = .83. Convergent validity with Community Living Skills Scale (r = .75) and Empowerment Scale (r = .52).	MHRM items based on grounded theory analysis of 18 consumer interviews about their recovery experiences. MHRM subsequently used as outcome measure for recovery-based treatment program (N=24).

V. Recovery-Related Measures

The following are some examples of instruments, which measure concepts that are thought to be related to recovery. The involvement of consumers in the development of the scale was one criterion used for selecting measures to be included in this section of the compendium.

Leadership Education and Training Assessment

Leadership Education and Training Assessment (Bullock, Ensing, Alloy & Weddle, in press) included a number of scales (e.g., Making Decisions Empowerment Scale, Community Living Skills Scale, Recovery Attitudes Questionnaire) to measure the quality and effectiveness of the Leadership Education and Training Program in which consumers were trained to take leadership roles, such as participating as members of community boards. The program was designed to promote recovery from mental illness. The Post-Placement Assessment is a combination of quantitative and qualitative questions that measure the effects of training and the effects of placement. The first portion of the Post-Training Assessment asks the respondent to rank the 13 training modules on a 4 point least helpful to most helpful scale, as well as a best/worst scale. The second portion of this assessment has 10 open-ended questions about the training as a whole.

SAMPLE ITEM: WHAT PARTS OF YOUR LEADERSHIP PLACEMENT HELPED YOUR OWN RECOVERY PROCESS IN A POSITIVE WAY? HOW?

Well-Being Scale

The Well-Being Scale (Campbell & Schraiber, 1989) is a 151 closed-ended item survey that was developed by consumers. It was used with 331 consumers in a wide variety of settings in California, including psychiatric hospitals, and was administered in three different ways: consumer administered face-to-face interviews, self-administered by mail, and group interviews. Results of this study are described in a document of over 300 pages, which includes data analysis and interpretation, comparison of consumer data to

community data collected in California, and literature descriptions and comments in all of the areas used in the Well-Being Scale. Three items asking about physical health, mental health, and well-being were found to be strong predictors of well-being (Campbell, personal communication, 1999).

SAMPLE ITEM: HOW WOULD YOU DESCRIBE THE GENERAL STATE OF YOUR PSYCHOLOGICAL AND EMOTIONAL HEALTH THESE DAYS? (EXCELLENT/PRETTY GOOD/ONLY FAIR/POOR/NO OPINION)

Mental Health Confidence Scale

The Mental Health Confidence Scale (Carpinello, Knight, Markowitz, & Pease, 2000) was used as part of the data collection strategy in a study that focused on the factors that predict participation in self-help groups. A cross sectional sample of participants (N = 554) was selected from mental health self-help groups in upstate New York (Carpinello, Knight, Videka-Sherman, & Blanch, 1994). A total of 62 confidence statements were generated as possible measurements of self-efficacy beliefs. These items were reviewed by mental health researchers and people with experiences in self-help, including current recipients of mental health services and psychiatric survivors. Following revision, items were tested with people participating in self-help groups. Analysis of pilot test data and qualitative feedback were used in deciding which items to retain. It was finally reduced to 16 items presented as confidence statements and rated on a 6 point Likert Scale from “Very Unconfident” to “Very Confident”. Three constructs were proposed in the instrument development – optimism, coping, and advocacy. Confirmatory factor analysis was used to test model fit. While these factors are highly correlated, “the factor loadings were found to be consistently high and statistically significant, suggesting that the items are valid indicators of the proposed constructs” (Carpinello et al., 2000).

SAMPLE ITEM: HOW CONFIDENT ARE YOU RIGHT NOW THAT YOU CAN SET GOALS FOR YOURSELF? (VERY UNCONFIDENT – VERY CONFIDENT)

Herth Hope Index

The Herth Hope Index (HHI; Herth, 1992) is included here because hope appears as a predominant factor in recovery as noted in personal accounts. This measure was developed by non-consumer researchers, but selected to use in studies of recovery because of the importance of hope. The Herth Hope Index, a 12-item index adapted from the 30-item Herth Hope Scale (HHS), was tested at development with a sample of 20 physically ill adults from a small community hospital in northern Illinois. It has an alpha coefficient of .97, and test-retest reliability of .91 within two weeks. Face and content validity was established by two panels, the Expert Research/Measurement Panel and the Client/Nurse Clinician Panel. Criterion validity was assessed by correlating the HHI with the following three measures: the HHS ($r = .92$), the Existential Well-Being Scale ($r = .84$) and the Nowotny Hope Scale ($r = .81$). Divergent validity was established with the Hopelessness Scale ($r = -.73$).

SAMPLE ITEM: I HAVE A POSITIVE OUTLOOK TOWARD LIFE. (STRONGLY AGREE – STRONGLY DISAGREE)

Hope Scale

As with the preceding measure, the Hope Scale (Snyder et al., 1991) is included here because it measures a significant concept of recovery – hope. This measure was also developed by non-consumer researchers. It is a self-report measure of 12 items (8 hope items, 4 “fillers”) that are answered on a 4-point Likert scale. The initial 45 items were piloted with 384 introductory psychology students. The Snyder Hope Scale was administered during its development to six samples of University of Kansas introductory psychology students and two samples of people receiving mental health treatment – one in an inpatient facility, and one outpatient. The Snyder Hope Scale has an alpha coefficient of .74-.84 and a test-retest reliability of .85 over a three-week interval, .73 over an eight-week interval, and .76 and .82 with two samples over a ten-week interval. Convergent validity was demonstrated in studies using the Life Orientation Test (Scheier & Carver, 1985), Generalized Expectancy for Success Scale (Fibell & Hale, 1978), Burger-Cooper Life

Experiences Survey (Burger & Cooper, 1979), Problem Solving Inventory (Heppner & Petersen, 1982), Rosenberg Self-Esteem Scale (Rosenberg, 1965), and the Hopelessness Scale (Beck, Weissman, Lester, & Trexler, 1974). Discriminant validity was established with the Self-Consciousness Scale (Fenigstein, Scheier, & Buss, 1975).

SAMPLE ITEM: I CAN THINK OF MANY WAYS TO GET OUT OF A JAM. (DEFINITELY FALSE/MOSTLY FALSE/MOSTLY TRUE/DEFINITELY TRUE)

Staff Relationships Scale

The Staff Relationships Scale (Hornik, Ralph, & Salmons, 1999) was developed because project leadership from the Albany and Boston sites of the Supported Housing Initiative Cross-Site Study felt that this was an important area of influence for recovery in people who were moving into supported housing. Consumer focus groups, examination of a number of items/scales, and discussions with site advisory committees contributed to the selection/development of 45 items. These were tested with 130 residents at 3 sites in New York and Massachusetts. The items were reduced to 30 and then to 21 through factor analysis and further testing. Factors identified have been named: authority, sensitivity, helpfulness, and acceptance. The Staff Relationships Scale is being used as part of the client interview in the Supported Housing Initiative sites in upstate New York and Massachusetts. A staff scale is also being tested.

SAMPLE ITEM: IT IS HARD TO GET STAFF TO LISTEN TO ME. (STRONGLY AGREE – STRONGLY DISAGREE)

Making Decisions Empowerment Scale

The Making Decisions Empowerment Scale (Rogers et al., 1997) was developed by a group of consumers with consultant researchers for the purpose of studying this aspect of self-help. After extensive development and pilot testing, a 28-item scale was tested with 271 members of six self-help programs in six states. It was also administered to 56 state hospital inpatients and 200 college students. Results demonstrated that the scale could discriminate among respondent groups. Factor analysis revealed five factors: 1) self-efficacy-self-esteem; 2) power-powerlessness; 3) community activism; 4) righteous anger;

and 5) optimism-control over the future. There was a statistically significant relationship between empowerment and community activities ($r = .15$, $N = 261$, $p = .02$), total monthly income ($r = .24$, $N = 234$, $p < .001$), quality of life ($r = .36$, $N = 254$, $p < .001$), social support ($r = .17$, $N = 253$, $p = .002$) self-esteem ($r = .51$, $N = 258$, $p < .001$), and satisfaction with self-help programs ($r = .28$, $N = 255$, $p < .001$). There was a statistically significant inverse correlation between empowerment and use of traditional mental health services ($r = -.14$, $N = 256$, $p = .02$). Empowerment was not related to demographic variables (i.e., gender, race, marital status, education level and previous psychiatric hospitalizations), hours spent in self-help, or working or non-working status. Cronbach's alpha (.86) showed high internal consistency. In the evaluation of the consumer Leadership Education and Training Program (Bullock, Ensing, Alloy, & Weddle, 1999), consumer trainee scores on the Making Decisions Empowerment Scale showed significant improvement pre-post training compared with control group scores.

SAMPLE ITEM: I CAN PRETTY MUCH DETERMINE WHAT WILL HAPPEN IN MY LIFE. (STRONGLY AGREE – STRONGLY DISAGREE)

UCLA Loneliness Scale, Version 3

The UCLA Loneliness Scale, Version 3 (Russell, 1996) is another non-consumer researcher developed scale included here because isolation and connectedness are important correlates of recovery. This was selected for use in the Leadership Education and Training Program (Bullock et al., 1999) in Toledo, Ohio. This is a 20 item, 4-point Likert item scale. It was tested with 239 young adults recruited at UCLA as part of a larger investigation of loneliness. Coefficient alpha was .96 and two-month test-retest reliability was .73. The correlation between the subjective self-report question about loneliness and the Loneliness Scale was highly significant [$r(45) = .79$, $p < .001$]. Scores also correlated with self-ratings of depression [$r(131) = .49$, $p < .001$] and anxiety [$r(131) = .35$, $p < .001$].

SAMPLE ITEM: HOW OFTEN DO YOU FEEL YOU LACK COMPANIONSHIP? (NEVER/RARELY/ SOMETIMES/ALWAYS)

Personal/Organizational/Extra-organizational Empowerment Scales

The Personal/Organizational/ Extra-organizational Empowerment Scales (Segal, Silverman, & Temkin, 1995) were developed from a definition of empowerment based on writings and practice theories of leaders in the self-help mental health movement and theoretical constructs in community psychology, and tested with 310 members of four self-help organizations. The study authors concluded that:

- 1) there are three dimensions of the empowerment construct:
 - a) personal empowerment,
 - b) organizationally derived empowerment, and
 - c) extra-organizationally derived empowerment;
- 2) dimensions of empowerment are related to different functional outcome domains:
 - a) quality of life and independent social functioning are most likely to be related to personal empowerment,
 - b) organizational empowerment is more related to involvement in work, both paid and volunteer; and
- 3) self-efficacy/self-confidence proves to be the bridging construct between the personal and organizational dimensions of empowerment.

The three dimensions of empowerment look at the control the individual has over his or her material situation and his or her experiences in exercising control within and outside of the self-help organization. Psychometrics for the Personal Empowerment Scale show an alpha coefficient of .84 at baseline and a stability coefficient of .49 over a six month period; for the Organizational Empowerment Scale, the baseline alpha was .87 with a stability coefficient of .62; the Extra-organizational Empowerment Scale showed an alpha of .73 at baseline and a stability coefficient of .61. All three proved to be “sensitive to user changes over time and have construct validity” (Segal et al., 1995).

SAMPLE ITEM: HOW MUCH CHOICE DO YOU HAVE ABOUT HOW YOU WILL SPEND YOUR FREE TIME? (NO CHOICE/NOT TOO MUCH CHOICE/SOME CHOICE/A LOT OF CHOICE)

Community Living Skills Scale

The Community Living Skills Scale (CLSS; Smith & Ford, 1990) was developed by consumers of a psychosocial rehabilitation (PSR) program as a means of evaluating the impact that the program services had on their functioning. The CLSS is a self-report, 46 item instrument that measures functioning in the domains of personal care, socialization and relationships, activities and leisure skills, and vocational skills. It was tested with 50 consumers of a PSR program. Cronbach's Alpha, a measure of internal consistency of subscales, ranged from .74 - .84 for the subscales. The CLSS was cross-validated with the Global Assessment of Functioning (GAS) (Endicott, Spitzer, Fleiss, & Cohen, 1976). Pearson's product correlation coefficients between the GAS and CLSS subscale scores showed significant correlation with the Personal Care subscale scores ($r = .41, p = .002$). The other subscale scores were not correlated. The authors explain that the "CLSS measures more subjective areas of 'level of functioning' than does the GAS" (Smith & Ford, 1990).

SAMPLE ITEM: I AM CAPABLE OF FINDING WAYS TO SOLVE MY OWN PROBLEMS. (HARDLY EVER/SOMETIMES/USUALLY/ALMOST ALWAYS)

RECOVERY-RELATED MEASURES

Instrument	Authors, Year	Instrument Development	Items (Number & Type)	Domains Measured	Validity and Reliability	How Tested/ Used (population, number, location, extent)
Leadership Education and Training Assessment (includes the Community Living Skills Scale, Making Decisions Empowerment Scale, McDermott's Self-Efficacy Scale, Recovery Attitudes Questionnaire, COMPASS-IT, Quality of Life Inventory)	Bullock WA, Ensing DS, Alloy V & Weddle C (in press)	Psychometric battery used to assess the effectiveness of a 16 week Consumer Leadership Education Program. Consumer advisory involvement in the development of the assessment protocol.	Approx. 250 questions including all scales used	<ul style="list-style-type: none"> • Self-efficacy • Psychiatric symptoms • Quality of life • Functional living skills • Empowerment • Decision-making • Recovery 	Compared experimental and wait-list control and conducted pre, post, and six-month follow-ups.	62 consumers in Lucas County, Ohio participated in the Consumer Leadership and Training program across four training groups.
Well-Being Scale	Campbell J and Schraiber R (1989)	Consumer-developed questionnaire for consumers, family members, and providers.	151 closed-ended questions for consumers, 76 questions for family members, and 77 questions for providers	<ul style="list-style-type: none"> • Physical well-being • Mental well-being • Coping methods among others 	Not available.	Used with 331 consumers in CA, 53 family members, and 150 professionals and caregivers. Compared consumer responses to family, providers and general population responses.
Mental Health Confidence Scale	Carpinello SE, Knight EL, Markowitz FE & Pease EA (2000)	Consumers involved in development.	16 items 6-point Likert scale	<ul style="list-style-type: none"> • Self-efficacy beliefs • Optimism • Coping • Advocacy 	Confirmatory factor analysis used to test model fit.	554 participants were sampled from outpatient mental health services and MH self-help groups.

