

Treatment Research Institute

Annual Progress Report: 2011 Formula Grant

Reporting Period

July 1, 2013 – December 31, 2013

Formula Grant Overview

The Treatment Research Institute (TRI) received \$155,813 in formula funds for the grant award period January 1, 2012 through December 31, 2013. Accomplishments for the reporting period are described below.

Research Project 1: Project Title and Purpose

Community-based Recovery: A Feasibility Study of Recovery Homes and Residents – The aims of the project are threefold. This project seeks to: (1) assess the feasibility of recruiting recovery home directors and recruiting and tracking residents in Philadelphia; (2) evaluate the appropriateness and acceptability of instruments used to assess recovery homes and recovery home residents; (3) gather basic descriptive data on a sample of recovery homes and residents that can be used to generate specific hypotheses about different types of recovery houses and how they may increase recovery capital among residents for a subsequent federally-funded grant application.

Duration of Project

1/1/2012 – 12/31/2013

Project Overview

This mixed-methods project will collect data on recovery homes as well as baseline and follow-up data from recovery home residents. We will recruit 25 randomly sampled recovery homes (stratified on funding source and gender served) and conduct mixed-methods interviews with site contacts (e.g., a director, house manager, or owner). The structured part of the interview will gather information about the site contact as well as the organizational characteristics of the house, the services provided, and the residents served. Site contacts will also be asked open-ended questions about history and mission of the house and factors that promote or inhibit delivery of care. In order to help validate our list of known recovery homes in Philadelphia, we will also ask them to provide the names and contact information of other known recovery homes in their area. Residents in a stratified random subsample of 12 houses will be invited to participate in a focus group and to complete a brief, self-administered baseline survey. We anticipate collecting data on approximately 120 residents from the 12 houses. The focus group will cover topics pertaining to how residents learned about the residence, what they are hoping to gain from their stay, and the recovery resources they have accessed. The brief survey will assess

demographics, treatment status, and quality of life in a variety of domains and include a question asking residents if they would be interested participating in a follow-up interview to take place three months after the focus group. Of those who are interested and provide sufficient contact information, we will randomly select and recruit 25 to participate in a structured follow-up interview re-assessing factors pertaining to quality of life and collecting detailed data on substance use and related areas of functioning, HIV/AIDS risk, social networks and social support, spiritual wellbeing, self-efficacy, readiness to change, and service use. We will develop a detailed site and resident recruitment and tracking system in order to evaluate the feasibility of conducting research on recovery homes and their residents. We will also employ cognitive interviewing techniques to determine whether our instrumentation adequately captures all important aspects of recovery homes and their residents.

Principal Investigator

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Expected Research Outcomes and Benefits

Substance abuse is a critical public health issue for residents in the Commonwealth of Pennsylvania. Unaddressed, it can lead to a number of adverse consequences including impairments in mental, physical, social, family, employment, and legal domains. Recovery homes have the potential to reduce the tremendous impact of substance abuse, but we lack empirical support for them. Understanding the type and nature of services delivered in recovery homes and the needs of recovery home residents in Philadelphia is a critical first step in evaluating the effectiveness of these residences to increase recovery capital and enhance the likelihood of long-term recovery. The data that we propose collecting in this feasibility project will be integral to developing a fundable federal grant application for further research in this area.

Summary of Research Completed

As outlined above, to address the aims of our study, we proposed collecting mixed-methods data on a stratified random sample of 25 recovery homes, baseline data on approximately 120 residents from 12 different homes, and 3-month follow-up data from 25 residents who participated in baseline data collection. To augment our understanding of how recovery residences may help facilitate long-term recovery, we also proposed collecting mixed-methods data from former residents in recovery homes that held regular meetings for their alumni.

Progress during the last 6 months on each aspect of this project is summarized below.

Recovery Home Residences: Site Contact Data Analysis

We began analyzing and developing manuscripts from the quantitative data collected from site contacts of the 25 stratified random sample of recovery homes. These findings are featured in a manuscript that is currently under review in the *Journal of Community Psychology* and in another that has been accepted for publication in the *International Journal of Self-Help and Self-Care*. The manuscript under review presents information about the organizational, operational, client and service delivery characteristics of Philadelphia recovery homes, and the manuscript that is currently in press presents information on similarities and differences between Philadelphia recovery homes and Sober Living Houses in California as measured by the Social Model Philosophy Scale. In sum, these findings highlight that Philadelphia recovery homes provide a vital service to individuals struggling to overcome addiction. Although recovery homes in Philadelphia are not licensed treatment providers, we found that these homes had rules and expectations for their residents, operated in a therapeutically-oriented manner, and offered a range of different services to their residents—all for what we believe is a reasonable monthly fee. Recovery homes in Philadelphia may also be different from other types of recovery residences. In this study, we found that the majority of recovery homes in Philadelphia had two or more full-time staff members, making them quite different from Oxford Houses, which describe themselves as being “self-run” by the residents themselves. We also found that only 11% of homes in Philadelphia would be classified as a true Social Model programs, implementing principles on which Sober Living Houses in California are based. In addition to publishing findings from this work in peer reviewed publications, Dr. Mericle also shared these findings with colleagues in the Philadelphia Office of Addiction Services and presented testimony at a public hearing held on recovery homes by the Pennsylvania House Human Services Committee. In that past year, we also began analyzing the qualitative data collected from site contacts. Site contact interviews were transcribed and coded and are currently being summarized in a manuscript that discusses why recovery home operators open their residences, what they want to accomplish with them, and the obstacles and barriers that they encounter in trying to provide this service.

