

Spiritual Assessment in Mental Health Recovery

Sachiko Gomi · Vincent R. Starnino ·
Edward R. Canda

Received: 14 January 2013 / Accepted: 14 October 2013 / Published online: 6 November 2013
© Springer Science+Business Media New York 2013

Abstract Mental health recovery-oriented and strengths model proponents recognize spirituality to be a key aspect of the recovery process. In order to incorporate spirituality in practice, practitioners need to know how to conduct spiritual assessment effectively. Although implicit and explicit spiritual assessment approaches have been identified as useful frameworks for conducting spiritual assessment, there is a gap in knowledge about what constitutes effective approaches and questions for addressing spirituality in the lives of people with psychiatric disabilities. To address this gap, focus group interviews were conducted with providers and consumers of mental health services in order to develop practical guidance for spiritual assessment. Focus group participants provided feedback about a list of sample spiritual assessment questions and then suggested principles and questions for practitioners to use. Collective insights from the focus groups formed the basis for recommendations for spiritual assessment.

Keywords Spirituality · Assessment · Mental health · Recovery · Strengths

Introduction

The contemporary recovery paradigm focuses on the potential for people diagnosed with severe mental illness to utilize their personal strengths and environmental resources through an empowering partnership with service providers in order to recover from crises and to maximize the quality of their ongoing lives. Increasingly, mental health recovery-oriented and strengths model proponents recognize spirituality to be a key aspect of the recovery process (Corrigan et al. 2003; Rapp and Goscha 2011; Whitley and Drake 2010). This includes both formal religious involvements and nonreligious ways of gleaning meaning and purpose in life (Canda and Furman 2010). Further, professional and educational boards (e.g., The Accreditation Council for Graduate Medical Education; American Psychiatric Association; American Association of Colleges of Nursing; Council on Social Work Education) support the inclusion of spirituality (Dein 2010; Puchalski 2006). The Joint Commission on Accreditation of Health Care Organizations requires that health care professionals assess spirituality and arrange for spiritual care when requested by patients (Puchalski 2006). Several spiritual assessment tools have been developed, such as HOPE (Anandarajah and Hight 2001), FICA (Puchalski and Romer 2000), SPIRIT (Maugans 1996), and MIMBRA (Canda and Furman 2010). However, little has been written about their applicability for people with severe mental illness in mental health case management settings.

Scholars identify both implicit and explicit spiritual assessment approaches (Anandarajah and Hight 2001; Canda and Furman 2010; Pargament 2007). Implicit spiritual assessment utilizes non-religious terminology to tap into aspects of clients' lives that have deep meaning. Pargament (2007) explains: "...the questions do not refer

S. Gomi (✉) · E. R. Canda
School of Social Welfare, The University of Kansas,
1545 Lilac Lane, Lawrence, KS 66044-3184, USA
e-mail: sachi@ku.edu

E. R. Canda
e-mail: edc@ku.edu

V. R. Starnino
School of Social Work (IUPUI), Indiana University,
902 W. New York Street, Indianapolis, IN 46202, USA
e-mail: vstarnin@iupui.edu

directly to higher powers, religious institutions, or religious practices. Instead, they make use of ‘psycho-spiritual language,’ psychologically meaningful concepts carrying rich, emotionally powerful connotations that invite spiritual exploration” (p. 218). Assessment questions typically include terms such as meaning, purpose, hope, peace, joy, and forgiveness. Explicit spiritual assessment addresses spirituality (including religious forms) more directly and characteristically includes terms such as spirituality, religion, and faith. Such an assessment strategy is useful for quickly learning about a person’s beliefs, practices, and spiritual history.

While these strategies appear to provide useful frameworks for conducting spiritual assessment, there is a gap in knowledge about what constitutes effective approaches and questions for addressing spirituality in both religious and nonreligious forms in the lives of people with psychiatric disabilities (Huguelet et al. 2006). Researchers from Switzerland recently conducted a randomized controlled trial measuring the effectiveness of a semi-structured spiritual assessment tool administered by psychiatry residents to individuals with psychotic disorders over a three-month period (Huguelet et al. 2011). The spiritual assessment tool was administered to the treatment group as an adjunct to traditional care and included domains such as spiritual/religious history, the impact of illness on spirituality/religion, current beliefs and practices, importance of spirituality/religion, and synergy of spirituality/religion with psychiatric care. Findings revealed that spiritual assessment was well received by participants and was associated with a significant difference in “willingness to ask for help” and “better attendance at clinical appointments” (p. 83). No significant differences were found, however, for measures such as medication adherence and therapeutic alliance. The authors mentioned that the overall results of the study were likely impacted by the psychiatrist participants’ lack of experience with the topic, recognizing a need for increased training.

