

Peer-Led Cognitive-Behavioral Self-Help Program Participation Benefits: Recovery International

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This article describes the Recovery International (RI) program, a peer-led cognitive-behavioral self-help program for mental health consumers. We also share important findings from a recent research study that examined RI participation benefits. Information about RI and these research results were presented at the 2011 USPRA annual meeting in Boston.

What is Recovery International?

Recovery International (RI) is often called the best kept secret in mental health. Created in 1937 by neuropsychiatrist Abraham A. Low, M.D., this cognitive-behavioral peer-led program teaches participants how to identify and monitor negative thoughts and behaviors, and change the way that they would typically respond to daily challenges. This recovery-based program uses peer support to help consumers learn how to manage everyday problems and enhance their well-being. The program is available to anyone with emotional and/or physical problems, and considered an adjunct to professional care by many as well as a “stand alone support” for others. RI is provided by Abraham Low Self-Help Systems (ALSHS). The organization became peer-run in the mid-1950s, and continues to be governed by a consumer Board of Directors to this day.

RI is offered through weekly community, on-line and telephone meetings. All meetings are led by trained peer volunteers who use the RI Method to help them deal with the daily frustrations in life that cause fear, anger or anxiety. Recovery language is used during meetings to keep group members from focusing on their symptoms. Meetings are 60-90 minutes long, and follow a structured format. This includes readings from Dr. Low’s books, giving 4-Part Examples, and offering Mutual Aid. The 4-Part Example, demonstrated at every meeting, is a structured process in which group members identify an everyday event that upset them; describe their physical reactions and thoughts; share RI tools they used to help them change their negative thoughts and behavior; describe how they would have reacted prior to their RI training; and conclude by sharing what they actually did and applaud or endorse themselves for making the effort to change their usual reaction to that stressor. Example givers then receive feedback from their peers through RI tools.

What Are the Benefits of Participating in RI?

Many individuals have shared that using this self-help method to learn to change their thoughts and command their muscles

to alter behavior has truly been a “life saver.” The RI method is simple but not easy. Participants who attend meetings, consistently, read RI literature, give Examples and practice the Method are quick to state that they now enjoy a more healthful and peaceful way of life.

While RI has long had this positive anecdotal evidence from participants, very little empirical research has examined the program’s benefits. This changed with a study led by Dr. Susan Pickett of the University of Illinois at Chicago (UIC). Funded by ALSHS and conducted from 2008–2011, Dr. Pickett’s study examined how RI helps mental health consumers cope with daily life challenges. With the help of RI group leaders, Dr. Pickett and her team enrolled 126 newcomers—individuals who are new to RI and have attended 1–5 meetings—in the study. These newcomers completed four telephone interviews that assessed their RI attendance and satisfaction; mental health symptoms; emotional well-being; personal recovery; social support; empowerment; hope; self-stigma; and service needs and use. These interviews were done with study participants when they first enrolled in the research (Time 1), three months post-enrollment (Time 2), six months post-enrollment (Time 3) and twelve months post-enrollment (Time 4). The majority of study participants were female (74%) and Caucasian (86%). They ranged in age from 25 to 73 years, with an average age of 50 years. The most common diagnoses were depression (47%), bipolar disorder (25%) and anxiety disorder (15%). Participants had been coping with mental health symptoms, on average, for 24 years.

A total of 79 participants completed all four interviews. Most (63%) attended RI meetings for the entire year that they took part in the study. All participants—including those who had stopped going to meetings—reported high levels of satisfaction with RI. They felt that the program’s structure, tools and 4-Part Example were helpful, and they particularly liked that groups are led by peers who face similar challenges.

Study results show several important benefits of RI participation, with significant improvements occurring from Time 1 to Time 4 in the following outcomes. Participants experienced fewer and less severe mental health symptoms. They had an increased belief and confidence in their personal mental health recovery, and ability to achieve their recovery goals.

Seven Counties Adopts Prescriptive Policy on Anxiety/ Depression Medication

Alprazolam removed from formulary for region's largest behavioral health care provider

Seven Counties Services, Inc. Senior Vice President for Medical Services, Dr. Scott Hedges, M.D., announced that, effective April 1, 2011, Seven Counties' doctors and nurse practitioners will cease writing new prescriptions for Xanax (alprazolam) for any patients. After December 31, 2011, no further prescriptions for Xanax will be written by SCS prescribers for any patients.

"The core of our mission is to build healthy communities," says Dr. Hedges. "With our many community partners, we take the call to build healthy communities very seriously. Over the past couple of years, there has been a growing concern about the abuse of controlled substances in our community. According to the Kentucky Cabinet for Health and Family Services, Xanax is the second largest category of prescribed controlled substances in Kentucky."

"Because of the prevalence of abuse associated with this medication and the availability of effective alternatives, Seven Counties Services has determined that the welfare of our patients and the community is best served by removing Xanax (alprazolam) from our formulary," says Dr. Hedges.

Seven Counties will immediately begin working with existing patients who are taking Xanax to transition to different therapeutic options.

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Participants reported significant decreases in symptom domination: their mental health symptoms do not control their lives. Along with this, they reported feeling more hopeful, had enhanced emotional well-being, and increased social support. Finally, they needed and used fewer mental health and social services.

Most notable, our findings indicate that the participants who attended RI throughout their year in the study had greater decreases in their depressive symptoms and greater increases in their confidence in their ability to recover from their illness than participants who stopped going to meetings. Additionally, these RI attendees had significantly greater increases from Time 1 to Time 4 in their beliefs that they can successfully achieve their recovery goals compared to non-attendees.

While we didn't conduct a controlled trial and can't say that these improved outcomes are due solely to RI, our results do confirm what RI participants have always known: it is truly a valuable and useful program. It provides the skills and support that consumers seek to help them better manage their mental health symptoms, and enhance their personal recovery and well-being. Attending groups led by peers who share similar life struggles and are positive role models of what practicing RI can do helps build participants' confidence that they can successfully make changes and achieve life goals. Our results suggest that participating in RI helps consumers cope with and move beyond their illness, and do what they need to do to achieve recovery.

Information about RI, how to find a group near you, and the research final report are available on the ALSHS website www.lowselfhelpsystems.org or by phone at (866) 221-0302.

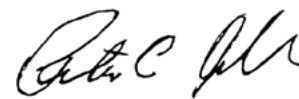
Letter from the Chair *continued from page 1*

really say goodbye to our outgoing board members, as we always keep them around for a few more years in some other capacity, I'd like to thank Doug Barshter, Troy Boyd and Tom Updike for their unwavering support and their contribution of time and skills to making USPRA a better organization.

As you read this issue of *PsyR Connections*, we hope you'll realize that this newsletter is a great vehicle for sharing your news with other USPRA members. Whether it's a training you attended, a story you'd like to impart, or a conference you're holding, this is a great way to reach out to others in your field.

Although the economy has not turned around as quickly as we'd like, I still see us working steadily to become the premier resource for training and educating psych rehab practitioners. USPRA provides a gold standard of practice through our Certified Psychiatric Rehabilitation Practitioner program and now through the most recent Children's Psychiatric Rehabilitation Certificate program. The educational opportunities that we offer through our online courses and our conferences are of the highest quality. During my last year as chair, I will work to see that we continue to raise the bar for the practice of psychiatric rehabilitation and to assure that we continue to advance the availability and practice of psychiatric rehabilitation so that all individuals with a serious mental illness have access to the supports they need to recover.

Kind regards,



Peter Ashenden, USPRA Chair 2010-12