
A Practical Guide to **Recovery-Oriented Practice**

Tools for Transforming
Mental Health Care

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or symptoms and no residual impairments from the disorder between 2 and 32 years after onset. These individuals also accounted for approximately 25% of each sample. Given that signs, symptoms, and impairment are the classic—and really the only established—markers of illness, this 25% of each sample can be considered to have “recovered” in the traditional sense of the term. With publication of these studies, beginning in 1972, the possibility of any form of “recovery” in relation to serious mental illness was established (e.g., Strauss & Carpenter, 1972, 1974, 1977).

The reader may still wonder about the remaining 50% of the sample. If 25% of the sample resides at each end of the spectrum ranging from severe and persistent disability to full recovery, what is the fate of the remaining half? The term *heterogeneity* was selected, and has since been accepted, to refer to the fact that people have experienced illnesses that fall anywhere and everywhere along this continuum. Depending upon where the study was conducted, at least 45%, and up to 65%, of each sample was found to experience partial to full recovery, meaning that person’s functioning and symptom levels improved over time. On the whole, then, this body of research has established not only that recovery is possible but

that partial to full recovery is at least as common an outcome in serious mental illnesses, if not more common, than severe and persistent impairment.

With this reversal in expectations (i.e., from expecting the person's condition to deteriorate over time to expecting it to improve) we come to our first major definition of the term *recovery* in relation to serious mental illnesses: a sense we will refer to as "recovery from." Recovery from serious mental illness involves the person's returning to a healthy condition following onset of the illness. It is based on explicit criteria of levels of signs, symptoms, and deficits associated with the illness, and it identifies a point at which "remission" and/or "recovery" may be said to have occurred (e.g., Andreasen et al., 2005; Liberman, Kopelowicz, Ventura, & Gutkind, 2002). This definition thus has many advantages from the point of view of research, such as being clear, reliable, and relatively easy to define, measure, and link to dysfunctions or well-being in other areas of life. Appearing as if they had never suffered from a serious mental illness, people who enjoy this sense of full recovery could be considered to have recovered from psychosis in the same way that other people may recover from an infection, a broken