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## Peer-Led Recovery International Groups for Mental Health Consumers

**To the Editor:** The Recovery International (RI) method is a peer-led, cognitive-behavioral program that teaches mental health care consumers how to identify and monitor negative thoughts and behaviors and change the way that they would typically respond to daily challenges. The premise of RI is that with the help and support of peers, anyone experiencing any type of psychiatric symptoms can learn to overcome self-defeating, illness-driven thoughts and reactions and replace them with self-enhancing, wellness-promoting thoughts and actions. Created in 1937 by Dr. Abraham Low and offered worldwide since 1952 by Abraham Low Self-Help Systems (ALSHS), RI is one of the largest peer-led programs for persons with mental illness.

Trained peer leaders deliver the RI method to participants via weekly groups that are held in three formats: in person, by phone, and online. Meetings last from 60 to 90 minutes and follow a structured format. The format includes discussing a reading from one of Dr. Low's books, giving "4-Part Examples," and offering mutual aid. The "4-Part Example" is a structured

process for describing and responding to daily problems. Group members describe an everyday event that upset them, describe their physical reactions and thoughts, share RI tools (short statements participants use to identify a stressful thought or behavior and recognize that they have the power to choose how they will react) that they used to cope with the stressor, and describe how they would have reacted before their RI training. After giving examples, group members describe what they actually did, applaud or endorse themselves for making the effort to change, and receive feedback from their peers via RI tools.

From February 1, 2008, to January 31, 2011, we conducted a pilot study funded by ALSHS to examine RI program participation and benefits. A total of 126 newcomers—individuals who were new to RI and who had attended from one to five meetings—to RI groups nationwide enrolled in the study in response to information packets distributed at meetings by group leaders. Study participants completed four telephone interviews that assessed their RI attendance, psychiatric symptoms, and mental health recovery. Interviews were conducted at study enrollment and at three, six, and 12 months postenrollment. A total of 79 participants completed all four interviews. This study was approved by the University of Illinois at Chicago Institutional Review Board.

At 12 months, 50 participants (63%) were still attending RI groups, and 29 had stopped going to meetings. Gen-

eralized linear model analyses of mental health outcome data collected via standardized instruments used in the interviews indicated that compared with those who stopped attending meetings, RI attendees experienced significantly greater decreases in depressive symptoms and increases in confidence in their personal recovery and ability to achieve personal goals.

Our results are limited by a small sample that may not be representative of all RI groups. In addition, we did not assess RI group fidelity. However, these results suggest that RI may provide participants with the skills and support they need to cope with symptoms and sustain their personal recovery.

The availability and accessibility of peer-led programs are rapidly increasing. In an era of shrinking mental health service dollars, peer-led programs such as RI may provide adjunct recovery-promoting care. More rigorous studies are needed to further explore potential RI participation benefits.

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