

The background of the entire page is a close-up photograph of purple flowers, likely Salvia (Sage), with green foliage. The flowers are in various stages of bloom, creating a textured and vibrant background.

Revising the Recovery Self-Assessment

A Mixed-Methods
Approach



TIEMH

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Revising the Recovery Self-Assessment: A Mixed-Methods Approach

Background

The 36-item Recovery Self-Assessment (RSA) is a valid and reliable survey tool used to measure the extent to which mental health services at an organization are recovery-oriented (O'Connell, Tondora, Croog, Evans, & Davidson, 2005, Kidd, et al, 2011). Four versions of the survey were developed for targeted audiences, including person in recovery, family member/advocate, provider, and CEO/Director. Texas Institute for Excellence in Mental Health (TIEMH) researchers have used the person in recovery and provider RSA surveys for over five years. According to survey respondents, however, the RSA is too lengthy and some of the item wording was too complex which may decrease the likelihood that respondents provide valid responses for all items. TIEMH researchers previously reduced the RSA from 36 to 31 items and revised the language to be more accessible. To further reduce the number of items on the RSA, TIEMH researchers utilized factor analysis to determine which items related most closely to the concept “recovery-oriented services.” This resulted in a 13-item abbreviated version of the RSA (which is referred to throughout this report as the “abbreviated RSA”).

People with lived experience of mental health recovery are increasingly collaborating with researchers to improve research processes (Delman, 2012). Specifically, they help to focus research priorities on factors most pertinent to service users, thereby enhancing the validity of research practices and findings (Boote, Telford, & Cooper, 2002; Case et al., 2014; Crawford et al., 2002; Hancock, Bundy, Tamsett, & McMahon, 2012). Supporting the inclusion of people with lived experience of recovery in studies of mental health service systems, TIEMH researchers consulted with peer specialists to review the items on the abbreviated RSA. Peer specialists are professionals who are in mental health recovery and utilize their experiential knowledge to support others in recovery, making them uniquely qualified to be involved in the development and evaluation of mental health services (Allen, Radke, & Parks, 2010; Davidson, Chinman, Sells, & Rowe, 2006; Gates & Akabas, 2007; Hancock et al., 2012). TIEMH hosted a workgroup, inviting peer specialists to provide consultation on the validity and the language of the abbreviated RSA. Specifically, peer specialists were asked for feedback on: 1) the importance of the items that were and were not included in the abbreviated RSA to recovery-oriented systems and 2) how to revise the language of the abbreviated RSA to be more recovery-oriented and person-centered.

Method

In order to gain a more complete understanding of how to revise the RSA, TIEMH researchers utilized a mixed-methods approach, drawing on both quantitative and qualitative data. Social scientists are increasingly combining quantitative and qualitative methods to understand complex phenomena because these two types of data provide distinct – yet complementary – information (Creswell, 2015).

Survey data were used to conduct a factor analysis to reduce the number of items on the RSA (yielding the abbreviated RSA). Additionally, prior to the workgroup meeting, consultants were asked to provide quantitative ratings on each item of the 31-item RSA to compare with the factor analysis results. Finally, at the workgroup, consultants provided qualitative feedback on the abbreviated RSA that emerged from the factor analysis as well as qualitative feedback on the language of the abbreviated RSA.

Factor Analysis and the Abbreviated RSA

TIEMH researchers conducted a factor analysis to evaluate the underlying structure of the 31-item RSA. Data were collected from direct care providers employed at six mental health organizations located throughout Texas. The majority of respondents were female, White, and between the ages of 35 and 54. Demographic characteristics of respondents were similar to characteristics of providers employed in the public mental health system. Data were combined across three data collection time points (i.e., February 2014, October 2014, and June 2015). Exploratory factor analysis (EFA) with PAF extraction was conducted with data for the 31-item scale ($N = 323$) and direct oblimin rotation was used. The following criteria were analyzed to determine the number of factors to retain: (a) theory, (b) eigenvalues > 1 , (c) factor loadings, (d) communalities, (e) scree plot, and (f) parallel analysis. Results indicated that a one factor solution provided the best fit and explained 48% of the variance. Thirteen items were retained on the abbreviated RSA.

Consultant Recruitment and Preparation

In March 2016, TIEMH invited 13 Texas Certified Peer Specialists to serve as consultants at a workgroup to review the abbreviated RSA. These consultants attended a previous workgroup held in Fiscal Year (FY) 2015. Nine of these 13 peer specialists agreed to provide consultation, representing inpatient and outpatient mental health settings. Peer specialists were offered \$500 in compensation for their consulting time and those who traveled farther than 45 miles were also offered travel stipends. Prior to the workgroup, TIEMH researchers prepared consultants by conducting one-on-one phone calls and providing a workbook that reviewed research concepts, project goals, and results of analysis.

