

**Recovery International Group Meeting Evaluation
Interview Summary
September 2009
Submitted by: Sue Pickett, Ph.D.**

This report summarizes information from the baseline interviews and follow-up interviews conducted with the newcomers who are participating in the Recovery International (RI) group meeting evaluation. As noted in prior reports, for the purposes of this evaluation, newcomers are individuals who have attended 1-5 RI meetings. Newcomers who choose to participate in the evaluation complete four interviews over the course of one year. The first interview (baseline or Time 1 interview) takes place shortly after they enroll in the evaluation; the second interview (Time 2) occurs three months later; the third interview (Time 3) takes place six months later; and the final interview (Time 4) occurs twelve months after the initial interview.

We began enrolling newcomers in the study in August 2008; Time 1 interviews began in September 2008. As of September 30, 2009, a total of 114 newcomers have enrolled in the evaluation. These participants are newcomers at RI groups in California, Florida, Georgia, Illinois, Michigan, Minnesota, New Jersey, New York, Ohio, Oregon, Pennsylvania, and Texas. To date, the University of Illinois (UIC) evaluation team has completed Time 1 interviews with 99 participants. A total of 51 participants have completed their Time 2 interviews; 27 participants have completed their Time 3 interviews; and 4 participants have completed their Time 4 interviews.

This report summarizes participant demographic and mental health characteristics; RI participation; and mental health, social support, and service use outcomes from interviews conducted from September 2008-August 2009. This includes 80 Time 1 interviews, 39 Time 2 interviews, and 15 Time 3 interviews. (Note: Time 4 interviews did not begin until early September 2009).

Evaluation Participant Characteristics

Demographic Characteristics

- **Age:** Newcomers currently enrolled in the evaluation range in age from 25-71 years, with an average age of 50 years.
- **Gender:** 69% of evaluation participants are female, and 31% are male.
- **Race:** 86% of participants are Caucasian; 8% are African American; 5% are Hispanic/Latino; and 1% are Asian American.
- **Marital status:** 39% of participants are single/never married; 32% are divorced; 26% are married; and 3% are separated.
- **Family size:** Slightly more than half of the participants (57%) have children. On average, these participants have 2 children.
- **Education:** On average, participants have completed 15 years of schooling (i.e., high school plus some college).
- **Income:** On average, participants' annual income ranges from \$20,001-\$30,000.
- **Employment status:** 34% of participants are currently employed; 30% are disabled and unable to work; 16% are looking for work; 9% are unemployed and choosing not to look for work; 9% are retired; and 3% are doing volunteer work.
- **Residential status:** The majority of participants (86%) live in their own home or apartment; 15% live with family or friends. Half of the participants (50%) live alone.
- **Military service:** Only 5% of participants have ever served in the military.

Mental Health Characteristics

- **Illness length:** Participants reported experiencing mental health problems from 1 month to 49 years, with an average illness length of 23 years.
- **Mental health treatment:** Nearly all of the participants (98%) told us that they have seen a health care professional (physician, psychiatrist or social worker) about a mental health problem, and 84% have been formally diagnosed with a mental illness.
- **Diagnosis:** 46% of participants have a primary diagnosis of depression; 25% have a primary diagnosis of bipolar disorder; 13%, anxiety disorder; 5%, schizoaffective disorder; 5%, obsessive-compulsive disorder; 1%, schizophrenia; and 1% have a primary diagnosis of post-traumatic stress disorder (PTSD). The remainder (3%) report other primary diagnoses, such as personality disorder.
- **Substance use:** Nearly all of the participants (90%) reported that they do not currently have a problem with alcohol and/or drugs. However:
 - 19% of participants have received prior treatment for a substance abuse problem
 - 34% of participants have previously attended Alcoholics Anonymous (AA) and/or Narcotics Anonymous (AA) meetings
 - 18% of participants report that they currently attend AA or NA meetings
- **Psychiatric hospitalizations:** Slightly more than half of the participants (55%) have been hospitalized for a mental health problem. These participants have experienced, on average, 4 inpatient admissions.
- **Physical health problems:** Slightly more than a third (34%) of participants reported that, in addition to their mental health problems, they have a physical health problem that limits their activities.

