MOHO critique of the Recovery Star

February 5, 2011

Dear all,

I was wondering if anyone in the UK knows of any research into the psychometric properties of the Recovery Star or has critiqued the measure using MOHO theory?

I understand that some organisations are expecting all their staff, including occupational therapists, to complete the Star, reducing the time that the OTs have to complete the range of evidence-based MOHO assessments that have successfully been implemented.

For those that are not familiar with the Recovery Star, it is a self-assessment created for use in mental health that includes criteria for individuals to map their recovery journey using a 10 point rating scale on a visual representation of a 10-pointed star, where each point on the star represents one of the following themes:

1. Managing mental health
2. Self-care
3. Living skills
4. Social networks
5. Work
6. Relationships
7. Addictive behaviour
8. Responsibilities
9. Identity and self-esteem
10. Trust and hope

As someone who utilises MOHO, these 10 categories appear to be a jumble of activities (self-care, living skills, and work) and factors that influence occupational participation (trust and hope, identity and self-esteem). Also, some items appear to overlap with others (addictive behaviour being likely to influence responsibilities, and relationships linking to social networks) while other factors influencing occupational participation (physical space and resources, process and motor skills) are not included. However, I admit I
haven’t made a study of the Recovery Star and so am hoping that someone has already undertaken a piece of work to compare and contrast the Recovery Star with MOHO. If you have, please click on Reply All to share your views and findings.

Many thanks,
Sue Parkinson

February 7, 2011

In response to Sue’s enquiry about the Recovery Star tool, I hope the following information may be useful, whilst I did not critique the measure using MOHO theory specifically, in 2009 I completed a critique of the Tool itself, including a literature search to try and understand the properties of the tool prior to its implementation within a community mental health setting, also considering the challenges faced by OT’s with limited capacity being expected to implement this tool in addition to valid and reliable MOHO based assessment tools.

So, in summary:-

**Tool Development**

- The tool was developed by Triangle Consulting on behalf of the Mental Health Providers Forum (MHPF)
- The Recovery Star is an adapted version of the Outcomes Star, originally developed by St Mungo’s (Homeless Charity) for use with those who are homeless or at risk of becoming homeless.
- The developers claim the Recovery Star and the construct of ‘recovery’ measured within it is based on theory and principles of recovery and can be utilised with any mental health population, regardless of diagnosis, age etc. However, only one paper is cited in their material as a basis for the development of the construct, which focuses only on experience of recovery from schizophrenia. (Andresen. R, Oades. L, and Caputi. P. (2003) The experience of recovery from schizophrenia, towards an empirically validated stage model. *Australian and New Zealand Journal of Psychiatry* 37:586-594)
- Tool is evaluative in nature and aims to describe change over time.
- Claims that it is an outcome measure and can be used to measure individual or service level outcomes

**Face Validity**

- Aesthetically pleasing, using colours and pictorial representation (Star and Ladder)
- User guide is jargon free and easy to understand
Construct Validity

- 10 core items intended to represent the domain of recovery
- Utilised 1 research paper (systematic review) to create items representative of recovery, (as above)
- Paper focused on only 1 diagnostic group
- Critique of the paper indicated a questionable strategy used to identify literature used for the review.

Considering the above, it is questionable whether them 10 items are representative of ‘recovery’ and whether this is transferable across all diagnostic criteria, ages, etc as the developers suggest.

Reliability

Despite extensive literature searching and contacting the MHPF, no evidence could be sourced of any reliability testing of the tool to substantiate the claims it can be used as an outcome measure.

As the tool is evaluative and therefore dependent upon repeat use it would be vital to have test-re-test properties determined prior to use as an outcome measure.

The same can be said for both inter and intra rater reliability as the tool can be completed by mental health professionals, carers, self rated etc.

Sensitivity

Again, no studies have been completed to determine the sensitivity of the scale used (ladder of change)

The scale used assigns a numerical value to each descriptor; however, the difference between each descriptor may not be equal and therefore the scale becomes inaccurate.

Whilst the 10 point scale may provide a degree of sensitivity, it also introduce significant margin for rater error and issues with rater reliability.

Application of the tool

The MHPF suggest it can be rated by a range of people, but recommend training prior to its use.

From experience reported in Gloucestershire, the tool can be lengthy, (1 hour at times) and requires a degree of skills and experience to support a person to reflect on their circumstances and reframe that experience to create positive outcomes and set goals.

Use by Occupational Therapists.

As discussed by Sue, the same issues were raised with the OT’s who were expected to use the tool in Gloucestershire.
Concerns were raised that the tool was trying to measure factors that influence occupational participation and levels of engagement in self care and productivity but did not consider the person-activity –environment paradigm.

**Benefits to service users**

Whilst psychometric properties are without question important and OT’s alongside others have a responsibility to ensure that the tools being used are valid, reliable and sensitive to change (Outcomes compendium NIMH 2008) it is important to consider also what benefits the tool may have to service users if used appropriately.

In discussion with staff in Gloucestershire, it was felt that the tool did have benefits as a ‘key working’ tool and helped users to reflect upon their progress and establish goals. Occupational Therapists however, felt this need was fulfilled with the Occupational Self Assessment (OSA). The need identified however was for a tool which could be used by all professional groups.

