



Recovery definitions: Do they change?



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ABSTRACT

Background: The term “recovery” is widely used in the substance abuse literature and clinical settings, but data have not been available to empirically validate how recovery is defined by individuals who are themselves in recovery. The “What Is Recovery?” project developed a 39-item definition of recovery based on a large nationwide online survey of individuals in recovery. The objective of this paper is to report on the stability of those definitions one to two years later.

Methods: To obtain a sample for studying recovery definitions that reflected the different pathways to recovery, the parent study involved intensive outreach. Follow-up interviews ($n=1237$) were conducted online and by telephone among respondents who consented to participate in follow-up studies. Descriptive analyses considered endorsement of individual recovery items at both surveys, and t -tests of summary scores studied significant change in the sample overall and among key subgroups. To assess item reliability, Cronbach’s alpha was estimated.

Results: Rates of endorsement of individual items at both interviews was above 90% for a majority of the recovery elements, and there was about as much transition *into* endorsement as *out* of endorsement. Statistically significant t -test scores were of modest magnitude, and reliability statistics were high (ranging from .782 to .899).

Conclusions: Longitudinal analyses found little evidence of meaningful change in recovery definitions at follow-up. Results thus suggest that the recovery definitions developed in the parent “What Is Recovery?” survey represent stable definitions of recovery that can be used to guide service provision in Recovery-Oriented Systems of Care.

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1. Introduction

1.1. Background

Ten percent of Americans age 18 and older in a national sample survey say that they “used to have a problem with drugs or alcohol but no longer do” (The New York State Office of Alcoholism and Substance Abuse Services (OASAS) 2012), and the terms “recovery” and “recovered” are widely used in the research literature and in clinical settings. For example, a search of Google Scholar between 1959 and 2012 showed a nearly exponential increase in the number of articles about substance abuse with “recovery” in the title in the past decade (Fig. 1). There also has been significant effort towards

developing broad definitions of recovery (reviewed below), but data have not been available to empirically validate these definitions. Given the recent heightened attention to recovery in scholarly articles and the acknowledged need for a research-based definition of recovery (The Betty Ford Institute Consensus Panel, 2007), such data are especially relevant. This paper empirically examines a recovery definition based on a longitudinal study of 1237 individuals in recovery.

Several definitions of recovery have been put forward in the past, which made the point that recovery is something more than abstinence from, or reduction in, substance use. As early as 1982, the American Society of Addiction Medicine (ASAM) defined recovery as reaching “a state of physical and psychological health such that abstinence from dependency-producing drugs is complete and comfortable” (American Society of Addiction Medicine, 1982). In 2007, both the Betty Ford Institute and the Center for Substance Abuse Treatment published broad definitions of recovery based on panels convened by these organizations; these respectively defined recovery as “a voluntarily maintained lifestyle characterized by

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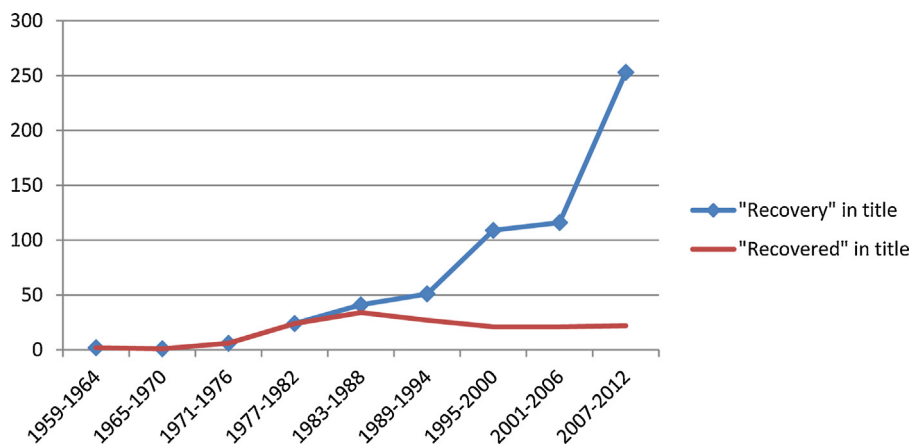


Fig. 1. Growth in number of articles about recovery.

sobriety, personal health, and citizenship” (The Betty Ford Institute Consensus Panel, 2007), or as “a process of change through which an individual achieves abstinence and improved health, wellness and quality of life” (Center for Substance Abuse Treatment, 2007).

