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
- Philip Rutherford
- Patty McCarthy
- Julia Ojeda
- Robert D. Ashford
- Lauren A. Hoffman
- Vinod Rao
- Brandon G. Bergman
- Amy A. Mericle
Seminar Attendee Demographics

- Healthcare decision maker (e.g., hospital leadership, department of health, etc.)
- Prescriber (of medications for OUD)
- Clinician
- Scientist
- RCC leader / staff
- Peer support worker / volunteer
- RCC participant
- Recovery advocate
- None of the above
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.
The Consortium on Addiction Recovery Science (CoARS)

CoARS collective mission:

(PI: Aaron Hogue, Partnership to End Addiction - https://drugfree.org/staff/aaron-hogue/)

To advance the science on recovery support services through research networking, training and mentoring students and early career scientists, and building community partnerships.

- **Pilot study funding**
  - On RCCs (Ours: https://www.recoveryanswers.org/addiction-researchsummaries/funding-for-pilot-studies/) – LOI deadline extended to May 16
  - On recovery housing (https://istarr.arg.org/pilot-studies/) – Next funding cycle opens in October

- **Work groups and Seminars**
  - See CoARS calendar - https://www.recoveryanswers.org/coars/
  - I-STARR Webinar: Recovery Housing 101 – June 6th 11am-12pm PT Webinar Registration - Zoom
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.

Javier H Alegre, BScB, CPSS
Executive Director
Latino Behavioral Health Service

Located in: South Salt Lake, Utah

https://latinobehavioral.org/
Presenter

Dr. H. Harrington “Bo” Cleveland
Professor
The Pennsylvania State University
Discussants

Dr. Stephanie Wemm, PhD
Associate Research Scientist
Yale Stress Center

Dr. Jon Soske, PhD
Senior Researcher, Lifespan Division of Addiction Medicine
Systems of Care Fellow, RISD Center for Complexity
The Development and Piloting of Within-Person Data Collection Materials and Protocols: A University-Community Collaboration

H. H. Cleveland
Penn State University

Acknowledgements: Pilot Study funding from NIDA R24 via Recovery Research Institute/Mass General (2022-2023) and Penn State's Consortium on Substance Use and Addiction’s (CSUA) Community Fellowship (2019-2020)
Penn State Recovery Research Group
psurecoveryresearch@psu.edu

• Bo Cleveland
• Tim Brick
• Kyler Knapp (U Buffalo)
• Hannah Apsley
• Erik Dolgoff
• Eric Harrison
• Wen Ren
• Joe Lancaster
Talk Outline

• Define recovery and explain why we collect “within-person” data

• Describe the “Within-Person Assessment of Recovery Community Centers” project

• Set out three goals of the RCC project

• Present findings that address these goals
What is “Recovery”

“An individualized, intentional, dynamic, and relational process involving sustained efforts to improve wellness” after substance use disorder.

- Recovery Research Collaborative (2019)

• **Individualized:** Everyone has their own challenges and resources (personal characteristics, contexts, histories, economics, race, etc. can all make a difference)

• **Intentional:** It requires purposeful efforts

• **Dynamic:** Stressors, supports, and wellbeing can vary across time

• **Relational:** It is often supported by others, not just the individual

• **Sustained efforts:** It is not a one-time accomplishment, but an everyday task

• **Improved wellness:** It is beyond “not using” - more holistic
Value of Using a Within-Person Approach for Examining Recovery

A within-person approach requires repeated, often intensive (“closely-spaced”) assessments of individuals

We apply a within-person approach to:

- Capture the dynamics of the individualized and relational mechanisms through which recovery is built and maintained
- Measure and assess the daily stressors and coping strategies used to maintain well-being
- Determine if and how recovery support programs impact the daily processes through which recovery is maintained
The Recovery Community Center (RCC) Project

Specific Goals:

**Goal 1:** Consult with RCC members and staff to select data collection protocols and develop survey instruments

**Goal 2:** Collect data and assess quality

**Goal 3:** Determine how data can be used to understand RCC experiences and their implications
Goal 1:
Partner Pennsylvania Recovery Community Centers

The **Recovery Advocacy Support and Empowerment (RASE) Project** (Harrisburg, PA) offers multiple recovery-related services, including advocacy, several sober-living housing facilities, warm-handoff program, life skills classes, and hosts mutual help support meetings. RASE manages two recovery community centers in York and Lancaster Counties. Runs several recovery residences. Supports MAT/MOUD pathways.