In an effort to expand the knowledge base, focus group interviews were conducted with providers (therapists and case managers) and consumers of mental health services in order to develop practical guidance for spiritual assessment. Study participants were asked to (a) give feedback about a list of example assessment questions, and (b) suggest helpful questions and principles that providers can use to address spirituality with clients. The list of example assessment questions (see below) used for the study is an adaptation of Implicit and Brief Explicit Spiritual Assessment tools developed by Canda and Furman (2010) which were constructed by considering a variety of previous tools as well as the work of Griffith and Griffith (2002), Pargament (2007), and Nelson-Becker et al. (2006).

Methods

The focus group approach by Morgan and Krueger (1997) guided the study. A total of six focus groups were conducted at three urban community mental health centers in a Mid-Western state in the United States from April to December 2010. Each participating center included one professional and one consumer focus group. Each focus group comprised between 5 and 12 participants and lasted approximately two hours. In total, 23 professionals and 25 consumers participated. All participants had experience with spiritual strengths assessment. Interviews were audio-recorded with the consent of the participants and transcribed verbatim.

Twenty-one professional participants were case managers and two were therapists. Eighteen were females. They had an average age of 43 and 14 years of experience. A majority were White (20), followed by Asian (2), and African American (1). Eight self-identified as Christian (6 Protestant, 2 Catholic), eight as “spiritual but not religious,” two as “neither spiritual nor religious,” and five reported adhering to more than one spiritual orientation (e.g., Christian and Buddhist).

Among consumer participants, 13 were females. Participants had an average age of 48. A majority was White (20), and the rest were African American. The most common primary diagnosis was bipolar disorder (9), followed by schizophrenia (6), schizoaffective disorder (4), major depressive disorder (4), post-traumatic stress disorder (1), and obsessive–compulsive disorder (1). Spiritual orientations included Christian (9 Protestant, 4 Catholic), “spiritual but not religious” (7), Native American Spirituality (1), and Buddhist (1). Two reported adhering to more than one spiritual orientation. One did not specify.

Each focus group interview lasted an average of two hours. Group discussions included examination of example assessment questions. The questions were first pilot tested with three mental health recovery trainers employed by a Strengths Case Management approach training center for refinement of the questions. Revised example questions were then discussed in focus groups. They were given without stating how or whether they should be used. Participants were asked to comment about their usefulness and to offer suggestions for refining them for use in mental health settings. After analyzing the transcripts, their views were compared with recommendations in the literature in order to generate new recommendations based on all these insights. The example questions were: (1) What currently brings a sense of meaning and purpose to your life? (2) What helps you feel more aware and centered? (3) Where do you go to find a sense of deep inspiration or peace? (4) When do you feel times of great peace, joy, and satisfaction

with life? (5) What are the most important sources of strength and help for you in getting through times of difficulty or crisis? (6) When do you feel most alive? (7) What motivates you to get out of the bed in the morning? (8) What gives you a sense of hope? (9) What were your sources of deep meaning, peace, joy, and strength in time of past trouble that helped you to get through and how can they be applied to this situation? (10) Is spirituality, religion, or faith important to you? Please explain how? (11) Are you a member of a group or community (such as a religious group/support group/cultural group) that gives you a sense of belonging, and helps you find meaning and support in life? Please explain. (12) Please describe any important beliefs, practices (such as prayer, meditation, rituals, or holistic therapy), or values that shape your understanding and response to your current situation.

Data analysis utilized the constant comparative method (Boeije 2002; Morgan and Krueger 1997; Patton 2002; Strauss and Corbin 1990). It involved the first and second authors collaboratively identifying themes within the data and sorting segments into categories and sub-categories for each group type. The third author then verified the completeness and accuracy of their interpretations. All interviews were coded systematically based on a final codebook collaboratively developed. Then, comparisons among the categories and subcategories within and between groups were made to formulate higher level themes. Qualitative research software, ATLAS-ti, was used to assist data analysis. Approval from the authors' university's human subjects research institutional review board was obtained prior to conducting the focus group study. Details for methods and data analysis are presented elsewhere (Starnino et al. 2012).

