Steering Committee Members

The Steering Committee is made up of scientists, clinicians, RCC leadership and persons with lived experience from multiple organizations and institutions from across the US.

Principal Investigators:


John F. Kelly


Bettina B. Hoeppner


Robert D. Ashford


Patty McCarthy


Julia Ojeda


Philip Rutherford


Brandon G. Bergman


Lauren A. Hoffman


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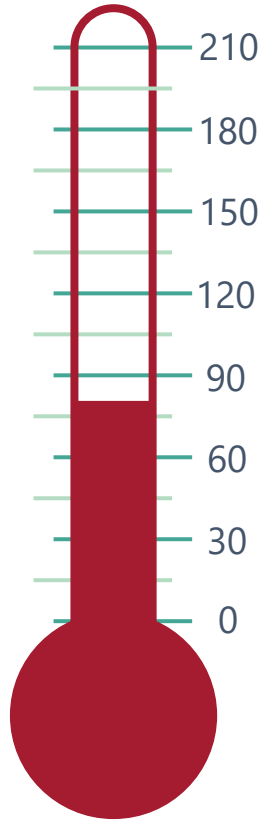
Amy A. Mericle

Nationwide Survey of RCCs

Goals of this study:

- To gain insight into the types of recovery community centers (RCCs) that exist, and the communities which they serve
- To gain feedback from RCC leadership about potential outcome measures that could be used to capture the positive impact RCCs make on the individuals and communities they serve

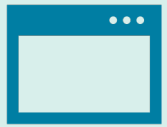
Goal: 240 RCCs



If your RCC has not received a link to this survey, please email us at recoveryseminars@mgh.harvard.edu or call us at (617) 724-7932 and we will send you a link.

http://www.recoveryanswers.org/assets/RCC-Study-Fact-Sheet-Final.pdf

Polling Questions



A pop-up Zoom window will appear with the poll questions

You must complete all questions before clicking to submit

⇢ Remember to scroll down to see all the questions!

We will share the poll results after a few minutes

Your responses will remain anonymous

RCC Live Feature

We are featuring a different RCC at the start of each of our seminars in order to allow all participants to learn first-hand about RCCs

Dr. Mark Lassiter

Board Member of
Will's Place

RISE with the FALLEN

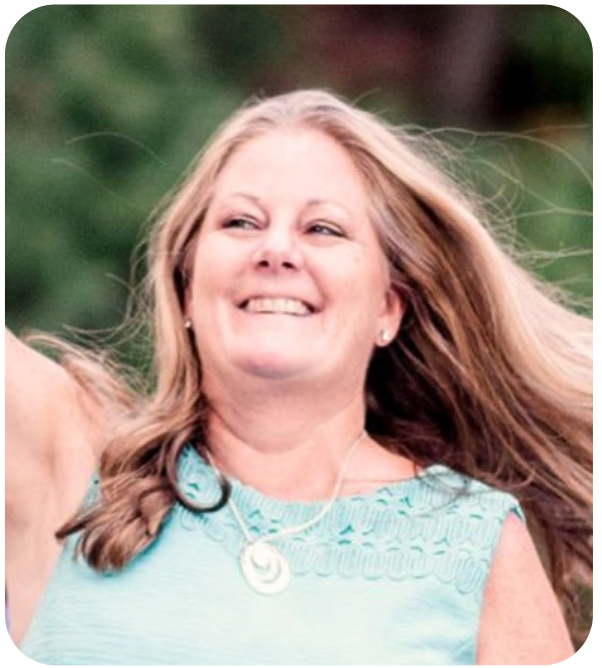
WILL'S PLACE

http://www.willsplacenc.org/

Presenters

Dr. Robert Ashford
Executive Director of
Unity Recovery

Ms. Brenda Maks
President of Live Rite
Structured Recovery Corp



Ms. Marcie Gray
RSS Program Manager at
USARA

Digital Recovery Support Services, Telerecovery Peer Services, and Recovery Community Centers