**Lost Dreams Awakening** (New Kensington, PA) provides training for recovery coaches, education about recovery capital, and other recovery-related trainings for individuals, businesses and nonprofits. LDA’s RCC hosts education programs and support services, such as mutual help support meetings and organized social activities. Provides MAT/MOUD support.
Goal 1: Consult with RCC members and staff to select data collection protocols and develop survey instruments

Step 1: Gathering RCC Input

- Research Team travels to RCCs
- Provide food and compensation
- Feedback process
  - Two 3-hour long meetings at each partner RCC
    - Time 1: Review overall study protocols, baseline, and explanation of daily data collections; introduce members to daily survey
    - Time 2: Review changes and focus on modifying daily survey items
Step 2: Use RCC Member Feedback

RCC community members and staff were open to providing feedback and appreciated being included in the development of research.

RCC member feedback:
1. Shaped the scope of data collection: 10 days, once-a-day
2. Added to the topics we assessed: transportation, family support and interactions
3. Suggested different item ordering
4. Modified the terminology used for meetings and places, programs, etc.
The Recovery Community Center (RCC) Project

• General Design:
  • Baseline Survey
    • Demographics, substance use histories, physical/mental health, recovery histories
  • 10-Day Smartphone Survey
    • Used the Penn State Wear-IT App to gather Intensive Longitudinal Data (ILD) on daily experiences and intra-personal states
    • Assessed craving, affect, experiences at the RCC, work, family interactions, support meetings

![Wear-IT App](image-url)
Goal 2: Collect data and evaluate quality
Goal 2 (a): Organize Data Collections at Six Recovery Community Centers

- Some of initial RCCs contacted did not have active “drop-in” centers
- RCCs vary in organizational structure, strength of linkage between management and members, size, and rurality
Pre-meeting Zoom with Potential RCC Partners

- Review goal of study
- Discuss recovery as a dynamic individualized day-to-day process
- Discuss compensation and confidentiality
- Discuss texting protocols

Schedule date (weekend or weekday), time and number of data collection sessions
Goal 2 (b): Collect data and assess quality

Data entry compliance

Demographics of sample

Within-person variability over time

Reliability of within-person assessment
## EMA data entry compliance

Surveys completed per person for each RCC.

<table>
<thead>
<tr>
<th>Recovery Community Center</th>
<th>N_persons</th>
<th>Mean (SD), Range</th>
<th>N_complete (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location #1</td>
<td>25</td>
<td>8.96 (1.3), 4-10</td>
<td>217 (86.8)</td>
</tr>
<tr>
<td>Location #2</td>
<td>15</td>
<td>8.23 (2.04), 1-10</td>
<td>107 (71.3)</td>
</tr>
<tr>
<td>Location #3</td>
<td>5</td>
<td>7.95 (1.68), 6-10</td>
<td>38 (76.0)</td>
</tr>
<tr>
<td>Location #4</td>
<td>27</td>
<td>9.23 (1.35), 2-10</td>
<td>235 (87.0)</td>
</tr>
<tr>
<td>Location #5</td>
<td>14</td>
<td>8.68 (1.29), 5-10</td>
<td>118 (84.3)</td>
</tr>
<tr>
<td>Location #6</td>
<td>11</td>
<td>9.27 (1.36), 3-10</td>
<td>97 (88.2)</td>
</tr>
<tr>
<td><strong>Total Sample</strong></td>
<td><strong>97</strong></td>
<td><strong>8.37 (2.10), 1-10</strong></td>
<td><strong>812 (83.7)</strong></td>
</tr>
</tbody>
</table>
Part 1: EMA Compliance

- Figure 1. Patterns of complete and missing data for each individual.
Part 1: EMA Compliance

- Figure 1. Patterns of complete and missing data for each individual.
Part 1: EMA Compliance

• Figure 1. Patterns of complete and missing data for each individual.
Demographics (N = 97)

- **Age**
  - Range: 22.38-76.79
  - Mean: 42.39
  - SD: 12.14

- **Sex**
  - Male: 42 (43.3%)
  - Female: 52 (53.6%)
  - Preferred not to answer: 2 (2.1%)
  - Missing: 1 (1.0%)

- **Gender**
  - Male: 43 (44.3%)
  - Female: 50 (51.5%)
  - Nonbinary: 2 (2.1%)
  - Transgender: 2 (2.1%)
  - Prefer not to answer: 0

- **Ethnicity**
  - Not of Hispanic/Latinx Origin: 95 (97.9%)
  - Hispanic/Latinx: 1 (1.0%)
  - Did not answer: 1 (1.0%)

- **Race**
  - American Indian/Alaskan Native: 1 (1.0%)
  - Black or African American: 16 (16.5%)
  - White: 75 (77.3%)
  - Multiracial: 3 (3.1%)
  - Other: 2 (2.1%)
Demographics, cont.

