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Recovery goals: goal quality, goal content and the impact of goal attainment on outcome for consumers with enduring mental illness

Samantha Clarke
University of Wollongong

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Recovery Goals

Goal quality, goal content and the impact of goal attainment on outcome for consumers with enduring mental illness.

A thesis submitted in partial fulfilment of the
requirements for the degree of

DOCTOR OF PHILOSOPHY (CLINICAL PSYCHOLOGY)

from

UNIVERSITY OF WOLLONGONG

by

Samantha Clarke

School of Psychology, 2009

THESIS CERTIFICATION

I, Samantha Clarke, declare that this thesis, submitted in partial fulfilment of the requirements for the award of Doctor of Philosophy (Clinical Psychology), in the School of Psychology, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Samantha Clarke

Date

ACKNOWLEDGEMENTS

There are a large number of people who have been invaluable in helping this thesis come to fruition. I would firstly like to thank my friends and family for your support over the last six years. To my parents who have helped me maintain my study and have always provided me with support in any way they can. I am particularly grateful for their love and nurturance over the last year which ultimately led to this thesis being completed. To my sisters who have always remained encouraging and optimistic and who believed in me throughout this process.

I would also like to acknowledge Lachlan Macnab and his amazing family for their continual support and enthusiasm regarding my thesis. I would like to thank Arkayla who has assisted me over the last six years more than words can describe. I am very grateful to my fantastic friends who have listened and supported me throughout this long process and helped maintain my sanity. In particular I would like to thank Geaty Hamid, Kate Leeds, Kristy Charlton, Erin Sharp, Ann Bailey and Jo Lunn. To my friend and room mate Peter Kelly, you have been extremely encouraging and have been an important presence in maintaining my motivation and optimism throughout this experience.

This thesis would not be in existence without the ongoing support and guidance of my two supervisors Dr Lindsay Oades and Dr Trevor Crowe. Lindsay's eternal optimism and extensive knowledge on goal setting and recovery has been invaluable. Lindsay really helped progress this research and has assisted me in developing as a researcher. Trevor, I have really appreciated your effort in making yourself available to discuss my research to help it evolve and develop. You have both helped in maintaining my interest and motivation and have been integral in helping me achieve this goal. I would also like to thank Professor Frank Deane who has been very committed to my research process and has always been available for feedback and discussion. I would also like to acknowledge Dr Peter Caputi for his assistance with the statistical analyses required.

Preparation of this thesis was supported by the Australian Integrated Mental Health Initiative (AIMhi) – High Support Stream funded by the National Health Medical Research Committee (NHMRC) Health Partnerships grant number 219327. I would also like to thank the team at the Illawarra Institute for Mental Health including Sarah Marshall and Retta Andresen, for your wonderful support and assistance. In particular I would like to thank Yvonne Peros, Marie Johnson and Tony Turner without which the AIMhi project would not have been successful. I would also like to thank all of the consumers and mental health workers who chose to participate in the research your contribution has been invaluable and I hope this research leads to some positive change for you.

ABSTRACT

Personal goals are an important foundation of recovery from enduring mental illness (EMI), providing a sense of meaning, identity and hope. Recovery goals, within a case-management setting, are developed in collaboration between the person in recovery from EMI and the mental health worker. Goals are a fundamental component of most rehabilitation programs and models of recovery emphasise the importance of the goal striving process, yet minimal research has examined goal setting and striving within the mental health case-management context. This thesis aimed to progress recovery research related to goal striving. Four studies are presented that examine aspects of recovery goal setting for consumers with EMI.

