

# Together, We are Stronger: Promoting and Prioritising Social Connection in Outpatient Addictions Recovery

## Groups

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### Abstract

Addictions recovery can be a difficult challenge for individuals experiencing social disconnection. The current study examined the effect of changing a program's format in the Recovery Follow-Up group – a long-term outpatient addictions recovery program at Belmont Private Hospital. The program had previously functioned in a structured format, prioritizing information sharing and skill development. Over an 18 month period (July 2022 – Dec 2023) the program had transitioned to a dynamic format which prioritized social support and connection; information sharing and skill development was a secondary priority. This study examined the attendance rates of 52 group members (Males = 21, Females = 31) attending the Recovery Follow-Up group over a three year period where a program format change was introduced. Examination of this data found the dynamic group format nearly doubled overall attendance rates in an 18 month period. New group members returned on average for more sessions, when compared to the prior 18 month period which used a structured format. Dynamic group formats can benefit long-term addiction recovery groups to increase group attendance and engagement by focusing on social support and connection between group members.

### Introduction

Addictive disorders can be a frequently relapsing condition impacting one's mental health across their lifespan. The experience of addiction can be isolating from the lack of connection and understanding of othr, as well stigmatizing due to the experience of shame with losing control of substances and/or behaviours. Addictions recovery is a long term process of maintaining change.

Many findings suggest that a combination of individual psychotherapy and group therapy with social support provide beneficial treatment outcomes for addictive disorders (Haber & Riordan, 2021; Lopez et al., 2021). Individual psychotherapy provides targeted treatment for the common factors maintaining addictions. Social support groups provide an adjunct to therapeutic interventions by creating connections and normalising the experience of addiction recovery. Individuals readily seek both forms of treatment at outpatient hospital services, community health services or not-for-profit organisations.



Generally speaking, there are two formats of social support groups that commonly run in treatment services:

- Structured format – Individuals learn about their addiction and relevant skills to improve and maintain recovery. In this format, the facilitator leads the session explaining and developing skills. Social connection is a secondary priority.
- Dynamic format - Individuals share their successes, difficulties and vulnerabilities with their recovery process on a weekly topic. In this format, the facilitator guides the discussion, encourages social connection and asks group members to contribute suggestions. Skill acquisition and review is a secondary priority.

Most treatment services prioritise a structured format for group therapy in addictions recovery. However, in longer-term groups many returning members already have skills relevant to their recovery goals. Longer-term groups using structured formats may limit a key therapeutic factor sought after by group members: social connection and support. These groups can benefit from integrating dynamic formats to enhance social connection and support.

### What is the Recovery Follow-Up Program about?

The Recovery Follow-Up Program is an outpatient group for individuals seeking support in addictions recovery. The group has approximately 50 sessions per year and is designed for patients who have completed either: Addictions First Steps (8 week outpatient group) or Dual Diagnosis (2 week inpatient group) at Belmont Private Hospital.

The Recovery Follow-Up group provides social support and connection with individuals in similar addictions recovery, along with review of relevant addictions skills. While abstinence goals are preferred, individuals can attend to reduce their use and minimise harm.

### The Aim of the Recovery Follow-Up Program

- Increase social connection
- Learn or revise addiction recovery skills
- Provide a non-judgmental space for owning and preventing lapses and relapses
- Enhance responsibility and accountability in recovery
- Improve co-morbid mental health conditions

### Program Topics

- Coping with Cravings
- Relapse Prevention
- Recovery Narratives
- Depression
- Guilt and Shame
- Honesty and Transparency
- Self-care over Xmas
- PTSD and Trauma

NB: This is a selection of program content, not an exhaustive list

### Methods

Attendance rates over a three year period were examined to compare the difference between structured and dynamic formats for the Recovery Follow-Up group. Ninety-nine group sessions were delivered in a structured format (Jan 2021 – Jun 2022) and 99 sessions were delivered in dynamic format (Jul 2022 – Dec 2023), totaling 148 sessions. A total of 52 group members (Males = 21, Females = 31, Age years  $M = 45$ ,  $SD = 12.84$ ) voluntarily attended the group at intermittent periods across a three year period from January 2021 – December 2023. Of the 52 members, 8 members had attended the group prior to 2021, while 44 members were new to the group. The group was facilitated by four different mental health professionals. Qualitative feedback on the program was additionally gathered from current group members.

### Results & Evaluation

Total number of visits nearly doubled when the group transitioned from a structured format (N = 305 visits) to a dynamic format (N = 608 visits). There was a large difference between the average monthly attendance for the dynamic format group compared to the structured format,  $t(34) = 6.63$ ,  $p < .001$ ,  $g = 2.21$  (one-tailed). When examining *only new* group members, there was a large increase in monthly attendance for the dynamic group format,  $t(34) = 8.24$ ,  $p < .001$ ,  $g = 2.75$  (one-tailed). Examination of central tendency found the average number of sessions attended by new members increased under the dynamic format (Mean = 12, Median = 7,  $SD = 11$ ,  $N = 32$ ), compared to the structured format (Mean = 3, Median = 2,  $SD = 2$ ,  $N = 14$ ). This increase in attendance accounted for an average \$5000 increase in monthly revenue for the hospital.