Workgroup Data Collection and Analysis

In May 2016, nine consultants gathered for a full-day workgroup to discuss the results of the factor analysis and suggest revisions to the content and language of the abbreviated RSA. The workgroup was structured as follows:

1. Description of factor analysis results and the 13 items in the abbreviated RSA
2. Compare peer consultant quantitative ratings of the 31-item RSA with the factor analysis results
3. Discussion on items excluded by the factor analysis and additional items to be included
4. Discussion about the language of the abbreviated RSA, with a focus on ensuring that the language is person-centered and recovery-oriented

With the permission of consultants, the workgroup was digitally recorded and transcribed. The data from the workgroup were analyzed using NVIVO qualitative data software (QSR International, 2012). The workgroup transcript was analyzed line-by-line and coded in relation to 1) the importance or unimportance of each item of the original 31-item RSA in relation to recovery-oriented practices in an organization; 2) the need to include additional items to measure recovery-oriented practices; and 3) suggested revisions to the language of the final version of the abbreviated RSA. The results presented here focus on the latter two items. After coding the workgroup transcript, a summary of consultants' suggested changes to the final version of the abbreviated RSA was created. TIEMH researchers then developed final language of the abbreviated RSA which was shared with and approved by the peer specialist consultants.

Results

Consultants' Ratings of RSA Items

TIEMH researchers created a survey using Qualtrics online survey platform (Qualtrics, LLC, 2016) and asked the consultants to rate each of the items on the 31-item RSA in terms of importance to recovery-oriented services on a Likert scale ranging from 1 (not important) to 4 (very important) and provide comments explaining the ratings. These ratings were then compared to the results of the factor analysis. Researchers compiled this information in a workbook provided to consultants.

Ratings for all 31 items ranged from 3 'important' to 4 'very important,' (with a mean of 3.57) suggesting that consultants consider all items to be important to recovery-oriented services and providing further evidence of the 31-item survey's face validity. However, the mean rating for the items in the abbreviated RSA was higher (3.66) than the mean rating for the items that were excluded (3.50). See *Table 1* for the mean ratings and factor loadings of each item in the abbreviated RSA. Further, twelve of the items that were eliminated by the factor analysis had ratings that were below the average mean for the 31-item RSA, suggesting that overall consultants' ratings were consistent with the results of the factor analysis.

Table 1
Consultants' Ratings of 13 Items on Abbreviated RSA

RSA Item	Mean Rating	Factor Loading
Staff believe in the ability of clients to recover.	4.00	.51
Staff ask clients about their interests or the things they would like to do in the community.	3.89	.86
Staff respect the decisions that clients make about their care.	3.88	.62
Staff help clients to develop and plan for recovery goals.	3.86	.83
This organization provides options for clients to choose from to include in their recovery/treatment plan.	3.78	.54
Staff encourage clients to pursue challenges and try new things.	3.78	.74
The primary role of staff is to assist a person with fulfilling their recovery goals.	3.67	.70
Staff and clients partner to assess progress toward recovery goals.	3.56	.55
Staff connect clients with self-help, peer support or consumer advocacy groups.	3.56	.76
Staff encourage clients to have hope and high expectations for their recovery.	3.56	.72
Staff offer clients opportunities to discuss their spiritual needs when they wish.	3.44	.54
This organization offers services that align with clients' interests, culture or life experience.	3.44	.77
Staff help clients include people who are important to them in their recovery/treatment planning (such as friends, family, clergy or an employer).	3.22	.50

Consultation Provided on Items and Language

Additional items. Workgroup consultants suggested adding two additional items to the abbreviated RSA: 1) an item to measure whether organizations are knowledgeable about trauma and provide trauma-informed services and 2) an item to measure whether organizations are transparent about all matters regarding individuals' treatment.

Trauma item. All consultants agreed on the importance of adding an additional question to assess whether organizations are informed about trauma and provide trauma-informed services. For example, one consultant said: "What we call mental illness and symptoms and some people say broken brain and chemical imbalance, really the root is in trauma." In fact, consultants suggested that a trauma item should measure

both knowledge about trauma as well as whether organizations are trauma-informed. However, to avoid a double-barred item (that is, an item measuring two different things), TIEMH developed the following new item: **“Our organization...provides trauma-specific services”** that was endorsed by the consultants.

