

From a social to an ecological model of recovery

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What does a strengths-based process mean?



From expert-patient
to partnership



From deficits to
strengths



From clinic to
community



From the individual
to the social



From professional to
peer-based



From replication to
continuous
innovation

A core summary of recovery research evidence

- Jobs
- Friends
- Houses
- Somewhere to live
- Someone to love
- Something to do

Recovery studies in Birmingham and Glasgow – GOYA (Best et al, 2011a; Best et al, 2011b)

- UK Study of recovery wellbeing –better recovery wellbeing predicted by:
 - 1. More time spent with other people in recovery
 - 2. More time in the last week spent:
 - Childcare
 - Engaging in community groups
 - Volunteering
 - Education or training
 - Employment

Best et al (2013): The role of abstinence and activity in promoting wellbeing among drug users engaged in treatment. *Journal of Substance Abuse Treatment*, 30 (4), 397-406

- The study assessed changes in meaningful activities in three English Drug Action Team areas over the course of one year
- Drug treatment participants split into four categories;
 - Initiated meaningful activities
 - Maintained meaningful activities
 - Stopped meaningful activities
 - No meaningful activities
- Quality of life and wellbeing higher (and more abstinence) in those who started or maintained meaningful activities.
- Stopping associated with decreases in all three wellbeing

What enables recovery change?

- Strength-based approaches
- Leamy et al (2011), British Journal of Psychiatry
- **CHIME**
 - **Connectedness**
 - **Hope**
 - **Identity**
 - **Meaning**
 - **Empowerment**

Recovery Capital: The concept of capital

“Social capital, human capital, recovery capital and restorative capital are unlike financial capital in that they are not depleted through use. When you spend your money from the bank, you deplete your capital. When you trust someone, you do not deplete trust: trust tends to be reciprocated and this engenders virtuous circles of trust-building. A politics of hope is likewise redemptive as we face adversity; it is infectious”

(Braithwaite, 2022, p. 363).



What is Recovery Capital?

Granfield and Cloud (2008) define recovery capital as

“The breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems.”

- White and Cloud (2008):

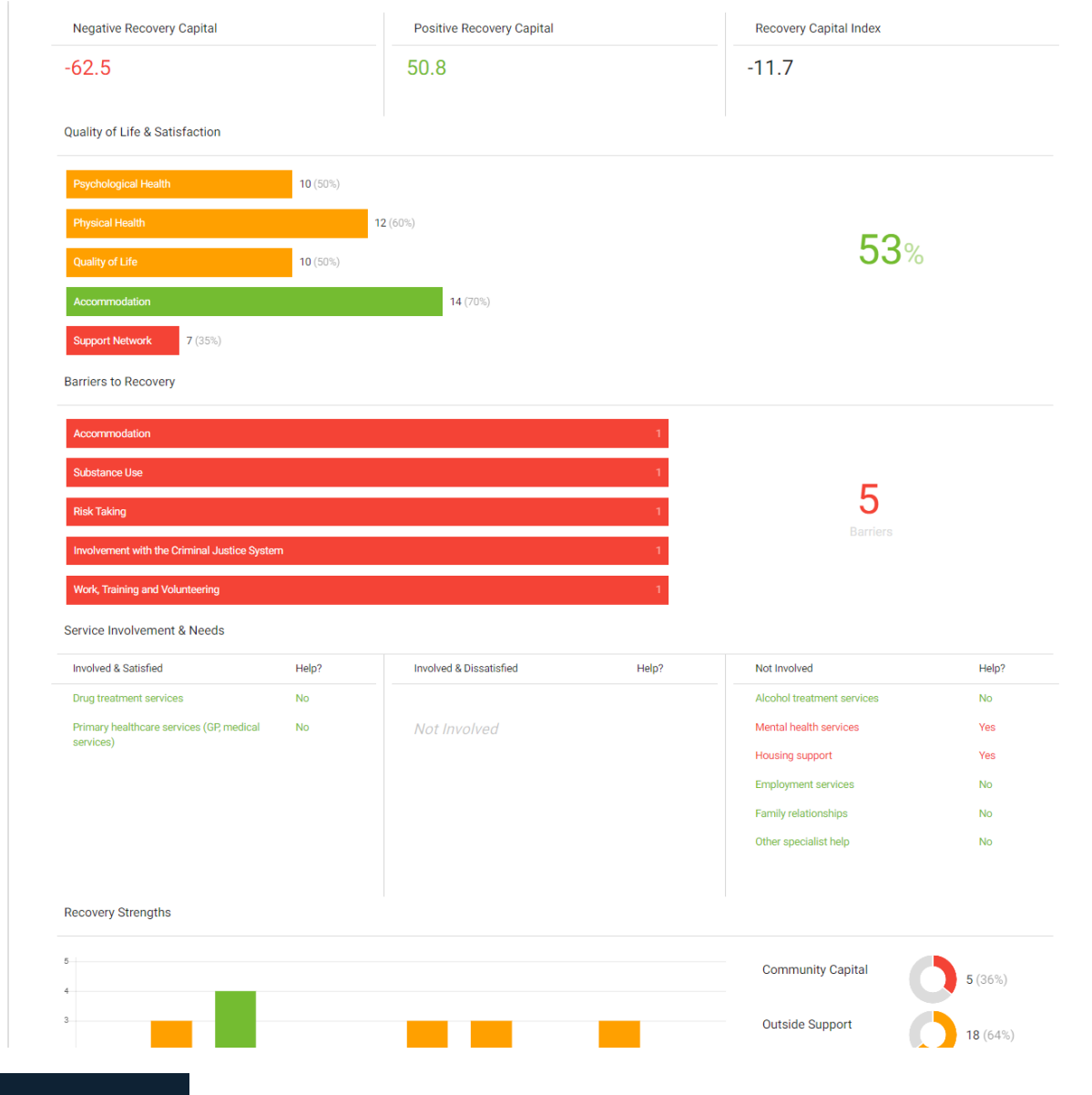
“Stable recovery best predicted on the basis of recovery assets not pathologies.”