RECOVERY-RELATED MEASURES

Instrument	Authors, Year	Instrument Development	Items (Number & Type)	Domains Measured	Validity and Reliability	How Tested/ Used (population, number, location, extent)
Herth Hope Index (HHI)	Herth K (1992)	Developed by non-consumer researchers. Adapted from the Herth Hope Scale (HHS).	12 items 4-point Likert scale	Hope in terms of: <ul style="list-style-type: none"> • temporality and future • positive readiness and expectancy • interconnectedness 	Factor analysis. Alpha coefficient = .97 and test-retest within two weeks = .91.	Sampled with 20 physically ill adults from a small community hospital in northern Illinois.
Hope Scale	Snyder CR, Harris C, Anderson JR, Holleran SA, Irving LM, Sigmon ST, Yoshinobu L, Gibb J, Langelle C & Harney P (1991)	Developed by non-consumer researchers.	12 items 4-point Likert scale	<ul style="list-style-type: none"> • Hope 	Cronbach's Alpha = .74-.84. Test-retest reliabilities = .85 over 3 week interval.	Administered to six samples of University of Kansas introductory psychology students and two samples (1 outpatient, 1 inpatient) of people in mental health treatment.

RECOVERY-RELATED MEASURES

Instrument	Authors, Year	Instrument Development	Items (Number & Type)	Domains Measured	Validity and Reliability	How Tested/ Used (population, number, location, extent)
Staff Relationships Scale	Hornik J, Ralph R & Salmons T (1999)	Developed with consumer consultant using items from a number of consumer developed and other scales. Discussions about the scale development were held with consumers in focus groups, and site advisory committees.	21 items 7-point Likert scale	<ul style="list-style-type: none"> • Authority • Sensitivity • Helpfulness • Acceptance 	Construct validity for supported housing; started with 45 items reduced to 21 through factor analysis.	Tested 45 items with 130 residents/focus groups at 3 sites in New York and Massachusetts. Tested 21 items with 26 residents in Massachusetts site.
Making Decisions Empowerment Scale	Rogers ES, Chamberlin J, Ellison ML & Crean T (1997)	Developed by consumers with researchers as consultants.	28 items 4-point Likert scale	<ul style="list-style-type: none"> • Self-efficacy - self-esteem • Power-powerlessness • Community activism • Righteous anger • Optimism - control over the future. 	Factor analysis. Alpha = .86.	Tested with 271 members of six self-help programs in six states. Additional validation was sought with a sample of 56 inpatients and 200 college students.

RECOVERY-RELATED MEASURES

Instrument	Authors, Year	Instrument Development	Items (Number & Type)	Domains Measured	Validity and Reliability	How Tested/ Used (population, number, location, extent)
UCLA Loneliness Scale, Version 3	Russell DW (1996)	Developed by non-consumer researchers.	20 items 4-point Likert scale	<ul style="list-style-type: none"> Connectedness to others 	Alpha = .96. Two month test-retest correlation = .73. The correlation between the subjective self-report and the loneliness scale was highly significant.	Tested with 239 young adults recruited at UCLA as part of a larger investigation of loneliness.
Personal Empowerment Scale	Segal SP, Silverman C & Temkin T (1995)	Consumers involved in development, which included observational work, baseline interviews and 6 month follow-ups.	22 items Likert scales	<ul style="list-style-type: none"> Personal empowerment, locus of control, hope, self-esteem Organizational and extra-organizational empowerment 	Baseline Alpha = .84. At 6 month Alpha = .85. Stability Coefficient = .49.	Tested with 310 long-term consumers of four SHAs in the San Francisco Bay Area. 241 follow-up interviews were conducted.
Organizational Empowerment Scale	Segal SP, Silverman C & Temkin T (1995)	Consumers involved in development, which included observational work, baseline interviews and 6 month follow-ups.	17 + items Various response formats	<ul style="list-style-type: none"> Personal empowerment, locus of control, hope, self-esteem Organizational and extra-organizational empowerment 	Baseline Alpha = .87. At 6 month Alpha = .90. Stability Coefficient = .62.	Tested with 310 long-term consumers of four SHAs in the San Francisco Bay Area. 241 follow-up interviews were conducted.

RECOVERY-RELATED MEASURES

Instrument	Authors, Year	Instrument Development	Items (Number & Type)	Domains Measured	Validity and Reliability	How Tested/ Used (population, number, location, extent)
Extra-organizational Empowerment Scale	Segal SP, Silverman C & Temkin T (1995)	Consumers involved in development, which included observational work, baseline interviews and 6 month follow-ups.	2 items Likert scales	<ul style="list-style-type: none"> Personal empowerment, locus of control, hope, self-esteem Organizational and extra-organizational empowerment 	Baseline Alpha = .73. At 6 month Alpha = .72. Stability Coefficient = .61.	Tested with 310 long-term consumers of four SHAs in the San Francisco Bay Area. 241 follow-up interviews were conducted.
Community Living Skills Scale (CLSS)	Smith MK and Ford J (1990)	Consumers involved in development.	46	<ul style="list-style-type: none"> Life functioning including Personal care, Socialization and relationships, Activities and leisure skills, and Vocational skills 	Alpha = .74 - .84. Significant correlation between GAS and CLSS Personal Care subscale scores ($r = .41, p = .002$) Concurrent validity was assessed using data from a study of brief hospitalization in which many evaluation measures were used.	Tested with 50 consumers of a psychosocial rehabilitation program.

VI. Summary and Conclusions

The attempts to measure recovery or aspects related to recovery are very recent, and work in this area is only beginning to be presented at conferences and/or published. Although there are nine recovery measures listed, several of them were developed to measure something *about* recovery, rather than recovery, per se: the Recovery Attitudes Questionnaire -7 (Borkin et al., 1998), the Recovery Attitudes Questionnaire - 16 (Steffen et al., 1998), Personal Vision of Recovery Questionnaire (Ensfield et al., 1998), and Agreement with Recovery Attitudes Scale (Murnen & Smolak, 1996). Two of the recovery instruments listed are qualitative measures: The Rochester Recovery Inquiry (Hopper et al., 1996) and the Recovery Interview (Heil & Johnson, 1998), and for these no data or analysis has been obtained. Only three of the instruments appear to attempt to measure recovery as it might happen over time: The Crisis Hostel Healing Scale (New York Crisis Hostel Project, 1998), The Recovery Assessment Scale (Giffort et al., 1995) and The Mental Health Recovery Measure (Young et al., 1999). These have had only minimal testing or use.

These recovery measures have been developed based upon a number of theoretical constructs, for example, Anthony's (1993) ideas of recovery, and the discussion of empowerment-oriented outcomes by Rapp et al. (1993). One used concept mapping based upon consumer responses about recovery (Dumont, 1998).

It is refreshing that recovery measures are being developed in collaboration with consumers, although the extent of the collaboration is generally not specified.

There is little information about change over time, or use of the instruments with an intervention. The RAQ-7 has been used in a number of projects in Ohio, and hopefully information will be forthcoming as data is analyzed and reported. The Crisis Hostel Healing Scale did show significant change over time for the experimental group who used the Crisis Hostel intervention.

In conclusion, there are several instruments that attempt to measure recovery. They have used a variety of selected constructs of recovery as a basis for development, and

have been tested with an initial group of consumers to identify factors, subscales, and psychometric properties.

Further work needs to be done in examining these instruments to measure the effects of specific interventions, or to measure the course of recovery over time, and whether changes are affected by the use of mental health services. This needs to be done in a thorough fashion by consumer researchers with the collaboration of consumer advocates, consumer policy experts, and consumers who are currently using mental health services. Cultural and geographic impacts on recovery need to be examined and how the measurement of recovery is used to be sensitive to these aspects.

A Recovery Model has been developed by a group of consumer leaders (The Recovery Advisory Group¹) through monthly teleconference discussions of their experiences in recovery and review of recovery literature (Ralph & The Recovery Advisory Group, 1999). The Recovery Model indicates that recovery may begin in anguish, continue through awakening, insight, action plan, determination, get well, empowerment and, finally, to well-being. The recovery instruments described in this report need to be reviewed to see how they reflect the constructs of this and other models, which have been developed or proposed. Items in current recovery instruments appear to weigh more heavily on the positive side of recovery. In order for the measurements to truly reflect the extent of recovery “from the bottom up”, ways to measure anguish and the other aspects of the Recovery Model need to be found.

¹ The following have participated in the Recovery Advisory Group: Jean Campbell, Ph.D., Sylvia Caras, Ph.D., Jeanne Dumont, Ph.D., Dan Fisher, M.D., Ph.D., J. Rock Johnson, J.D., Carrie Kaufmann, Ph.D., Kathryn Kidder, M.A., Ed Knight, Ph.D., Ann Loder, Darby Penny, Ruth Ralph, Ph.D., Jean Risman, Wilma Townsend, and Laura Van Tosh.

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VIII. Appendix A: Notes for Non-Researchers

Notes for Non-Researchers

The language of measurement must be defined before one can understand what has been done to prove that the instrument or measure developed does the job for which it was designed. Thus, we include some definitions and discussions here, which may assist in understanding the summaries of instruments in this collection and the articles or notes that accompany each measuring instrument.

There are two basic ways to study what people think about a certain topic or area. These are named **qualitative studies** and **quantitative studies**.

In a **qualitative study**, the research uses what people say or write in words, for example, studies based on short answers to open-ended questions, or on personal histories. Qualitative studies are sometimes used to develop ideas and descriptions that can then be used to develop quantitative measures. Qualitative studies may also assist in describing a program or a situation, providing a better picture than can be done with only qualitative studies.

In a **quantitative study** or measure, questions are stated in such a way that the response can be numbered, for example, 1. Strongly Agree, 2. Agree, 3. Disagree, 4. Strongly Disagree. Quantitative studies use a number of terms and methods that are described and defined below.

Psychometrics, according to Webster's II New Riverside University Dictionary, is "(1) measurement of psychological variables, as intelligence, aptitude, and emotional disturbance; (2) mathematical, especially statistical design of psychological tests and

measures.” Psychometrics provide numbers that indicate how consistent the measurement is from one time to another, and whether it measures what it is supposed to be measuring.

The two major psychometric features used in the development and testing of measurement instruments are **reliability** and **validity**. In general, **reliability** is the consistency of the measurement – that is, it will measure the same thing each time it is used. **Validity** means that your measuring tool or scale is actually measuring what you say it is. Both reliability and validity are determined in different ways.

There are several different types of reliability.

1. **Test-retest reliability** – a person gives the same answers today as they gave last week (circumstances remaining the same). This is consistency over time, and is generally reported in a correlation² of time one with time two.
2. **Internal consistency** – the items or questions ask about the same things. This can be tested by correlating one half of the items with the other half. A statistical method of averaging correlations of a number of random selection of items was developed by a mathematician named Cronbach (1951)³, and is called Cronbach’s Alpha, coefficient alpha or sometimes just alpha.
3. **Inter-rater reliability** – when two or more people are interviewers, asking a number of people the same questions, you want to be sure that the responses are the same, no matter who is asking the questions. Again, a correlation is computed between responses when two people ask the same people the same questions.

² Correlation is a measure ranging from 0.00 to 1.00 of how well two or more things, e.g., item scores, change together. Both things may get higher at the same time, or lower at the same time, or one may get higher while the other gets lower.

³ Cronbach L. (1951) Coefficient Alpha and the Internal Structure of Tests. *Psychometrika*, Vol. 16, pp. 297-334.

There are also several types of validity:

1. **Content Validity or Face Validity** – when the items are all clearly related to the topic or title of the test. When the items seem to make sense in relation to the topic being tested, it is also called **face validity**.
2. **Construct Validity** – the measure of how well the instrument fits the ideas of a topic, theory, or construct. It may be tested by finding out how two groups respond that are known to be at opposite extremes about the topic or theory.
3. **Concurrent Validity** – when the test or measure is highly correlated with another known measure of the same kind.
4. **Predictive Validity** – the test or measure can predict some practical result or some important outcome.

After an instrument has been developed and tested, data analysis of responses must be done to determine whether the responses are similar or different to what was expected. Sometimes, for example, a construct or theory on which the test is built will appear to have several areas, and so items may be developed to test for each hypothesized area. A statistical procedure called **factor analysis** will show which items are most closely related to each other, and which are less closely related. Sometimes items will cluster together in such a way that can be described as a test of one or more of these areas. These clusters of items are called **factors**. If these factors can be named in a way that makes sense in relation to the theory, this is called **factor validity**.

These are the major terms used in the summary of the instruments in this compendium. For other research terms, it is recommended that a glossary of research terms be found. Such a glossary which is valuable for non-researchers is available from the Missouri Institute of Mental Health, and is cited as follows:

Rittenhouse, T., Cutler, S., & Campbell, J. (1999). Dressed-down research terms: A glossary for non-researchers. St. Louis, MO: Missouri Institute of Mental Health.

Appendix B: Recovery Measures

CRISIS HOSTEL HEALING SCALE

New York Crisis Hostel Project

For more information contact:

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Newfield, NY 14867

607.273.8021

Selected reading:

Dumont J. (1998) Crisis Hostel Project: Healing Measure. Unpublished manuscript.

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crisis hostel healing scale

Now I would like to ask you some questions having to do with your well-being, emotional state and other aspects of your life. For each statement I read, please give me 1 of 4 answers; that is, tell me if you strongly agree, agree, disagree, or strongly disagree. If the statement does not in any way apply to you or your situation, tell me. Please try to answer as carefully as you can. The first part of the question has to do with your thinking at this point in time. The second part asks how you felt within the past six months.