RI Participation

During each of their interviews, newcomers are asked several questions about their participation in RI groups. At baseline, we ask participants how they first learned about and/or were referred to RI; and at follow-up, we ask participants whether they are involved in any RI leadership activities. In every interview, we ask participants whether they are still attending RI meetings, and if not, why not; and how satisfied they are (or were) with RI meetings. We ask participants to evaluate group features and process, such as the amount of support that they feel they receive from other group members and friendship between group members. We also assess participants' knowledge of RI tools, including their ability to correctly provide an example of Recovery practice.

Referral Sources

During their Time 1 interviews, participants told us that they heard about RI from the following sources:

- Friend or family member: 41%
- Mental health professional: 30%
- RI meeting participant (i.e., an RI member): 19%
- RI website: 16%
- Another advocacy organization's support group (e.g., NAMI): 7%
- Another advocacy organization's website: 5%

(Note: Since participants may hear about RI from more than one referral source, the total percentage for this category exceeds 100%)

RI Attendance

This section presents results related to newcomers' participation in RI. For each participation measure, we first present the results from Time 1 interviews, and then results from the Time 2 and Time 3 interviews.

- **Came to RI for help dealing with a specific problem:** At Time 1, 67% of participants first came to an RI meeting for help with a specific problem, such as help coping with anxiety or depression.
 - At Time 2: 56% of participants told us that they went to RI meetings for help with a specific problem.
 - At Time 3: 70% of participants reported that they went to RI meetings for help with a specific problem.
- **Currently attending RI meetings:** Nearly all (95%) of participants were currently attending RI meetings at the time of their first interview.
 - At Time 2: 85% of participants told us that they were currently attending RI meetings.
 - At Time 3: 91% of participants told us that they were currently attending RI meetings.
- **Number of RI meetings attended:** On average, participants have attended 4 RI meetings at the time they completed their first interview.
 - At Time 2: On average, participants went to 12 meetings in the 3 months between their Time 1 and Time 2 interviews.
 - At Time 3: On average, participants went to 10 meetings in the 3 months between their Time 2 and Time 3 interviews.
- **How often newcomers attend RI meetings:** 70% of participants attend meetings once a week; 16% attend several times a week; and 14% attend RI meetings several times a month.
 - At Time 2: 57% of participants attend meetings once a week; 18% attend meetings several times a week; 18% attend several times a month; and 7% attend meetings once a month.
 - At Time 3: 30% attend meetings once a week; 20% attend meetings several times a week; 40% of participants attend meetings once a month; and 10% attend meetings several times a month.
- **Group size:** Participants' RI groups range from 3-35 members, with an average of 11 members per meeting.
 - At Time 2: Participants' groups range from 4-23 members, with an average of 11 members per meeting.
 - At Time 3: Participants' groups range from 7-20 members, with an average of 13 members
- **Number of different groups newcomers attended:** 39% of participants told us that they attend meetings at more than one RI group. On average, these participants have attended meetings at 3 different RI groups.
 - At Time 2, 43% of participants told us that they attend meetings at more than one RI group. On average, these participants have attended meetings at 2 different groups.
 - 7% of participants reported that they were attending both in-person and telephone meetings.
 - At Time 3: At Time 3, 60% of participants told us that they attend meetings at more than one RI group. On average, these participants have attended meetings at 2 different groups.
 - 20% of participants reported that they were attending both in-person and telephone meetings.

- **Contact with group members outside of RI meetings:** 42% of participants told us that they talk with another RI group member outside of meetings. On average, these participants talk with other group members once a week outside of RI meetings.
 - At Time 2: 68% of participants told us that they talk with another RI group member outside of meetings. On average, these participants talk with other group members several times a month.
 - At Time 3: 80% of participants told us that they talk with another RI group member outside of meetings. On average, these participants talk with other group members once a month.
- **5 minute weekly aid phone call (asked at follow-up only):** At Time 2, 79% of participants told us that they either made or received a 5 minute weekly aid phone call with another RI group member. On average, these participants made/received these phone calls several times a month.
 - At Time 3: Only 10% of participants reported that they made or received weekly mutual aid phone calls with another RI group member. On average, these participants made/received these phone calls once a month.
- **Participation in RI leadership activities (asked at follow-up only):** At Time 2, 5% of participants reported that they were involved in RI leadership activities. However, none of these individuals was currently leading an RI group.
 - At Time 3: 20% of participants reported that they there were involved in RI leadership activities. However, none of these individuals was currently leading an RI group.