Results

Findings are summarized in two sections: (a) opinions and feedback on the list of example questions and (b) practical recommendations for spiritual assessment. Subheadings reflect the major categories that emerged from data analysis.

Opinions About the Example Questions

Positive Responses About Example Questions

Overall, the questions were regarded favorably by participants. Most professionals commented that the questions are “strengths-oriented,” “personal,” and “respectful” and that they would “promote hopeful responses.” Some professionals found that the questions helped them to get a better sense of possible spiritual assessment questions. For example:

I think most of them could be useful. In fact, I wouldn't mind having a copy of this because sometimes I feel kind of stuck with not knowing what to ask or how to ask it, so I think these questions are great.

Similarly, most consumers gave positive comments for the example questions overall. An example includes:

Well, I think these are really positive questions...I just feel like if they ask me these questions I will engage more in the conversation with my case manager or whoever is asking me the questions.

However, both professionals and consumers offered suggestions for how to improve the wording or use of the questions.

Unclear Questions

Many professionals mentioned that some questions are “too long”, “too wordy”, “too conceptual”, and/or “too professional” and could therefore “lose clients”. For example, a professional commented about question #9 as follows: “‘What were your sources of deep meaning, peace, joy, strengths...’ and see right about there I know I would lose them [clients].” Some professionals emphasized that the choice of words should match the client's cognitive ability and gave suggestions for rephrasing questions to make them more applicable for practice. This included breaking down questions into smaller pieces and using more “concrete,” “tangible,” and “operationalized” language. A professional rephrased #9 as follows: “So tell me about a time in your life when you really felt at peace.” Another professional broke down question #12 in the following way: “What do you do to help you get through tough times? Do you meditate, do you pray, or do you do any rituals?”

Three consumers spoke about the need to simplify assessment questions. Two mentioned that question #10 was confusing, as three terms addressing spirituality were included in one sentence. Another indicated that question #12 lacked clarity: “If I'm having trouble, this one [#12] would be the most difficult to answer because of the way it's worded. It seems to lead more toward fuzzy than to clarity.”

Questions that Might Not Link to Spirituality

Several participants pointed out that question #7 does not necessarily address spirituality. A professional commented, “Number 7, I was smiling because most of my clients would say ‘I have to smoke a cigarette.’” Similarly, a couple of consumers responded that answers to the

question may be “going to the bathroom” or “coffee and caffeine.”

In contrast, some consumers said that #7 was a “relevant question to ask,” as they linked it to spirituality. They mentioned that this question could raise awareness about what is important in their life and make them realize that they can get up in the morning instead of lying in bed and isolating all day. A consumer commented: “It [#7] would make me think about what’s important in my life, like what’s motivating me to get up in the morning, you know, why am I not staying in bed all day, and what are the factors in my life that are important to me.”

In addition, some professionals mentioned that certain phrases might stimulate harmful thoughts. Examples included the phrases “feel aware,” “feel centered,” and “feel alive,” which are found in questions #2 and #6. Professionals stated that for some clients these may invite drug-related responses (e.g., “I feel most alive when I get high”). Instead, recommendations were offered as follows: “When do you feel most like yourself?” or “When do you feel most positive toward yourself?”

Questions that Directly Ask About Spirituality/Religion

Some professionals said that question #10 is clear and direct and especially helpful when initially gathering information and asking broadly if spirituality is a topic of a client’s interest. A professional stated, “I think that #10 is probably the closest as far as trying to get some type of response right off the bat.” Some professionals mentioned that they often use this type of question in their practice: “I do utilize that a lot. I say “Is spirituality important to you? Has it been in your past, or is it something that you would like to explore?””

Likewise, a couple of consumers agreed that direct questions such as #10 would be relevant at the initial stage of the assessment process. However, one consumer commented that questions that directly ask about spirituality could be unhelpful and might shut clients down depending on their past experiences around spirituality, as these questions “could be invasive...could scare some people off.” For example, after revealing his struggles with his church in the past, one consumer stated that he would have difficulty with any question that directly addresses spiritual community, such as question #11: “I’d probably rather pass on that question [#11] since I have so much of a struggling...”

