Connectedness, Hope and optimism, Identity, Meaning and purpose, and Empowerment (CHIME): a conceptual framework for personal recovery

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Overview

• The REFOCUS programme overview (Mary)

• The Conceptual framework of Personal Recovery - development and validation (Vicky)

• How was CHIME used in REFOCUS trial?
  – Intervention model, manual, staff process evaluation findings (Mary)
  – Service user evaluation findings (Vicky)

• Questions
The REFOCUS study in a nutshell

Why was REFOCUS study needed?

• Recovery in mental health services is defined as living a satisfying, hopeful, and contributing life even with any limitations caused by illness. An evidence base for understanding and supporting recovery is needed.

Study objectives

• To carry out a programme of linked research studies to understand how mental health services can promote recovery.
Design: Phase 1 (Theory)

- Seven systematic reviews of literature
- Development and evaluation of three new measures
- Evaluation of existing recovery measure (QPR)
- National survey of recovery-oriented practice
- Three qualitative studies development of a new manualised REFOCUS intervention.
Design: Phase 2 (Trial)

- a two-site cluster randomised controlled trial of the REFOCUS intervention,
- a nested secondary outcome study, process and economic evaluation,
- interrupted time series analysis analysis,
- sub-group analysis of black service users, and outcomes comparison.
The Conceptual Framework of Personal Recovery
Personal recovery

• A deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by the illness.

• Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.

• Anthony WA (1993)
Conceptual framework

Preliminary conceptual framework

- Based on a systematic review and narrative synthesis

Cross – cultural validation

- Updated review – cross country analysis
- Sub-group of non-majority populations
- BME specific interviews and focus groups

Relevance and validity

- Focus groups with current mental health service users
- Interviews with current service users
Systematic review and narrative synthesis

- 3 stage process
  - Stage 1: Thematic analysis and vote counting
  - Stage 2: Sub-group analysis
  - Stage 3: Expert Consultation

- 97 papers reporting on 87 models of recovery.
  - 3 overarching themes: characteristics of recovery, processes and stages.
Personal Recovery

- Connectedness
- Hope and Optimism
- Empowerment
- Identity
- Meaning and Purpose
Connectedness

• Three components of Connectedness:
  • Peer support
  • Support from others
  • Relationships

“Having supportive others, whether they are family members, professionals, community members, peers, or animals, to provide encouragement through the difficult times and to help celebrate the good has been noted as being critical to recovery” Davidson (2009)
Hope and Optimism

• Hope was defined as:
  • Having the motivation to change
  • Having dreams and aspirations
  • A belief in the possibility of recovery
  • Positive thinking

“Recovery involves our hopes for a better future, which involves a process of change and desire for change.” Pitt (2007)

• Hope-inspiring relationships were of central importance

“Participants indicated that recovery is above all else a social process, with supportive relationships helping to foster hope by communicating the expectation that participants could live productive and satisfying lives” Mancini (2005)
Identity

• Redefining and rebuilding a positive sense of self were seen as key processes:

  “Recovery from mental illness involves much more than recovery from the illness itself. People with mental illness may have to recover from the stigma they have incorporated into their very being...” Anthony (1993).

• The category of identity also included:
  • Acceptance (self and others)
  • Incorporating experiences into a positive sense of self
  • Self-esteem, self confidence and self belief
  • Dimensions of identity – seeing the person and not the illness
  • Self-stigma
Meaning and Purpose

• In general individuals described the development of meaning and purpose as a key process in the recovery journey:

  “Recovery is moving from alienation to a sense of meaning and purpose” Ridgway (2001)

  “Recovery is about finding a framework that explains their experience” Jacobson (2002)

• Meaning and purpose included:
  • Finding understanding or meaning in the illness experience
  • Spirituality
  • Meaningful activities
  • Meaningful life and social role / goals.
  • Quality of life
Empowerment

“The research suggests that empowerment is central to the recovery process and people who experience psychosis employ a variety of strategies to empower themselves.” Pitt (2007 pg)

• Empowerment was made up of three areas:
  • Having control over life
  • Personal responsibility
  • Focusing on strengths

• Empowerment was related to mental health services and to wider society, including becoming an empowered citizen.
Validation of CHIME

AIMS:
• To validate the conceptual framework of personal recovery:
  • Cross-culturally
  • With current mental health service users