Robert D. Ashford, PhD, MSW

Background

- To date, a substantial base of research has focused on the use of social network sites to promote positive behavior change, such as weight loss and physical activity[1,2].
- More recently, the role of public (i.e., open ecosystem) social network sites (e.g., Facebook, Twitter) in predicting or intervening on risky alcohol use has been examined and show promise in devising real-time interventions to change behaviors for those at risk for developing a future AUD.
- However, the use of other digital tools, such as smartphone applications, text messaging services, and private (i.e., closed ecosystem) social network sites has not been rigorously examined in reducing use risk or promoting recovery.
- Furthermore, the use of specific digital tools (e.g., video & phone platforms) to provide direct 1:1 peer recovery support services - otherwise known as telerecovery - has not been directly examined, but has grown exponentially in the last 2 years.

What do we know about D-RSS?

- Digital Recovery Support Services (D-RSS)
- Systematic reviewed published in January 2020
- **Ashford, R. D.**, Bergman, B. G., Kelly, J. F., & Curtis, B. (2020). Systematic review: Digital recovery support services used to support substance use disorder recovery. *Human Behavior and Emerging Technologies*, 2(1), 18–32. https://doi.org/10.1002/hbe2.148

REVIEW ARTICLE

WILEY

Systematic review: Digital recovery support services used to support substance use disorder recovery

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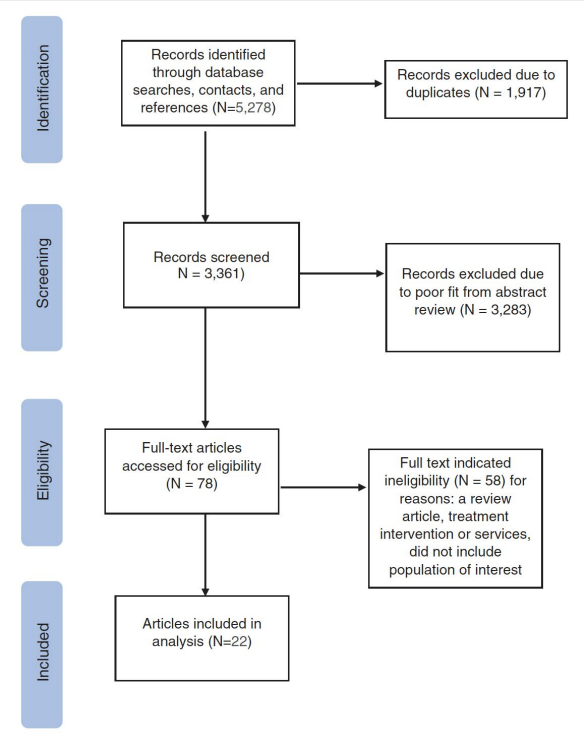
Abstract

Substance use, misuse, and disorders (SUDs) are estimated to cost the United States over $500 billion annually. While there are effective SUD behavioral interventions and treatments, there is mounting evidence that technology-based, digital recovery support services (D-RSS) have the potential to prevent SUD, complement formal treatment, and improve individual recovery-related outcomes. This preregistered systematic review focuses on D-RSS that provide SUD recovery support through websites, smartphone applications, recovery social network sites, or any combination thereof. Data sources included studies found in searching CINAHL Plus (EBSCO), EMBASE, MEDLINE (EBSCO), Index Medicus/MEDLINE (NLM), Psychology & Behavioral Sciences Collection (EBSCO), PsycINFO (ProQuest), ProQuest Psychology Journals (ProQuest), and retrieved references. Observational, mixed-methods, qualitative, or experimental studies, published in English, between January 1985 and January 2019, that characterized users and recovery-related outcomes of any D-RSS were included. The initial search yielded 5,278 abstracts. After removing duplicates, as well as reviewing titles and abstracts and removing studies not indicating an examination of recovery (i.e., treatment or prevention focused) and digital supports, 78 abstracts remained. Final included studies (n = 22) characterized international users of multiple D-RSS types, including websites, digital recovery forums, recovery social networking sites, smartphone applications, and short messaging service texting programs. Experimental evidence was lacking as most studies were observational or qualitative in nature (n = 18). The review suggests that the evidence base for most D-RSS is still lacking in terms of demonstrating benefit for recovery-related outcomes. Descriptively, D-RSS have high usage rates among engaged participants, across a range of SUD and recovery typologies and phenotypes, with 11% of U.S. adults who have resolved a SUD reporting lifetime engaging with at least one D-RSS. D-RSS deployment can help ameliorate barriers related to accessibility and availability of more traditional recovery supports, and may well be a valuable tool in addressing SUD and supporting recovery as uptake increases across the United States.