While representing an advance towards building a definition of recovery that goes beyond substance use or substance abuse diagnoses, these institutional definitions may not reflect how recovery is personally defined by the individuals in recovery. In addition, they reflect broad concepts rather than specific elements of recovery that could be used in clinical and research settings. In an effort to offer a more specific and empirically-based definition of recovery that was grounded in the experience of individuals who have experienced recovery, the “What Is Recovery?” project developed a 39-item definition of recovery based on an online survey with a large nationwide survey (summarized below). The objective of this paper is to report on the stability of those definitions among the subset of respondents who participated in a follow-up study one to two years later.

1.2. The “What Is Recovery?” study

The goal of the parent “What Is Recovery?” project was to obtain a sample for studying recovery definitions that reflected the heterogeneity of recovery in terms of demographics, recovery pathway, and recovery beliefs. Intensive outreach was undertaken with local and national study partners who notified their constituents of the study and gave them the study website (<http://www.WhatIsRecovery.org>). Details of the extensive recruitment effort can be found in (Subbaraman et al., 2015). A total of 9341 individuals who considered themselves as in recovery, recovered, in medication-assisted recovery, or as having had an alcohol or drug problem completed a 47-item Internet-based survey.

Exploratory and confirmatory factor analyses resulted in a four-factor solution involving 35 recovery elements; the four factors are abstinence, essentials of recovery, enriched recovery, and spirituality. Four additional uncommon items that did not load on any factor were retained to represent recovery definitions that were endorsed by key subgroups in recovery. Eight redundant, nondiscriminatory items that were conceptually similar (and demonstrated similar patterns of support with other items) were deleted. The recovery definition thus included 35 recovery elements that loaded on four factors plus four uncommon elements (39 total).

Support for the 35 recovery elements in the four factors was high; see (Kaskutas et al., 2014). For example, 24 of the elements were endorsed by over 95% of the respondents, and only one item was endorsed by fewer than 80% of the sample. The items with the highest level of support were: [recovery is] handling negative feelings

without using drugs or drinking like I used to—endorsed by 97%; being able to enjoy life without drinking or using drugs like I used to—98%; being honest with myself—99%; taking responsibility for the things I can change—98%; and a process of growth and development—99%. Re-test responses a week later were concordant, with 95% of the re-test sample ($n = 200$) endorsing a given item at both administrations. Taken together, these results suggest that these elements of recovery are reliable and receive widespread support among a large, heterogeneous group of individuals in recovery.

The next step in the “What Is Recovery?” project was to contact respondents who provided re-contact information for future studies, to determine whether these recovery elements continue to reflect their definition of recovery. We hypothesize that those with less time in recovery would be more likely change their view(s) of recovery than those with stable, longer-term recovery (five years or more). Prior research has suggested that five years of abstinence is associated with stable recovery and a significant reduction in odds of future relapse (Dennis et al., 2007; Hser et al., 2007; Sobell et al., 2000, 2002).

We also examine whether recovery definitions changed differentially based on substance use status at baseline (abstinent versus moderated use). Although there is some history of moderated or controlled drinking as one goal of treatment for alcohol problems, there is less acceptance of controlled drug use as a treatment goal; however, research has shown some acceptance of these goals among clinicians (Davis and Rosenberg, 2013; Rosenberg and Davis, 2014; Rosenberg and Melville, 2005). Therefore, we examine whether complete abstinence versus moderation was associated with stability in recovery definitions, hypothesizing that there would be no differences.

Should endorsement of these recovery elements remain high for over a year, this would indicate that the pool of 35 recovery elements developed in the project, and the resultant four distinct conceptual factors derived from the prior analyses, could represent a reasonable and empirically-derived starting point for providers to use in guiding the mix of services they offer to support recovery. This approach is consistent with the goals of “Recovery-Oriented Systems of Care (ROSC),” which are a response to the recognition that addiction is a chronic disease requiring ongoing care (McLellan et al., 2000; White, 2009a; White et al., 2002). As opposed to the current acute-based approach to treatment of substance abuse disorders, a ROSC is a coordinated network of community-based services and supports that are designed to promote recovery across the lifespan (Sheedy and Whitter, 2009; Whitter et al., 2010). ROSCs build upon existing systems of care and support, including addiction treatment, mental health services, primary care, and peer support (White, 2009b). However, there is an evolving need

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