

Recovery Science Research Collaborative 12/9/19

Attendees:

Teresa Johnston (Kennesaw State University)
Tom Kimball (Texas Tech University)
Anne Thompson Heller (University of Connecticut)
Austin Brown (Syracuse University)
Matt Statman (University of Michigan)
Tom Bannard (Virginia Commonwealth University)
Hillary Groover (University of Alabama)
Lindsay Montgomery (Kennesaw State University)
Jason Callis (Kennesaw State University)
Jessica McDaniel (Kennesaw State University)
Chris Morgan (Kennesaw State University)

8:39am – Teresa Johnston: Welcome and overview

- First year of RSRC, discussion of national database for CRPs, we will revisit this year
- Discussion about definition of recovery – Definition paper published last year
- Last year, expansion of recovery science research – paper just published in Alcoholism Treatment Quarterly
- This year, focus specifically on collegiate recovery – goal is to put out a white paper by the end of January
- Where is the definition (RSRC) being used?
 - o Austin always uses this definition to delineate for research purposes.
 - o The definition of recovery has been picked up for use to some degree, but it is often used without people having read the article. Many still use the use/non-use paradigm in defining recovery
- Teresa: There are some crucial questions we need to address. From a university standpoint, how do we collect data to move collegiate recovery forward? How do you prove your worth? How do you embed collegiate recovery within the university? How do you measure programming?
- How do we each use RIT?
 - o Hillary: Views RIT like a therapeutic standpoint.
 - o Jason: Views RIT as a strengths-based approach to individual interactions.
 - o Matt: Community organizing and fostering a culture that sustains people in recovery and attracts those who are ambivalent.
 - o Tom K.: Texas Tech doctoral program applications. The power of collegiate recovery can model mental health support services. RIT serves as a replication model. How can this impact campus-wide mental health? The power of peers to help each other long term.
 - o Anne: Developmental psychology, people need different things at different times.
 - o Matt: Wellness communities on campus can benefit. Matt's experience is that most students don't have access to the vulnerability and openness that is evident in CRC/Ps.

- Anne: A professional will never be as helpful as a peer. That's community.
- Tom B.: Considers himself a recovery professional, not an addiction professional. Not a clinical perspective, removing barriers, connecting to community.
- Austin: Discourse is moving away from emancipation from bondage and pathology, really important to center the idea of recovery on emancipation. The degree of change between pathological and healthy is radical and vast, should be easy to study and understand with the highest degree being freedom.
- Matt: Are radical changes due to growing up or recovery? The population is young and may not be addicts yet. Hard to tell what is actually happening. Recovery capital after graduation is important to measure.
- Tom K.: Current measures of recovery capital are not sufficient. The longer someone is in recovery, the more difficult it is to measure because it tops out at a certain point. We need a more sensitive measure.
- Tom B.: In response to Tom K.'s statement, Kelley's work on recovery capital shows this and we can see recovery capital growth.
- Austin: Recovery combined with individuation and resources available on campuses.
- Anne: Agreement. Higher access to support v. the larger recovery community.
- Austin: Is this a bundle of transformative process bundled over a few years that radically changed the individual?
- Jason: How different is that from the average college-aged students that are getting these same services from other student affairs offices?
- Austin: Developmental delay from SUD may cause a slingshot effect, and radically progress very quickly. Essentially, they emotionally catch up faster.
- Matt: Internal recovery capital takes a long time. The ones with access to collegiate recovery are privileged.
- Tom K.: Recovery capital is great to measure in the first 18 months, but after that, the measures are not sensitive enough. If we study collegiate recovery, the measures have to be sensitive enough to follow a few months to 15+ years. What about those who are mislabeled as someone with addiction (or perceived to be), how do we look at those students?
- Anne: We haven't figured out a way to test if someone's brain has actually pickled yet. We see this in recovery high schools. Some people may be labeled and then after a few years of developmental support, they no longer need abstinence-based recovery.
- Tom B.: Only a handful in that category to have substantial impact.
- Tom K.: Those with long term recovery have high recovery capital when they come in, so it is difficult to measure how much improvement after CRC/P since they came in with high recovery capital to begin with. Again, the measures are not sensitive enough.
- Tom B.: Do you focus more time and energy on capturing those students or more toward the majority with the broad outcomes in the 3 months – 5 years time that will have more impact on the field?

