# Promoting Recovery Through Peer-Led Cognitive Behavioral Training: Recovery International

*Phillips, H., Pickett, S.A.*
*University of Illinois at Chicago*

## Background and Purpose

Since 1950, Recovery International (RI) groups have used a cognitive behavioral training system, based on the work of Abraham Low, to teach members how to manage emotional responses in a peer-to-peer/mutual aid setting. RI is a renowned program with groups meeting weekly worldwide; however, little research has examined how RI participation helps members cope with daily challenges.

There are two main goals of this evaluation:

*Goal 1: Collect data on RI group participation*
(Who attends RI groups, why do they go to RI groups, what do they like about RI groups, what do they learn in RI groups?)

*Goal 2: Learn how RI helps people cope with daily life challenges*
(Does participating in RI help people feel better about themselves, help them manage their symptoms better, and/or lead to use of other mental health services?)

## Participant Characteristics (N=114)

- Participants ranged in age from 25-73; average age = 50 years
- Gender: 74% female; 26% male
- Race: 86% Caucasian, 6% African American, 6% Hispanic/Latino, 1% Asian, 1% Native American
- On average, participants completed 15 years of education
- Participants had an average annual income range of $20,001-$30,000; 59% reported annual incomes of $20,000 or less.
- 34% were employed at enrollment
- 73% were single (divorced/separated/never married)
- 85% lived independently in their own home or apartment

- 94% of participants have seen a professional about a mental health problem
  - 82% had been formally diagnosed with a mental illness; primary diagnoses were: depression (47%), bipolar disorder (25%), anxiety disorder (15%), schizophrenia spectrum disorder (6%), obsessive-compulsive disorder (4%), other- e.g., personality disorder (3%)
- 10% reported a problem with drugs and/or alcohol

§ Participants reported experiencing mental health problems from 1 month–49 years, with an average illness length of 24 years

## Methods

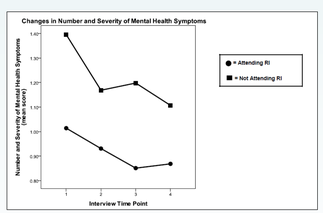
Nationwide, RI group leaders distributed evaluation introduction packets to newcomers (attended only 1-5 groups); newcomers interested in participating in the study contacted UIC to determine eligibility. The study consisted of four hour-long telephone interviews with UIC research staff: TI- at the time of enrollment, T2- 3 months post-enrollment, T3- 6 months post-enrollment, and T4- 12 months post-enrollment.

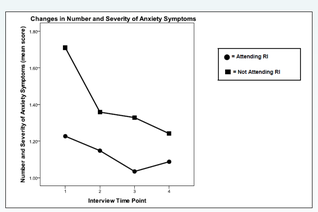
Interviews assessed: RI meeting attendance, RI participation and satisfaction; knowledge of RI tools and methods; mental health symptoms; empowerment; emotional well-being; hope and recovery; self-stigma; social support/connectedness; and service needs and use.

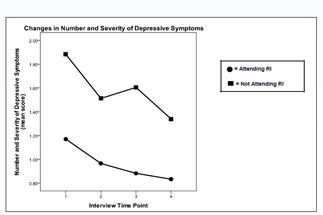
126 newcomers were eligible; 114 completed T1 interviews, 95 completed T2 interviews, 83 completed T3 interviews, and 79 completed T4 interviews.

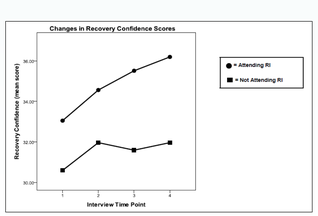
Data were analyzed using SPSS. Total scores, frequency distributions, and reliability scores were computed for all scales. General Linear Model (GLM) repeated measures analyses of variance (RM-ANOVA) were conducted to examine changes in participation and participation benefits, between RI attendees and non-attendees, across interview time points.

## Results: Graphs

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## Results

GLM RM-ANOVA results show that all participants had significant improvements in the following outcomes over time: decreased severity of total mental health symptoms, decreased severity of depressive and anxiety symptoms, increased overall mental health recovery, improved confidence in one's ability to achieve mental health recovery, decreased symptom domination, increased feelings of hope, improved self-esteem and coping mastery ability, increased social connectedness/support, decreased internalization of stigma, decreased need and use of mental health and social services.

Evidence supporting an "RI Dosage Effect":

§ At each interview time point, participants who attended a greater number of RI meetings had significantly fewer and less severe total mental health symptoms, depressive symptoms and anxiety symptoms than participants who attended a fewer number of RI meetings.

§ At Time 4, greater RI attendance also was significantly associated with greater feelings of hopefulness, self-esteem, coping mastery ability, and empowerment.

## Summary and Conclusions

§ RI participants received the help they wanted to better manage their mental health symptoms

§ RI participation enhances mental health recovery

§ This evaluation provides support for the efficacy of peer-led cognitive behavioral training, in helping to reduce psychiatric symptoms and enhance emotional well-being

Study limitations include:

§ Small sample size

§ Individual group leader and group characteristics were not assessed so it is unknown how these factors influenced RI participation and benefits

§ Because this is not a randomized controlled trial so we cannot conclude that RI participation alone explains improved outcomes.

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