

Behavioral Health and the Recovery Model: Standardized Recovery Instruments for Use by Behavioral Health Providers in Rural and Medically Underserved Areas in South Carolina



Background

This practice brief focuses on the critical need for behavioral healthcare providers to incorporate a recovery focused approach with standardized recovery instruments when working in rural and medically underserved communities across the state of South Carolina (SC). South Carolina is mostly a rural state (Childs, et al., 2022; United States Census Bureau, 2022; United States Department of Agriculture, 2017), with most counties being designated as medically underserved and mental health professional shortage areas (University of SC Institute for Families in Society, 2023).

Using a recovery approach to behavioral healthcare may reduce the strain on rural and medically underserved communities. In contrast to the biomedical model, recovery approaches to behavioral healthcare are grounded in the assumption that individuals can live purposeful and self-directed lives with behavioral health symptoms with extended times of wellness (Deegan, 1988). A recovery approach promotes empowerment, collaboration, and client choices (Carpenter, 2002). People manage their symptoms in their own ways, supported by providers, and experience longer periods of symptom remission than people who have less agency over their care. These extended times of wellness and symptom remission may be one way to alleviate the current strain on the behavioral healthcare system in rural and medically underserved areas.

This practice brief describes how rural behavioral healthcare providers can conceptualize recovery by sharing two different recovery models and then identifying two corresponding standardized recovery instruments that can be used to track and support a client's behavioral health recovery process that align with these recovery models.

Recovery Conceptualizations

For over three decades, recovery has been an increasingly important construct in behavioral healthcare services for adults with serious mental illnesses and/or substance use disorders. The definition of recovery, however, has varied in the literature. This practice brief shares two different ways that recovery can be conceptualized, acknowledging that there are many other definitions out there as well (Onken, 2007).

Recovery Conceptualization #1 SAMHSA's Principles of Recovery

The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency within the United States Department of Health and Human Services. The mission of the agency is to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families (SAMHSA, 2010).

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (SAMHSA, 2010, p. 3).

Note that SAMHSA's conceptualization does not describe recovery as an end state, but rather as a process. Complete symptom remission is neither a prerequisite nor a necessary outcome of the process. In this conceptualization, recovery can have many pathways that may include professional clinical treatment, use of medications, support from families and in schools, faith-based approaches, and/or peer support (SAMHSA, 2010).

Additional Resources

- SAMHSA's informational pamphlet on recovery <https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:0c8ae52d-4a18-337e-8b1f-f3ee8dea5703>

According to SAMHSA (2010), there are four dimensions that support a life in recovery. These four dimensions include health, home, purpose, and community.



Health

Learning to overcome, manage, or more successfully live with symptoms.



Home

A stable place to live.



Purpose

Meaningful daily activities.



Community

Relationships and social networks that provide support, friendship, love and hope.

SAMHSA's four dimensions of recovery may help focus behavioral health assessments to include exploration of the client's health, housing, sense of purpose and community. Exploring a client's access to the four dimensions can give behavioral health providers a place to begin an intervention. For example, a client may have a stable place to live while experiencing challenges in health, purpose, and/or community. As planning and interventions begin, behavioral healthcare providers include evaluation steps to measure and track a client's progress. Recovery instruments are available to aid in these evaluative processes. These instruments are chosen for their goodness of fit to the conceptualization of recovery one is using. In the case of SAMHSA's conceptualization, when measuring and tracking recovery in clients diagnosed with substance use disorders, one possible evaluation instrument to use connected to this conceptualization of recovery is the Substance Use Recovery Evaluator (SURE). This tool will be discussed in the next section titled Standardized Recovery Instruments

Recovery Conceptualization #2 Kelly & Hoepfner Bi-Axial Formulation

Kelly and Hoepfner (2014) propose a bi-axial formulation of recovery to highlight that there may be a reciprocal relationship between remission from a substance use disorder, and attainment of recovery capital. As remission becomes increasingly more stable and prolonged, behavioral health providers might expect to see improvements in a person's physical and mental health, housing and social relations, educational and work accomplishments, and an increased sense of meaning and purpose in one's life.

"Recovery is a dynamic process characterized by increasingly stable remission resulting in and supported by increased recovery capital and enhanced quality of life"
(Kelly & Hoepfner, 2014 p. 9).

A bi-axial formulation of recovery may focus behavioral health assessments to include exploration of the client's recovery capital encompassing health, housing, education/employment, social relations, enjoyment, and purpose in life. Exploring a client's access to recovery capital gives behavioral healthcare providers a place to begin an intervention. As planning and interventions begin, behavioral health providers include evaluation steps to measure and track a client's progress. Recovery instruments are available to aid in these evaluative processes. These instruments are chosen for their goodness of fit to the conceptualization of recovery one is using. In the case of the bi-axial formulation, an instrument practitioners might consider using is the BARC-10 to measure and track recovery.