Questions Addressing Clients’ Readiness

Both professionals and consumers said that spiritual assessment questions need to correspond with clients’ degree of readiness to discuss this topic. One aspect of

client readiness relates to the quality of the provider-client relationship. Many professionals emphasized that it would take time for clients to feel comfortable and ready to discuss spirituality with providers. Similarly, some consumers mentioned that the provider-client relationship needs to be significantly developed before deeply exploring spirituality. Moreover, several consumers pointed out that depending on a client’s emotional state and symptoms, certain questions and wording can be ineffective or can even affect clients negatively. In responding to question #2, a consumer diagnosed with bipolar disorder commented, “I remember when I was totally manic this past fall and about to crash; I was like I have the answer to all of the world’s problems. I *thought* I was aware.” Another consumer responded to question #6 by stating, “I don’t know if I could come up with an answer for that, especially when I’m in a real depressive stage.”

Questions Exploring Clients’ Goals

Many participants commented that questions that link spirituality to goal orientation and recovery can be very effective. Some professionals agreed that hope plays a critical role in clients’ recovery; therefore, question #8 can help clients take action towards their goals. A professional explained:

Hope...and that’s what they [clients] talk about every time I meet with them... That’s their words. “I want to feel hopeful.” “I want to feel good about my life.” “I want to go back to singing.” “I want to go back to dancing.” That’s hope to them.

Another professional suggested asking clients if their existing spiritual orientation can be a resource for recovery and provided a question as an example: “Is that [client’s spiritual orientation] something that you want to align with your life in your recovery?”

Correspondingly, several consumers gave positive opinions about question #8, such as “that would be real positive to get me to thinking about what I can do to get through the crisis.” In addition, a consumer participant, who experiences severe depression, supported question #3. For her, this question addresses a concrete goal of leaving her home and going to a peaceful place to experience a sense of relief during stressful times. She stated, “I feel like that [question] directs me to the place. It gives me a sense of direction with where I want to go.”

Questions Exploring Clients’ Strengths

Most participants acknowledged that it is essential to pose questions in a way that taps into clients’ strengths or motivation. A professional gave feedback that question #4

would be helpful to explore clients' strengths, but added that asking “*What* empowers you to...” would be more likely to help clients focus on finding strengths than asking “*When* do you...” Another professional also commented on the helpfulness of question #4 and demonstrated how she would rephrase and use this question in practice:

I like to ask the questions like “Was there a time...” “Was there a time in your life where you felt great peace and joy and maybe not so stressed out, and what was going on during that time frame?” A question like that has been real helpful, because then you can see what other things they had in their life or what was going well, and they can kind of see that, too.

Many consumers identified question #9 as a question that can help them to become aware of strengths and resources from the past: “And I really like #9 for finding a source from the past to deal with current problems.”

Practical Recommendations for Spiritual Assessment

The following represents a summary of recommendations from participants, including general principles and specific assessment questions.

Ask Clients for Permission

There was an overall agreement among professionals and consumers that the discussion of spirituality is important and that it often addresses sensitive and personal issues. Some professionals, for example, suggested first asking permission from clients by posing questions such as “Is it okay if I speak with you about this [spirituality]?” or “Do I have your permission to talk to you about this [spirituality]?” In this way, providers can know during the early phase of assessment if clients would be comfortable to talk about this topic.

Invite Clients for this Topic

A professional mentioned that she encountered clients who said they were told previously that they could not talk about their spiritual beliefs in therapeutic relationships. Another professional emphasized the need to deliver a clear invitation to clients such as “If it's [spirituality] important to you, if it applies to your mental health, wellness or recovery, it's a valid subject.”

Utilize Family-Oriented Questions

Some professionals agreed that addressing the topic of family can be effective to open up conversations about

spirituality. This can be especially helpful for clients who find it difficult to jump into a direct discussion about spirituality with their provider. Topics such as holidays or family celebrations often include spirituality components.

That (asking about holidays or family celebrations) can kind of be a back door to get them talking about spirituality a little bit. “So holidays are approaching, what are your plans?” Sort of like around Christmas time or whatever, get them to talk a little bit about that.

