



How do recovery definitions distinguish recovering individuals? Five typologies



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ABSTRACT

Background: Six percent of American adults say they are “in recovery” from an alcohol or drug problem yet only a scant emergent literature has begun to ask how they define “recovery” or explored whether there is heterogeneity among their definitions.

Methods: Secondary analysis of the “What is Recovery?” online survey employed latent class analysis (LCA) to identify typologies of study participants based on their actual endorsement of 39 recovery elements and to compare the composition of these typologies in terms of distinguishing personal characteristics.

Results: A five-class solution provided the best fit and conceptual representation for the recovery definitions. Classes were labeled 12-step traditionalist ($n=4912$); 12-step enthusiast ($n=2014$); secular ($n=980$); self-reliant ($n=1040$); and atypical ($n=382$) based on patterns of endorsement of the recovery elements. Abstinence, spiritual, and social interaction elements differentiated the classes most (as did age and recovery duration but to a lesser extent). Although levels and patterns of endorsement to the elements varied by class, a rank-ordering of the top 10 elements indicated that four elements were endorsed by all five classes: being honest with myself, handling negative feelings without using, being able to enjoy life, and process of growth and development.

Conclusions: The results of the LCA demonstrate the diversity of meanings, and varying degrees of identification with, specific elements of recovery. As others have found, multiple constituents are invested in how recovery is defined and this has ramifications for professional, personal, and cultural processes related to how strategies to promote recovery are implemented.

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1. Introduction

The concept of “recovery” is widely used within popular discourse, and is commonly assumed to refer to a transition from problematic alcohol or drug use to an ongoing commitment to maintaining abstinence/sobriety. Promoting recovery from substance use problems is now part of the approach to United States drug policy that includes “making recovery a formal area of focus” (Office of National Drug Control Policy, 2014). Emergent recovery-oriented systems of care (ROSC) recognize the chronic nature of

addiction and encompass community-based strategies to develop support for long-term recovery (White, 2009; White et al., 2002).

Although abstinence from alcohol and drugs is assumed to be a core criterion of recovery historically, clinical diagnostic criteria have distinguished between “abstinent-recovery” and “non-abstinent recovery” with regard to alcohol use (Dawson et al., 2006). In their review of various empirical definitions of recovery in drug research, Tims further observed that the “criteria and complexity [of recovery] may be related to the drug in question, the treatments available, and the sources of social support” (Tims et al., 2001). Qualitative research with substance users has emphasized the diverse ways in which individuals construe the meanings of recovery in their personal narratives, including how their self-identity is shaped through their social interactions and therapeutic relationships (Addenbrooke, 2011; Best et al., 2011; Hänninen and Koski-Jännes, 1999; Hser, 2007; Lysaker and Buck, 2006; McIntosh and McKeganey, 2000; Vigilant, 2008). Nascent

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studies have broadened the concept of recovery to include indicators of functioning other than substance use (Laudet, 2007). A recent consensus statement developed by treatment providers, researchers, policy makers, and recovery advocates further illustrates this multi-dimensional approach, defining recovery as “a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship” (The Betty Ford Institute Consensus Panel, 2007, p. 222).

To inform flexible ROSC strategies that accommodate a range of recovery definitions, participants from a nationwide study entitled “What is Recovery?” (WIR) identified elements of recovery (detailed below) that were highly endorsed regardless of recovery pathway (e.g., treatment, self-help, abstinence or moderate use), while also capturing elements unique to specific pathways (Kaskutas et al., 2014). Taking advantage of the large WIR sample (nearly 10,000), the goal of this secondary analysis is to employ a multi-dimensional finite mixture modeling approach, latent class analysis (LCA) to: (1) identify typologies of participants based on their actual endorsement of the recovery elements, and (2) study the composition of these typologies in terms of personal characteristics that distinguish them.

Given the diverse, self-defined recovery pathways of the WIR participants, hypotheses consider the distinct elements that characterize 12-step approaches (such as abstinence and spirituality). We hypothesize that elements relating to abstinence and spirituality will distinguish the emergent typologies more than other recovery elements. Moreover, we hypothesize that typologies will differ in how much their definitions of recovery incorporate social interactions with others. Study findings can elucidate the ways in which personal definitions of recovery cluster in relation to other dimensions, including socio-demographics, treatment, 12-step participation, type and duration of substance use, current alcohol and drug use, and self-perceived quality of life.

2. Methods

2.1. Background and recruitment

The “What is Recovery?” project culminated in an Internet-based survey completed by 9341 individuals who identified themselves variously as being in recovery, recovered, in medication-assisted recovery, or having had a problem with alcohol and drugs (but no longer do). In Phase 1, 167 potential elements of recovery were developed through an extensive, iterative mixed-methods (qualitative and quantitative) process that first involved interviews with dozens of people in recovery from different pathways as well as a review of websites, articles and books about recovery. These elements were administered to 238 respondents via an Internet survey, followed by over 50 in-depth interviews to clarify their definitions. Redundant elements and those deemed by respondents to be irrelevant to recovery were eliminated, resulting in 47 retained elements for the Phase 2 survey.

