

# Can Measurement of Recovery Be Supportive of Recovery?

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## Introduction

- Substance use disorders (SUDs) are prevalent, destructive, and costly to individuals, families, and society.
- Recently, the field has shifted to define addiction recovery not by abstinence but by improvement in well-being (Witkiewitz & Tucker, 2020).
- However, there is little research on the impact of the measurement of well-being on individuals with SUDs.
- This poster presents a thematic analysis of interviews conducted with the control group of a randomized pilot of Positive Peer Journaling (PPJ), an intervention designed to make recovery more reinforcing to reduce relapse.
- The treatment group learned PPJ. Both groups completed daily questionnaires for 30 days and participated in exit interviews.
- The present study investigated the ways in which the control group derived benefit from completing the questionnaires.

## The Questionnaires

Assessed only at baseline

- Demographic and clinical characteristics; SIP-AD (Miller et al., 1995); Alcoholics Anonymous Affiliation Scale (Humphreys et al., 1998).

Assessed daily

- Items related to PPJ, e.g., “In the last 24 hours I did something to help another person in recovery;” Positive and Negative Affect Schedule (PANAS; Watson et al., 1988); Satisfaction with Life Scale (Diener et al., 1985); single item from Commitment to Sobriety Scale (Kelly & Greene, 2014); single item from modified EUROHI-QOL 8-Item Index (Schmidt et al., 2006); Single-Item assessing Abstinence Self-Efficacy (Hoepfner et al., 2011); Strength of urges for drugs/alcohol (Helzer et al., 2002; Searles et al., 1995); single item to measure happiness with recovery.

Assessed at baseline and at 2, 4, and 8 weeks post baseline

- Everything measured daily, plus: The Flourishing Questionnaire (Diener et al., 2010); Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983); full Commitment to Sobriety Scale (Kelly & Greene, 2014); full, modified EUROHI-QOL 8-Item Index (Schmidt et al., 2006); Gratitude Questionnaire-Six Item Form (McCullough et al., 2002); Treatment Satisfaction Scale (Larsen et al., 1979).

## Setting and Sample

- 3 addiction treatment centers, upper Midwestern USA
- 53% female; age (M=39, SD=11); 26% BIPOC
- 63% household income < \$15,000
- Length of abstinence in days: (M=140, SD=188)
- Number of addiction treatment episodes: (M=6, SD=3)
- 43% of participants had a legal issue
- 95% had experienced trauma
- 46% most addicted to alcohol, 26% opiates, 24% amphetamines, 3% cannabis, 3% other
- Treatment (n=42) and control group (n=39) shared similar demographic and clinical characteristics
- 32 members of the control group completed exit interviews

## Survey Screenshot

	Definitely no	Leaning towards no	Not sure	Leaning towards yes	Definitely Yes
Sometime in the past 24 hours, I took a step toward one of my goals	<input type="radio"/>				
Sometime in the past 24 hours, I made a list of at least one thing I wanted to do that I'd find pleasurable	<input type="radio"/>				
Sometime in the past 24 hours, I did something enjoyable	<input type="radio"/>				
Sometime in the past 24 hours, I did something to help another person in recovery	<input type="radio"/>				

Feel free to request a full copy of the questionnaire from Amy Krentzman at akrentzm@umn.edu

## Method

- Data collected remotely via Qualtrics/Zoom during COVID-19
- In-depth semi-structured exit interviews to ascertain experiences of being in the study, with questions tailored to the control group
- Interviews were audio recorded, transcribed, analyzed for key themes (Braun & Clarke, 2006)

## Exit-Interview Questions

- What was it like for you to be part of this study?
- Would you describe any difficulties you had with being in this study in general?
- What's the most memorable thing that happened during the study?
- The questionnaires had the same questions nearly every day. What was that like for you?
- What kinds of things did you begin doing, if anything?

## Results

**Most control group members (88%) found the questionnaires to be affirming and helpful to recovery. Participants reported that completing the questionnaires resulted in:**

<b>Appreciation for a Daily Check-In</b>	<i>“I liked every day answering those questions. It really made me just think about what my day was in the last 24 hours and all the different things: How I felt, what did I do? Who did I think about? I really looked forward to doing them every day.”</i>
<b>Improvement in Affect</b>	<i>“I found that I was taking a lot of things for granted that I was doing, and that actually brought a little more joy to my days”</i>
<b>Cognitive Insights</b>	<i>“I was starting to correlate certain things that I did or didn't do to that day, with how I was feeling.... There were days that I didn't communicate with people in the program, and I felt distanced and flustered and alone. I started just noticing that pattern.”</i>
<b>Encouragement to Enact Positive Behaviors</b>	<i>“The repetitive nature of it got ingrained in my head to where, even before [I took] the survey, or maybe after it, I would feel like, 'Okay, that's something I should be doing, or maybe that's something I should go the extra mile on.' I definitely developed new patterns of behavior or expanded on them.”</i>

## Discussion and Conclusions

- Unexpectedly, we found that completing the questionnaires provided some cognitive, behavioral, and affective benefit.
- What participants liked the most about the questionnaires were the ways in which they helped them become aware of aspects of self that would have otherwise gone unnoticed.
- Participants described this self-discovery as valuable, even if they discovered something negative about themselves.
- The question of the impact of survey questions on well-being is of critical importance because if recovery-oriented survey questions foster insight, self awareness, and improvement in cognition, affect, and behavior, they might reduce risk of relapse, and can be leveraged as an easily scalable intervention that can support recovery efforts.

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