Transparency item. Consultants also suggested combining two original RSA items that were eliminated by the factor analysis: “Criteria for successfully discharging from the organization are discussed with clients when they begin receiving services” and “All clients receive a copy of their recovery/treatment plan” to create an item that measures organizational openness or transparency about individuals’ treatment. For example, one consultant said:

I’m hearing a transparency piece...of like, “This is what’s happening. Here’s what we’re talking about. Here’s what we’re saying. This is what needs to happen for discharge.” I think the communication, the transparency issue is sort of like “Oh, there’s this stuff going on with my treatment...” There’s like a disconnect. And so I feel like there’s this issue of... that I have access to everything that I need to know about my treatment.

Based on this feedback, consultants and TIEMH researchers developed the following new item: **“Our organization...is open with people about all matters regarding their services.”**

Language. Workgroup consultants were also asked to comment on the language of the abbreviated RSA. All workgroup consultants recommended replacing the word “client” on the abbreviated RSA with: “individuals,” “people served,” or “people.” Ultimately, “people” was considered the easiest term. To address any confusion that might arise from the vagueness of the word “people,” TIEMH included a note at the top of the abbreviated RSA: ““People” refers to people in services at your organization.”

Workgroup consultants also recommended changing the word “staff” because the word evokes an “othering” between staff and clients. Suggestions included: “I,” “We,” and “Our organization.” Because the purpose of the RSA is to measure organizational – rather than individual – practices, TIEMH decided to use the phrase “Our organization.” However, to reduce the wordiness of each item, the abbreviated RSA is structured in such a way that “Our organization...” is at the top of the survey instead of repeated with each item.

Below we present a summary of consultants’ suggested changes as well as a TIEMH revision based on a synthesis of these suggested changes.

Item 1: Staff ask clients about their interests or the things they would like to do in the community.

Consultants suggested removing the word “community,” because people’s interests might not be limited to those in the community. Additionally, they suggested several ways to revise this question:

- “Staff ask clients about their interests in the community.”
- “Staff ask people about their interests.”
- “We ask individuals about their interests or things they would like to do.”
- “Staff ask individuals about their interests...maybe hobbies...in the community.”
- “People are asked about their interests.”

Based on these suggestions, TIEMH devised the following revision: **“Our organization...asks people about their interests.”**

Item 2: Staff help clients to develop and plan for recovery goals. For this item, consultants suggested that the word “recovery” is overused and not particularly meaningful and should therefore be replaced with the term “plans for the future.” Additionally, consultants suggested that the word “help,” should be replaced

with “assist” or “support.” Based on these suggestions, TIEMH devised the following revision: **“Our organization...supports people to develop plans for their future.”**

Item 3: Staff help clients include people who are important to them in their recovery/treatment planning (including family, friends, clergy, or an employer). For this item, consultants provided the following comments:

- Replace “help,” with “support”
- Needs to be the person’s decision
- Specifying specific relationships (e.g., family) may be problematic for people who do not have healthy family relationships
- Replace “people who are important to them” with “supporters”

Based on these suggestions, TIEMH devised the following revision: **“Our organization...invites people to include those who are important to them in their planning.”**

Item 4: “This organization offers services that align with clients’ interests, culture, or life experience.” Consultants suggested that “align” be replaced with “support.” Additionally, TIEMH removed the word “interests” because Item 1 measures whether people in services are asked about their interests. Therefore, TIEMH devised the following revision: **“Our organization...offers services that support people’s culture or life experience.”**

Item 5: “Staff connect clients with self-help, peer support, or consumer advocacy groups. Consultants provided the following comments on this item:

- “Introduce” is better than “connect”
- Self-help is problematic
- “Provide an invitation to connect with...groups” gives individuals a choice
- “Staff and client look into” makes it a joint effort
- Important to ask specifically about peer support

Consultants also provided the following suggestions for revising this item:

- “Staff have the resources to connect clients with peer support.”
- “Staff connect individuals with resources/desired resources.”
- “Staff offer to connect individuals with resources in the community.”
- “I introduce individuals to resources.”

Based on these suggestions, TIEMH devised the following revision: **“Our organization...introduces people to peer support or advocacy.”**

Item 6: “Staff encourage clients to pursue challenges and try new things.” Consultants provided the following comments on this item:

- Replace “pursue,” with “invite”
- The word “challenges,” is problematic (sounds like a barrier); “risk” is better
- Like “try new things”

Consultants also provided the following suggestions for revising this item:

- “Challenges and trying out new things are encouraged.”
- “We offer support in all the member chooses to do.”
- “I invite individuals to try new things.”