	Strongly Agree	Agree	Disagree	Strongly Disagree	
1. I recognize that some people care about me.	4	3	2	1	
Within the past 6 months... __					
2. I have a sense of being in control of myself and my life.	4	3	2	1	
Within the past 6 months... __					
3. I have regained my sense of humor.	4	3	2	1	NA
Within the past 6 months... __					
4. I do not see myself as sick nor allow other people to see me as sick.	4	3	2	1	
Within the past 6 months... __					

5. I have hope about my present situation. 4 3 2 1
- Within the past 6 months... |__|
6. I remember abuse but am not overwhelmed by it. 4 3 2 1 NA
- Within the past 6 months... |__|

	Strongly Agree	Agree	Disagree	Strongly Disagree	
7. I am not making satisfactory connections with others.		4	3	2	1
Within the past 6 months... __					
8. I feel spiritually in touch.	4	3	2	1	
Within the past 6 months... __					
9. I am aware of and respect the feelings of others.	4	3	2	1	
Within the past 6 months... __					
10. I cannot trust my decisions.	4	3	2	1	
Within the past 6 months... __					
11. My inside voices are less bothersome.	4	3	2	1	NA
Within the past 6 months... __					
12. I am able to focus on tasks at hand whatever they may be.	4	3	2	1	
Within the past 6 months... __					
13. I have deliberately hurt myself.	4	3	2	1	NA
Within the past 6 months... __					
14. I have decreased self-confidence.	4	3	2	1	
Within the past 6 months... __					
15. My self-inflicted violence has decreased.	4	3	2	1	NA

Within the past 6 months... | ___ |

	Strongly Agree	Agree	Disagree	Strongly Disagree	
16. I am knowledgeable and informed about medication.	4	3	2	1	
Within the past 6 months... __					
17. I feel I have a lot of energy.	4	3	2	1	
Within the past 6 months... __					
18. I feel in control of my eating habits.	4	3	2	1	NA
Within the past 6 months... __					
19. I am feeling less alive and in my body.	4	3	2	1	
Within the past 6 months... __					
20. My fearful ideas have increased.	4	3	2	1	NA
Within the past 6 months... __					
21. I have insight into what leads to my crises and so I can think of ways to change.	4	3	2	1	
Within the past 6 months... __					
22. I am sleeping well.	4	3	2	1	
Within the past 6 months... __					
23. I feel like I have a valuable contribution to make.	4	3	2	1	
Within the past 6 months... __					
24. I don't care about my body and don't take care of it.	4	3	2	1	

Within the past 6 months... |___|

	Strongly Agree	Agree	Disagree	Strongly Disagree	
25. I can say no.	4	3	2	1	
Within the past 6 months... __					
26. I feel like working.	4	3	2	1	
Within the past 6 months... __					
27. I feel like I have access to adequate support in my community.	4	3	2	1	
Within the past 6 months... __					
28. I can tell what is real and what is not.	4	3	2	1	
Within the past 6 months... __					
29. My awareness of different ways of healing is increasing.	4	3	2	1	
Within the past 6 months... __					
30. I have a healthy interest in sex.	4	3	2	1	
Within the past 6 months... __					
31. I can cry.	4	3	2	1	
Within the past 6 months... __					
32. I am taking an active role in decisions about medication.	4	3	2	1	NA
Within the past 6 months... __					

33. I care about myself.

4

3

2

1

Within the past 6 months... |__|

	Strongly Agree	Agree	Disagree	Strongly Disagree
34. I become hostile when I express my feelings.	4	3	2	1
Within the past 6 months... __				
35. I am able to listen when people talk to me and about me.	4	3	2	1
Within the past 6 months... __				
36. I am able to express feelings of anger.	4	3	2	1
Within the past 6 months... __				
37. I am not able to give and receive love.	4	3	2	1
Within the past 6 months... __				
38. I have enough resources to live well.	4	3	2	1
Within the past 6 months... __				
39. I have increased self care.	4	3	2	1
Within the past 6 months... __				
40. I feel safe.	4	3	2	1
Within the past 6 months... __				

Recovery Assessment Scale

Giffort D, Schmook A, Woody C, Vollendorf C, and Gervain M

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Selected reading:

Corrigan, P. W., Giffort, D., Rashid, F., Leary, M., & Okeke, I. (1999). Recovery as a Psychological Construct. Community Mental Health Journal, 35(3), 231-239. Reprinted by permission.

RECOVERY ASSESSMENT SCALE

Instructions: Below is a list of statements that describe how people sometimes feel about themselves and their lives. Please read each one carefully and circle the number to the right that best describes the extent to which you agree or disagree with the statement. Circle only one number for each statement and do not skip any items.

	Strongly Disagree	Dis- agre e	Not Sure	Agre e	Strongl y Agree
1. I have a desire to succeed.	1	2	3	4	5
2. I have my own plan for how to stay or become well.	1	2	3	4	5
3. I have goals in life that I want to reach.	1	2	3	4	5
4. I believe I can meet my current personal goals.	1	2	3	4	5
5. I have a purpose in life.	1	2	3	4	5
6. Even when I don't care about myself, other people do.	1	2	3	4	5
7. I understand how to control the symptoms of my mental illness.	1	2	3	4	5
8. I can handle it if I get sick again.	1	2	3	4	5
9. I can identify what triggers the symptoms of my mental illness.	1	2	3	4	5
10. I can help myself become better.	1	2	3	4	5
11. Fear doesn't stop me from living the way I want to.	1	2	3	4	5

	Strongly Disagree	Dis agre e	Not Sure	Agre e	Strongl y Agree
12. I know that there are mental health services that do help me.	1	2	3	4	5
13. There are things that I can do that help me deal with unwanted symptoms.	1	2	3	4	5
14. I can handle what happens in my life.	1	2	3	4	5
15. I like myself.	1	2	3	4	5
16. If people really knew me, they would like me.	1	2	3	4	5
17. I am a better person than before my experience with mental illness.	1	2	3	4	5
18. Although my symptoms may get worse, I know I can handle it.	1	2	3	4	5
19. If I keep trying, I will continue to get better.	1	2	3	4	5
20. I have an idea of who I want to become.	1	2	3	4	5
21. Things happen for a reason.	1	2	3	4	5
22. Something good will eventually happen.	1	2	3	4	5
23. I am the person most responsible for my own improvement.	1	2	3	4	5
24. I'm hopeful about the future.	1	2	3	4	5
25. I continue to have new interests.	1	2	3	4	5
26. It is important to have fun.	1	2	3	4	5
27. Coping with my mental illness is no longer the main focus of my life.	1	2	3	4	5

	Strongly Disagree	Dis- agre e	Not Sure	Agre e	Strongl y Agree
28. My symptoms interfere less and less with my life.	1	2	3	4	5
29. My symptoms seem to be a problem for shorter periods of time each time they occur.	1	2	3	4	5
30. I know when to ask for help.	1	2	3	4	5
31. I am willing to ask for help.	1	2	3	4	5
32. I ask for help, when I need it.	1	2	3	4	5
33. Being able to work is important to me.	1	2	3	4	5
34. I know what helps me get better	1	2	3	4	5
35. I can learn from my mistakes.	1	2	3	4	5
36. I can handle stress.	1	2	3	4	5
37. I have people I can count on.	1	2	3	4	5
38. I can identify the early warning signs of becoming sick.	1	2	3	4	5
39. Even when I don't believe in myself, other people do.	1	2	3	4	5
40. It is important to have a variety of friends.	1	2	3	4	5
41. It is important to have healthy habits.	1	2	3	4	5

Rochester Recovery Inquiry

Hopper K, Blanch A, Carpinello S, Johnson S, Knight E, Kovasznay B and Krauss A

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Orangeburg, NY 10962

Selected reading:

Hopper, K., Auslander, M., & Blanch A. (1996). Taking the measure of the work of recovery: Report from a working conference. Orangeburg, NY: Center for the Study of Public Issues in Mental Health. Reprinted by permission.

ROCHESTER RECOVERY INQUIRY

[May 1995 version]

Procedure:

The attached semi-structured interview is intended to explore some dimensions of recovery, coping and the impact of illness, as seen from the subject's point of view. Suggested probes are meant to facilitate the process of remembering and reflecting. Some assist the subject to focus on specific aspects of the question; others suggest areas of response that may not immediately come to mind; still others attempt to provide some concrete "staging" for what may otherwise sound hopelessly abstract. Interviewers should feel free to enhance or add to the probes. Note that the sections overlap to a certain extent, allowing the interviewer to refer to an earlier answer should the subject draw a blank on a specific question, or give an apparently contradictory response.

[Identifying Information]

Subject: _____

Interviewer: _____

Date: _____

This instrument was developed by a working group of recipients, researchers and clinicians brought together under the auspices of the Center for the Study of Issues in Public Mental Health, Orangeburg and Albany, New York. The work was supported by NIMH Grant P50MH51359. Items 8 & 9, 14 & 15, 20 & 21 are adapted from the "Social Support and Social Network Interview," developed by Anne Lovell, Sue Barrow and Muriel Hammer.

I'm going to ask you some questions about the times you've had psychiatric problems.
I'm interested in learning how *you* understand what has happened to you.

1. Please think back to the time when you were first hospitalized.
Can you remember what you thought was going on at *that* time?
[Press for subject's understanding as it was *then*.]

2. How would you describe [your illness]⁴ today?
[Probe for subject's own understanding. How would they explain it to a family member or friend, for example?]

⁴ Substitute subject's preferred term in brackets indicated.

[If discrepant:]

3. What happened to change your view of [your illness]?
[Probe for when and how subject's view changed.]

[Note the words or phrases the respondent uses in relating both past experience with hospitalization and present understanding. Use his/her preferred term in the indicated brackets hereafter.]

Preferred term: _____

Many people who have experienced a psychiatric hospitalization report that it has had significant impact on their lives—both good and bad. I'd like to ask you about a few specific areas.

4. In general, how would you say [your illness] has affected how people behave toward you?

[Probe: What is it about [the illness] that you feel is responsible for these effects? (*Please note differences between effects attributed to disability and those attributed to stigma.*)]

5. How would you say it has affected how *you* behave toward other people?

[Probes: Has it affected, for example, your closeness to other people? If so, how? (*Again, note disability vs. stigma effects.*)]

Now I'd like to ask you some specific questions about your relations with other people.

First, I'd like to ask you some questions about people who are important to you. Is there someone, a friend, relative or someone else...

[*Note: For all of these, specify names and relationships to subject. Probe for: Anyone else?*]

6. Whom can you depend upon for help or advice in day-to-day life?

7. Who depends *on you* for help or advice in day-to-day life?

8. Whom do you feel you can lean on?

9. Who leans on you?

10. In whom can you confide?

11. Who confides in you?

12. Whom you would trust to make important decisions on your behalf, if you were to become incapable of making your own decisions?

13. Who would trust you to make important decisions on their behalf?

Now, I'd like to ask about some everyday activities that may include not only those people we were just talking about, but neighbors and acquaintances as well. Is there someone in your life, someone you see regularly...

[*Again, for all of these, specify names and relationships to subject. Probe for: Anyone else?*]

14. From whom you ask favors or borrow things, when you need to, such as... [examples: food, money, cigarettes, transportation]

15. Who asks favors or borrows things from you?

16. Whom you ask to help with child care, when you need it, such as... [example: watching children while you go shopping]
[*Note: Omit if not applicable.*]

17. Who asks you for help with their child care when they need it?

18. To whom you turn for help in case of an emergency, such as...
[Example: Getting to the hospital to visit a relative]

19. Who turns to you for help in case of an emergency?

20. Whom do you do things with, such as... [Examples: Going shopping or to a movie, hanging out in town]

21. Who does things with you?

Changes over time:

22. Think for a moment about the ways having [this illness] has affected your life. How would you say it has affected your ability to find work, or to undertake activities that you value, that others value? I'm thinking not only about paid work, but about other activities as well.
[Probes: Suggest volunteer work; self-help activities; schooling; household upkeep; childcare; involvement in group activities (music, church, sports.)]

23. Looking back over the entire period, how would you say your relationships with others have changed since your first hospitalization?
[Probe: I'm thinking here of friendships, how easy it is to meet people whether you've felt exploited by others, avoided by them, and so on.]

Now I'd like you to think about those times when you're feeling particularly *stressed*. I'd like to ask you how you handle those times. Specifically:

24. Is there someone you'd feel comfortable being with at times like that? [Specify names and relationship to subject]

25. Would you like to have someone like this in your life?

26. How about the reverse: Is there someone who would come to you if they were feeling particularly stressed? [Specify names and relationship to subject]

27. Is there some special *place* you can go when you're feeling stressed? [Specify what and where]

28. Are there any special things that you *do* that help when you're feeling particularly stressed? [Specify what those activities are]

Some of the people we've spoken with told us about experiences with physical force when dealing with the mental health system.

29. Did this ever happen to you? [If yes, describe, then ask:] What impact, if any, did this experience have on you?

30. Have you ever been the subject of a legal court action in dealing with the mental health system? [If yes, describe, then ask:] What impact, if any, did this experience have on you?

31. Thinking back over the last fifteen years, and the things that have helped you deal with [your illness], what advice would you give to someone who was having similar difficulties?

32. Thank you very much for your cooperation. Just to close the interview, may I ask: Where do you expect to be 5 years from now?

RECOVERY INTERVIEW

Heil J and Johnson LK

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RECOVERY INTERVIEW

Recovery

1. What does recovery from mental illness mean to you, personally?
2. What has contributed in your recovery process?
3. What has interfered in your recovery process?

Our Place

4. How did you hear about *Our Place*?
5. Describe your first time at *Our Place*.
Q. Approximate date, what was going on during your first visit, did you go alone, with someone?
6. In what ways has *Our Place* helped you in your recovery process?
7. Have you been or are you currently a board member at *Our Place*? Has it contributed or interfered in your recovery process? Please cite specific examples.
8. What have been your **best** experiences at *Our Place*?

On a scale of 1 – 10, 1 being the absolute worst and 10 being the absolute best, how would you rate your best experience at *Our Place*?

9. What have been your **worst** experiences at *Our Place*?

On a scale of 1 – 10, 1 being the absolute worst and 10 being the absolute best, how would you rate your worse experience at *Our Place*?

10. Do you have any suggestions on what changes you would like to see be made at *Our Place*?

Mental Health System (Hospitalization, New Horizons, FMHCG, Private clinician)

11. Describe your first experience within the *Mental Health System*?

Q: Was it voluntary or involuntary, involve hospitalization, how old were they?

12. What have been your **good** experiences within the *Mental Health System*?

On a scale of 1 – 10, 1 being the absolute worst and 10 being the absolute best, how would you rate your best experience within the *Mental Health System*?

13. What have been your **bad** experiences within the *Mental Health System*?

On a scale of 1 – 10, 1 being the absolute worst and 10 being the absolute best, how would you rate your worse experience within the Mental Health System?

14. Access: Is it easy or difficult to get help from the Mental Health System **when** you need it? Please give me specific examples.

On a scale of 1 – 10, 1 being the very difficult and 10 being very easy, how would you rate your access (ability to get help **when** you need it) from the Mental Health System?

15. Type of services: Is it easy or difficult to get the **kind** of help you believe you need from the Mental Health System?

On a scale of 1 – 10, 1 being the very difficult and 10 being very easy, how would you rate your ability to get the **kind** of help you need from the Mental Health System?