KEYWORDS
mHeath, mobile technology, social media

Findings



- D-RSS Typologies identified:
  - Recovery-focused websites
  - Digital recovery forums
  - Recovery social network sites
  - Smartphone applications
  - SMS (i.e., texting)
- Limited overall evidence about the efficacy of D-RSS in improving recovery-related outcomes
- Potential for D-RSS to help ameliorate barriers related to accessibility and engagement among more traditional in vivo RSS

So, What Are D-RSS?

Digital Recovery Support Services are recovery support services that are delivered via technological platforms such as smartphone applications (or “apps”), websites and forums, and social network sites and networking platforms (Ashford, Bergman, Kelly, & Curtis, 2020; Bergman, Claire Greene, Hoeppner, & Kelly, 2018).

D-RSS are **not** virtual, but rather consist of real-world activities and services delivered through online channels.

Telerecovery

- Newest entry into the D-RSS array of services
  - Traditional 1:1 peer recovery support delivered over video, phone, messaging/SMS
  - May include services already provided such as telephonic recovery support (TRS)
  - Best supported and delivered by a HIPAA/Part 2 compliant software solution, or electronic recovery records (e.g., RecoveryLink, RDP, etc.)

- Research is just now beginning to examine for who, under what conditions, and to what extent telerecovery services are efficacious
- May allow RCCs/RCOs to increase service capacity more efficiently through use of automation and digital practice management
- Tertiary benefits of providing the RSS field more insight into outcomes, activities, etc than ever before through administrative data

General Implications Summary

- Several distinct D-RSS types exist and largely are made up of social network sites (open- and closed- ecosystem), smartphone applications, online meeting platforms, SMS, and informational websites.
- Nearly 10% of U.S. adults in recovery from SUD have used some type of D-RSS in their lifetime (and is likely higher today)
- Research does suggest that D-RSS may be particularly useful in providing interventions or support to those with lower substance use severity, and assist in preventing progression of the disease
- D-RSS may be ideal to expand into hard to reach areas (geographic + community) in a low cost manner, and faster than traditional in vivo supports
- D-RSS may assist in reducing individual social and environmental engagement barriers (e.g., transportation, employment schedules, childcare, etc.)
- D-RSS may also provide a unique opportunity to provide additional access to underseen communities (e.g., BIPOC), who appear to engage with D-RSS at higher rates

RCC Implications Summary

- RCC's may provide a useful resource brokerage services, helping connect recoverees to traditional in-person supports, as well as to a range of digital recovery support services. Such activities may help to ease the burden of recoverees locating D-RSS in an ever expanding set of choices.
- RCCs/RCOs may be well positioned to create their own D-RSS options (such as digital all recovery meetings, pro-social activities, etc) or to become a form of hybrid RCO that exists both in brick and mortar and digitally for all services.
- Leveraging in-house D-RSS may provide a viable option for RCCs/RCOs to expand impact and reach without need for large sums of funding. This may help in addressing service deserts across the US.
- RCCs/RCOs may benefit from investing into staff/recoveree technology hardware, as well as adding advocacy points to their agendas related to universal broadband, etc.
- RCCs may also benefit from adding services related to increasing digital health and technology literacy to their menu of offerings in the future.