The one existing qualitative study produced by the developers of the tools (Triangle consulting and MHPF, available on their website) which focused mainly on the Outcomes Star (homeless populations) but did include outcomes of small survey of users of the Recovery Star suggested a range of benefits including, increased engagement, reinforced progress, identifying goals, more holistic approach etc. *All of which in my opinion could be argued are the outcomes of the ‘process’ of applying a tool which focuses on the individuals perception of themselves rather than the content of this particular tool.*

**Application for the tool in Gloucestershire**

Due to the concerns regarding the psychometric properties of the tool, the decision was made that tool would be rolled out but only for use as a key work tool for individuals and not to measure service level outcomes.

OT’s in care co-ordination roles were expected to complete the tool, but not in replacement of any MOHO assessments and as with all tools expected to utilise clinical reasoning and make decisions as to the appropriate application of the tool.

One potential benefit of the Star being completed by other MDT members was the potential to increase referrals to OT colleagues having identified multiple occupational needs through the use of the star. I am unsure as to whether this was/is actually the case. However, despite training in the use of the tool provided by MHPF, I understand that the use of the tool across the county remains limited.

I hope this response (bit longer than I originally intended…….sorry I got carried away!) is helpful, and please get in touch if you think further discussion may be useful.

Best wishes to all
Rebecca Shute
February 8, 2011

Dear Rebecca, Rayya and Francis,

Thanks so much for your replies. I was really interested to see the responses that my email would get.

Francis - the Recovery Star for Mental Health is a resource that's available from a not-for-profit organisation called the Mental Health Provider's forum (MHPF)
http://www.mhpf.org.uk/recoveryStarResources.asp
They have also produced a Work Recovery Star and a Recovery Star for use with people who are homeless.

Rayya - apologies if I sounded less than enthusiastic about the Recovery Star. Having an assessment that is developed with service users is a real plus and it undoubtedly has an occupational focus. In addition, it's a wonderfully visual tool that many people will be attracted to. Like all self assessments it puts the individual in control and the 'ladders of change' can support individuals to track their progress. I would never rule out its use and I'm sure I would choose to offer it to some people.

The issue I have stems from my belief that no one assessment is appropriate in all circumstances and that occupational therapists need autonomy to work with their clients to choose the best tool. At various stages on the recovery journey, some people will want to reflect on issues in greater depth while others will feel unable to fill in a self-assessment. Even simple checklists like the intetest checklist and the role checklist can be threatening and the Occupational Self Assessment (OSA) reminds therapist to first consider whether the OSA is appropriate. This is because self-assessments can sap confidence if a person's views their abilities negatively.

In pressured work situations the importance of critiquing assessments (including MOHO assessments) is even more important as therapists may find themselves in situations when they are unable to employ multiple measures. Although I could well imagine offering the Recovery Star in situations where the items fitted well with an individual's experience, my sense is that some service users would find the inclusion of 'addictive behaviour' unnecessary while others would not relate to words such as 'identity and self-esteem'. This seems to be borne out in a study by the MPHF regarding the clinical utility of the Recovery Star across different cultures, http://www.mhpf.org.uk/recoveryStarPilot.asp It found that some participants thought that the relationships item would be viewed as being
too personal to comment on by Chinese service users and some felt that focusing on addictive behaviours would make it harder to engage certain communities.

When appraising assessments critically, it is important to understand the assessments clinical utility (its ease of use) and also its evidence-base, including the psychometric properties that prove whether the instrument is a valid and reliable measure. You are right, Rayya that some definitions of psychometric properties refer only to psychological change but I've found others that refer to changes in human behaviour, so it is a bit confusing. In fact, the main MOHO assessments are researched to gauge their reliability and validity (there's an article about the psychometric properties of the Chinese MOHOST in the last issue of the British Journal of OT). By testing reliability and validity it is possible to find out whether constructs measure what they intend to measure, whether items duplicate each other or whether they don't fit together, and whether different levels of change can be shown.

You are absolutely right that MOHO theory can guide interactions irrespective of the tool used. What I love about MOHO though, is that I can share the theory with clients, (partly through using the assessments) and I can also use the theory to explain how the MOHO assessments have been developed - why certain items have been included and why others have not. I can't do this if I use the Recovery Star because, although I understand that the items were developed with service users, when I apply MOHO theory it looks as if certain items overlap.

So, my preference - unless I can be convinced of the Recovery Star's reliability and validity - would still be to use the OSA if a self assessment was appropriate because I believe it offers a broader base for assessment and requires fewer language skills. (Although the Recovery Star is very visual, the ladders of change are very wordy). The OSA allows individuals to describe what they value, as well as what their skills are. ... I'd also use the Social Inclusion Web (another visual tool) if I wanted to measure recovery in terms of social inclusion.

Thank you so much for sharing your work with us Rebecca. In a mental health system where commissioners are requiring workers to employ the Recovery Star irrespective of its evidence base, I am sure that your information will help them to keep the channels of communication open.

Debate is important - long may it continue.

Sue