- Matt: Students come in at different places, so they end up in different places. Agreement from Austin and Teresa.
 - Teresa: Where would we start from being embedded in higher education? Most of us are not embedded in academic side of the house. We are mostly under student affairs. How do we evaluate? Programs or individual?
 - Tom B.: Can't store any data that has clinical implications. Aggregate is nice, but it is service to the field, not the individual students in programs. We could leave out universities that don't have data storage capabilities.
 - Jessica: You could still get aggregate data, which could be helpful. It's not mutually exclusive.
 - Hillary: What are we looking at? Multiple scales, or one sensitive enough to capture everyone?
 - Tom K.: Obviously a research nightmare. In addition, CRC/Ps are all very different (but also have many similarities).
 - Anne: CCAPS is a helpful model that looks at change over time. It is also real time that can be used as a therapeutic tool in addition to data collection.
 - Jessica distributed copies of the CCAPS as a reference.
 - Austin: Can we get this (CCAPS) information from CYAAR students?
 - Jessica: Titanium can preload university information, so CRC/Ps information could be preloaded (clinical program vs. wellness program, etc.)
 - Tom B.: Can we use the national recovery study data as a comparison for CRC/Ps?
 - Question turns to "Do we use CCAPS as is or adapt it for Collegiate Recovery?"
- 10:00am – Switch to updates from the collegiate recovery field
- Jessica: What are programs currently collecting?
 - Kennesaw State: RPG, GPA each semester, recruitment, social connection metric launched this semester to measure how students feel tied in to their community, service measure, self-esteem, self-efficacy. These data are collected either through application process or during semesterly academic advising
 - Tom K. (Texas Tech): Demographic, GPA, RPG, Texas Tech does not collect too much more because they don't want their students studied too much.
 - Anne (UConn): Participation measures
 - Matt (Michigan): More evaluation of programming rather than assessment. Would like a tool to give to students in that
 - Tom B. (Virginia Commonwealth University): Progressive engagement model, mostly program evaluation. Do collect de-identified data in line with national recovery study. Graduation rates.
 - Hillary (University of Alabama): Use a modified version of the KSU application, academic advising is also used for goals assessment, photo reflection of seminar. RPG, GPA.
 - Update from Anne about her dissertation. Looking at CRC/Ps and program characteristics from student viewpoints and degrees of recovery capital.
 - Tom K. recently published a study on fNIR (cost-effective prefrontal cortex imaging) brain response to first person alcohol cues and family response. This looks at addiction

and recovery in family systems. What does recovery, time, and education combine to do?

- There is a similar study happening with full MRI scans that Tom is not a part of.
- Austin is working on deaths of despair: alcoholism, overdose, and suicide in low socioeconomic areas. Also looking at drug courts.
- Jessica: Rise in resources for CRC/Ps in technology, i.e. – Titanium is on board to support collegiate recovery

- Standards and Framework

RQ: What non-SUD specific behavioral factors play the biggest role in facilitating recovery growth?

RQ: Qualitatively, what services, relationships, or events played the largest role in someone seeking to recover?

RQ: What are the real-world environments in which these answers can be found and what types of questions will provide the most predictive capacities?

- Anne: Distress tolerance and coping and managing the stressors of life is essential
- Tom B.: Quality of interpersonal relationship
- Tom K.: Reaching out for help. Transformation through survival – changes world perspective. If I were to change something about the 6 essentials for recovery, reclamation of agency should be changed to reclamation of freedom. Marginalization within the marginalized population of recovery. Intersectionality complicates growth.
- Austin: If recovery identity is prioritized, others can get neglected
- Austin: Recent study said most impactful factors are non-SUD specific.
- Jason: Self-authorship.
- Anne: Relationship of regret in recovering populations.
- Hillary: Self-determination. How are we giving them tools, and giving them the space to safely try them on and develop efficacy? Intrinsic motivation after leaving CRC/Ps.
- Jason: Learning Population Model.
- Anne: Let's not create bubbles. We need to help them promote skills to navigate the adjustment outside of higher ed after graduation.
- Jessica: We put a lot of energy in support their student identity, but that is not relevant after graduation so we also need to focus on other identity development.

...Much conversation about identity development, including rigidity v. flexibility in identity. Who are you interacting with or what are you doing outside of the CRC/P? Different levels of involvement based on time in the program – Almost like pushing them out of the nest.

- Tom B.: Relationships between students that are new and one's that are farther along in their education. Mentorship.