- **Household Income:**
  - Less than $10,000: 21 (21.8%)
  - $10,000 to $24,999: 25 (25.8%)
  - $25,000 to $49,999: 21 (21.6%)
  - $50,000 to $74,999: 12 (12.4%)
  - $75,000 or more: 16 (16.5%)
  - Didn't answer: 2 (2.1%)

- **Education:**
  - Less than high school: 2 (2.1%)
  - Some high school: 7 (7.2%)
  - High school diploma or GED: 31 (32.0%)
  - Some college, no degree: 24 (24.8%)
  - Associate degree: 11 (11.3%)
  - Trade or professional school: 3 (3.1%)
  - Bachelor's Degree: 15 (15.5%)
  - Master's Degree: 2 (2.1%)
  - More than a Master's: 1 (1.0%)
  - Didn't answer: 1 (1.0%)
Demonstrating within-person variability over time

Table 3. Descriptive statistics capturing within- and between-person variability.

<table>
<thead>
<tr>
<th>Emotion Variable</th>
<th>M</th>
<th>Within-person SD</th>
<th>Between-person SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lonely</td>
<td>27.78</td>
<td>19.44</td>
<td>22.43</td>
</tr>
<tr>
<td>Anxious</td>
<td>38.45</td>
<td>20.66</td>
<td>24.20</td>
</tr>
<tr>
<td>Irritable</td>
<td>29.20</td>
<td>21.14</td>
<td>20.61</td>
</tr>
<tr>
<td>Sad</td>
<td>25.29</td>
<td>19.13</td>
<td>19.87</td>
</tr>
<tr>
<td>Angry</td>
<td>19.53</td>
<td>16.43</td>
<td>17.05</td>
</tr>
<tr>
<td>Calm</td>
<td>69.74</td>
<td>18.43</td>
<td>17.03</td>
</tr>
<tr>
<td>Joyful</td>
<td>67.56</td>
<td>18.09</td>
<td>20.70</td>
</tr>
<tr>
<td>Happy</td>
<td>70.55</td>
<td>17.68</td>
<td>17.71</td>
</tr>
<tr>
<td>Relaxed</td>
<td>67.57</td>
<td>20.97</td>
<td>18.50</td>
</tr>
<tr>
<td>Negative Emotion</td>
<td>28.02</td>
<td>14.25</td>
<td>18.29</td>
</tr>
<tr>
<td>Positive Emotion</td>
<td>68.57</td>
<td>15.57</td>
<td>17.03</td>
</tr>
<tr>
<td>Centrality</td>
<td>75.76</td>
<td>13.64</td>
<td>18.85</td>
</tr>
<tr>
<td>Commitment</td>
<td>83.18</td>
<td>10.35</td>
<td>17.55</td>
</tr>
<tr>
<td>Connection</td>
<td>78.49</td>
<td>13.06</td>
<td>20.46</td>
</tr>
<tr>
<td>Feelings</td>
<td>81.86</td>
<td>10.38</td>
<td>19.41</td>
</tr>
<tr>
<td>Glad</td>
<td>86.22</td>
<td>8.28</td>
<td>16.41</td>
</tr>
<tr>
<td>Goals</td>
<td>73.24</td>
<td>15.32</td>
<td>19.40</td>
</tr>
<tr>
<td>Community</td>
<td>81.62</td>
<td>10.72</td>
<td>19.18</td>
</tr>
<tr>
<td>Recovery Identity</td>
<td>80.37</td>
<td>8.66</td>
<td>17.37</td>
</tr>
</tbody>
</table>
Demonstrating within-person variability over time
Demonstrating within-person variability over time
Demonstrating within-person variability over time
Table 4. Variability in positive emotion, negative emotion, and recovery identity