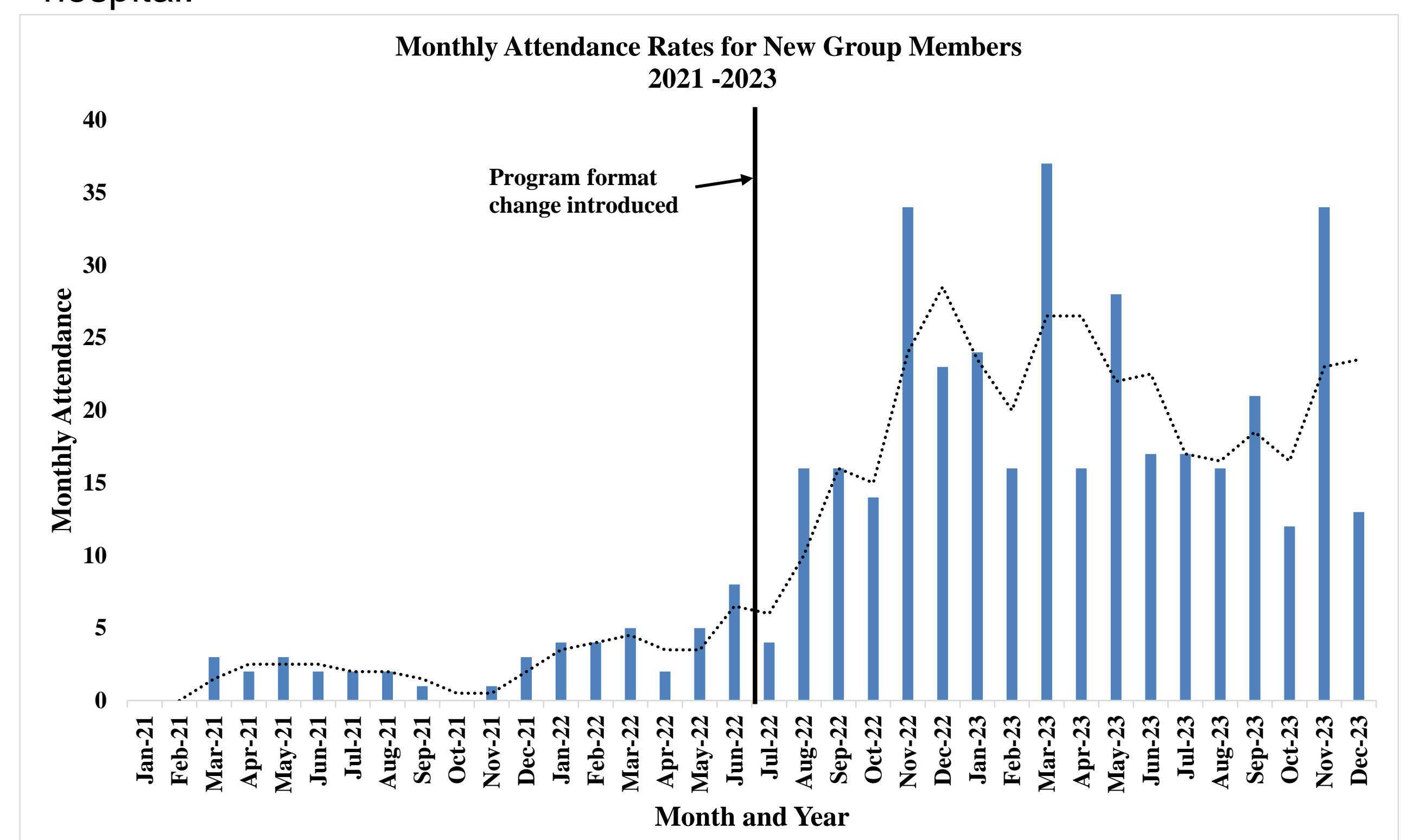


Fig 1. Monthly attendance of group members in the Recovery Follow-Up program between 2021 – 2023. Dotted line represents a rolling average to visualize trend in group attendance.

Qualitative feedback found new and regular group members valued the dynamic format of the Recovery Follow-Up group:

*"I find the social aspects of the group particularly helpful"* - New group member, attended 21 sessions.

*"It [the group] has given me a safe space to be open and honest about the up's and down's of my recovery journey"* – Regular group member, attended 97 sessions.

### Conclusions

A dynamic format change benefited the Recovery Follow-Up program (a longer-term on-going group). New group members returned for more sessions on average when the group prioritised social connection and support with regular experienced members in recovery. Treatment services running longer-term addiction recovery groups which struggle to maintain attendance can benefit from altering program formats, introducing new group members and maintaining a familiar group facilitator to increase attendance and engagement

### References

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