RI Non-Attendees

- **Number of participants no longer attending RI meetings:** At Time 1, only 4 participants reported that they had stopped going to RI group meetings.
 - At Time 2: 5 additional participants reported that they were no longer attending RI meetings. However, each of these individuals had gone to at least one meeting since their last interviews.
 - At Time 3: 1 additional participant reported that he/she was no longer going to RI group meetings. However, this individual had gone to at least one RI meeting since his/her Time 2 interview.
- **Total number of groups attended:** On average, participants who had stopped going to RI groups at the time of their first interview had attended a total of 3 RI meetings.
 - At Time 2: Participants who had stopped going to RI groups at the time of their second interview had attended a total of 9 meetings.
 - At Time 3: The participant who had stopped going to RI groups at the time of his/her third interview had attended a total of 15 meetings.
- **How often non-attendees had gone to RI meetings:** On average, all of the participants who were no longer going to RI groups had attended meetings once a week.
- **Reasons why participants stopped attending RI meetings:** At Time 1, participants told us that various problems *unrelated to RI*, including scheduling conflicts, transportation problems, family problems, and their own mental health problems were reasons why they were no longer going to RI groups.
 - At Time 2: Most of participants who had stopped going to RI groups at the time of their second interview told us schedule conflicts, transportation problems, and/or physical and mental health problems prevented them from attending RI meetings. However, some of these participants also reported that they stopped going to RI groups because they felt that the meetings were too boring; they had problems with other group members; they didn't like the limited opportunities to participate in meetings; and they didn't like the group materials, such as the Example Outline.

- At Time 3: Reasons why this individual stopped attending groups include those listed above. Additionally, this individual stated that he/she found Dr. Low's books too hard to understand.

Satisfaction with RI Meetings

- **Overall satisfaction with RI:** On average, at all three interview time points (i.e., Time 1, Time 2 and Time 3) participants reported moderate levels of satisfaction with RI meetings.
- **Needs met:** At Time 1, 47% of participants told us that most of their needs have been met by RI meetings.
 - At Time 2: 46% of participants reported that most of their needs have been met by RI meetings.
 - At Time 3: 50% of participants reported that most of their needs have been met by RI meetings.
- **Information received:** At Time 1, 84% reported that they received the information they wanted at their RI meetings.
 - At Time 2: 77% reported that they received the information they wanted at their RI meetings.
 - At Time 3: 92% reported that they received the information they wanted at their RI meetings.
- **Coping with problems:** At Time 1, 48% told us that the information they received at RI meetings greatly helped them deal with their problems.
 - At Time 2: 56% of participants reported that the information they received at RI meetings greatly helped them cope with their problems.
 - At Time 3: 71% of participants reported that the information they received at RI meetings greatly helped them deal with their problems.
- **Quality of information received at RI meetings:** At Time 1, 49% of participants rated the information they received at RI meetings as excellent.
 - At Time 2: 49% of participants rated the information they received at RI meetings as excellent.
 - At Time 3: 43% of participants rated the information they received at RI meetings as excellent.
- **Group leaders' skills:** At Time 1, 59% of participants rated their RI group leaders' skills as excellent.
 - At Time 2: 41% of participants rated their RI group leaders' skills as excellent.
 - At Time 3: 71% of participants rated their RI group leaders' skills as excellent.
- **Recommend RI:** At Time 1, 70% of participants told us that they would definitely recommend RI group meetings to a friend.
 - At Time 2: 56% of participants told us that they would definitely recommend RI group meetings to a friend.
 - At Time 3: 79% of participants reported that they would definitely recommend RI group meetings to a friend.
- **Continued participation in RI:** At Time 1, 70% of participants told us that they definitely plan to continue to attend RI group meetings.
 - At Time 2: 44% of participants told us that they definitely plan to continue to attend RI meetings.
 - At Time 3: 71% of participants reported that they definitely plan to continue to attend RI meetings.