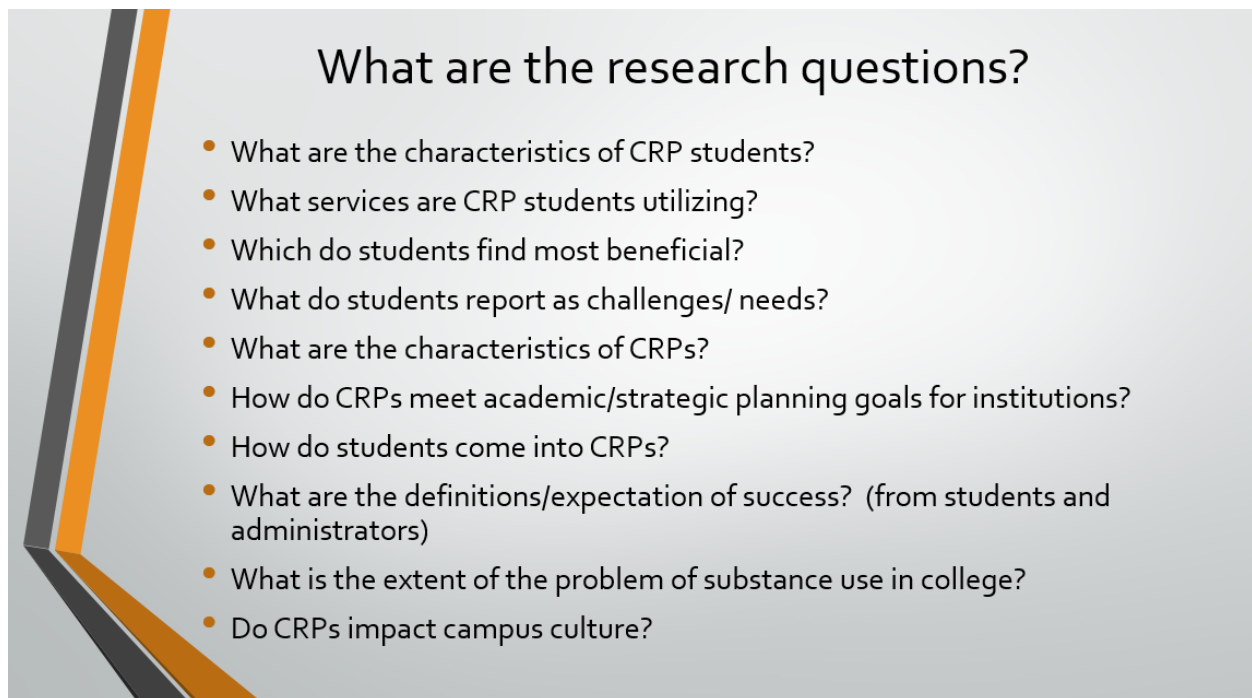
- Tom K.: Diversification of relationships. Avoiding toxicity of a population.
- Hillary: Goal setting. How do we instill a desire to develop and find joy in goals outside of academic performance.

12:00pm – 1:00pm – Break for lunch

1:17pm – Return

- Tom K: We can't lose sight (with the use of the database) of the qualitative, because focusing solely on the data for the database can minimize the lived experience of students in recovery.
- Austin & Jessica: Low response rate on CRP4E (Less than 100 participants). Indicative of unwillingness to participate on the part of the students.
- Teresa: What are we trying to answer with the use of a national database?
- Tom B.: Instead of asking people to participate and begging for buy in, it could be marketed as a perk of being an ARHE member. You have access to the database research. Prefab assessment?

Discussion about what the research questions are (see below)



What are the research questions?

- What are the characteristics of CRP students?
- What services are CRP students utilizing?
- Which do students find most beneficial?
- What do students report as challenges/ needs?
- What are the characteristics of CRPs?
- How do CRPs meet academic/strategic planning goals for institutions?
- How do students come into CRPs?
- What are the definitions/expectation of success? (from students and administrators)
- What is the extent of the problem of substance use in college?
- Do CRPs impact campus culture?

- Lindsay: Does everybody have access to RRPg information, or would we have to rely on self-report for that information?
 - Turns out, very few have that information. It would have to be either aggregate or self-report.

Conversation about tying a lot of this database research into accreditation.

The rest of the afternoon was spent going over potential variables identified in the first RSRC (below).

Demographics

~~DOB~~ year of birth

Gender identity

Sex Can be captured in the same question

Sexual orientation check boxes with the inclusion of "prefer to self identify" and "prefer not to answer"

Race

Ethnicity

Relationship status

Kids/dependents

~~FAFSA~~ How do you plan to pay for school? Check all that apply...

Trauma

Living on campus/of campus

Criminal record

Inpatient history SUD/MH/ # times

Outpatient

~~Origin~~ what were the last three zip codes

Veteran status +did you receive combat pay?

Disability status

~~Insurance status~~

Personal Income Are you financially independent?

Family history of SUD/MH

Current employment status + how many hours/week

Education Variables

University

Major

GPA

Education status full/part, grad/undergrad, expected graduation year

Prev. HS/ GED

Transfer status/traditional student

Academic disruption

Recovery Variables

Recovery continuum *Did you receive any of these services? Check all that apply...*

Recovery through CRP?