16. What is the **most** important thing that the *Mental Health System* can provide?

On a scale of 1 – 10, 1 being very important and 10 being not important, please rate (the items identified above)?

17. If you were given the power to change one thing about the *Mental Health System*, what would it be?

18. Describe your relationship with your case manager?

Q: Quality of relationship, length of relationship, accessibility, helpfulness, what does the case manager do that you find most helpful? What could your case manager do that you would find more helpful?

Family

19. Do others in your family have a mental illness?

Q: Mother, father, siblings?

20. How have they dealt with their mental illness?

21. How do you believe your mental illness has effected your family?

Q: Relationships, financially, stress

22. How has your family helped or not helped you with your mental illness?

Q: Emotional support, crisis intervention, financial support

23. How has your mental illness effected your educational experiences?
Q: Did you experience problems in school, what kind of problems, at what age did you first experience problems?
24. Are you currently involved in any type of educational programs?
Q: Vocational, academic, job skills, peer support, etc.?
25. How has your mental illness effected your job situation?
26. How has your job effected your mental illness?

Conclusion

27. What does recovery from mental illness mean to you? What is the most important thing that has helped you in your recovery process?

On a scale of 1 – 10, 1 being very important and 10 being not important, please rate (the items identified above)?

28. How do you feel your mental illness has effected your life? How has your mental illness changed your life?
29. Is there anything that I did not talk about that you feel we need to or that you want to talk about?
30. What advice would you give to other consumers within the Mental Health System?

31. If you could change one thing about yourself or the situation, what would it be?

- Interviewer's general comments about what went well and what were difficult subjects. Are there any questions you feel we should add or delete? Overall impression of the interview.

General Questions (ice breaker if needed)

- Do you have any hobbies?
- What do you like to do? Go for walks, watch television, listen to the radio, just relax, etc.
- Is there anything interesting that you have done lately?
- Is there anything interesting that you are going to do in the future?

RECOVERY ATTITUDES QUESTIONNAIRE (RAQ-7)

*BORKIN JR, STEFFEN JJ, ENSFIELD LB, KRZTON K, WISHNICK H, WILDER KE
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RECOVERY ATTITUDES QUESTIONNAIRE (RAQ-7)

Recovery is a process and experience that we all share. People face the challenge of recovery when they experience the crises of life, such as the death of a loved one, divorce, physical disabilities, and serious mental illnesses. Successful recovery does not change the fact that the experience has occurred, that the effects are still present, and that one's life has changed forever. Rather, successful recovery means that the person has changed, and that the meaning of these events to the person has also changed. They are no longer the primary focus of the person's life (Anthony, 1993).

We are interested in measuring your beliefs about the concept of recovery from mental illnesses. Please read each of the following statements and using the scale below mark the rating that most closely matches your opinion.

	SA	A	N	D	SD
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. People in recovery sometimes have set backs.....	SA	A	N	D	SD
2. To recover requires faith.....	SA	A	N	D	SD
3. Stigma associated with mental illness can slow down the recovery process.....	SA	A	N	D	SD
4. Recovery can occur even if symptoms of mental					

- illness are present..... SA A N D SD
5. Recovering from mental illness is possible no matter what you think may cause it..... SA A N D SD
6. All people with serious mental illnesses can strive for recovery..... SA A N D SD
7. People differ in the way they recover from a mental illness..... SA A N D SD

Thank you for taking the time to fill out the questionnaire.

Please direct any comments or questions to:

John Steffen or Hillary Wishnick at (513) 556-3324

Hamilton County Recovery Initiative Research Team (HCRI-RT)

Supported by the Office of Program Evaluation & Research, Ohio Department of Mental Health

Sponsored by the Multidisciplinary Program Consortium, A Center for Training & Research in Serious Mental Illness

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RECOVERY ATTITUDES QUESTIONNAIRE (RAQ-16)

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RECOVERY ATTITUDES QUESTIONNAIRE (RAQ-16)

Recovery is a process and experience that we all share. People face the challenge of recovery when they experience the crises of life, such as the death of a loved one, divorce, physical disabilities, and serious mental illnesses. Successful recovery does not change the fact that the experience has occurred, that the effects are still present, and that one's life has changed forever. Rather, successful recovery means that the person has changed, and that the meaning of these events to the person has also changed. They are no longer the primary focus of the person's life (Anthony, 1993).

We are interested in measuring your beliefs about the concept of recovery from mental illnesses. Please read each of the following statements and using the scale below mark the rating that most closely matches your opinion.

	SA	A	N	D	SD
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. People who are in recovery need the support of others.	SA	A	N	D	SD
2. Recovering from mental illness is possible no matter what you think may cause it	SA	A	N	D	SD
3. A good understanding of one's mental illness helps in recovery	D	SD	SA	A	N
4. To recover requires faith	SA	A	N	D	SD
5. Recovery can occur even if symptoms of mental illness are present	SA	A	N	D	SD
6. People in recovery sometimes have setbacks.....	SA	A	N	D	SD
7. People differ in the way they recover from a mental illness..	SA	A	N	D	SD

8. Recovering from mental illness can occur without help from mental health professionals	SA	A	N	D	SD
9. All people with serious mental illnesses can strive for recovery	D	SD	SA	A	N
10. People who recover from mental illness were not really mentally ill in the first place.....	SA	A	N	D	SD
11. The recovery process requires hope	SA	A	N	D	SD
12. Recovery does not mean going back to the way things used to be.....	SA	A	N	D	SD
13. Stigma associated with mental illness can slow down the recovery process	SA	A	N	D	SD
14. Recovering from the consequences of mental illness is sometimes more difficult than recovering from the illness itself	D	SD	SA	A	N
15. The family may need to recover from the impact of a loved one's mental illness.....	SA	A	N	D	SD
16. To recover requires courage	SA	A	N	D	SD

Thank you for taking the time to fill out the questionnaire.

Please direct any comments or questions to:

John Steffen or Hillary Wishnick at (513) 556-3324

Hamilton County Recovery Initiative Research Team (HCRI-RT)

Supported by the Office of Program Evaluation & Research, Ohio Department of Mental Health

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PERSONAL VISION OF RECOVERY QUESTIONNAIRE (PVRQ)

ENSFIELD LB, STEFFEN JJ, BORKIN JR AND SCHAFER JC

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PERSONAL VISION OF RECOVERY QUESTIONNAIRE (PVRQ)

We are interested in your beliefs about your own recovery from mental illness. By recovery we mean the way you have learned to cope with your mental illness and go forward with your life. Please answer all the questions, whether or not you consider yourself to be in recovery right now.

Please read each of the following statements. Circle the rating that most closely matches your opinion: **Strongly Agree; Agree; Neither Agree nor Disagree; Disagree; or Strongly Disagree.**

1. Spirituality is a part of my recovery.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------------------	----------	----------------------

2. I am responsible for my own recovery.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------------------	----------	----------------------

3. People who expect very little of me interfere with my recovery.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------------------	----------	----------------------

4. Recovery means becoming more satisfied with my life.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------------------	----------	----------------------

5. Hope is important for my recovery.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------------------	----------	----------------------

6. Being diagnosed correctly is necessary for my recovery.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------------------	----------	----------------------

7. Family support is important for my recovery.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------------------	----------	----------------------

8. Sticking up for clients' rights is a part of my recovery.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------------------	----------	----------------------

9. Having something meaningful to do is important for my recovery.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------------------	----------	----------------------

10. Helping others is a part of my recovery.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------------------	----------	----------------------

11. Asking for help is a part of my recovery.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------------------	----------	----------------------

12. I know people who are recovering from problems similar to mine.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------------------	----------	----------------------

13. Recovery means my symptoms will be easier to control.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------------------	----------	----------------------

14. Recovery means I will be free of symptoms.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------------------	----------	----------------------

15. Self-help groups are important for my recovery.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------------------	----------	----------------------

16. Recovery means getting more control of my life.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------------------	----------	----------------------

17. The cause of my mental illness is not important for my recovery.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
18. At times, treatment against my wishes is necessary for my recovery. For example, involuntary hospitalization, forced medication, or community probate.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
19. Support from a special person, such as a spouse or partner, is important for my recovery.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
20. Recovery means I will not be mentally ill anymore.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
21. I am convinced that medication can help me to recover.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
22. Side effects from my medication make it harder for me to recover.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
23. Recovery involves finding new meaning in my life.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
24. Support from mental health professionals is important for my recovery.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

AGREEMENT WITH RECOVERY ATTITUDES SCALE

Murnen SK and Smolak L

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AGREEMENT WITH RECOVERY ATTITUDES SCALE

Note: Each item was responded to using the following scale:

1	2	3	4	5
Disagree Strongly		Neither		Agree Strongly
		Agree Nor		
		Disagree		

The mean and standard deviation of agreement with each item are noted.

I know how to make the most of my life.	$(M = 3.19, S = 1.20)$
I have leisure activities that are pleasurable to me	$(M = 3.59, S = 1.32)$
I feel capable of making important decisions in my life.	$(M = 3.48, S = 1.32)$
I am satisfied with my job situation.	$(M = 2.5, S = 1.57)$
I don't care who knows I have a mental illness.	$(M = 2.88, S = 1.6)$
I feel I have some control over society's negative stereotypes about mental illness.	$(M = 2.69, S = 1.43)$
I am a friend to others.	$(M = 4.57, S = 0.76)$
I feel that I can contribute to this community.	$(M = 3.82, S = 1.36)$
I feel connected to society.	$(M = 3.00, S = 1.33)$
I feel that I have some control over the course of treatment of my symptoms.	$(M = 3.48, S = 1.33)$

I feel that I can work effectively with professionals in the management of any symptoms I might have.	($M = 3.69, S = 1.33$)
I have satisfying personal relationships in my life.	($M = 3.72, S = 1.31$)
I feel hopeful about reaching my goals.	($M = 3.68, S = 1.28$)
I feel comfortable expressing my feelings towards others.	($M = 3.22, S = 1.32$)
I feel that I have a satisfying spiritual life.	($M = 3.39, S = 1.50$)
I am satisfied with my health, energy and vitality.	($M = 2.63, S = 1.42$)
I am pleased with my appearance.	($M = 2.85, S = 1.37$)
I am living where I want to be living.	($M = 2.90, S = 1.56$)
I derive satisfaction from my daily activities.	($M = 3.12, S = 1.30$)
I am afraid of meeting people who know I have a mental illness.	($M = 3.40, S = 1.37$)
I accept responsibility for my care.	($M = 4.27, S = 0.97$)
I accept my mental illness.	($M = 3.54, S = 1.42$)

MENTAL HEALTH RECOVERY MEASURE

Young SL, Ensing DS and Bullock WA

For more information contact:

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Acknowledgement:

The *Mental Health Recovery Measure* was developed with support through a grant from the Ohio Department of Mental Health, Office of Program Evaluation and Research.

Selected readings:

Ralph, R. O., & Kidder, K. (Eds.). (2000). Can we measure recovery? A compendium of recovery and recovery-related instruments. Cambridge, MA: The Evaluation Center at Human Services Research Institute.

Young, S. L., Ensing, D. E., & Bullock, W. A. (1999). The Mental Health Recovery Measure. Toledo, OH: Department of Psychology, University of Toledo.

Young, S. L., & Ensing, D. S. (1999). Exploring recovery from the perspective of people with psychiatric disabilities. Psychiatric Rehabilitation Journal, 22(3), 219-231. Reprinted by permission.

MENTAL HEALTH RECOVERY MEASURE - ADULT VERSION

(Young, Ensing, & Bullock, 1999)

Everyone experiences problems in living at some time in their life. Sometimes these problems are very serious and include significant emotional or behavioral problems, or psychiatric symptoms. Mental health recovery refers to an ongoing process of working to better handle problems in living, learning to cope more successfully with challenging life situations, or coping better with psychiatric symptoms. The process of mental health recovery is complex and is different for each individual. This process may include changes in your feelings, thoughts, and behaviors that give you a renewed sense of hope and purpose, a new sense of yourself, or better adjustment to psychiatric symptoms.

The goal of this questionnaire is to find out how you view your own current recovery process. There are no right or wrong answers. Please read each statement carefully and indicate how much you agree or disagree with each item by circling the appropriate number.

1) I am willing to work hard to recover.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

2) Even though there are hard days, I still know that things will continue to improve if I work hard.

0	1	2	3	4
				Strongly

Can We Measure Recovery? A Compendium of Recovery and Recovery-Related Instruments

Strongly Disagree Disagree Neutral Agree Agree

3) It is okay to ask for help when I am not feeling well.

0 1 2 3 4
Strongly Disagree Disagree Neutral Agree Strongly Agree

4) When I'm feeling low, I am able to rely on my religious faith, or on other people to give me the encouragement I need to continue.

0 1 2 3 4
Strongly Disagree Disagree Neutral Agree Strongly Agree

5) I do not have a serious or persistent mental health problem.

0 1 2 3 4
Strongly Disagree Disagree Neutral Agree Strongly Agree

6) I want to take care of myself for my own good.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

7) I am willing to take risks to move forward with my recovery.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

8) I believe in myself.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

9) I am not afraid to work hard to get better.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

10) My mental health problems are completely out of my own control.

0	1	2	3	4
Strongly	Disagree	Neutral	Agree	Strongly Agree

Disagree

11) I can sense when the symptoms of my mental health problems are getting worse.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

12) When having a bad day, it is okay to rely on habits like smoking or drinking to get out of a slump.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

13) I am somehow to blame for my mental health problems.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

14) Every day is a new opportunity for learning.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

15) I no longer know who I am because of my mental health problems.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

16) I can still grow and change in positive ways despite my mental health problems.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

17) I have not lost all of myself to my mental health problems.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

18) I am still capable of learning about the world around me.

0	1	2	3	4
Strongly	Disagree	Neutral	Agree	Strongly Agree

Disagree

19) I eat nutritious meals every day.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

20) I go out and participate in at least two enjoyable activities every week.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

21) I have less than three people I consider my friends.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

22) Most of the time, I stay at home and watch TV.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

23) I am good about taking my medications regularly.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

24) I make the effort to get to know other people.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

25) I feel good about myself.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

26) The way I think about things helps me to achieve my goals.

0	1	2	3	4
Strongly	Disagree	Neutral	Agree	Strongly Agree

Disagree

27) I feel like my life is pretty normal.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

28) My life feels like it is out of control.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

29) I feel at peace with myself.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

30) I am not a good person.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

31) If things continue like they are, I will be able to afford more of the things that I would like to have as time goes on.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

32) My life is meaningless.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

33) I am able to hold a positive attitude for weeks at a time.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

34) I believe that my quality of life will get better in the future.