RI Group Features and Processes

- **Support received from other RI group members:** At Time 1, on average, participants reported that they receive moderate levels of support from other RI group members.
 - At Time 2 and at Time 3, on average, participants reported that they receive high levels of support from other RI group members.
- **Support provided to other RI group members:** At Time 1, on average, participants reported that they provide moderate to high levels of support to other RI group members.
 - At Time 2 and at Time 3, on average, participants reported that they provide high levels of support to other RI group members.
- **Friendship:** At all three interview time points, on average, participants felt there is not much friendship between RI group members (for example, they are not close friends with other members and/or pursue friendships with members outside of the group).
- **Role responsibilities:** At all three interview time points, on average, participants reported that the roles of group members are somewhat defined (e.g., that responsibilities are spread out between members, that the leader's role is well-defined).
- **Group effectiveness:** At all three interview time points, participants reported that they feel that their RI is somewhat effective.

RI Knowledge and Example of Recovery Practice

- **Knowledge of RI tools and terms:** We use a 17-item multiple choice survey to assess participants' knowledge of Recovery tools and terms. Scores range from 0 correct responses to 17 correct responses.
 - At Time 1, on average, newcomers correctly answered 13 of the 17 knowledge questions (76% of the total knowledge survey).
 - At Time 2, on average, participants correctly answered 14 of the 17 knowledge questions (82% of the total knowledge survey).
 - At Time 3, on average, participants correctly answered 13 questions (76% of the total knowledge survey).
- **Example of Recovery practice:** At Time 1, when asked to give an example of Recovery practice, 19 participants (24%) refused to do so. These individuals told us that they had not yet been given an opportunity to give an example in their RI group, and subsequently they did not feel comfortable trying to give an example for the interview.
 - At Time 1, of the 61 participants who gave an example, 24 participants (39%) correctly followed all four steps.
 - At Time 2, 16 participants refused to give an example. Of the 33 participants who gave an example, 8 participants (24%) correctly followed all four steps.
 - At Time 3, 7 participants refused to give an example. Of the 8 participants who gave an example, 3 participants (37%) correctly followed all four steps.
- **Step 1:** At Time 1, 86% of the participants who gave an example did Step 1 correctly (reported a single situation or event that occurred and gave a brief description of what happened)
 - At Time 2, 64% of the participants who gave an example did Step 1 correctly.
 - At Time 3, 87% of the participants who gave an example did Step 1 correctly.
- **Step 2:** At Time 1, 26% of the participants who gave an example did Step 2 correctly (reported the physical and mental symptoms he/she experienced).
 - At Time 2, 54% of the participants who gave an example did Step 2 correctly.
 - At Time 3, 62% of the participants who gave an example did Step 2 correctly.
- **Step 3:** At Time 1, 61% of the participants who gave an example did Step 3 correctly (reported spotting fearful and/or angry temper, and his/her self-endorsement)
 - At Time 2, 57% of the participants who gave an example did Step 3 correctly.

- At Time 3, 87% of the participants who gave an example did Step 3 correctly.
- **Step 4:** At Time 1, 51% of the participants who gave an example did Step 4 correctly (described the temperamental reaction and symptoms he/she would have experienced before he/she began practicing the RI Method; and described what would have happened then versus what happened now)
 - At Time 2, 33% of the participants who gave an example did Step 4 correctly.
 - At Time 3, 37% of the participants who gave an example did Step 4 correctly.

Outcomes

At each interview time point, we assess the following outcomes: self-esteem, coping mastery ability, social connectedness, empowerment, hopefulness, self-stigma, personal recovery, mental health symptoms, and service use. These are all outcomes that we believe will improve for newcomers as they continue to participate in RI meetings.

- **Self-esteem:** On average, at Time 1, Time 2 and Time 3, participants reported high levels of self-esteem.
- **Coping mastery ability:** On average, at all three interview time points, participants reported high levels of coping mastery ability.
- **Social connectedness (feeling close to and understood by others):** On average, at Time 1, participants reported moderate levels of social connectedness
 - At Time 2 and Time 3, on average, participants reported high levels of social connectedness.
- **Empowerment:** On average, at all three interview time points, participants reported low levels of empowerment.
- **Hopefulness:** On average, at Time 1, Time 2 and Time 3, participants reported moderate levels of hopefulness.
- **Self-stigma:** On average, at all three interview time points, participants reported high levels of agreement that general public has negative views or stereotypes about people with mental illness
- **Personal recovery (believing that one can cope with mental health symptoms and reach one's goals):** On average, at all three interview time points, participants reported low levels of personal recovery.
- **Mental health symptoms:** On average, at Time 1, Time 2 and Time 3, participants reported experiencing few mental health symptoms in the week prior to their interview.
- **Service Use:** On average, at Time 1 and Time 3, participants reported using 5 different types of mental health and social services, such as medication management and medical services.
 - At Time 2, participants reported using, on average, 4 different types of mental health and social services.
- **Service Need:** On average, at all three interview time points, participants reported needing 5 different types of mental health and social services.