~~1st time attempted recovery length?~~ *Age of first recovery attempt?+ # of serious recovery attempts*

Current recovery length?

Current medications *Do you take any prescribed medications for substance use or mental health?If yes, please check all that apply -drop down- the drugs we are concerned about +Do you use nicotine products regularly? Check all that apply...cigarettes, vape (juul), dip,*

Human Capital

Social Capital *recovery capital (what are the measures?)*

Primary drug of choice/ Primary drug of use (drug classification and age of 1st use, +frequency)

MH/ED/ Compulsive behavior history

Self-report vs. formal diagnosis

12 step/MAT/other mutual aid approaches to recovery *Combine & ask "How would you describe your recovery pathway?" All that apply with "other" option*

~~Age of 1st use~~

Use within CRC in the past

~~Current living situation~~

~~Recovery housing~~

Meeting adjourned at 4:37 pm.

12/10/19

8:35am

- Jessica introduces the variable table that has been consolidated and re-worded based on the conversation the day before (below).

1. Year of birth	13. Income	25. Current medications
2. Sex and Gender identity	14. Family SUD/MH history	26. Recovery capital

3. Race and ethnicity	15. Employment status	27. DOC, use history
4. Relationship status	16. Major	28. MH/ED/BH history
5. Kids/dependents	17. GPA	29. Recovery pathway
6. How do you plan to pay for school?	18. Education status (full or part time, undergrad or grad, expected grad year)	30. Return to use while in the CRP
7. Mental health/SUD diagnosis (including trauma, depression, anxiety, etc) both formally and self diagnosed	19. High school/GED	
8. Living situation (on or off campus, recovery supportive)	20. Transfer status	
9. Criminal record	21. experienced academic disruption	
10. Continuum of care history	22. Enter recovery through CRP?	
11. Veteran status	23. Age of first serious recovery attempt and number of serious attempts	
12. Disability status	24. Current recovery length	

- Conversation about which of the variables are must haves.
 - o Tom B.: The variables need to be classified based on sensitivity of data. Some CRC/Ps cannot store identifiable data.
- Teresa asks the room how people collect information about their students.
 - o Tom K.: Most of this information is collected in the application process or the scholarship process.
 - o Matt: Listserv and surveys sent through listserv.
 - o Tom B.: Students sign up through a listserv and self-identify and they collect anonymous data through that process.
 - o Hillary: Application process. Manually input into Salesforce system called Recovery Track.
- Side conversation about who/how attendance tracking is happening.
- Much conversation about HIPAA, FERPA, & IRB and how programs can collect and store. A number of variables fall under HIPAA and that will have to be considered. In the white paper, we will have to include who to contact within the university to ask these questions, as well as making sure the questions to ask are considered.
 - o Matt: The students all need to be aware of where this data is and how it is protected as well.
- Discussion shift to creating a white paper series. The first will focus on standardized intake questions and how to ask them. The subsequent papers will focus on HIPAA,

FERPA, IRB, how to talk about this data collection at the university, and continuing data collection.

- A focus group project concept was introduced by Teresa. Essentially, collaborative members would travel to other institutions to collect data from focus groups of students for program evaluation.

10:39am

- Conversation turned to who should be invited to the next Collaborative and/or who should be involved in the focus group project.
- Current collaborative members will try to meet in April 2020 at VCU to support a conference there.
- Ideas for collaborative Fall 2020: rural areas, community colleges, HBCUs, PhD. Students, students interested in research/collegiate recovery
 1. Jason Whitney
 2. Angie Bryan
 3. Amy Boyd Austin
 4. Augsburg
 5. Vivian Barnett
 6. Keith Murphy
 7. Kevin Doyle
 8. Rachel Davies
 9. ARHE Student Reps
- Potential focus group questions:
 1. Please take a couple of minutes to describe your experience with collegiate recovery programs.
 2. Why did you join the CRP?
 3. How available are recovery supports?
 4. How important was CRP in your decision to return to college?
 5. What are your top 3 favorite things about your CRP?
 6. How has the CRP impacted your life?
 7. What are the benefits?
 8. What are the challenges?
 9. What would you change?
 10. What's missing?
 11. What is most challenging about being a student in recovery?
 12. How do you think being in recovery has affected your academic life?
 13. How has your CRP supported your academics?
 14. How important are scholarships?
 15. What is the role of food in CRP participation?
 16. How valuable are recreational vs educational activities?
 17. What have we missed?
 18. What role does staff play?
 - o *Give them questions ahead of time to prepare. Limit time frame for responses.*

Collaborative adjourned at 12pm