Correspondingly, several consumers expressed that the connection to their family members are the source of their hope, which is closely tied to their spirituality. However, two consumers' shared having challenging experiences with family members in regard to spirituality (e.g., parents imposing their own religious beliefs) and commented that providers need to be cautious in utilizing family-oriented questions.

Explore Spiritual Themes Through Natural Engaging Dialogue

Some professionals mentioned that simply going through a list of questions with clients may not be effective. Instead, having “human-being conversations,” in which questions are incorporated can be more beneficial. For example, in natural conversation, clients may speak about things they do in their everyday lives such as spending time with their children or walking in nature. Providers can use these moments as opportunities to help clients make connections to their spirituality. Professionals recommended adapting questions from the list of example questions discussed earlier to help clients make these connections: “That really gives you a reason to get out of bed in the morning, doesn't it?”; “This is giving you a sense of peace or that really gives you hope”; “Would you say that this might give you a sense of purpose?”; “Well, hey, when you made that statement, or when you said that, that's having hope.” Consumers added that meeting in natural and comfortable environments (e.g., parks, nature walks, coffee shop) would also be helpful in discussing spirituality with providers.

Explore Clients' Strengths and Resources Around Spirituality

As mentioned earlier, many consumers provided positive feedback on example questions that explore clients' strengths. They emphasized that questions that help clients to look back in their past and to become more aware of how spirituality has helped them can often benefit clients. Some consumers gave examples of assessment questions to explore clients' strengths as follows:

“What brings inspiration to your life?”; “What motivated you to start your spiritual journey in life? Was it a down time, or was it a very up time or a miracle that happened in your life?”; “When has there been a time that you’ve been able to reach out to Him [God] and He’s been able to reach back and meet the condition for you?”

Similarly, some professionals recommended exploring clients’ positive past experiences around spirituality. For example: “Was there a time in your life where you felt great peace and joy and maybe not so stressed out? What was going on during that time frame? What did you have around you that really helped you?”

Discussion

Collective insights from the focus groups and reflection on the literature mentioned in the introduction formed the basis for the following recommendations.

Overall Principles for Spiritual Assessment

Overall principles on the context of spiritual assessment that emerged from this study are in agreement with literature. For example, therapeutic alliance, natural conversation (as opposed to overly structured questionnaire approach), flexibility, and client-centered approach are often referred to as important general guidelines for spiritual assessment, especially in strengths based mental health work (e.g., Anand-arajah and Hight 2001; Canda and Furman 2010; Pargament 2007; Rapp and Goscha 2011; Starnino et al. 2012). In particular, the Strengths Model of mental health services includes a framework for assessing qualities and goals for several life domains: daily living, financial/insurance, vocational/educational, social supports, health, leisure/recreational supports, and spirituality/culture (Rapp and Goscha 2011). Awareness of past and present strengths and resources around spirituality and religion, if relevant to clients’ interests and goals, can bring a sense of hope and growth possibilities. It is recommended that providers let the client direct whether and how spirituality can be used in an assessment to develop treatment plans. Sensitivity and careful attention of practitioners are required when addressing spirituality as clients’ readiness to discuss spirituality can vary, depending on clients’ past experiences with spirituality and religious groups, cultural context, and their emotional state and symptoms. However, in our study, professionals mentioned more worry about clients’ symptoms of illness than consumers did.

Questions adapted from focus group participants are listed below as suggestions for use in spiritual assessment. This list is offered only as a set of options to assist providers in

considering how to approach the topic. Questions should be selected and adapted as relevant to the client and situation within the context of an ongoing natural conversation, based on the client’s comfort, interests, readiness, and goals. Words related to spirituality (e.g., spirituality, religion, faith, meaning, hope, or specific cultural and religious terms) used by the client should be noticed and used in discussion.

Questions to assist starting conversations about spirituality:

1. You mentioned your spirituality. Is it okay if I speak with you more about it?
2. Is spirituality (religion, or faith) important to you? Has it been in your past, or is it something that you would like to explore as part of your recovery? [If not, discontinue line of inquiry or follow with questions based on client’s explanation.]
3. Holidays are approaching, what are your plans or family celebrations?