Changes in RI Participation, RI Knowledge and Outcomes from Time 1 to Time 2

We conducted several series of paired t-tests to examine whether any significant changes in RI participation, RI knowledge, and outcomes occurred from Time 1 to Time 2. (Note: The current Time 3 sample is too small to detect any statistically significant changes in outcomes from Time 1 to Time 3, or from Time 2 to Time 3). We first examined changes in RI attendance and knowledge only for those participants who were still attending RI group meetings at Time 2. This sample includes a total of 28 participants. Next, for this same group, we examined whether any significant changes occurred in the outcomes described in the prior section. Finally, we

examined changes in outcomes for all participants, regardless of whether they were attending RI group meetings at Time 2. This sample includes a total of 39 participants. We did not examine changes in RI participation and knowledge for this sample, as it included individuals who had stopped attending RI meetings after their initial interview.

Although each of these samples is small, we found several significant changes in outcomes from Time 1 to Time 2. These significant changes that occurred at Time 2 are listed below.

Changes in RI Participation, RI Knowledge and Outcomes for Participants Attending RI Group Meetings at Time 2

- **RI Participation and Knowledge**
 - Increased meeting attendance: At Time 1, these participants had attended an average of 5 meetings. At Time 2, they had attended, on average, 12 RI group meetings.
 - Improved knowledge of RI tools and terms
 - Greater support provided to other RI group members
- **Outcomes**
 - Increased self-esteem
 - Increased hopefulness
 - Improved overall personal recovery, and:
 - Increased personal confidence in one's recovery
 - Decreased mental health symptom domination
 - Fewer mental health and social services needed
 - Fewer mental health and social services used

Changes in Outcomes for all Participants

- Increased self-esteem
- Improved coping mastery ability
- Increased social connectedness
- Improved overall personal recovery, and:
 - Increased personal confidence in one's recovery
 - Decreased mental health symptom domination
- Decreased depressive symptoms
- Decreased anxiety symptoms
- Fewer mental health and social services needed
- Fewer mental health and social services used

Follow-Up Interview Completion Rates and Participant Withdrawals

As of September 30, 2009, a total of 61 participants were due to complete their 3-month (Time 2) follow-up interviews. We successfully completed with 51 participants, giving us a Time 2 interview completion rate of 84%. Despite numerous phone calls, letters and emails, we were unable to contact and complete Time 2 interviews with 10 participants. Although these participants may have been "lost" at Time 2, we continue to look for them in order to locate them for their upcoming interviews. In other words, we still search for them and try to contact them when they are due for their Time 3 and Time 4 interviews, respectively. A total of 31 participants were due to complete their 6-month (Time 3) follow-up interviews; we completed 28 interviews for a Time 3 interview completion rate of 90%. We were unable to contact and complete Time 2 interviews with 3 participants. Finally, a total of 5 participants were due to complete their 12-month (Time 4) follow-up interviews; we completed 4 of these interviews for a Time 4 completion rate of 80%. We are continuing to contact the 1 participant who missed his/her

scheduled Time 4 interview. These are very good follow-up rates, particularly given the fact that all interviews are done by telephone with participants from across the country.

