

Recovery and Community Involvement

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BACKGROUND: Peer Supported Housing

Recovery from addiction is a life-long long process that requires both internal and external dedication, support, and motivation in a range of contexts. Peer supported housing (PSH) efforts are intended to provide support services aimed at removing barriers and affording natural pathways to addiction recovery, however, some studies have shown that peer-support, active community participation, and sustainability are often lacking in PSH neighborhoods:

Research-identified benefits:

- **Flexibility and choice among residents to promote empowerment**

Intrinsic motivation is influenced by having autonomy (Cogswell & Negley, 2011)

Developing self-discovery, expression, and empowerment is important in group health and recovery (Peloquin & Ciro, 2013)

- **Safe and accessible neighborhoods promote healthy community living**

A team-based community navigation program within PSH allows the residents to gain resources about their community, learn the benefits of and access to the mental health care system, and ways to create positive social interactions with peers (Reed, Broussard, Moore, Smith, & Compton, 2014)

- **A supportive relationship between the residents and service providers**

Residents working together as teams provides minimized risk, reduced stigma, a sense of giving back, and the ability to construct healthy identities among the community as a whole (Boisvert, Martin, Grosek, & Clarie, 2008)

Research-identified barriers:

- Staffing issues and staff shortages, treatments focused on diagnosis rather than applying a holistic approach, and the lack of safety and security (Happell, 2008)

- Overly structured communities with stringent regulations (Wong, Lee, & Solomon, 2010)

Although the sober environment that encompasses the PSH community aids in sustained recovery, this alone is not sufficient to assure lasting results for the most at-risk clients.

Boisvert and colleagues (2008) examined the effectiveness of an occupational therapy based peer-support community program that allowed the PSH community members to collectively determine a mission, goals, values, and purpose of their community. Positive results aligned with sustaining recovery and improved quality of life. It was recently reported by the residential administrator that the community is now lacking satisfaction and success rates among current residents. Areas of concern include lack of efficiency and effectiveness of community meetings, lack of enforcement in community rules, and decreased motivation to participate within the community.

METHODS

DESIGN: Mixed methods including semi-structured interviews and short questionnaires completed by current residents. Phenomenological and ethnographic qualitative elements were utilized to further understand the culture and needs of individuals living in the PSH community.

SUBJECTS: Study participants consisted of 12 out of 26 residents of a peer-supported and self-governed PSH Community. The participants ranged in age from 22 to 70, recovering from either drug and/or alcohol addiction, formerly homeless, and many with diagnoses of mental illness. Participation was voluntary and recruitment occurred at monthly community meetings. All individuals were in need of continuing supportive services and affordable housing in order to acclimate back into everyday society while sustaining recovery.

INSTRUMENTS: The three instruments used in this study were the modified Occupational Performance History Interview version 2.1 (OPHI-II), Gust's Quality of Life Rating scale (QQLR), and the researcher-created PSH Community Questionnaire (PHS QUEST).

OPHI-II

- Semi-structured interview, scales for rating, and a format for documenting qualitative data. The original OPHI-II has five sections with numerous questions consisting of occupational roles, settings, daily routines, activity choices, and critical life events.
- Researchers modified and omitted questions of the OPHI-II to focus only on questions that directly related to the community being studied. The final modified version used in this study consisted of 33 questions applicable to the community's living concerns.

QQLR

- Self-administered instrument consisting of 20 questions specifically designed for individuals participating in rehabilitation programs.
- Questions are related to a person's values, beliefs, desires, and perceptions of themselves and the world surrounding them.

PSH QUEST

- Self-administered instrument created by the researchers consisting of 15 questions.
- Purpose was to gain perspective on occupations, roles, and routines of participants, along with focusing on issues directly concerning the PSH community.



PURPOSE: Sustainability

The purpose of this research was to identify present barriers within the studied PSH community that are hindering success and sustainability. This allowed determination of specific occupations and modifications needed to support a sober, motivated, and sustainable community.

PROCEDURE

Approval was granted from the FGCU IRB. Consent was obtained during the community's bi-monthly meetings. Meeting times were arranged with participants to conduct a semi-structured interview using the modified OPHI-II, fill out the QQLR scale, and complete the PSH Community Questionnaire. Interviews were voice-recorded with at least two researchers present at all times and coded by numbers in place of names to assure anonymity.

Once all interviews were completed, they were transcribed by researchers; in order to protect the identities of the interviewees, voice recordings were destroyed. To ensure interrater reliability, the transcribed interviews were coded and analyzed collectively. This allowed researchers to most accurately interpret the participants' statements into meaningful data.

INTERPRETING THE INTERVIEWS

Key terms

Categories

Themes

The self-administered QQLR and PSH Community Questionnaire answers were first coded and interpreted by each researcher independently, then discussed collectively to determine common perspectives among the diverse group of participants. The data processed from all three instruments allowed researchers to generate themes and recommendations based on common trends found in the PSH that were acting as barriers to its success and sustainability.

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RESULTS

Keywords and phrases that were most common focused on aspects of recovery or sobriety, personal goals, satisfaction or dissatisfaction, barriers to participation and involvement in the community, and ideas for improvement. Keywords and phrases were grouped and categorized within the topics covered during the interview process then further demarcated as personal, environmental, and social themes of the community and its members. Barriers have been identified within these themes that impair the longevity of a peer-supported recovery community.

- **Personal barriers:** revealed as feelings of disconnectedness or insignificance, poor social skills, lack of motivation, and tendencies toward isolation. *"We is in a community. We can work together and we have different things we can do. Instead of you laying in the house all day that's where the frustration, aggravation come in and next thing you know you going out and use."* (PSH member-11)

- **Social barriers:** lack of communication among peers and between peers and staff, poor structure of meetings, lack of ability to plan and carry out social activities, and lack of social participation. *"All of our meetings are different each time. We never have the same people, we never have the same attitudes, it's uh, very disorganized and never starts on time and never finished on time."* (PSH member-5) *"More communication, um, I just think more planning. More going around getting how many people do what to do it, not just raising hands at the meeting and then 2 weeks later they change. We have funds to do stuff, why not use them and do things?"* (PSH member-8)

- **Environmental barriers:** lack of orientation to responsibilities within community environment and absence of community shared area. *"I'd like to see, if they had a community facility, like the pavilion is excellent and everything else, but the time constraints on it, it's always, always being used. That's where they eat, that's where all the meetings are. If [name of PSH] had their own separate community area, you'd see more interaction."* (PSH member-4)



RECOMMENDATIONS

Future research and program implementation that could potentially develop a supportive environment and sustainable community include:

- **Redesign meetings.** Use a simpler structure to allow for transition of rotating council members; incorporate solutions-based approach; encourage positive attitudes.
- **Promote responsibility through community participation hours.** Provide opportunity for residents to support their peers and community, develop communication and social skills, and gain experience in organization and follow-through of tasks.
- **Consultant to the PSH community.** An initial consultation from a staff member or person knowledgeable about groups to offer support and suggestions on direction and process needed to foster the functions of the peer-run community, with intermittent follow-up to ensure carry-over, especially in times of high member turn-over.
- **Create an area dedicated to PSH members.** Allow for improved social interactions and organization of community activities.
- **Future research to show efficacy of interventions within targeted population.** Validate benefits and effectiveness of occupational therapy-based interventions within this population through more research in the area of mental health and recovery.