Questions for following up with clients when they discuss meaningful aspects of their lives (e.g., relationship with family, connection to nature, religious activity, or creative activities):

1. That really gives you a reason to get out of bed in the morning, doesn’t it?
2. Would you say that this might give you a sense of purpose or hope?”
3. You mentioned that your (family member, friend, religious group, or mentor) helps you with your spirituality. Could you say more about that?

Questions that could help clients tap into past/current spiritually-related strengths and resources:

1. Tell me about a time in your life when you really felt at peace.
2. What do you do to help you get through tough times? For example, do you meditate, pray, go to a religious event, visit nature, or do any rituals? Are there friends, family, or groups that help you?
3. When do you feel most positive toward yourself?
4. What brings inspiration to your life?
5. What motivated you to start your spiritual journey in life?
6. Was there a time in your life when you felt peace and joy and maybe not so stressed out? What was going on during that time? What supports did you have?

Questions for helping clients identify and enact their spiritually-related goals:

1. What helps you feel good or hopeful about your life?
2. Is that (client’s spiritual orientation) something that you want to connect with in your recovery?

3. Based on what you said, how can we turn that into a goal and action to support your recovery?
4. Based on what you said, how would you say your spirituality could support your recovery?

Acknowledgments This study was supported in part by the Shumaker Family Foundation and the Office of Mental Health Research and Training at the University of Kansas, School of Social Welfare.

References

- Anandarajah, G., & Hight, E. (2001). Spirituality and medical practice: Using the HOPE questions as a practical tool for spiritual assessment. *American Family Physician*, *63*(1), 81–88.
- Boeije, H. (2002). A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality & Quantity*, *36*, 391–409.
- Canda, E. R., & Furman, L. D. (2010). *Spiritual diversity in social work practice: The heart of helping*. Oxford: Oxford University Press.
- Corrigan, P., McCorkle, B., Schell, B., & Kidder, K. (2003). Religion and spirituality in the lives of people with serious mental illness. *Community Mental Health Journal*, *39*(6), 487–499.
- Dein, S. (2010). Religion, spirituality, and mental health: Theoretical and clinical perspectives. *Psychiatric Times*, *27*(1), 28–32.
- Griffith, J. L., & Griffith, M. E. (2002). *Encountering the sacred in psychotherapy*. New York: Guilford.
- Huguelet, P., Mohr, S., Betrisey, C., Borrás, L., Gillieron, C., Marie, A. M., et al. (2011). A randomized trial of spiritual assessment of outpatients with schizophrenia: Patients' and clinicians' experience. *Psychiatric Services*, *62*(1), 79–86.
- Huguelet, P., Mohr, S., Borrás, L., Gillieron, C., & Brandt, P. Y. (2006). Spirituality and religious practices among outpatients with schizophrenia and their clinicians. *Psychiatric Services*, *57*(3), 366–372.
- Maugans, T. A. (1996). The SPIRITual history. *Archives of Family Medicine*, *5*(1), 11–16.
- Morgan, D. L., & Krueger, R. A. (1997). *The focus group kit: Volumes 1–6*. Thousand Oaks, CA: Sage Publications.
- Nelson-Becker, H., Nakashima, M., & Canda, E. (2006). Spirituality in professional helping interventions. In B. Berkman & S. D'Ambruso (Eds.), *Handbook of social work in health and aging* (pp. 797–808). Oxford: Oxford University Press.
- Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York: Guilford Press.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). London: Sage Publications.
- Puchalski, C. (2006). Spiritual assessment in clinical practice. *Psychiatric Annals*, *36*(3), 150–155.
- Puchalski, C., & Romer, A. L. (2000). Taking a spiritual history allows clinicians to understand patients more fully. *Journal of Palliative Medicine*, *3*(1), 129–137.
- Rapp, C. A., & Goscha, R. J. (2011). *The strengths model: A recovery-oriented approach to mental health services* (3rd ed.). New York: Oxford University Press.
- Starnino, V. R., Gomi, S., & Canda, E. R. (2012). Spiritual strengths assessment in mental health practice. *British Journal of Social Work*. doi:10.1093/bjsw/bcs179.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Whitley, R., & Drake, R. E. (2010). Recovery: A dimensional approach. *Psychiatric Services*, *61*(12), 1248–1250.