Based on these suggestions, TIEMH devised the following revision: **“Our organization...encourages people to take risks to try new things.”**

Item 7: Staff encourage clients to have hope and high expectations for their recovery. Consultants provided the following comments on this item:

- “High expectations” is patronizing; it is more about staff’s expectations when it should be about the person’s expectations
- Replace “have hope,” with “model hope”
- Like the word “hope”

Consultants also provided the following suggestions for revising this item:

- “I encourage individuals to hope to see recovery as real.”
- “I encourage somebody to have hope.”
- “Recovery is possible but it’s work.”
- “Hope and positive expectations are the norm.”

Based on these suggestions, TIEMH devised the following revision: **“Our organization...models hope.”**

Item 8: “The primary role of staff is to assist a person with fulfilling their recovery goals.” Consultants provided the following comments on this item:

- Replace “assist” with “support” or “partner with”
- Don’t like the word “recovery”; it’s about life

Consultants also provided the following suggestions for revising this item:

- “Recovery goals are the primary focus.”
- “I support individuals in fulfilling their life goals.”
- “My primary role to a person is to assist them in obtaining their future.”
- “The primary role of staff is to partner with people in achieving their goals.”

Based on these suggestions, TIEMH devised the following revision: **“Our organization...focuses on partnering with people to meet their goals.”**

Item 9: “Staff respect the decisions that clients make about their care.” Consultants provided the following comment on this item: replace “care” with “life.” Consultants also provided the following suggestions for revising this item:

- “I respect the decisions that individuals make.”
- “I respect a person’s decision.”
- “Decisions made by every individual are respected.”

Based on these suggestions, TIEMH devised the following revision: **“Our organization...respects people’s decisions about their lives.”**

Item 10: “Staff and clients partner to assess progress toward recovery goals.” Consultants provided the following comments on this item:

- The word “assess” is problematic; replace with “discuss”
- “Progress” is also loaded with negative connotations
- “Recovery” is overused
- “Reaching their goals” sounds good

Consultants also provided the following suggestions for revising this item:

- “Progress made is acknowledged”
- “I create a partnership to support individuals reaching their goals.”
- “We work together to discuss reaching the individual’s goals.”
- “We meet to create future growth.”

Based on these suggestions, TIEMH devised the following revision: **“Our organization...partners with people to discuss progress towards their goals.”**

Item 11: “This organization provides options for clients to choose from to include in their recovery/treatment plan.” Consultants provided the following comments on this item:

- Dislike the word “treatment”
- Dislike “provide options”
- Tired of hearing about “recovery”

Consultants also provided the following suggestions for revising this item:

- “Our organization lets our clients choose what they want to put in their treatment plan.”
- “We review resources available for the future.”
- “Our organization offers choices for individuals.”
- “We provide members options for their future.”
- “We provide multiple pathways towards their person-centered plan.”

Based on these suggestions, TIEMH devised the following revision: **“Our organization...offers people a choice of services to support their goals.”**

Item 12: “Staff offer clients opportunities to discuss their spiritual needs when they wish.”

Consultants provided the following suggestions for revising this item:

- “Spiritual needs are discussed as needed.”
- “I offer individuals opportunities to discuss their spiritual needs when they wish.”

Based on these suggestions, TIEMH devised the following revision: **“Our organization...offers people opportunities to discuss their spiritual needs when they wish.”**

Item 13: “Staff believe in the ability of clients to recover.” Consultants provided the following suggestions for revising this item:

- “We believe in the people we serve.”
- “I believe individuals can grow.”
- “I believe a person can recover.”
- “I know individuals can grow.”
- “Staff are open-minded about people and their abilities.”
- “The ability to recover is accepted as the norm.”

Based on these suggestions, TIEMH devised the following revision: **“Our organization...believes people can grow and recover.”**

Item 14: Transparency item. This new item combines two original RSA items: “Criteria for successfully discharging from the organization are discussed with clients when they begin receiving services” and “All clients receive a copy of their recovery/treatment plan” to measure how frequently organizations are transparent about people’s treatment. Consultants provided the following suggestions for this new item:

- “Is this organization transparent in their practices?”
- “Do people have access to the things that they need regarding their treatment?”
- “Staff are transparent about all matters regarding a person’s treatment.”
- “Treatment and discharge are discussed in the first meeting in laymen’s terms not medical lingo.”

Based on these suggestions, TIEMH devised the following new item: **“Our organization...is open with people about all matters regarding their services.”**

Item 15: Trauma item. This new item was created based on feedback from consultants about the importance of organizational practices that address trauma. Consultants provided the following suggestions for this new item:

- “Is my organization knowledgeable about trauma and willing to discuss when desired?”
- “Does our organization provide trauma-informed growth?”
- “Is our organization knowledgeable about trauma and does it offer trauma-informed care and services?”
- “Trauma-informed care is the root of our help system.”