0	1	2	3	4
				Strongly

Strongly Disagree Disagree Neutral Agree Agree

35) There is some source outside of myself that gives my life meaning.

0 1 2 3 4
Strongly Disagree Disagree Neutral Agree Strongly Agree

36) Every day that I get up I feel I can do something productive.

0 1 2 3 4
Strongly Disagree Disagree Neutral Agree Strongly Agree

37) The problems I have had in the past give me little hope for the future.

0 1 2 3 4
Strongly Disagree Disagree Neutral Agree Strongly Agree

38) I feel that I'm making progress towards my goals.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

39) Even though I may still have problems, I value myself as a person of worth.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

40) The problems I have had in my life have made me a stronger, more capable person.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

41) I think that I understand myself and have a good sense of who I am.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Acknowledgement

The *Mental Health Recovery Measure* was developed with support through a grant from the Ohio Department of Mental Health, Office of Program Evaluation and Research.

Selected Readings:

Ralph, R. O., & Kidder, K. (Eds.). (2000). Can we measure recovery? A compendium of recovery and recovery-related instruments. Cambridge, MA: The Evaluation Center at Human Services Research Institute.

Young, S. L., Ensing, D. E., & Bullock, W. A. (1999). The Mental Health Recovery Measure. Toledo, OH: Department of Psychology, University of Toledo.

Young, S. L., & Ensing, D. S. (1999). Exploring recovery from the perspective of people with psychiatric disabilities. Psychiatric Rehabilitation Journal, 22, 219-231.

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APPENDIX C: RECOVERY-RELATED MEASURES

*LEADERSHIP EDUCATION AND TRAINING PROGRAM:
POST-PLACEMENT ASSESSMENT*

Bullock WA, Ensing DS, Alloy V and Weddle C

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Selected reading:

Bullock, W. A., Ensing, D. S., Alloy, V. E. & Weddle, C. C. (In press). Leadership education: Evaluation of a program to promote recovery in persons with psychiatric disabilities. Psychiatric Rehabilitation Journal.

LEADERSHIP EDUCATION AND TRAINING PROGRAM

Post-Placement Assessment

Instructions: These questions have you give us feedback about your board/committee placement and ask you to determine what aspects of the leadership training program assisted you the most, or the least in your leadership experience. We value your feedback, both *positive and constructive*.

What leadership activity are you participating in now?

Committee Board School Work Volunteer None Other _____

Please describe the activity: _____

Effects of Training

1. How helpful was the leadership training program in preparing you for your present leadership experience? Please check one:

Not at all Some Quite a bit A lot

Please explain your response:

Can We Measure Recovery? A Compendium of Recovery and Recovery-Related Instruments

2. How much do you think the leadership training program helped you to acquire the skills necessary to be successful in your current leadership placement?

Not at all Some Quite a bit A lot

Please list the three most important skills you acquired through your participation in the leadership training program:

1. _____

2. _____

3. _____

3. What activities outside of your current leadership placement do you feel the leadership training program has helped you with? Please list up to three:

1. _____

2. _____

3. _____

4. Given your leadership experience, how would you change the training to better help consumers meet the responsibilities of their leadership placement?

5. Which parts of training were most helpful in preparing you for your leadership experience?

6. How likely would you have been to participate in the leadership experience if you would not have participated in the leadership experience?

Definitely would not Probably would not Not sure Probably would anyway Definitely would anyway

Effects of Placement

7. What parts of your leadership placement helped your own recovery process in a *positive* way?
How?

8. What parts of your leadership placement helped your own recovery process in a *negative* way?
How?

9. What might you do now that you might not have done before participating in the leadership placement?

10. Should other consumers have an opportunity to engage in the training and leadership placement? Why? How do you think the leadership experience fits into the larger scope of mental health services available to consumers?

11. Who, at your current activity, might be a good person for us to contact?

12. Where are you in treatment?

Unison Zepf Wood County CMH Other

13. If there is anything else that you want to tell us about your leadership experience or if you have any questions or recommendations you would like to make, please write them in the space below.

WELL-BEING SCALE
Campbell J and Schraiber R

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WELL-BEING SCALE

Date: _____

Interview Packet Number: _____

Name of Interviewer: _____

Comments:

Introduction

The California Network of Mental Health Clients is interested in the well-being of mental health clients and people considered to have psychological or emotional problems. We have been funded through a contract from the Mental Health Department of the State of California to learn what factors might improve the well-being of mental health clients.

What we learn from each person that is interviewed is very important. However, we know some of the questions may be sensitive.

STATEMENT OF CONFIDENTIALITY

Before you start, we would like to assure you that this interview is confidential and completely voluntary. No one else will know how you answered these questions. Your name will not be used. We will combine your answers with those given by other mental health clients to give a statistical summary. Even so, if you should come to any question which you do not want to answer, just go on to the next one.

(Please initial that you have read the statement above)

The Well-Being Project

Please mark or fill in your responses to the following questions. Take your time, but do not go back and change any answers after completing the questionnaire. Enjoy yourself. There are no right or wrong answers.

1. Age: [_____]

2. Sex: [1].....Male [2]..... Female

3. Ethnic Group:

[1] Caucasian

[2] Black

[3] Asian

[4] Latino

[5] Native American

[6] Other

4. Marital Status

[1] Single

[2] Married

[3] Separated

[4] Divorced

[5] Widowed

[6] Significant Other

[7] I would prefer not to classify myself

5. Where do you usually live?

- [1] Home, hotel, or apartment
- [2] With parents or other family members
- [3] With friends
- [4] Emergency shelter
- [5] Hospital or institution
- [6] Streets
- [7] Halfway house or board and care
- [8] Other

6. If you don't have your own place to live, is it because

- [1] You don't have enough money
- [2] Can't find a place to live
- [3] You've been evicted
- [4] You've been discriminated against
- [5] Other
- [6] I have my own place to live

7. What percentage of your income is used to pay for your housing?

- | | |
|----------------|---------------|
| [1] 100% | [2] 75% |
| [3] 50% | [4] 25% |
| [5] 0% | |

8. How much do you like living where you are?
- [1] Like it a lot
 - [2] Like it somewhat
 - [3] Don't care
 - [4] Dislike it somewhat
 - [5] Dislike it a lot
9. What is your current source of income or support? (Please indicate all sources)
- [1] Full-time work
 - [2] Part-time work
 - [3] Support from wife, parents, or other family members
 - [4] Support from friends
 - [5] General relief or general assistance
 - [6] Veterans' benefits, Social Security, or other state/federal support
 - [7] Aid To Families with Dependent Children (AFDC)
 - [8] No source of income
 - [9] Other

10. If you have a child or children, do/does he/she/they live
- [1] With you?
 - [2] With a spouse, former spouse, or family member?
 - [3] On their own?
 - [4] In a state institution?
 - [5] In a foster home?
 - [6] In a private institution?
 - [7] Don't know where they live
 - [8] No children
11. If you have a child or children, how satisfied are you with he/she/their living situation?
- [1] Very satisfied
 - [2] Generally satisfied
 - [3] Sometimes satisfied
 - [4] Seldom satisfied
 - [5] Not satisfied at all
12. How much schooling have you completed?
- [1] Less than high school
 - [2] Some high school
 - [3] High school graduate or equivalency
 - [4] Some college or technical training
 - [5] Junior college graduate
 - [6] College graduate

[7] Post-graduate or professional training

[8] Other

13. Are you now receiving some kind of mental health treatment or medication?

[1] Yes

[2] No

14. How would you describe your own state of *physical* health these days?

[1] Excellent

[2] Pretty good

[3] Only fair

[4] Poor

[5] No opinion

15. How would you describe the general state of your *psychological and emotional* health these days?

[1] Excellent

[2] Pretty good

[3] Only fair

[4] Poor

[5] No opinion

16. Thinking back over the past week, have there been any times when you felt you were under a lot of stress?

[1] Not under a lot of stress

[2] Yes, just once

[3] Yes, a few times

[4] Yes, many times

[5] No opinion

When you feel stressed or just plain hassled, how often would you do the following:

17. ...How often would you say you would talk the situation over with others?

[1] Always

[2] Sometimes

[3] Occasionally

[4] Never

[5] No opinion

18. ...How often would you block it out by doing something active like exercising, sports or hobbies?

[1] Always

[2] Sometimes

[3] Occasionally

[4] Never

[5] No opinion

19. ...How often would you block it out by relaxing, reading, watching TV or getting some sleep?

[1] Always

[2] Sometimes

[3] Occasionally

[4] Never

[5] No opinion

20. ...How often would you drink beer, wine or any other alcoholic beverages?

[1] Always

[2] Sometimes

[3] Occasionally

[4] Never

[5] No opinion

21. ...How often would you take some medication, like tranquilizers?

[1] Always

[2] Sometimes

[3] Occasionally

[4] Never

[5] No opinion

22. ...How often would you see the situation as a challenge and face it head on?

[1] Always

[2] Sometimes

[3] Occasionally

[4] Never

[5] No opinion

23. ...How often would you shout, bang things around or get really aggressive?

[1] Always

[2] Sometimes

[3] Occasionally

[4] Never

[5] No opinion

24. Would you say things are going well in your life these days?

[1] All of the time

[2] Most of the time

[3] Some of the time

[4] Seldom

[5] Never

25. What would make your life better right now?

26. Do you worry about things?

[1] All the time

[2] A lot

[3] Sometimes

[4] Seldom

[5] Never

27. There's a lot of talk these days about wellness and well-being. Below is a list of things that some people have said are essential for their well-being. Please mark all those things below you believe are *essential* for your well-being.

- | | |
|--|---|
| [1] Happiness | [2]..... Health |
| [3] Adequate Income | [4]..... Meaningful work or achievement |
| [5] Comfort | [6]..... Satisfying social life |
| [7] Satisfying spiritual life | [8]..... Adequate resources |
| [9] Good food and a decent place to live | |
| [10] Satisfying sexual life | [11].... Creativity |
| [12] Basic human freedoms | [13].... Warmth and intimacy |
| [14] Safety | [15].... Others |

28. Of the things that people have mentioned that are essential for well-being, which of the following, if any, do you lack in your everyday life?

- | | |
|--|---|
| [1] Happiness | [2]..... Health |
| [3] Adequate Income | [4]..... Meaningful work or achievement |
| [5] Comfort | [6]..... Satisfying social life |
| [7] Satisfying spiritual life | [8]..... Adequate resources |
| [9] Good food and a decent place to live | |
| [10] Satisfying sexual life | [11].... Creativity |
| [12] Basic human freedoms | [13].... Warmth and intimacy |
| [14] Safety | [15].... Others |

29. If people did use an expression to refer to you in terms of your psychological or emotional problems, to which of the following terms would you have an objection to being called? (Mark all to which you object)

- | | |
|----------------------------------|-----------------------------|
| [1] Mental health client | [2]..... Mentally ill |
| [3] Emotionally disabled | [4]..... Psychiatric inmate |
| [5] Psychiatric survivor | [6]..... Flipped out |
| [7] Disturbed | [8]..... Mad |
| [9] Crazy | [10] Space cadet |
| [11] Mental health consumer | [12] Eccentric |
| [13] Insane | [14] Wacko |
| [15] Mental health patient | [15] Sick |

30. In the above list, which do you prefer being called, if any?
-

31. Have you ever been discriminated against because you were or are a mental health client?

- [1] Yes [2]..... No [3].....Not sure

32. When other people know or find out that you have received mental health services or that you have been diagnosed as having some psychological or emotional problem, how often do they treat you differently?

- [1] Most of the time
[2] Sometimes

[3] Seldom or rarely

[4] Never

[5] No opinion

Below is a list of some of the ways that people might treat you or think of you differently when they find out that you are a mental health client. In general, what do you feel other people think when they find out that you are/were a mental health client, or are labeled as having some psychological or emotional problem?

33. ...Feel or treat you like you are violent or dangerous?

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

[6] No opinion

34. ...Feel or treat you like you are of superior intelligence?

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

[6] No opinion

35. ...Feel you are a child or treat you like a child?

[1] All of the time

[2] Most of the time

[3] Sometimes

- [4] Seldom
- [5] Never
- [6] No opinion

36. ...Feel or treat you like you are unpredictable?

- [1] All of the time
- [2] Most of the time
- [3] Sometimes
- [4] Seldom
- [5] Never
- [6] No opinion

37. ...Feel or treat you like you have greater sensitivity?

- [1] All of the time
- [2] Most of the time
- [3] Sometimes
- [4] Seldom
- [5] Never

[6] No opinion

38. ...Think that you do not know what is in your own best interests?

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

[6] No opinion

39. ...Feel or treat you like you have a special type of consciousness?

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

[6] No opinion

40. ...Think or treat you like you are a spiritual person?

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

[6] No opinion

41. ...Think or treat you like you are incapable of caring for children?

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

[6] No opinion

42. ...Think or treat you like you are incapable of holding a job?

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

[6] No opinion

43. ...Feel or treat you like you are incapable of having a satisfying relationship with another man or woman?

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

[6] No opinion

44. Have you even had an experience where you were angry and a member of your family, or a teacher, mental health worker, or the police said you were mad, crazy or insane?
- [1] Always
[2] A lot
[3] Sometimes
[4] Seldom
[5] Never
45. How often have you heard mental health workers, counselors, nurses, or psychiatrists/psychologists compliment you respectfully on your abilities?
- [1] Always
[2] A lot
[3] Sometimes
[4] Seldom
[5] Never
46. Just from what you've read or heard, do you think this statement is true? "A person who is diagnosed as schizophrenic (skit-zo-fren-ik) is more likely to commit a violent crime than the average person."
- [1] Definitely true
[2] Probably true
[3] Probably false
[4] Definitely false
[5] Don't know

47. How tolerant do you think this society is about people who are different or are thought to be different?
- [1] Very tolerant
 - [2] Generally tolerant
 - [3] Sometimes tolerant
 - [4] Seldom tolerant
 - [5] Not at all tolerant
48. How often have you had an experience that you would describe as spiritual or psychic?
- [1] All the time
 - [2] Many times
 - [3] Sometimes
 - [4] Seldom
 - [5] Never
49. Do people ever consider you mentally ill because you have spiritual or psychic experiences or have had them in the past?
- [1] All of the time
 - [2] Most of the time
 - [3] Sometimes
 - [4] Seldom
 - [5] Never
50. How often do you feel that your friends listen to you and consider what you have to say to be valid or important?

