Recovery Home Environment Scale (RHES)

Description

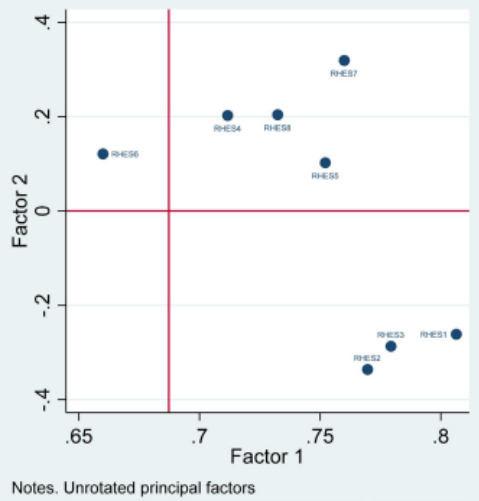
The Recovery Home Environment Scale (RHES) was designed to measure the strength of social model recovery dynamics in recovery homes. Items for the RHES were developed by the research team to assess issues that are central to social model recovery. For example, we wanted to assess the extent to which social model principles, such as peer support and 12-step recovery, guided house operations and interactions among residents. The initial content for scales items drew from qualitative interviews and focus groups with SLH managers (Polcin, Henderson, Trocki, Evans & Wittman, 2012; Polcin & Korcha, 2015). The initial draft of the RHES consisted of eight items. As part of our preliminary work, we pilot tested the items using a sample of 26 managers of sober living house (SLHs) in California. SLHs are one type of recovery home that explicitly uses a social model approach to recovery.

Based on pilot testing that included feedback from house managers, we made minor changes in the wording of some items but retained all eight. Internal consistency of the items from pilot testing was strong (alpha=0.82). The final version of the RHES contains 8 items measured on a 5-point scale (1 = Not at all; 2 = A Little; 3 = Somewhat; 4 = Quite a bit; 5 = A lot). A total score is created by calculating means.

Psychometric Properties

Reliability and validity of the final version of RHES were assessed using a sample of 373 individuals residing in 44 SLHs. Internal consistency of the eight items was strong (alpha=.90). Construct validity was supported by correlations between the RHES and subscales scores on the Community Oriented Evaluation Scale (CPES). The RHES was positively associated with the positive social environment characteristics on the CPES, including Involvement (r=0.66, p<0.001) and Support (r=0.63, p<0.001), but negatively associated with detrimental characteristics, such as the Anger and Aggression subscale (r=-0.191, p<0.01). Regression models to demonstrate predictive validity showed the RHES was positively associated with subsequent length of stay (Beta=2.81, p=0.002) and negatively associated with subsequent number days of alcohol or drug use (Beta=-0.64, p=0.035) (Polcin, Mahoney & Mericle, 2021).

Factor Loadings



In addition to a total unidimensional scale, we used factor analysis to identify two subscales. Figure 1 displays factor loadings for the two subscales: items 1-3 (recovery support) and items 4-8 (recovery skills). Items 1-3 query residents about emotional support, practical support, and resident socialization together; these items speak to recovery support provided in the residence. Items 4-8 include questions about residents attending 12-step meetings together, the practice of 12-step principles among residents in the house, the effectiveness of house meetings to resolve conflict, and supportive confrontation about potential harm associated with relapse. These items speak to recovery skills developed within the house. Cronbach's alpha was 0.89 for recovery support and 0.87 for recovery skills.

A full discussion of psychometric properties can be found in Polcin, Mahoney and Mericle (2021).

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Please rate the social environment of the sober living house using the 1-5 scale below:

1 = Not at all

2 = A Little

3 = Somewhat

4 = Quite a bit

5 = A lot

1) To what extent do residents provide emotional support to one another?

2) To what extent do residents socialize together?

3) To what extent do residents support each other to address practical problems, such as where to find needed services, how to find employment, and transportation?

4) To what extent do residents go to 12-step meetings together?

5) How effective are house meetings in terms of resolving problems and conflicts?

6) To what extent are residents involved in decisions that affect the house?

7) To what extent do residents work a 12-step recovery program on a daily basis within the SLH environment? This would include things like using 12-step principles to address conflicts and other problems.

8) To what extent do residents point out potential harm that could result from relapse or not continuing to work a strong recovery program?

References

Polcin, D. L., Henderson, D., Trocki, K., Evans, K., & Wittman, F. (2012). Community context of sober living houses. *Addiction Research & Theory*, *20*(6), 480-491.

Polcin, D. L., & Korcha, R. (2015). Motivation to maintain sobriety among residents of sober living recovery homes. *Substance Abuse and Rehabilitation, 6*, 103.

Polcin, D. L., Mahoney, E., & Mericle, A. A. (2021). Psychometric Properties of the Recovery Home Environment Scale. Substance use & misuse, 56(8), 1161–1168.

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