Based on these suggestions, TIEMH devised the following new item: **“Our organization...provides trauma-specific services.”**

Appendix A contains the revised versions of the abbreviated RSA for staff and Appendix B contains the revised version of the abbreviated RSA for people-in-services. To further validate these revised versions of the RSA, researchers sent both of the new versions to consultants for their feedback. Additionally, to obtain feedback from people in services, consultants were asked to administer the abbreviated RSA to a few of the people in services that they work with. Consultants provided feedback that the revised versions of the RSA were recovery-oriented, person-centered, unambiguous, and could be quickly administered.

Discussion

The purpose of this mixed-methods study was to revise a validated survey instrument used to measure the availability and provision of recovery-oriented services into a more parsimonious yet comprehensive instrument. Combining a statistical approach – the use of factor analysis to pare down a 31-item survey to its one essential underlying construct (recovery-oriented services) – with a qualitative approach – the use of focused group discussion among experts – maximized the validity of the revised instrument. The workgroup, which invited people with lived experience working as mental health professionals to provide consultation on the revision of the structure and language of the RSA, also provides insights into how researchers and people with lived experience of mental health recovery can partner in mental health services research. In doing so, this study further works to address a gap in the research base for mental health services whereby people with lived experience have not participated in the studies that define them, how they should be treated, and what is possible for them.

One intended outcome of this study is to widely disseminate the abbreviated RSA, galvanizing the insights of people who have received services. Another intended outcome of this study is to increase the utility of the RSA by shortening it to a more usable length, while retaining the central purpose of measuring recovery-oriented services. Toward these ends, results of this research were immediately applied to the revision of the RSA, which will be piloted by researchers and staff working at mental health provider organizations in Texas beginning in state fiscal year 2017.

Recommendations

TIEMH encourages the state to consider involving peer consultants in efforts to enhance and improve the mental health system, such as service development, policy review, and research and evaluation. Including the input of people with lived experience in the development of products, policies, and processes will produce results that are more accessible and relevant to people in services. TIEMH provides the following recommendations for facilitating similar workgroups using peer specialists as consultants:

- Ensure that consultants are diverse and represent mental health agencies or other settings in which peer specialists work in different areas of the state
- Facilitate a guided discussion that allows all consultants to contribute equally. For example, TIEMH used a “talking stick” (i.e., a material object that consultants hold when it is their turn to speak) that was passed from person to person while others listened and waited for their turn to contribute
- Solicit individual feedback prior to workgroup to guide and maximize group discussion time
- Pay consultants for their time and expertise
- Utilize a semi-structured discussion format to allow consultants to explore new topics while also adhering to planned discussion topics
- Ask for permission to record workgroups so that complex or nuanced discussion can be accurately captured
- Prior to the workgroup, provide consultants with any needed information (e.g., research concepts) to maximize workgroup productivity
- Have consultants administer survey tools to people receiving services prior to and after workgroups

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Appendix A: Staff Version

Instructions: Please respond how often (from “never” to “always”) your organization does the following. Please answer the following questions from an organizational perspective, NOT your individual perspective.

Note: “People” refers to people in services at your organization.

Our organization...

	1	2	3	4	5
	Never	Rarely	Sometimes	Often	Always
...asks people about their interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...supports people to develop plans for their future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...invites people to include those who are important to them in their planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...offers services that support people’s culture or life experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...introduces people to peer support or advocacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...encourages people to take risks to try new things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...models hope.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... focuses on partnering with people to meet their goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...respects people’s decisions about their lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...partners with people to discuss progress towards their goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...offers people a choice of services to support their goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...offers people opportunities to discuss their spiritual needs when they wish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... believes people can grow and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... is open with people about all matters regarding their services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...provides trauma-specific services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix B: People in Services Version

Instructions: Please respond how often (from “never” to “always”) this organization does the following.

This organization...	1 Never	2 Rarely	3 Sometimes	4 Often	5 Always
...asks me about my interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...supports me to develop plans for my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...invites me to include those who are important to me in my planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...offers services that support my culture or life experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...introduces me to peer support or advocacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...encourages me to take risks to try new things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...models hope for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... focuses on partnering with me to meet my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...respects my decisions about my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...partners with me to discuss progress towards my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...offers me a choice of services to support my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...offers me opportunities to discuss my spiritual needs when I wish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... believes I can grow and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... is open with me about all matters regarding my services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... provides trauma-specific services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>