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Estimate</th>
<th>S.E.</th>
<th>Variance</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Effects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercept</td>
<td>66.97</td>
<td>1.83</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Random Effects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person-day variance</td>
<td>–</td>
<td>–</td>
<td>221.10</td>
<td>14.87</td>
</tr>
<tr>
<td>Person-item variance</td>
<td>–</td>
<td>–</td>
<td>44.22</td>
<td>6.65</td>
</tr>
<tr>
<td>Day-item variance</td>
<td>–</td>
<td>–</td>
<td>1.04</td>
<td>1.02</td>
</tr>
<tr>
<td>Between-person variance</td>
<td>–</td>
<td>–</td>
<td>236.38</td>
<td>15.44</td>
</tr>
<tr>
<td>Between-day variance</td>
<td>–</td>
<td>–</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Between-item variance</td>
<td>–</td>
<td>–</td>
<td>1.34</td>
<td>1.16</td>
</tr>
<tr>
<td>Residual variance</td>
<td>–</td>
<td>–</td>
<td>218.94</td>
<td>14.80</td>
</tr>
</tbody>
</table>

**Positive Emotions**
Within-person = 0.80
Between-person = 0.82

**Negative Emotions**
Within-person = 0.74
Between-person = 0.82

**Recovery Identity**
Within-person = 0.90
Between-person = 0.95

Reliability

Positive Emotions
Within-person = 0.80
Between-person = 0.82

Negative Emotions
Within-person = 0.74
Between-person = 0.82

Recovery Identity
Within-person = 0.90
Between-person = 0.95
Goal 3: Determine how data can be used to understand RCC experiences and their implications

Research Questions

1. How do people use and perceive RCCs?
2. Do RCCs serve different groups of members?
3. Can going to an RCC positively impact members recovery states?
• RCCs were visited on 168 (30.1%) of days with survey information
• 8 (8%) people never visited the RCC on study days
• For those who did visit the RCC (N = 89), average number of days visited per person: 2.74 (range = 1-7)

The mean and median time spent is 1-2 hours
### Perceptions of RCC Experiences (Response Scale of 1-100)

<table>
<thead>
<tr>
<th>Perception</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
<th>ICC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helpful to recovery</td>
<td>86.03</td>
<td>16.6</td>
<td>21-100</td>
<td>0.55</td>
</tr>
<tr>
<td>Helpful to well-being</td>
<td>86.12</td>
<td>17.2</td>
<td>21-100</td>
<td>0.45</td>
</tr>
<tr>
<td>How supported by members/staff</td>
<td>88.18</td>
<td>16.8</td>
<td>15-100</td>
<td>0.29</td>
</tr>
<tr>
<td>How connected to members/staff</td>
<td>87.80</td>
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<tr>
<td>How helpful were RCC resources</td>
<td>87.78</td>
<td>16.2</td>
<td>28-100</td>
<td>0.38</td>
</tr>
<tr>
<td>How helpful was info at RCC</td>
<td>86.84</td>
<td>16.2</td>
<td>28-100</td>
<td>0.47</td>
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Perceptions of RCC Experiences  
(Response Scale of 1-100)

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**Main takeaways:**
- On average, the sample found daily RCC experiences to be useful to recovery (with a lot of variation)
**Perceptions of RCC Experiences**  
(Response Scale of 1-100)

<table>
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</tbody>
</table>

**Main takeaways:**
- On average, the sample found daily RCC experiences to be useful to recovery (with a lot of variation)
- 45% - 70% of the variance in these items is due to within-person variation
- Even for the same person, there is day-to-day variation in how useful the RCC seems
<table>
<thead>
<tr>
<th>Activity</th>
<th>Total Count</th>
<th>% Visit Days</th>
<th>M/person</th>
<th>SD/person</th>
<th>Range/person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended a recovery support group meeting</td>
<td>137</td>
<td>81.5%</td>
<td>1.54</td>
<td>1.59</td>
<td>0-6</td>
</tr>
<tr>
<td>Volunteered/gave back to community</td>
<td>32</td>
<td>19.0%</td>
<td>0.36</td>
<td>0.80</td>
<td>0-4</td>
</tr>
<tr>
<td>Just hung out/social activities</td>
<td>112</td>
<td>66.7%</td>
<td>1.26</td>
<td>1.39</td>
<td>0-7</td>
</tr>
<tr>
<td>Connecting to the recovery community</td>
<td>103</td>
<td>61.3%</td>
<td>1.16</td>
<td>1.42</td>
<td>0-6</td>
</tr>
<tr>
<td>Used computer or WiFi</td>
<td>22</td>
<td>13.1%</td>
<td>0.25</td>
<td>0.64</td>
<td>0-4</td>
</tr>
<tr>
<td>Received recovery coaching</td>
<td>20</td>
<td>11.9%</td>
<td>0.22</td>
<td>0.72</td>
<td>0-5</td>
</tr>
<tr>
<td>Tried to help or be there for others</td>
<td>64</td>
<td>38.1%</td>
<td>0.72</td>
<td>1.11</td>
<td>0-5</td>
</tr>
<tr>
<td>Got advice (financial, legal, etc.)</td>
<td>10</td>
<td>6.0%</td>
<td>0.11</td>
<td>0.46</td>
<td>0-3</td>
</tr>
<tr>
<td>Took part in health/meditation/self-care class</td>
<td>10</td>
<td>6.0%</td>
<td>0.11</td>
<td>0.32</td>
<td>0-1</td>
</tr>
</tbody>
</table>
## Nine Daily Activities at RCC