- [1] All of the time
- [2] Most of the time
- [3] Sometimes
- [4] Seldom
- [5] Never

51. How often do you feel that your family listens to you and considers what you have to say to be valid or important?

- [1] All of the time
- [2] Most of the time
- [3] Sometimes
- [4] Seldom
- [5] Never

52. How often do you feel that mental health professionals (people like psych-techs, nurses, doctors, counselors) listen to you and consider what you have to say to be valid or important?
- [1] All of the time
 - [2] Most of the time
 - [3] Sometimes
 - [4] Seldom
 - [5] Never
53. How often, if ever, have you been told that you were resistant or rebellious if you disagreed with the opinions or advice of mental health professionals?
- [1] All of the time
 - [2] Most of the time
 - [3] Sometimes
 - [4] Seldom
 - [5] Never
54. How often do you feel lonely or isolated from other people?
- [1] All of the time
 - [2] Most of the time
 - [3] Sometimes
 - [4] Seldom
 - [5] Never
55. How often do you experience boredom in your everyday life?
- [1] All of the time
 - [2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

How often do you feel safe talking about personal matters or your innermost feelings to any of the following people:

56. ...Your family

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

57. ...Your friend/friends

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

58. ...Peer counselors or people in self-help groups

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

59. ...Doctors, nurses, psych-techs or other mental health professionals

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

60. ...Religious persons such as minister, priest, rabbi, or guru

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

61. ...People such as psychic advisors, healers, or hypnotists

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

62. How insecure do you feel about having or continuing to have adequate food, clothing, shelter, or income?

[1] Always insecure

[2] Usually insecure

[3] Sometimes insecure

[4] Seldom insecure

[5] Never insecure

63. How much control or choice do you feel your family has over your actions or beliefs?

[1] Total

[2] A lot

[3] Some

[4] A little

[5] None

64. How much control or choice do you feel your doctor or counselor has over your actions or beliefs?

[1] Total

[2] A lot

[3] Some

[4] A little

[5] None

65. How much control or choice do you feel the police or law enforcement has over your actions or beliefs?

[1] Total

[2] A lot

[3] Some

[4] A little

[5] None

How much control or choice do you feel you have?

66. ...Over the amount or kind of medication you take?

[1] Total

[2] A lot

[3] Some

[4] A little

[5] None

[6] Not applicable

67. ...Over what kind of treatment or service you receive for psychological or emotional problems?
- [1] Total
 - [2] A lot
 - [3] Some
 - [4] A little
 - [5] None
 - [6] Not applicable
68. ...Over the choice of mental health professionals to work with?
- [1] Total
 - [2] A lot
 - [3] Some
 - [4] A little
 - [5] None
 - [6] Not applicable
69. ...Over your own well-being in general?
- [1] Total
 - [2] A lot
 - [3] Some
 - [4] A little
 - [5] None
70. How often do you find that before a psychological or emotional problem becomes severe, there are signs, symptoms, or feelings that you can recognize?
- [1] Always

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

71. If you do recognize a sign, symptom, or feelings that indicate you may be having psychological or emotional problems, how often can you take care of the problem before it becomes severe?

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

72. Do you feel it is possible to be psychologically and emotionally healthy and not fit into a mainstream lifestyle?

[1] Very possible

[2] Somewhat possible

[3] Somewhat unlikely

[4] Very unlikely

[5] Impossible

73. When you have psychological or emotional problems, what do you usually do?
(Please mark all that apply)

[1] Call or go see a family member

[2] Call or go see a friend

- [3] Call or go see a counselor, doctor, or other mental health professional
- [4] Go to a self-help group
- [5] Go to the movies or watch television
- [6] Relax, meditate, take walks, take a hot bath
- [7] Exercise
- [8] Eat
- [9] Drink alcohol or take street drugs
- [10] Talk with psychic advisor, healer or hypnotist
- [11] Do something creative
- [12] Write down your thoughts or talk the problem out
- [13] Take or increase medication
- [14] Do nothing
- [15] None of the above

74. Do you feel you have been misdiagnosed?

- [1] All of the time
- [2] Most of the time
- [3] Sometimes
- [4] Seldom
- [5] Never

75. In general, what do you feel is the main source of any psychological or emotional problems you may have? (**Pick all that apply**)

[1] Biochemical

[2] Family

[3] Cultural Belief System

[4] Environment

[5] Economy or Government

[6] Social Relations

[7] Mental Health System

[8] Genetic

[9] Police

[10] None of the Above

76. How often do you accept or go along with mainstream ideas and what people in authority say?

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

77. How troubled are you by the problems that you see in the world around you?

[1] Very troubled

[2] Somewhat troubled

[3] Not very troubled

[4] Not at all troubled

78. How often do you feel satisfaction or achievement from things you do?

[1] Always

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

79. How often do you do things that are enjoyable or fun?

[1] Always

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

People have different ways to express their thoughts and feelings. How often do you...

80. ...Talk with other people?

[1] Always

[2] Very often

[3] Sometimes

[4] Seldom

[5] Never

81. ...Write poetry or fiction, or keep a journal?

[1] Always

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

82. ...Draw, paint, or take photographs?

[1] Always

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

83. ...Sing, dance, or are involved in theatrical productions?

[1] Always

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

84. ...Play music?

[1] Always

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

85. ...Work on a hobby or do something else creative?

[1] Always

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

86. Is being accepted in a social situation important to you?

[1] Always

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

87. How often do you feel that you are accepted in social situations?

[1] Always

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

88. How often do you feel that other people accept your feelings of sorrow, despair, anger, frustration, separation?

[1] Always

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

89. How often do you accept your own feelings of sorrow, despair, anger, frustration, separation?

[1] Always

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

90. How often do you feel that other people accept your feelings of happiness or joy?

[1] Always

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

91. How often do you feel that you accept your own feelings of happiness or joy?

[1] Always

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

92. How often do you get the opportunity to learn new skills in your life?

[1] Always

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

How interested would you be in learning more about the topics listed below:

Can We Measure Recovery? A Compendium of Recovery and Recovery-Related Instruments

93. ...Nutrition and matters relating to diet?

[1]..... Very interested

[2]..... Somewhat interested

[3]..... Not too interested

[4]..... Not at all interested

94. ...Exercise and physical fitness

[1]..... Very interested

[2]..... Somewhat interested

[3]..... Not too interested

[4]..... Not at all interested

95. ...Ways to help a person reduce stress?

[1]..... Very interested

[2]..... Somewhat interested

[3]..... Not too interested

[4]..... Not at all interested

96. ...Ways a person can improve their relationships with others?

- [1] Very interested
- [2] Somewhat interested
- [3] Not too interested
- [4] Not at all interested

97. ...The effects of one's environment on their health?

- [1] Very interested
- [2] Somewhat interested
- [3] Not too interested
- [4] Not at all interested

98. ...Various kinds of health services available to the public?

- [1] Very interested
- [2] Somewhat interested
- [3] Not too interested
- [4] Not at all interested

99. ...Any type of self-help group?

- [1] Very interested
- [2] Somewhat interested
- [3] Not too interested
- [4] Not at all interested

100. ...Ways to develop creative forms of self-expression such as writing, singing, dancing, playing music?

[1] Very interested

[2] Somewhat interested

[3] Not too interested

[4] Not at all interested

101. ...Skills for meaningful work and activities?

[1] Very interested

[2] Somewhat interested

[3] Not too interested

[4] Not at all interested

Listed below are different ways you can learn new information or skills. Please mark how useful you feel each one is for you.

102. ...Reading material, such as pamphlets, brochures, books

[1] Very useful

[2] Somewhat useful

[3] Not too useful

[4] Not at all useful

103. ...TV shows

[1] Very useful

[2] Somewhat useful

[3] Not too useful

[4] Not at all useful

104. ...Video/Audio cassettes

[1] Very useful

[2] Somewhat useful

[3] Not too useful

[4] Not at all useful

105. ...Workshops or conferences

[1] Very useful

[2] Somewhat useful

[3] Not too useful

[4] Not at all useful

106. ...A toll-free information number

[1] Very useful

[2] Somewhat useful

[3] Not too useful

[4] Not at all useful

107. ...Theatre/Live shows

[1] Very useful

[2] Somewhat useful

[3] Not too useful

[4] Not at all useful

108. ...Radio

[1] Very useful

[2] Somewhat useful

[3] Not too useful

[4] Not at all useful

109. ...Lectures

[1] Very useful

[2] Somewhat useful

[3] Not too useful

[4] Not at all useful

110. ...Newspapers/Magazines

[1] Very useful

[2] Somewhat useful

[3] Not too useful

[4] Not at all useful

111. ...From a friend

[1] Very useful

[2] Somewhat useful

[3] Not too useful

[4] Not at all useful

112. ...From a family member

[1] Very useful

[2] Somewhat useful

[3] Not too useful

[4] Not at all useful

113. At what age were you first considered to have psychological or emotional problems? **(Please give age in years)**

114. In general, do you feel that psychiatric drugs have been helpful or harmful for treatment of psychological or emotional problems?

- [1] Very helpful
- [2] Somewhat helpful
- [3] Neither helpful not hurtful
- [4] Somewhat harmful
- [5] Never harmful
- [6] Don't take drugs

115. Are you bothered by any side-effects from the prescribed psychiatric drugs you are currently taking or have taken in the past?

- [1] Severe side-effects
- [2] Moderate problems
- [3] Mild problems
- [4] No side-effects
- [5] Not applicable

116. Do you feel that you should have the right to refuse or stop taking medications?

- [1] Yes
- [2] No
- [3] Not sure

117. Were you ever *involuntarily hospitalized* for a psychological or emotional problem?

- [1] Yes
- [2] No

If so, how many times? _____

118. Were you ever *voluntarily hospitalized* for a psychological or emotional problem?

- [1] Yes
- [2] No

If so, how many times? _____

119. What was the longest time you were ever hospitalized?

_____ Years _____ Months

120. Has the fear of being involuntarily committed ever caused you to avoid treatment for psychological or emotional problems?

[1] Yes

[2] No

121. In general, do you feel that psychiatric hospitalization has been helpful or harmful for you?

[1] Very helpful

[2] Somewhat helpful

[3] Neither helpful not harmful

[4] Somewhat harmful

[5] Never harmful

[6] Not applicable

122. Are you or have you ever been on a conservatorship?

[1] Yes

[2] No

123. If you have had electro-shock, do you feel it was generally helpful or harmful for you?

[1] Very helpful

[2] Somewhat helpful

[3] Neither helpful not harmful

[4] Somewhat harmful

[5] Never harmful

[6] Not applicable

124. If you have had psychosurgery, do you feel it was generally helpful or harmful for you?

[1] Very helpful

[2] Somewhat helpful

[3] Neither helpful not harmful

[4] Somewhat harmful

[5] Never harmful

[6] Not applicable

125. If you have ever been put into seclusion or restraints, do you feel it was generally helpful or harmful for you?

[1] Very helpful

[2] Somewhat helpful

- [3] Neither helpful not harmful
- [4] Somewhat harmful
- [5] Never harmful
- [6] Not applicable

126. Are you in a vocational rehabilitation program?

- [1] Yes
- [2] No

127. How beneficial do you believe the various vocational rehabilitation programs are for mental health clients?

- [1] Very beneficial
- [2] Of general benefit
- [3] Somewhat beneficial
- [4] Of little benefit
- [5] No benefits

128. How often does/did your doctor or therapist fully inform you of the benefits or risks of your therapy or care plan?

- [1] All of the time
- [2] Most of the time
- [3] Sometimes
- [4] Seldom
- [5] Never

129. In general, would you say that the agencies that administer mental health programs treat you with courtesy and respect?

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

130. What basic human right of mental health clients, if any, do you feel is most often ignored or violated?

131. In general, do you feel that the mental health system respects your civil and human rights?

[1] All of the time

[2] Most of the time

[3] Sometimes

[4] Seldom

[5] Never

132. How important do you feel it is to have an independent patients' rights advocate who will protect and advance your legal rights or personally expressed interests?

[1] Very important

[2] Somewhat important

[3] Of little importance

[4] Of no importance at all

133. How important is it to you to have free choice in picking your own therapist?

[1] Very important

[2] Somewhat important

[3] Of little importance

[4] Of no importance

134. How often have you been able to get the type of treatment you wanted for a psychological or emotional problem?

[1] Always

[2] Most of the time

[3] Some of the time

[4] Seldom

[5] Never

135. In general, when you have any psychological or emotional problems, who do you feel is useful or helpful to you?
- [1] A member of the clergy
 - [2] A counselor
 - [3] Doctor, therapist, or other mental health professional
 - [4] A family member
 - [5] A friend/friends
 - [6] A self-help group
 - [7] Spouse or significant other
 - [8] Someone with spiritual or psychic abilities
 - [9] Teacher
 - [10] Yourself
 - [11] Other
136. In general, which of the following expressions best describes how your life is going right now?
- [1] Forward
 - [2] Backward
 - [3] Up and down
 - [4] Staying the same
137. How often do you have dreams or plans to improve the quality of your life in the future?
- [1] All the time
 - [2] Most of the time
 - [3] Sometimes

[4] Seldom

[5] Never

138. What group of people would you like to educate most about the rights, problems, needs of mental health clients?

There are a lot of issues currently being considered by governmental and mental health agencies that affect mental health clients. Which of the following do you support or oppose?

139. ...Provisions for *involuntary* outpatient treatment

[1] Yes

[2] No

[3]Not sure

140. ...Making it easier to commit someone to a mental hospital

[1] Yes

[2] No

[3]Not sure

141. ...Extending the period of involuntary hospitalization

[1] Yes

[2] No

[3]Not sure

142. ...Providing alternatives to hospitalization

[1] Yes

[2] No

[3]Not sure

143. ...Requiring insurance companies to include *voluntary* psychiatric treatment in workers' health packages

[1] Yes

[2] No

[3]Not sure

144. ...Additional governmental funding for self-help groups

[1] Yes

[2] No

[3] Not sure

145. ...Legislation to remove disincentives for working for those receiving government benefits

[1] Yes

[2] No

[3] Not sure

146. ...In legal hearings regarding release and commitment of mental health clients, requiring *all* past psychiatric history to be included.