Recovery Home Residents: Focus Group and Follow-up Data Collection

We completed focus group and follow-up data collection from the stratified random sample of recovery homes whose operators participated in site contact interviews. Although we initially planned on conducting 12 focus groups, due to an audio-recording malfunction, a 13th focus group was held. Focus groups were scheduled to take place during a regularly scheduled meeting time or at another time when all residents were likely to be on the premises. A flyer inviting residents to participate was posted to let residents know when the focus group was going to be held. Residents were considered eligible to participate in the focus group if they were 18 years of age or older and currently living in the home (regardless of tenure). Residents were considered ineligible if they were court stipulated to reside at the house, on electronic monitoring by the criminal justice system, or exhibiting signs of cognitive impairment prohibiting them from providing informed consent. Of the 136 residents living in the homes at the time the focus groups were held, a total 104 residents participated in them, constituting a 76% participation rate. A total of 24 participants did not participate in the focus groups because they were not home at the time of the focus group, 6 were ineligible, and 2 signed in and were deemed eligible but did

not ultimately participate in the focus group (representing a 1% refusal rate).

Focus groups covered topics of help-seeking (how residents learned about and decided to live in the recovery home), service use, and their day-to-day experiences living in the home. We also asked residents what they thought was important for others who did not know about recovery homes to know about them. Focus groups generally lasted anywhere from 20-50 minutes. At the end of the focus group, residents completed a self-administered questionnaire that asked about their background, substance use history, and current treatment status and quality of life using the World Health Organization's (WHO) QOL-Bref. Focus group audio-recordings have been transcribed and are in the process of being coded and analyzed. Analysis of the data collected from the self-administered questionnaire showed that the majority of the sample was female (59%; but houses serving females were oversampled by design), African American (54%), and age 40 or older (59%). Over a third of the sample (37%) had less than a high school education and only a little more than a quarter of the sample (26%) were currently working for pay. Approximately 24% were in some way involved in the criminal justice system and nearly 81% were receiving some sort of financial assistance such as VA benefits, unemployment compensation, disability, SNAP or TANF. Before coming to the recovery home almost 9% had been living in a shelter and 12% had been living on the streets. Another 37% had been living in some sort of residential treatment setting and 5% has been in a correctional setting. The majority of the residents (64%) were currently in substance abuse treatment (over half in intensive outpatient treatment), and 54% were attending 5 or more AA/NA meetings a week. Although residents generally rated their overall quality of life and health-related quality of life positively, scores on the WHO QOL-Bref were generally lower than what has been reported as normative for the general population.

Residents who participated in the focus group and met eligibility requirements (those who could provide three ways to be contacted during the next three months and planned to be living in Philadelphia at the time of the follow-up interview) were randomly sampled to participate in a 3-month follow-up interview. One alternate was sampled from each focus group in the event that we were not able to reach the sampled participant for the follow-up interview. Although we originally planned to follow-up with just 25 residents, because we conducted an extra focus group session (due to the aforementioned audio-recording malfunction), we followed up with 27. As of 8/5/2013, all 27 follow-up interviews had been completed, and only five of these interviews were with "alternates", meaning that we were successfully able to complete follow-up interviews with 81% of those individuals who were originally sampled.

The follow-up interview was administered by a research interviewer and was much more extensive than the baseline self-administered questionnaire. In addition to recollecting data on quality of life with the WHO QOL-Bref, the follow-up interview also collected data using a variety of common measures used in studies of substance abusing and substance abuse treatment populations (e.g., the ASI, TSR, RAB, SOCRATES, etc.). This interview lasted anywhere from 45 minutes to an hour and was typically done at the participant's current residence. As Table 1 shows, the majority of residents at the 3-month follow-up interview were still living in the recovery home from which they were sampled. Approximately 30% were living with others in a private residence (their own or someone else's home or apartment), and 15% were living in a different recovery home or structured living situation. Unfortunately, we did not start asking

residents who were no longer at their recovery home why they left until after data collection had started, among the 4 respondents from which we did collect this information, only one reported leaving due to a negative experience (not getting along with others in the recovery home); the others left because the home closed (n=1) or because they received financial assistance to live independently on their own (n=2).