Additional Resources

- **Link to the free standardized recovery instrument SURE**
https://www.recoveryanswers.org/assets/substance_use_recovery_evaluator_sure.pdf
- **Link to the free standardized recovery instrument BARC-10**
<https://www.recoveryanswers.org/assets/barc10.pdf>

Standardized Recovery Instruments: SURE and BARC-10

Below is a table that overviews two standardized recovery instruments and offers a comparison of the instruments.

Substance Use Recovery Evaluation (SURE)	Brief Assessment of Recovery Capital (BARC-10)
This instrument is a self-report questionnaire that helps understand recovery and aligns with the SAMHSA definition (Neale, et al., 2016).	This instrument is a self-report questionnaire in line with the Kelly & Hoepfner Bi-Axial Formulation of recovery and focuses on recovery capital (Vilsaint et. al, 2017).
SURE was developed with significant input from people in recovery, has good acceptability and usability for people in recovery, and is quick and easy for clients to complete.	BARC-10 is free and can be completed by adult clients in a private or therapeutic context.
SURE is free and can be used by adult clients in a private or therapeutic context.	BARC-10 is a 10-item measure of recovery capital
The measures comprise 21 items and 5 factors: substance use (6 items) material resources (3 items), outlook on life (3 items), self-care (5 items), & relationships (4 items).	The measures comprise 10 items and 4 factors: personal resources (5 items), social resources (2 items), physical resources (2 items), professional resources (1 item)
Interpretation of the score: Lower scores indicate lower levels of recovery	Interpretation of the score: Higher scores indicate higher levels of recovery
The score provides the behavioral health practitioner with: A base line to track recovery, Information on the types of support a client might need	The score provides the behavioral health practitioner with: A base line to track recovery, Information on the types of support a client might need

Summary & Recommendations

Overall, a recovery instrument may be a useful assessment tool when working with clients in behavioral healthcare settings. Both SURE and BARC-10 provide a baseline from which to measure change throughout a client's care. Instruments facilitate client self-report and help us engage clients as participants in their recovery. Via the use of recovery instruments, a recovery approach promotes empowerment, collaboration, and client choices (Carpenter, 2002) and fits well with a strengths-based model of behavioral healthcare practice. The hope is that this brief introduced two tools and a range of other recovery-related resources that might be helpful to rural behavioral health practitioners who are engaged in a recovery-focused practice.



A recovery instrument may be a helpful tool when working with clients.



Recovery conceptualizations fit well with principles of autonomy, self-determination, and growth.



Recovery instruments allow a collaborative review with clients.



No gold standard exists; much more work is needed to develop instruments.



Despite these limitations, imperfect measures are better than no measures at all.

Scheyett, DeLuca, & Morgan, 2013

References

- ¹ Carpenter, J. (2002). Mental health recovery paradigm: Implications for social work. *Health Social Work*, 27, 86-94.
- ² Childs, E. M., Boyas, J. F., and Blackburn, J. R. (2022). Off the beaten path: A scoping review of how 'rural' is defined by the US government for rural health promotion. *Health Promotion Perspectives*, 12(1), 10.
- ³ Deegan, P. (1988). Recovery: The lived experience of rehabilitation. *Psychiatric Rehabilitation*, 11(4), 12-19.
- ⁴ Kelly, J.F., and Hoepfner, B. (2014). A biaxial formulation of recovery construct. *Addiction Research Theory*, 23(1), 5-9.
- ⁵ Neale, J., Vitoratou, S., Finch, E., Lennon, P., Mitcheson, L., Panebianco, D., Rose, D., Strang, J., Wykes, T., and Marsden, J. (2016). Development and validation of 'SURE': A patient reported outcome measure (PROM) for recovery from drug and alcohol dependence. *Drug and Alcohol Dependence*, 165, 159-167.
- ⁶ Onken, S., Craig, C.M., Ridgeway, P., Ralph, R., Cook, J.A. (2007). An analysis of the definitions and elements of recovery: A review of the literature. *Psychiatric Rehabilitation*, 31(1), 9-22.
- ⁷ Substance Abuse and Mental Health Services Administration (2010). <https://www.samhsa.gov/find-help/recovery>
- ⁸ Scheyett, A., DeLuca, J., and Morgan, C. (2013). Recovery in severe mental illnesses: A literature review of recovery measures. *Social Work Research*, 37(3), 286-303.
- ⁹ USC Institute for Families in Society. (2023). Health professional shortage areas. <https://shealthviz.sc.edu/health-professional-shortage-areas/>
- ¹⁰ United States Census Bureau. (2022). <https://www.census.gov/>
- ¹¹ Vilsaint, C. L., Kelly, J. F., Bergman, B. G., Groshkova, T., Best, D., and White, W. (2017). Development and validation of a Brief Assessment of Recovery Capital (BARC-10) for alcohol and drug use disorders. *Drug and Alcohol Dependence*, 177, 71-76.
- ¹² Williams, C.C., Almeida, M., and Knyahnytska, Y. (2015). Towards a biopsychosocialpolitical frame for recovery in the context of mental illness. *British Journal of Social Work*, 45, 9-26.



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