[1] Yes

[2] No

[3] Not sure

147. ...To have the absolute right to easily obtain copies of *your* psychiatric records

[1] Yes

[2] No

[3] Not sure

148. ...More funding for independent patients' rights advocated
- [1] Yes [2] No [3]Not sure
149. ...Affirmative action legislation for mental health clients as there is for women, blacks, veterans, handicapped people
- [1] Yes [2] No [3]Not sure
150. ...Greater funding and greater opportunities for vocational training and rehabilitation
- [1] Yes [2] No [3]Not sure
151. How often, if ever, have you thought about the things that were asked in this questionnaire?
- [1] All the time
- [2] Most of the time
- [3] Sometimes
- [4] Seldom
- [5] Never

If you have any comments or reactions to this questionnaire, please share them with us.

Again, thank you for your time and effort in participating in this study. If you have any questions concerning the Well-Being Project, please contact:

The California Network of Mental Health Clients
Suite A
Riverside, CA 92504
1-800-626-7447

MENTAL HEALTH CONFIDENCE SCALE

Carpinello SE, Knight EL, Markowitz FE & Pease EA

For more information contact:

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Selected reading:

Carpinello, S. E., Knight, E. L., Markowitz, F. E., & Pease, E. A. (2000). The development of the Mental Health Confidence Scale: A measure of self-efficacy in individuals diagnosed with mental disorders. Psychiatric Rehabilitation Journal, 23(3), 236-243. Reprinted by permission.

MENTAL HEALTH CONFIDENCE SCALE

We would like to know how confident you are about your ability to help yourself deal with those things that commonly influence our lives. For each item, indicate *how confident you are that you could do something to help yourself right now*.

Directions: Rate the degree of your confidence by circling a number from 1 to 6, where 1 = very unconfident and 6 = very confident.

How confident are you right now that you can:

		Very Unconfiden t	Unconfident	Slightly Unconfident	Slightly Confiden t	Confiden t	Very Confiden t
1.	Be happy	1	2	3	4	5	6
2.	Feel hopeful about the future	1	2	3	4	5	6
3.	Set goals for yourself	1	2	3	4	5	6
4.	Get support when you need it?	1	2	3	4	5	6
5.	Boost your self esteem	1	2	3	4	5	6
6.	Make friends	1	2	3	4	5	6
7.	Stay out of the hospital	1	2	3	4	5	6

8.	Face a bad day	1	2	3	4	5	6
9.	Deal with losing someone close to you	1	2	3	4	5	6
10.	Deal with feeling depressed	1	2	3	4	5	6
11.	Deal with feeling lonely	1	2	3	4	5	6
12.	Deal with nervous feelings	1	2	3	4	5	6
13.	Deal with symptoms related to your mental illness diagnosis	1	2	3	4	5	6
14.	Say no to a person abusing you	1	2	3	4	5	6
15.	Use your right to accept or reject mental health treatment	1	2	3	4	5	6
16.	Advocate for your needs	1	2	3	4	5	6

HERTH HOPE INDEX

Herth K

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Selected reading:

Herth, K. (1992). Abbreviated instrument to measure hope: Development and psychometric evaluation. Journal of Advanced Nursing, 17, 1251-1259. Reprinted by permission.

HERTH HOPE INDEX

Study No. _____

Listed below are a number of statements. Read each statement and place an [X] in the box that describes how much you agree with that statement *right now*.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I have a positive outlook toward life.				
2. I have short, intermediate, and/or long range goals.				
3. I feel all alone.				
4. I can see a light in a tunnel.				
5. I have a faith that gives me comfort.				
6. I feel scared about my future.				
7. I can recall happy/joyful times.				
8. I have deep inner strength				
9. I am able to give and receive caring/love				
10. I have a sense of direction				

Can We Measure Recovery? A Compendium of Recovery and Recovery-Related Instruments

11. I believe that each day has potential				
12. I feel my life has value and worth				

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HOPE SCALE

Snyder CR, Harris C, Anderson JR, Holleran SA,
Irving LM, Sigmon ST, Yoshinobu L, Gibb J,
Langelle C and Harney P

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University of Kansas
Lawrence, KS 66045

Selected reading:

**Snyder, C. R., Harris, C., Anderson, J. R.,
Holleran, S. A., Irving, L. M., Sigmon, S. T.,
Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P.
(1991). The will and the ways: Development and**

validation of an individual-differences measure of hope. Journal of Personality and Social Psychology, 60(4), 570-585. Reprinted by permission.

HOPE SCALE

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes you and put that number in the blank provided.

1 = Definitely False

2 = Mostly False

3 = Mostly True

4 = Definitely True

_____ 1. I can think of many ways to get out of a jam.

_____ 2. I energetically pursue my goals.

_____ 3. I feel tired most of the time.

_____ 4. There are lots of ways around any problem.

_____ 5. I am easily downed in an argument.

_____ 6. I can think of many ways to get the things in life that are most important to me.

_____ 7. I worry about my health.

_____ 8. Even when others get discouraged, I know I can find a way to solve the problem.

_____ 9. My past experiences have prepared me well for my future.

_____ 10. I've been pretty successful in my life.

_____ 11. I usually find myself worrying about something.

_____ 12. I meet the goals that I set for myself.

- When administering the scale, it is labeled the “Future Scale.”

STAFF RELATIONSHIPS SCALE

HORNIK J, RALPH R AND SALMONS T

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STAFF RELATIONSHIPS SCALE

Now, I would like to ask some questions about your housing staff (or your outreach worker). For each item that I read, please tell me if you strongly disagree, disagree, agree, or strongly agree? **[Hand respondent Card #12]**

	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4	DK 7	N 8	RF 9
11.4 It is hard to get staff to listen to me.....	1	2	3	4	7	8	9
11.5 Staff encourage my independent thinking.....	1	2	3	4	7	8	9
11.1 Staff turn away from me when I talk to them.....	1	2	3	4	7	8	9
11.20 I feel sure that staff are able to help me	1	2	3	4	7	8	9
11.6 Staff believe what I say	1	2	3	4	7	8	9
11.11 Staff recognize my abilities.....	1	2	3	4	7	8	9
11.12 Staff do not respect me & other residents as a person	1	2	3	4	7	8	9
11.7 Staff ask about and respect my religion/spirituality.	1	2	3	4	7	8	9
11.10 Staff are not helpful to me if I disagree with them ...	1	2	3	4	7	8	9
11.8 Staff understand my feelings of anger and help me deal with them.....	1	2	3	4	7	8	9

11.14	Staff are afraid of me.....	1	2	3	4	7	8	9
11.15	Staff give me confidence to make my own decisions.....	1	2	3	4	7	8	9
11.19	Staff have a clear idea of what my goals are.....	1	2	3	4	7	8	9
11.16	I do not trust staff to keep what I say confidential...	1	2	3	4	7	8	9
11.2	Staff are not sensitive to my cultural needs	1	2	3	4	7	8	9
<hr/>								
11.3	Staff do not understand me.....	1	2	3	4	7	8	9
11.9	I feel free to complain to staff.....	1	2	3	4	7	8	9
11.17	Staff compliment me when I do something well	1	2	3	4	7	8	9
11.13	Staff give me hope about my future	1	2	3	4	7	8	9
11.18	Staff walk into my apartment/room/home without being invited.....	1	2	3	4	7	8	9
11.21	My relationship with staff is very important to me .	1	2	3	4	7	8	9
<hr/> <hr/>								

MAKING DECISIONS EMPOWERMENT SCALE

Rogers ES, Chamberlin J, Ellison ML, Crean T

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Selected reading:

Rogers, E. S., Chamberlin, J., Ellison, M. L., & Crean, T. (1997). A consumer-constructed scale to measure empowerment among users of mental health services. Psychiatric Services, 48(8), 1042-1047. Reprinted by permission.

MAKING DECISIONS EMPOWERMENT SCALE

Instructions: Below are several statements relating to one's perspective on life and with having to make decisions. Please circle the number above the response that is closest to how you feel about the statement. Indicate how you feel now. First impressions are usually best. Do not spend a lot of time on any one question. Please be honest with yourself so that your answers reflect your true feelings.

Please answer all questions

BY CIRCLING THE NUMBER THAT BEST DESCRIBES HOW YOU FEEL

PLEASE CIRCLE ONLY ONE

1. I can pretty much determine what will happen in my life.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

2. People are only limited by what they think is possible.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

3. People have more power if they join together as a group.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

4. Getting angry about something never helps.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5. I have a positive attitude toward myself.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

6. I am usually confident about the decisions I make.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

7. People have no right to get angry just because they don't like something.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

8. Most of the misfortunes in my life were due to bad luck.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

9. I see myself as a capable person.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

10. Making waves never gets you anywhere.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

11. People working together can have an effect on their community.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

12. I am often able to overcome barriers.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

13. I am generally optimistic about the future.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

14. When I make plans, I am almost certain to make them work.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

15. Getting angry about something is often the first step toward changing it.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

16. Usually I feel alone.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

17. Experts are in the best position to decide what people should do or learn.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

18. I am able to do things as well as most other people.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

19. I generally accomplish what I set out to do.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

20. People should try to live their lives the way they want to.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

21. You can't fight city hall.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

22. I feel powerless most of the time.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

23. When I am unsure about something, I usually go along with the rest of the group.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

24. I feel I am a person of worth, at least on an equal basis with others.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

25. People have the right to make their own decisions, even if they are bad ones.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

26. I feel I have a number of good qualities.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

27. Very often a problem can be solved by taking action.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

28. Working with others in my community can help to change things for the better.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

UCLA LONELINESS SCALE, VERSION 3

Russell DW

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Selected reading:

Russel, D. W. (1996). UCLA Loneliness Scale (Version 3): Reliability, Validity and Factor Structure. Journal of Personality Assessment, 66(1): 20-40. Reprinted by permission.

UCLA LONELINESS SCALE, VERSION 3

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Instructions: The following statements describe how people sometimes feel. For each statement, please indicate how often you feel the way described by circling your answer. Here's an example:

How often do you feel happy?			
1	2	3	4
<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Always</i>

If you never felt happy, you would circle "Never"; if you always feel happy, you would circle "Always."

1. *How often do you feel that you are "in tune" with the people around you?

1	2	3	4
<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Always</i>

2. How often do you feel that you lack companionship?

1	2	3	4
<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Always</i>

3. How often do you feel that there is no one you can turn to?

1	2	3	4
<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Always</i>

4. How often do you feel alone?

1	2	3	4
<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Always</i>

5. *How often do you feel part of a group of friends?

1	2	3	4
<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Always</i>

6. *How often do you feel that you have a lot in common with the people around you?

1	2	3	4
<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Always</i>

7. How often do you feel that you are no longer close to anyone?

1	2	3	4
<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Always</i>

8. How often do you feel that your interests and ideas are not shared by those around you?

1	2	3	4
<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Always</i>

9. *How often do you feel outgoing and friendly?

1	2	3	4
<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Always</i>

10. *How often do you feel close to other people?

1	2	3	4
<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Always</i>

11. How often do you feel left out?

1	2	3	4
<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Always</i>

12. How often do you feel that your relationships with others are not meaningful?

1	2	3	4
---	---	---	---

Never *Rarely* *Sometimes* *Always*

13. How often do you feel that no one really knows you well?

1 2 3 4

Never *Rarely* *Sometimes* *Always*

14. How often do you feel isolated from others?

1 2 3 4

Never *Rarely* *Sometimes* *Always*

15. *How often do you feel you can find companionship when you want it?

1 2 3 4

Never *Rarely* *Sometimes* *Always*

16. *How often do you feel that there are people who really understand you?

1 2 3 4

Never *Rarely* *Sometimes* *Always*

17. How often do you feel shy?

1 2 3 4

Never *Rarely* *Sometimes* *Always*

18. How often do you feel that people are around you but not with you?

1 2 3 4

Never *Rarely* *Sometimes* *Always*

19. *How often do you feel that there are people you can talk to?

1 2 3 4

Never *Rarely* *Sometimes* *Always*

20. *How often do you feel that there are people you can turn to?

1 2 3 4

Never *Rarely* *Sometimes* *Always*

Scoring: Items that are asterisked should be reversed (i.e., 1 = 4, 2 = 3, 3 = 2, 4 = 1), and the scores for each item then summed together. Higher scores indicate greater degrees of loneliness.

PERSONAL EMPOWERMENT SCALE

Segal SP, Silverman C and Temkin T

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Selected reading:

Segal, S. P., Silverman, C., & Temkin, T. (1995). Measuring empowerment in client-run self-help agencies. Community Mental Health Journal, 31(3), 215-227. Reprinted by permission.

PERSONAL EMPOWERMENT SCALE

Now I'd like to ask you some questions about how much choice you have in your personal life. For each question, please tell me if you feel you have a lot of choice, some choice, not too much choice or no choice. See answer booklet, page 4.

Discretion	Not Too				N/A
	No Choice	Much Choice	Some Choice	A Lot of Choice	
1. How much choice do you have about how you will spend your free time?	1	2	3	4	9
2. How much choice do you have about how to spend any money you might have?	1	2	3	4	9
3. How much choice do you have about when you can watch TV or listen to the radio?	1	2	3	4	9
4. How much choice do you have about where to go to get help when you have problems?	1	2	3	4	9
5. How much choice do you have about which town or city you will live in?	1	2	3	4	9
6. How much choice do you have about what type of situation you will live in—for example, your own apartment, a group home, a hotel or another type of living situation?	1	2	3	4	9
7. How much choice do you have over whether you can invite guests to the place you stay whenever you want?	1	2	3	4	9
8. How much choice do you have in deciding when to go to get help for your problems?	1	2	3	4	9
9. How much choice do you have on whether you can store any possessions you want in the place you stay?	1	2	3	4	9
10. How much choice do you have in deciding who stays in your living space at night?	1	2	3	4	9

Now I'm going to ask you some questions about how likely it is that some of your basic needs are going to be met. Look at the answer booklet on page 5.