Table 1 also shows many positive indicators of recovery status based on information collected in the ASI. Rates of substance abuse in the past 30 days were low (7%), treatment rates were high (93%), and employment rates were higher than at baseline (44%). Also notable is that none of the respondents who participated in the follow-up interview reported being detained/incarcerated or engaging in illegal activities for profit in the past 30 days. A third of the sample (33%) reported serious anxiety at follow-up, and 37% reported serious depression in the past 30 days that was not related to alcohol or drugs. Given what is known about high rates of co-occurring mental disorders among individuals with substance abuse disorders, these rates are not unexpected. However, it would be interesting to know whether these respondents (over 90% of whom are in substance abuse treatment) are also receiving treatment to address these mental health problems. We found no difference from baseline to follow-up in WHO QOL-Bref scores.

Recovery Home Alumni

Because our follow-up window was relatively short (3-months) and potentially too short to assess recovery home outcomes fairly, we added a component to the study to collect information from alumni of recovery homes. In the process of collecting data from site contacts, we learned of two recovery homes that regularly held meetings for their alumni, and we used these meetings to conduct focus groups with alumni and to collect data (via a self-administered questionnaire) from the alumni who attended. The audio-recordings from these focus groups have been transcribed and are in the process of being coded and analyzed. A total of 22 alumni participated in the focus groups, and 20 of them filled out self-administered questionnaires. The majority of the alumni were female (65%) and half were White. Like the residents, the majority (55%) were 40 or older. Unlike respondents in the resident sample, more alumni had college degrees and many fewer had less than a high school degree. Approximately 42% reported living in their recovery home for more than a year and 40% reported being in recovery for more than 5 years. The majority (65%) of respondents was employed, and only 5% reported being currently involved in the criminal justice system. Although only 12% reported currently attending treatment, the majority (65%) was regularly attending AA/NA meetings and actively involved in the recovery community as a sponsor or in some other way. As we did with the current residents in the recovery homes, we also administered the WHO QOL-Bref to alumni. All domain scores for alumni were higher than for current residents and much closer to general population norms, perhaps indicating that more time is needed for the gains derived from these homes to be evident.

Table 1. Recovery Home Resident Outcomes (N=27)

	Full Sample (N=27)		Unfunded (N=18)		OAS-Funded (N=9)	
	n	%	n	%	n	%
Current Living Arrangements ¹						
In the same recovery home	15	55.6	10	55.6	5	55.6
Living with others (private home/apartment)	8	29.6	5	27.8	3	33.3
Structured living situation	4	14.8	3	16.7	1	11.1
Reason For Leaving (N=12)						
Did not get along with other residents	1	8.3	1	12.5	0	0.0
Home closed	1	8.3	0	0.0	1	25.0
Received supportive housing assistance	2	16.7	2	25.0	0	0.0
Missing ³	8	66.7	5	62.5	3	75.0
Employed in the Past 30 Days	12	44.4	8	44.4	4	44.4
Any Substance Use in Past 30 Days	2	7.4	1	5.6	1	11.1
Substance Abuse Treatment in the Past 30 Days	25	92.6	17	94.4	8	88.9
Currently on Parole/Probation	4	14.8	1	5.6	3	33.3
Presently awaiting charges, trial, or sentence	0	0.0	0	0.0	0	0.0
Detained or incarcerated in Past 30 Days	0	0.0	0	0.0	0	0.0
Engaged in Illegal Activities for Profit in Past 30 Days	0	0.0	0	0.0	0	0.0
Currently Living With Someone with an Alcohol Problem	1	3.7	0	0.0	1	11.1
Currently Living With Someone who Uses Drugs	0	0.0	0	0.0	0	0.0
Emotional Problems in Past 30 Days						
Serious depression	10	37.0	8	44.4	2	22.2
Serious anxiety	9	33.3	6	33.3	3	33.3
Hallucinations	1	3.7	1	5.6	0	0.0
Trouble understanding/concentration	5	18.5	3	16.7	2	22.2
Other Problems						
Trouble controlling violent behavior	3	11.1	2	11.1	1	11.1
Suicidal thoughts ²	1	3.7	1	5.6	0	0.0

NOTE: Female houses were oversampled. Valid percentages are presented. Differences between residents in unfunded houses and houses funded by the Office of Addiction Services (OAS) were tested using Pearson Chi-square and Fisher's exact tests. These tests do not correct for the clustering of residents within homes.

¹No one reported living in a homeless shelter, on the streets, or in an institutional setting.

²No one reported suicide attempts in the past 30 days.

³This question was not part of the original assessment and added to the study after these residents had been interviewed.