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total Count</th>
<th>% Visit Days</th>
<th>M/person</th>
<th>SD/person</th>
<th>Range/person</th>
</tr>
</thead>
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Do RCCs support different membership groups?

- **Light Users & Meetings Group**
  - 65 people (73%)
  - Use RCC for recovery support meetings roughly every week and a half.
  - Occasionally socialize.

- **Many Activities Group**
  - 15 people (17%)
  - Report strong connection to recovery community
  - Regularly attend meetings and take part in social activities roughly 1-2x per week

- **Involved Helpers**
  - 5 (6%)
  - Use RCC for meetings, social activities and volunteering/helping fairly frequently. Also uses RCC computer roughly once a week

- **Heavy Involvement/Recovery Coaching Group**
  - 4 people (5%)
  - Uses RCC most overall: more meetings, helping, and social activities, and is most "connected" to recovery community.
  - Unique from other groups in receiving recovery coaching 1-2x/week

- **Engagement Levels**
  - G1: 15 (25%)
  - G2: 15 (25%)
  - G3: 5 (8.3%)
  - G4: 65 (108.3%)

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*PennState College of Health and Human Development*
Question 3: Can going to an RCC positively impact members’ recovery states?
Does RCC Attendance Impact Daily Wellbeing and Anticipatory Anxiety?
Measures:

Predictor Variable

**Daily RCC attendance**
“Did you attend an RCC today? (Y/N)”

Outcome Variables

**End-of-Day Wellbeing** (alpha=.95)
Each person’s daily average of (my day has been...) Meaningful, Gratifying, Fulfilling, Purposeful, & Satisfying (0-100)

**Anticipatory Anxiety** (alpha=.73)
Each person’s daily average of “I think tomorrow will be . . . Stressful, Positive (R), Challenging, & Enjoyable (R) (0-100)
Four Participants’ Wellbeing across RCC and non-RCC days
Four Participants’ Wellbeing across RCC and non-RCC days
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Multi-level Model Results: RCC Attendance Predicting Recovery Wellness

Well-being:

Day-level RCC attendance was significantly associated with wellbeing (controlling for Person-level RCC attendance)

γ_{10} = 4.86 (1.71)
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Well-being:

**Day-level RCC attendance** was *significantly* associated with wellbeing (controlling for **Person-level RCC attendance**)

\[ \gamma_{10} = 4.86 (1.71) \]

Anticipatory Anxiety:

**Day-level RCC attendance** was *significantly* associated with anticipatory anxiety (controlling for **Person-level RCC attendance**)

\[ \gamma_{10} = -3.03 (1.37) \]
Summary

➢ We developed partnerships with Pennsylvania RCCs

➢ Collected data appears to be high quality

➢ Early findings suggest members:
  ➢ Perceive RCCs as supportive
  ➢ Use RCC is varying ways
    ➢ With some members visiting for meetings and others being more engaged in more intensive services that may otherwise go unmet

➢ Within-person analyses demonstrate that RCC attendance is associated with both higher end-of-day well-being and lower end-of-day anticipatory anxiety
Thank You
Thank you – and see you soon!

**Pilot study funding**
- Letter of intent due May 16
- Find application materials here: [https://www.recoveryanswers.org/addiction-researchsummaries/funding-for-pilot-studies/](https://www.recoveryanswers.org/addiction-researchsummaries/funding-for-pilot-studies/)

**Upcoming Seminar**
- **Title:** Community engaged research – what is it, why do we need it, and how can we do more of it in the recovery community center (RCC) space
- **Presenters:** Devin Banks, University of Missouri–St. Louis, Ashli Sheidow, Oregon Social Learning Center, Chyrell Bellamy and Rev. Robyn Anderson, Yale School of Medicine
- **RCC Live Feature:** Elizabeth Burke Beaty, CPRS, CPLC (she/her/hers), Founding Executive Director & CEO, National Sea Change Coalition
- **Date:** Friday, June 2, 2023, at 12:00 PM ET
- **Register here!**