Study 1 and 2 examined aspects of goal setting quality. Study 1 investigated the quality of goal setting within Australian mental health services. Mental health consumer files ($N = 122$) were reviewed and goal records were assessed for quality. Seventy four percent of files contained a goal record and on average goal records included 50% of goal setting principles likely to enhance goal progress. Goal setting quality was examined after mental health workers were trained in the Collaborative Recovery Model (CRM), which includes goal setting protocols drawn from previous evidence from goal research. Mental health consumers' goal records ($N = 78$) both prior to and subsequent to the Collaborative Recovery Training Program (CRTP) were also reviewed. CRTP lead to an improvement in both the frequency and quality of goal setting and the use of a structured goal setting intervention also seemed to promote further goal quality.

To examine the relationship between goal quality and improvements in working alliance and treatment outcome, standardised residual gain scores for the Working Alliance Inventory (WAI-s) and mental health outcome measures were calculated and correlated with goal quality for 110 mental health consumers. Goal quality was also associated with the goal and task subscales of the consumer rated WAI-s, and there was a modest relationship between goal quality and improvements in symptom distress

Study 2 also examined goal quality by surveying mental health workers ($N = 83$) on the clinical utility of the Collaborative Goal Technology (CGT) - a structured goal setting protocol. Workers reported they were more likely to use skills to develop meaningful and manageable goals when compared to the skills required to review goal progress. Technical skills of the CGT (calculating the Collaborative Goal Index and different levels of goal attainment) were employed least. Insufficient time was often reported as impeding correct use of the CGT and consumer factors (i.e., not being interested, too unstable) was the most frequently reported reason for mental health workers not attempting the CGT.

Study 3 examined the content of case-management goals set within recovery and investigated whether the content of goals differed depending on the stage of psychological recovery. One hundred and forty four mental health consumers' CGT's were reviewed. Physical health goals were reported significantly more frequently than any other types of goal and were rated as most important by 23% of consumers. Goals focused on employment and developing and maintaining relationships were often identified as most important, suggesting these types of goals are often a source of meaning and purpose for consumers within recovery. Significantly more health goals were set within the first stage of psychological recovery and health goals were also associated with poorer scores on the Recovery Assessment Scale - short. This suggests that in the early phases of recovery a focus on basic health needs is a priority and may signify the lack of longer term more meaningful goals at this time. Themes in the data suggest that people further along in their recovery set a greater range of goals. Relationship goals were typically set within the middle stages of recovery followed by employment goals toward the later stages of recovery. There was also significantly more approach goals set within the last two stages of recovery indicating that within these final stages, goals are more likely to be focused on moving towards desirable outcomes rather than avoiding negative outcomes

Study 4 explored the relationship between case-management goal attainment and improvements in mental health outcome ($N = 71$). Path modelling indicated that when symptoms are perceived as less distressing consumers are better able to make progress towards their case-management goals, which in turn

promotes aspects of recovery such as; hope, self-confidence, sense of purpose and positive identity. This highlights the importance of a recovery framework of case-management, placing a focus on both alleviation of symptoms and promoting striving towards personally meaningful goals in order to promote recovery from EMI.

The present research provides insight into the quality and content of goals set within recovery from mental illness for consumers with EMI and also provides support that goal attainment is associated with enhanced psychological recovery. Longitudinal research is required to assess the direction of the relationships found between treatment outcome and goal quality and goal attainment and, goal content and psychological recovery.

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ABBREVIATIONS

EMI	Enduring Mental Illness
AIMhi	Australian Integrated Mental Health Initiative
CGT	Collaborative Goal Technology
CRTP	Collaborative Recovery Training Program
CGI	Collaborative Goal Index
Goal IQ	Goal Instrument for Quality
CRM	Collaborative Recovery Model
HoNOS	Health of a Nation Outcome Scales
K10	Kessler 10
LSP-16	Abbreviated Life Skills Profile
SRM	Stage of Recovery Measure
NHMRC	National Health Medical Research Council
RAS	Recovery Assessment Scale
BPRS	Brief Psychiatric Symptom Rating Scale
MANSA	Manchester Short Assessment for Quality of Life
ACT	Acceptance and Commitment Therapy
RGT	Recovery Goal Taxonomy