Phase 2 participants were recruited via a wide-ranging, purposeful recruitment strategy designed to yield a sample reflecting the heterogeneity of recovery pathways. Outreach involved treatment and recovery organizations, self-help groups, and electronic media (Subbaraman et al., 2015). Recruitment materials directed potential participants to the study website (<http://www.WhatIsRecovery.org>), which included an explanation of the study and the link to the anonymous, confidential online survey. The 20 min online survey was available from July to October 2012.

The demographic profile of the Phase 2 respondents is almost identical to another Internet-based recovery sample (Laudet, 2013), and the treated respondents are similar to other treatment samples (Subbaraman et al., 2015). Factor analyses of the recovery elements were conducted using split-half samples to statistically reduce and group elements into smaller components, followed by sensitivity analyses for key recovery pathway groupings to assure that the elements represented the heterogeneous voices of recovery (Kaskutas et al., 2014). Factor analysis reduced the pool to 35 recovery elements spanning four factors; four uncommon elements that did not load on any factor were retained because their content was important to some subgroups in recovery. Participants provided informed consent using procedures approved by the Institutional Review Board of the Public Health Institute.

2.2. Measures

2.2.1. Recovery elements. The root question for the 39 recovery elements read: the next groups of questions cover many different topics that people might include in

their definition of recovery. We want to know which ones you think belong in a definition of recovery as you have experienced it. There is no right or wrong answer to any of the question; we are interested only in your opinions and experiences. For each item, we want you to tell us whether the item: (1) definitely belongs in your definition of recovery, (2) somewhat belongs in your definition of recovery, (3) does not belong in your definition of recovery, but may belong in other people's definition of recovery, or (4) does not really belong in a definition of recovery.

2.2.2. Personal characteristics. Questions used here include demographics, pre-recovery severity, recovery pathway, and quality of life (QoL). Past substance use disorder severity was assessed based on the lifetime version of the International Neuropsychiatric Interview, a short structured diagnostic interview for DSM-IV and ICD-10 psychiatric disorders (Sheehan et al., 1998). Recovery pathway measured exposure to 12-step groups, non-12-step groups, and specialty treatment. These were recoded as none (natural recovery) or into six mutually exclusive groupings based on combinations of help-seeking. Lifetime 12-step group exposure was dichotomized (≤ 90 versus >90 meetings). Current substance use status was coded as four discrete categories (alcohol and drug abstinence, alcohol-only abstinence, drug-only abstinence, or alcohol and drug use). A WHO quality of life measure (The WHOQOL Group, 1998) used in other recovery research (Laudet, 2011; Laudet et al., 2009) read, “How would you rate your quality of life?” (poor, neither poor nor good, good, and very good).

2.3. Statistical analysis

Mplus, version 7.2 (Muthén and Muthén, 2013) was used to statistically identify clusters of persons (latent classes) based on their observed responses to the 39 recovery elements. An optimal model was determined using standardized fit indices, class specific item probability parameters, and theoretical consideration (Muthén and Muthén, 2000). Mplus uses a full-information maximum likelihood estimation under the assumption that data are missing at random (Little and Rubin, 2002; Muthén and Shedden, 1999). Bivariate tests were conducted to compare the resultant classes on background characteristics described above.

3. Results

3.1. Sample

The resultant sample was over half female, almost three-fourths were over age 35, and half had a bachelor's degree (Table 1, last column). The primary problem substance was alcohol. Only 2% did not meet criteria for alcohol or drug dependence. Three-quarters identified themselves as “in recovery” and the majority had been in their self-defined status for over 5 years. Most reported current abstinence from both alcohol and drugs and endorsed the belief that recovery is abstinence. Most had sought some form of help for their substance use problems – 4% were in natural recovery. Only 2% reported a poor QoL.

3.2. Latent class models

A five-class solution provided the best fit and conceptual representation for these data. Log-likelihood and BIC fit-indicators (Nylund et al., 2004) improved with the addition of class solutions up to a six-class solution. The Vuong–Lo–Mendell–Rubin likelihood test (Lo et al., 2001) for a four- versus five-class solution was significant ($p < 0.05$), indicating the five-class solution provided better fit for the data. The five-class entropy value (0.91) was good (Muthén and Muthén, 2008). We labeled the five classes: 12-step traditionalist ($n = 4912$); 12-step enthusiast ($n = 2014$); secular ($n = 980$); self-reliant ($n = 1040$); and atypical ($n = 382$). Average latent class (posterior) probabilities for the most likely latent class membership were 0.96, 0.90, 0.91, 0.94 and 0.96.

To discuss LCA differences among the five-classes, responses to the recovery elements are grouped into sections corresponding to the four conceptual domains obtained from the prior factor analysis (abstinence, spirituality, essentials of recovery, enriched recovery) plus the fifth group of “uncommon” elements. Personal characteristics are described in conjunction with response patterns to the elements. In describing the classes henceforth, we use the words personal endorsement in reference to elements rated “definitely”

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