References

1. Maher CA, Lewis LK, Ferrar K, Marshall S, De Bourdeaudhuij I, Vandelanotte C. Are health behavior change interventions that use online social networks effective? A systematic review. J Med Internet Res. 2014;16(2):e40-e40. doi:10.2196/jmir.2952

2. Cavallo DN, Tate DF, Ries AV, Brown JD, DeVellis RF, Ammerman AS. A Social Media–Based Physical Activity Intervention: A Randomized Controlled Trial. Am J Prev Med. 2012;43(5):527-532. doi:10.1016/j.amepre.2012.07.019

3. Ashford, RD, Bergman, BG, Kelly, JF, & Curtis, B. (2020). Systematic review: Digital recovery support services used to support substance use disorder recovery. Human Behavior and Emerging Technologies, 2(1), 18–32. https://doi.org/10.1002/hbe2.148

4. Maiman LA, Becker MH. The Health Belief Model: Origins and Correlates in Psychological Theory. Health Educ Monogr. 1974;2(4):336-353. doi:10.1177/109019817400200404

5. Delucchi KL. On the use and misuse of chi-square. In: A Handbook for Data Analysis in the Behavioral Sciences: Statistical Issues. Hillsdale, NJ, US: Lawrence Erlbaum Associates, Inc; 1993:295-320.

References

5. Kelly JF, Bergman B, Hoeppner BB, Vilsaint C, White WL. Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. Drug Alcohol Depend. 2017;181:162-169. doi:10.1016/j.drugalcdep.2017.09.028

6. Battaglia MP, Hoaglin DC, Frankel MR. Practical Considerations in Raking Survey Data. Surv Pract. 2009;2(5):1-10. doi:10.29115/SP-2009-0019

7. Pierce, BS, Perrin, PB, Tyler, CM, McKee, GB, & Watson, JD. The COVID-19 Telepsychology Revolution: A National Study of Pandemic-Based Changes in U.S. Mental Health Care Delivery. American Psychologist. 2020; http://dx.doi.org/10.1037/amp0000722

How We Engage with Digital RSS

Telerecovery: Deliver therapy, support groups, sober home meetings

→ Can provide digital receipts through Zoom

Link RCC members to recovery apps, online forums and groups, and connect with them over Zoom, Slack, etc.

Provide access to Internet and devices, like headsets

→ Just received a grant to help individuals get set up digitally

Telerecovery Experience

Extra Support

→ Some people will need extra support in addition to their telerecovery appointments

→ Make sure to speak with them after virtual meetings

→ Hard to understand tone and meaning via text or video

Peer Recovery Counselors

→ Best to have peer recovery counselors available during telerecovery meetings

→ Able to provide additional support

“Asks” regarding Digital Recovery Support Services

→ Keep in mind that a recoveree needs in-person contact in groups

→ Support of peers is necessary

→ Zoom and telerecovery is okay, but not enough on its own

In-person contact is key

How We Engage with Digital RSS

Implement telerecovery ourselves:

→ Peer coaching services

→ Hybrid option for support groups

→ Many options: Zoom, go-to meetings, Facebook messenger, facetime, phone calls

Link RCC members to recovery apps

→ Apps include 12-step Toolkit, Sober Grid, Headspace, etc.

Benefits of Digital RSS

Reach a larger portion of the recovery community

Increase in availability for those who can't come into the center

⇢ E.g., no transportation, in quarantine, etc.

Access rural areas

Improves functioning of the smaller centers

Can RCCs and DRSS Co-Exist?

In-Person Impact

→ There has been a drop attendance of in-person services through the emergence of digital recovery support services

→ Shift in how we support recovery

Small vs. Large Centers

→ Digital recovery support services have been especially helpful for small centers

→ Large centers used to offer 24/7 support, but now have limited hours

“Asks” regarding Digital Recovery Support Services

- → Increase training opportunities for those offering tele-recovery services
- → Increase funding to adapt to the increased need for improvement of technologies and systems
- → Determine how beneficial D-RSS are for rural communities

Increase training and service delivery funding

Summing Up

- D-RSS were used (sparingly) before the pandemic (10%), but now have emerged as an important component of how RCCs can deliver care
- RCC members and staff have gained a lot of familiarity with them
- Research and guidance is lacking on:
  - Effectiveness
  - Best practices
- Infrastructure support is needed
  - Staff training
  - Hardware (i.e., having devices available for people to use)