METHOD:
• Updated Systematic literature review
  – Analysis by country
  – Sub-group analysis of minority populations

• 7 Focus groups (including 3 with service users from Black and minority ethnic backgrounds)

• 14 Individual interviews
Cross-cultural validation

Updated review – cross country analysis
## Cross-cultural validation

<table>
<thead>
<tr>
<th>Recovery Process</th>
<th>USA %</th>
<th>UK %</th>
<th>Canada %</th>
<th>Australia %</th>
<th>Ireland %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connectedness</td>
<td>88</td>
<td>85</td>
<td>75</td>
<td>100</td>
<td>75</td>
</tr>
<tr>
<td>Hope and Optimism</td>
<td>78</td>
<td>88</td>
<td>75</td>
<td>71</td>
<td>100</td>
</tr>
<tr>
<td>Identity</td>
<td>83</td>
<td>81</td>
<td>63</td>
<td>57</td>
<td>75</td>
</tr>
<tr>
<td>Meaning and purpose</td>
<td>80</td>
<td>92</td>
<td>88</td>
<td>100</td>
<td>75</td>
</tr>
<tr>
<td>Empowerment</td>
<td>90</td>
<td>96</td>
<td>88</td>
<td>86</td>
<td>100</td>
</tr>
</tbody>
</table>
Cross-cultural validation

• Recovery is moving forward, becoming a new person.

“When you let go of the old person and say There’s going to be a new one, a better one” - FG2

“I can be better in other ways, find other talents and stuff, aim to explore and think again and do things again” - FG2

• Areas of difference
  • Spirituality and Religion
  • Stigma and Discrimination
  • Treatment Preference
  • Individualistic vs. Collectivist values
## Relevance and validity

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Focus group participants N = 48</th>
<th>Interview participants N= 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (N, %):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>20 (58%)</td>
<td>8 (57%)</td>
</tr>
<tr>
<td>Male</td>
<td>28 (42%)</td>
<td>6 (43%)</td>
</tr>
<tr>
<td>Age (Mean, SD)</td>
<td>42.1 (10.4)</td>
<td>41.9 (10.8)</td>
</tr>
<tr>
<td>Diagnosis (n, %):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>19 (40%)</td>
<td>5(36%)</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>8 (16.5%)</td>
<td>3 (21%)</td>
</tr>
<tr>
<td>Depression</td>
<td>6 (12.5%)</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>Did not want to disclose</td>
<td>12 (25%)</td>
<td>2 (14%)</td>
</tr>
<tr>
<td>Time in MH services years (mean, SD)</td>
<td>11.6 (7.0)</td>
<td>11.2 (7.8)</td>
</tr>
</tbody>
</table>
Relevance and validity

• Is the conceptual framework a valid and relevant representation of recovery for individuals currently using services?

• In general support for the CHIME framework

“You're not recovered if you no longer cut your wrists or take an overdose...that's not a life. For most people you're recovered if you have friends, if you have family or if you have a job.” - FG5

“Yeah, but hope is one of those things that you have to do yourself. No one's going to hope for you, really. And optimism, because there is a lot of optimism” - FG6
Relevance and validity

• Some areas of difference:
  
  i) Beliefs about the importance of medication and having the correct diagnosis.

  ii) Regaining the old sense of self

  iii) Scepticism surrounding recovery

  iv) Type of professional support – practical support

  v) Support from pets and animals
Summary

• Recovery processes can be represented with the CHIME framework

• Valid across cultures and within minority populations

• Relevant concept for current mental health service users

• However the highlighted differences demonstrate the need to see recovery as an individual journey and experience.
How was CHIME used in REFOCUS trial?
REFOCUS intervention model

**INTERVENTION**

**IN-SYSTEM CHANGE**

**SERVICE USER EXPERIENCE**

**OUTCOME**

**Relationships**
Staff values, attitudes, knowledge, coaching skills

**Working practices**
Strengths asst. Understanding values, Identifying goals, Recovery planning

<table>
<thead>
<tr>
<th>Values</th>
<th>Less stigma in workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>More knowledge and pro-recovery attitudes</td>
</tr>
<tr>
<td>Skills</td>
<td>More skills in coaching + 3 working practices</td>
</tr>
<tr>
<td>Intent</td>
<td>Plan to use coaching and implement practices</td>
</tr>
<tr>
<td>Behaviour</td>
<td>More use coaching and implement practices</td>
</tr>
<tr>
<td>Content</td>
<td>More focus on strengths, values, goals, goal-striving</td>
</tr>
<tr>
<td>Process</td>
<td>More support for personal recovery</td>
</tr>
<tr>
<td>Proximal</td>
<td>Increased hopefulness, empowerment, quality of life</td>
</tr>
<tr>
<td>Distal</td>
<td>Improved personal recovery</td>
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REFOCUS intervention: 
Recovery-promoting relationships (How)

• The working relationship between staff and people who use the service is central to personal recovery.