Reduction in Chance	100%	75%	50%	25%	0%	N/A
11. How sure are you about how much money you're going to have to live on for the next month? Are you 100% sure, 75% sure, 50% sure, 25% sure, or 0% sure?	5	4	3	2	1	9
12. How sure are you about how you're going to spend your time for the next month? Are you 100% sure, 75% sure, 50% sure, 25% sure, or 0% sure?	5	4	3	2	1	9

For the next questions, please turn to page 6 of the answer booklet:

	Very Likely	Likely	Equally Likely/Unlikely	Unlikely	Very Unlikely	N/A
13. How likely is it that you will have enough money to spend next month for fun and recreation?	5	4	3	2	1	9
14. How likely is it that you will have enough money to spend next month for necessities like food, shelter, and clothing?	5	4	3	2	1	9
15. How likely is it that you will get enough to eat in the next month?	5	4	3	2	1	9
16. How likely is it that you will have a place to stay for all of next month?	5	4	3	2	1	9
17. How likely is it that wherever you will be staying for the next month will be safe?	5	4	3	2	1	9
18. How likely is it that you will be ripped off in the next month?	5	4	3	2	1	9
19. How likely is it that you will be physically threatened in the next month?	5	4	3	2	1	9
20. Generally, how likely is it that the people who are your friends today will still be your friends next month?	5	4	3	2	1	9

21. Just answer yes or no to these next few questions:

	Yes	No	
a. Do you have a conservator?	1	0	
b. Do you have a representative payee?	1	0	
c. Do you have a legal guardian?	1	0	
d. Are you on probation?	1	0	If yes, which county? _____
e. Are you on parole?	1	0	

22. To answer the next few questions, look at the answer booklet on page 3 and tell me how satisfied you are about:

	Very Sat	Sat	Equally Sat/Dis Sat	DisSat	Very DisSat	N/A
a. How much you get to make decisions about your living space?	5	4	3	2	1	9
b. How much you get to make decisions about how to spend your time?	5	4	3	2	1	9
c. How much you get to make decisions about spending whatever money you have?	5	4	3	2	1	9
d. How much you get to make decisions about when to get help?	5	4	3	2	1	9

e.	How much you get to make decisions about where to get help?	5	4	3	2	1	9
f.	Your personal safety?	5	4	3	2	1	9
g.	How stable your life is?	5	4	3	2	1	9

(If 21a, b, c, d, or e are Yes, Ask)

h.	Having a conservator/representative payee/legal guardian?	5	4	3	2	1	9
i.	Being on probation/parole?	5	4	3	2	1	9

	Strongly Agree	Agree	Equally Agree/ Disagree	Disagree	Strongly Disagree	N/A
a. When people work together, they can overcome obstacles that would stop them if they worked alone.	1	2	3	4	5	9
b. The only way to make things better is to forget about other people and look out for number one.	1	2	3	4	5	9
c. Community organizers need to learn that you can't fight city hall.	1	2	3	4	5	9
d. I find that when I need to get something accomplished, it's better to do it myself than with a group of other people.	1	2	3	4	5	9
e. It feels great to work with other people who believe in the same things you believe in.	1	2	3	4	5	9
f. The best way to handle a problem in your community is to work with other people to solve it.	1	2	3	4	5	9
g. If you can't change a bad situation all by yourself, nobody can help you change it.	1	2	3	4	5	9
h. I find that I'm personally able to accomplish more when I work with a group.	1	2	3	4	5	9
i. Lawmakers pay more attention to people who speak for organizations than to people who speak only for themselves.	1	2	3	4	5	9
j. Groups that want to change society aren't going to accomplish anything.	1	2	3	4	5	9

ORGANIZATIONAL EMPOWERMENT SCALE

Segal SP, Silverman C and Temkin T

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ORGANIZATIONAL EMPOWERMENT SCALE

I'm going to read a list of things you might have done at some group, agency or organization in the past 6 months. Think of all such agencies or organizations you are involved with such as self help, mental health, social services, work, school, or church. **If yes, get name(s) of agency/group and code all types that apply.**

Formal Participation:

NA	YES	NO	
9	1	0	1. Have you joined or kept membership in an organization or club? Agency: 1. Self-help 2. Mental Health 3. Social Service 4. Work (Non Self-help) 5. School 6. Church 7. Other (Specify: _____)
9	1	0	2. Have you voted in an election for officers of an organization or club? Agency: 1. Self-help

2. Mental Health
3. Social Service
4. Work (Non Self-help)
5. School
6. Church
7. Other (Specify: _____)

9 1 0 3. Have you served on the Board of Directors of an organization or club?

Agency:

1. Self-help
2. Mental Health
3. Social Service
4. Work (Non Self-help)
5. School
6. Church
7. Other (Specify: _____)

Discretion

9 1 0 4. Have you helped set up a meeting?

Agency:

1. Self-help
2. Mental Health
3. Social Service
4. Work (Non Self-help)
5. School
6. Church
7. Other (Specify: _____)

9 1 0 5. Have you been responsible for preparing meals or
bringing refreshments to clients or members?

Agency:

1. Self-help
2. Mental Health
3. Social Service
4. Work (Non Self-help)
5. School
6. Church
7. Other (Specify: _____)

9 1 0 6. Have you become a volunteer on a regular basis?

Agency:

1. Self-help
2. Mental Health
3. Social Service
4. Work (Non Self-help)
5. School
6. Church
7. Other (Specify: _____)

9 1 0 7. Have you become a paid staff member?

Agency:

1. Self-help
2. Mental Health
3. Social Service
4. Work (Non Self-help)
5. School
6. Church
7. Other (Specify: _____)

9 1 0 8. Have you led or helped to lead a discussion group?

Agency:

1. Self-help
2. Mental Health
3. Social Service
4. Work (Non Self-help)
5. School

- 6. Church
- 7. Other (Specify: _____)

Commitment of Resources

9 1 0 9. Have you taken part in deciding what activities will be held?

Agency:

- 1. Self-help
- 2. Mental Health
- 3. Social Service
- 4. Work (Non Self-help)
- 5. School
- 6. Church
- 7. Other (Specify: _____)

9 1 0 10. Have you taken part in deciding whether to add a new program or service?

Agency:

- 1. Self-help
- 2. Mental Health
- 3. Social Service
- 4. Work (Non Self-help)
- 5. School
- 6. Church

7. Other (Specify: _____)

9 1 0 11. Have you taken part in deciding whether to hire someone?

Agency:

1. Self-help
2. Mental Health
3. Social Service
4. Work (Non Self-help)
5. School
6. Church
7. Other (Specify: _____)

9 1 0 12. Have you taken part in deciding the salary for a staff member?

Agency:

1. Self-help
2. Mental Health
3. Social Service
4. Work (Non Self-help)
5. School
6. Church
7. Other (Specify: _____)

9 1 0 13. Have you taken part in deciding how much money should be spent on a service or program?

Agency:

1. Self-help
2. Mental Health
3. Social Service
4. Work (Non Self-help)
5. School
6. Church
7. Other (Specify: _____)

Defining Situations

9 1 0 14. Have you taken part in deciding how often a group
for people will meet?

Agency:

1. Self-help
2. Mental Health
3. Social Service
4. Work (Non Self-help)
5. School
6. Church
7. Other (Specify: _____)

9 1 0 15. Have you taken part in deciding what rules people
need to follow?

Agency:

1. Self-help
2. Mental Health
3. Social Service
4. Work (Non Self-help)
5. School
6. Church
7. Other (Specify: _____)

9 1 0 16. Have you taken part in deciding what to do if someone breaks the rules?

Agency:

1. Self-help
2. Mental Health
3. Social Service
4. Work (Non Self-help)
5. School
6. Church
7. Other (Specify: _____)

9 1 0 17. Have you suggested to the administration at some agency what you think might be changed or improved there?

Agency:

1. Self-help
2. Mental Health
3. Social Service
4. Work (Non Self-help)
5. School
6. Church
7. Other (Specify: _____)

If necessary: Just so I know which questions to ask, have you gone to any (other) self-help group or agency, (other) mental health agency or social service agency in the past 6 months? Keep thinking about your experiences at self-help, mental health & social service and other organizations. Please look at the booklet on page 3 and tell me how satisfied you are:

Ask Q once for self-help group or agency, once for social service agencies, once for mental health agencies and once for other organizations. If did not receive assistance from any (self-help/mental health/social service/other) organization in the past 6 months, skip that set of questions. Fill in responses in table below.

- a. How much you get to make decisions about the services at (self-help/mental health/social service/other) organizations such as (organizations mentioned in previous Q)?
- b. How much you get to make decisions about the rules at (self-help/mental health/social service/other) organizations such as (organizations mentioned in previous Q)?
- c. How much you get to make decisions about the activities that are planned at (self-help/mental health/social service/other) organizations such as (organizations mentioned in previous Q)?
- d. Your opportunities to take on a job or task at (self-help/mental health/social service/other) organizations such as (organizations mentioned in previous Q)?
- e. Your opportunities to make suggestions to the staff at (self-help/mental health/social service/other) organizations such as (organizations mentioned in previous Q) the kinds of changes or improvements you think should be made there?

Fill in box with appropriate number for response:

- | | |
|---|--------------------------------|
| 5 | Very satisfied |
| 4 | Satisfied |
| 3 | Equally satisfied/dissatisfied |

- 2 Dissatisfied
- 1 Very dissatisfied
- 9 No response

	18a. Service Decisions	18b. Rule Decisions	18c. Activity Decisions	18d. Take on Job	18e. Suggest Change
Self Help					
Mental Health					
Social Service					
Other					

EXTRA-ORGANIZATIONAL EMPOWERMENT SCALE

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EXTRA-ORGANIZATIONAL EMPOWERMENT SCALE

1. Here I'd like to ask you about the kinds of activities you may have been involved in over the last 12 months. After I mention each activity, please tell me whether or not you have take part in it in the last 12 months. Have you:

	Yes	No	N/A
a. Spoken to a class at a high school, college, or university?	1	0	9
b. Written, or had someone help you write, an article for a newspaper, newsletter, or magazine?	1	0	9
c. Written, or had someone help you write, a letter to the editor of a newspaper, newsletter, or magazine?	1	0	9
d. Attended a local, state, or national conference? <i>If "No" to D, skip to Q1f</i>	1	0	9
e. Spoken on a panel or given a speech at a local, state, or national conference?	1	0	9
f. Worked on a political campaign?	1	0	9
g. Written a letter to or called a member of your city council, board of supervisors, state legislature, or Congress?	1	0	9
h. Attended a meeting of the city council, county board of supervisors, state legislature, or Congress? <i>If "No" to H, skip to Q1j</i>	1	0	9
i. Spoken at a meeting of the city council or county board of supervisors, state legislature, or Congress?	1	0	9
j. Attended a meeting or hearing held by a government board or commission? <i>If "No" to J, skip to Q1l</i>	1	0	9
k. Spoken at a meeting or hearing held by a government board or commission?	1	0	9
l. Served as an appointee to a government board or commission?	1	0	9
m. Served as an official elected to public office?	1	0	9
n. Taken part in or organized a demonstration?	1	0	9
o. Been interviewed for a TV program, radio program, newsletter, newspaper, or magazine?	1	0	9

2. To answer the next questions, please look at booklet page 3 and tell me how satisfied you feel about:

	Very Sat	Sat	Equally Sat/Dis Sat	DisSat	Very DisSat	N/A
a. Your opportunities to talk to public officials?	5	4	3	2	1	9
b. Your opportunities to express your views at meetings and conferences?	5	4	3	2	1	9
c. Your opportunities to join organizations or community groups?	5	4	3	2	1	9

COMMUNITY LIVING SKILLS SCALE

Smith MK and Ford J

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Selected reading:

Smith, M. K., & Ford, J. (1990). A client-developed functional level scale: The Community Living Skills Scale (CLSS). Journal of Social Service Research, 13(3), 61-84.

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COMMUNITY LIVING SKILLS SCALE

Instructions:

This questionnaire was developed by a consumer group at “Hill House” in Cleveland, Ohio. We hope that this instrument will help you to identify the Community Living Skills you have, as well as the areas you may want to improve.

Please **circle the number** of the answer that is the closest to **how often** you accomplish each act using the following scale:

Hardly Ever	Sometimes	Usually	Almost Always
<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>

I. Personal Care

1. I (can) do (food) shopping.	0	1	2	3
2. I bathe enough to keep myself clean.	0	1	2	3
3. I (can) do my own laundry.	0	1	2	3
4. I eat balanced meals.	0	1	2	3
5. I get dressed daily.	0	1	2	3
6. I am capable of finding ways to solve my own problems.	0	1	2	3
7. I have difficulty in getting up daily.	0	1	2	3
8. I get to the dentist when I need to.	0	1	2	3
9. I keep my appearance presentable.	0	1	2	3
10. I fight depression when it comes.	0	1	2	3
11. I get to the doctor when I need to.	0	1	2	3
12. I go to bed at a reasonable hour.	0	1	2	3
13. I keep my hair neat.	0	1	2	3
14. I manage my money.	0	1	2	3
15. I get the amount of sleep I need.	0	1	2	3

16. I keep my living quarters decent.	0	1	2	3	
17. I control my alcohol/drug problems. Does not apply	0	1	2	3	_____
18. I take my medications (if any) as Does not apply prescribed.	0	1	2	3	_____
19. I find transportation as needed.	0	1	2	3	

II. Socialization / Relationships

20. I am afraid of being with others.	0	1	2	3
21. I avoid meeting new people.	0	1	2	3
22. I devote time to my family.	0	1	2	3
23. I get along with the people I live with.	0	1	2	3
24. I control my anger.	0	1	2	3

Please **circle the number** of the answer that is the closest to **how often** you accomplish each act using the following scale:

Hardly Ever	Sometimes	Usually	Almost Always		
0	1	2	3		
25. I cope with my anxiety.	0	1	2	3	
26. I show consideration for other.	0	1	2	3	
27. I am respectful of other people's rights.	0	1	2	3	
28. My relationship with my child(ren) Does not apply interferes with my life.	0	1	2	3	_____
29. I get along with my neighbors.	0	1	2	3	
30. I have trusting relationships.	0	1	2	3	
31. My relationship with my spouse interferes with my life.	0	1	2	3	
32. I behave in an acceptable manner. Does not apply	0	1	2	3	_____
33. I have difficulty in listening to others.	0	1	2	3	
34. My relationship with my parent(s) Does not apply interferes with my life.	0	1	2	3	_____
35. I get into trouble with people in authority (bosses, doctors, police, etc.)	0	1	2	3	

III. Activities / Leisure Skills

36. I participate in activities with others.	0	1	2	3
37. I do things I enjoy	0	1	2	3
38. I walk or do some exercise.	0	1	2	3
39. I do things that make me feel good about myself.	0	1	2	3
40. I find emotional support when I need it.	0	1	2	3

IV. Vocational Skills

41. I organize my tasks daily.	0	1	2	3
42. I am thorough when I work.	0	1	2	3
43. I have difficulty completing tasks as required.	0	1	2	3
44. I manage my time successfully.	0	1	2	3
45. I learn skills required to do my work.	0	1	2	3
46. I have difficulty in concentrating on the task at hand.	0	1	2	3