A total of 17 participants have withdrawn or dropped out of the evaluation. This includes 10 participants who withdrew shortly after enrolling in the evaluation, and who never completed a Time 1 interview. Three of these individuals could not be located, despite our numerous phone calls, emails and letters. Two individuals told us that they had changed their minds and no longer wished to participate in the evaluation. We withdrew two individuals whom we discovered had provided false information during their initial screening and were ineligible to participate in the study (one person had attended more than 5 RI meetings when he/she called to enroll; another person had never attended an RI meeting and called after finding his/her roommate's flyer). One individual stated that he/she wished to withdraw because he/she no longer attended RI meetings; another individual was concerned that his/her family might overhear the interview; and one individual stated that he/she did not want to do a long telephone interview. One individual, who felt that we did not ask enough questions about RI, dropped out *after* completing his/her Time 1 interview. A total of 6 participants have withdrawn from the study at the time of their second interview. Three of these participants stated that they simply had changed their minds, and no longer wished to be in the evaluation. One participant reported that he/she no longer went to RI meetings; although we reminded this individual that he/she could still participate in the study, he/she chose to withdraw. Another participant was concerned that the \$15 he/she received for completing an interview might affect his/her disability benefits; again, despite our reassurance that the interview payment would not affect his/her benefits, this person chose to withdraw. Finally, one participant withdrew because he/she felt that it took too long to receive his/her \$15 for completing the Time 1 interview.

Summary and Next Steps

Similar to our last report, our Time 1 results indicate that newcomers who choose to enroll in the evaluation are middle-aged, Caucasian females. They have been coping with mental health symptoms for many years (i.e., an average of 23 years), and most have been diagnosed with depression. Most newcomers first heard about RI from a friend or family member. As we noted in the last report, the fact that 30% of newcomers heard about RI from a mental health provider suggests that the professional community is aware of RI, and considers it to be a valuable resource for their clients.

There are several interesting preliminary findings regarding RI participation and knowledge. To date, only 10 participants have stopped attending RI meetings (or 12, if we include the 2 individuals who withdrew from the evaluation). Thus, the majority of our evaluation participants continue to go to RI meetings, and results suggest that their attendance increases over time. The amount of support participants receive from, and provide to other group members also appears to increase over time, as does contact with group members outside of RI meetings. These findings suggest that participants are forming strong bonds with RI members. Given that 50% of participants live alone, RI meetings may be providing needed social support to group members.

Regarding RI knowledge, as we noted in the last report, our results suggest that newcomers appear to quickly learn RI tools and terms, and current findings indicate that this knowledge appears to improve over time. Given that newcomers generally do not give examples of Recovery practice in meetings, we would expect that most of the evaluation participants would choose not to give us an example in their first interview. Instead, only 24% of our current sample refused to give an example. At each time point, the majority of participants reported the first three steps correctly, but had trouble with Step 4.

Outcome results suggest that participants are fairly high functioning: they have high levels of self-esteem and coping mastery ability; moderate levels of hopefulness and social connectedness; experience few mental health symptoms; and have few service needs. However, Time 1 results also suggest that participants come to RI groups with little belief that they can cope with their mental health symptoms and achieve their life goals. Our paired t-test results suggest that, over time, hopefulness increases for participants who continue to attend RI groups. Additionally, belief in personal recovery, particularly self-confidence in one's own "recovery ability" improves over time, and symptom domination—feeling that one's life is controlled by one's mental health symptoms—decreases over time. These findings suggest that RI participation may indeed give individuals the knowledge, tools, and confidence to successfully cope with their mental health symptoms and manage every day problems. The significant changes in personal recovery and social connectedness for all participants, including those who no longer were attending RI groups, suggest that perhaps even some exposure to RI may help individuals better manage their symptoms and help them establish connections to others.

It is important to remember that this report contains only **preliminary** results. These findings may change as we complete additional follow-up interviews. For example, we may find that changes in personal recovery are no longer significant, or only change from Time 1 to Time 2, and not from Time 1 to Time 3 or Time 4.

In regard to next steps, we now are only 6 newcomers short of our goal of enrolling 120 newcomers in the evaluation! The caveat, however, is that 10 individuals withdrew from the study prior to completing their Time 1 interview. Thus, unless we extend enrollment, our final enrolled sample we will only include 110 newcomers. While enrollment initially was slow, it increased greatly in the past 6 months, due to the wonderful assistance of RI area and group leaders. We would like to thank each and every RI leader who has agreed to assist us, and who are so instrumental to our success!

In addition to concluding enrollment, we will continue to conduct follow-up interviews. Our next report will include a larger Time 3 sample, and we will be able to conduct analyses comparing changes in outcomes from Time 1 to Time 2 and Time 3. Additionally, we will report initial results from the Time 4 interviews. We have been excited to hear from the participants who recently completed these 12-month follow-up interviews that, one year post-enrollment, most are still going to RI meetings. We look forward to learning more about their RI participation and how RI is changing their lives.