• Developing and supporting this relationship will involve:
  – Developing a shared team understanding of personal recovery
  – Exploring values held by individual workers and in the team
  – Skills training in coaching
  – Teams planning and carrying out a partnership project with people who use the service
  – Raising the expectations held by people who use the service that their values, strengths and goals will be prioritised
REFOCUS intervention: Working practices (What)

1. Understanding values and treatment preferences
   care planning and activities are based around the person’s values and treatment preferences

2. Assessing strengths
   identifying and building upon a person’s strengths and personal resources rather than their needs

3. Supporting goal-striving
   identifying personally valued goals and that staff support active goal-striving
REFOCUS manual

REFOCUS trial findings
**Staff process evaluation (N=52)**

28 Individual interviews

- 19 South London; 9 Gloucester

4 Focus groups

- 2 South London and 2 Gloucester

**Profession**

- 26 nurses; 6 psychiatrists; 6 social workers; 5 support workers; 3 psychologists; 3 occupational therapists; 2 Associate practitioners; 1 physiotherapy technician

- 9 Team leaders; average age 46 years, average experience 17 years.
Staff perspectives – what did they make of intervention?

Across intervention:

• Empowerment (permissive, service user, validates)

• Relationship development (trust, collaborative, SU perspective)

• Whole team intervention (bonding, practical challenges)

• Frustration (organisation, interpersonal)
Staff findings: Implications for clinical practice

• Use of Coaching as a means of developing recovery-promoting relationships

• Use of working practices

• Team-based approach to recovery practice
Service user PE

Purposive sample
• Range of teams and localities
• Inclusion criteria
  – Received the REFOCUS intervention
  – Willing and able to discuss their experiences

Sample
• 21 Individual interviews
• 2 Focus groups
• 68 completed boxes on EPJ
3 Superordinate categories:

1. Working relationships which support recovery

2. Impact of REFOCUS on personal recovery

3. Lack of noticeable change in experience of person using the service
“I consider myself a very spiritual person. I feel the voices to be helpful spirits and generally they mean well. I am not sure if what I experienced is schizophrenia. I feel mostly it is a "blessing", although occasional it can be a "curse".” – EPJ box entry 5
1. Strengths Assessment

“I’m motivated and friendly. I try to be nice to people and do the right thing... I’m lucky I’ve got a good family” – EPJ box entry 57
1. Goal Setting

“I wish to get re-housed and live in a more permanent address. 2. I wish to continue to learn and improve my English. 3. I wish to look after my physical health – EPJ box entry 44
2. Impact of REFOCUS on personal recovery

• Hope

‘I feel more positive that I can go for what I said I was going to go for, and if someone else believes in me then I more believe in myself.’ (P13, male, SLaM)

• Identity

‘When they asked these questions it makes you think about yourself in a different light, about what you are doing and thinking, how do you see yourself’ (P3, male, SLaM)
2. Impact of REFOCUS on personal recovery

• Empowerment

‘I found it quite liberating because you’re asking me what I think is better for me... it's given me a level of confidence because you feel I'm in a position where I can give you my opinion. So yeah, I think it's empowering.’ (P1, female, SLaM)
3. Lack of noticeable change

NOTE: this was a purposive sample of individuals who had experienced the intervention

HOWEVER...

For some participants they did not notice any change:

2 main codes captured this:
1. Barriers to change
2. Working relationship already supported recovery
Take home messages

✓ Positive experience where individuals had noticed the intervention
  • Person treated “like an individual”
  • Focus on strengths and resources instead of deficits
  • Positive impact of working towards goals.

✓ Specific tools vs. Integrated within practice
✓ Working relationship key
✓ Refocus amplified the positives
✓ Not all of CHIME was covered by the intervention