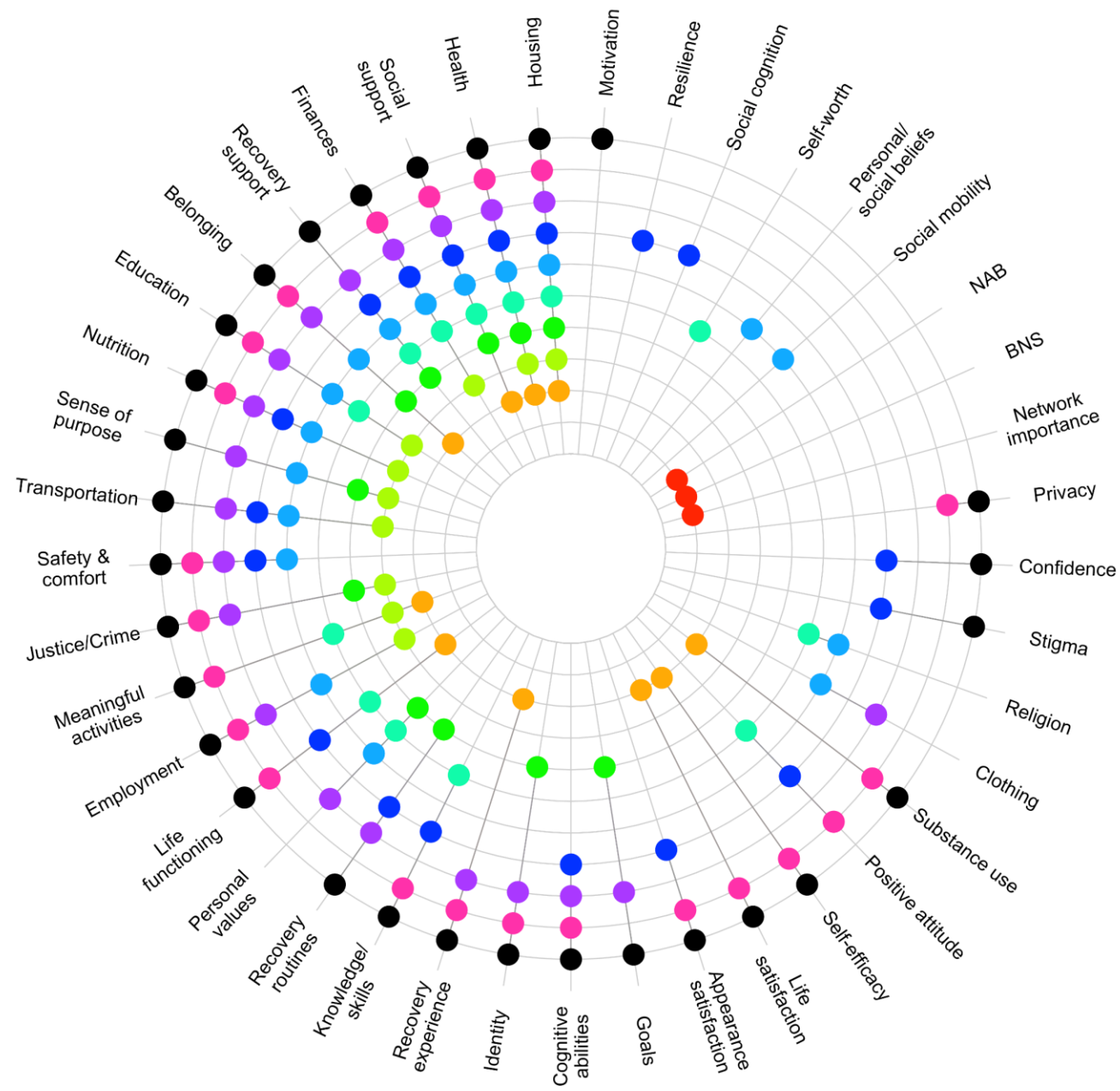


Best and Laudet (2010)



REC-CAP SCALES





Scale

● SRC-IPA	● SABRS	● RSQ	● RCQ	● ARC
● BARC-10	● SRCS-10	● RCI	● White's RCS	● REC-CAP

Mapping retention and changes in recovery capital

Härd *et al.*
Substance Abuse Treatment, Prevention, and Policy (2022) 17:58
<https://doi.org/10.1186/s13011-022-00488-w>

Substance Abuse Treatment,
Prevention, and Policy

RESEARCH

Open Access

The growth of recovery capital in clients of recovery residences in Florida, USA: a quantitative pilot study of changes in REC-CAP profile scores



Sofia Härd¹, David Best^{2*}, Arun Sondhi^{3*}, John Lehman⁴ and Richard Riccardi⁵

+ • Virginia ◦ Association of Recovery Residences (Best et al, 2023)

- Key political implications around younger, non-white clients and women less likely to be retained
- For those retained, positive change associated with:
 - Employment
 - Greater recovery community involvement
 - Less housing instability
 - Better social support

Best et al (in press) –
“Bridging the gap:
Building and sustaining
recovery capital in the
transition from prison to
recovery residences

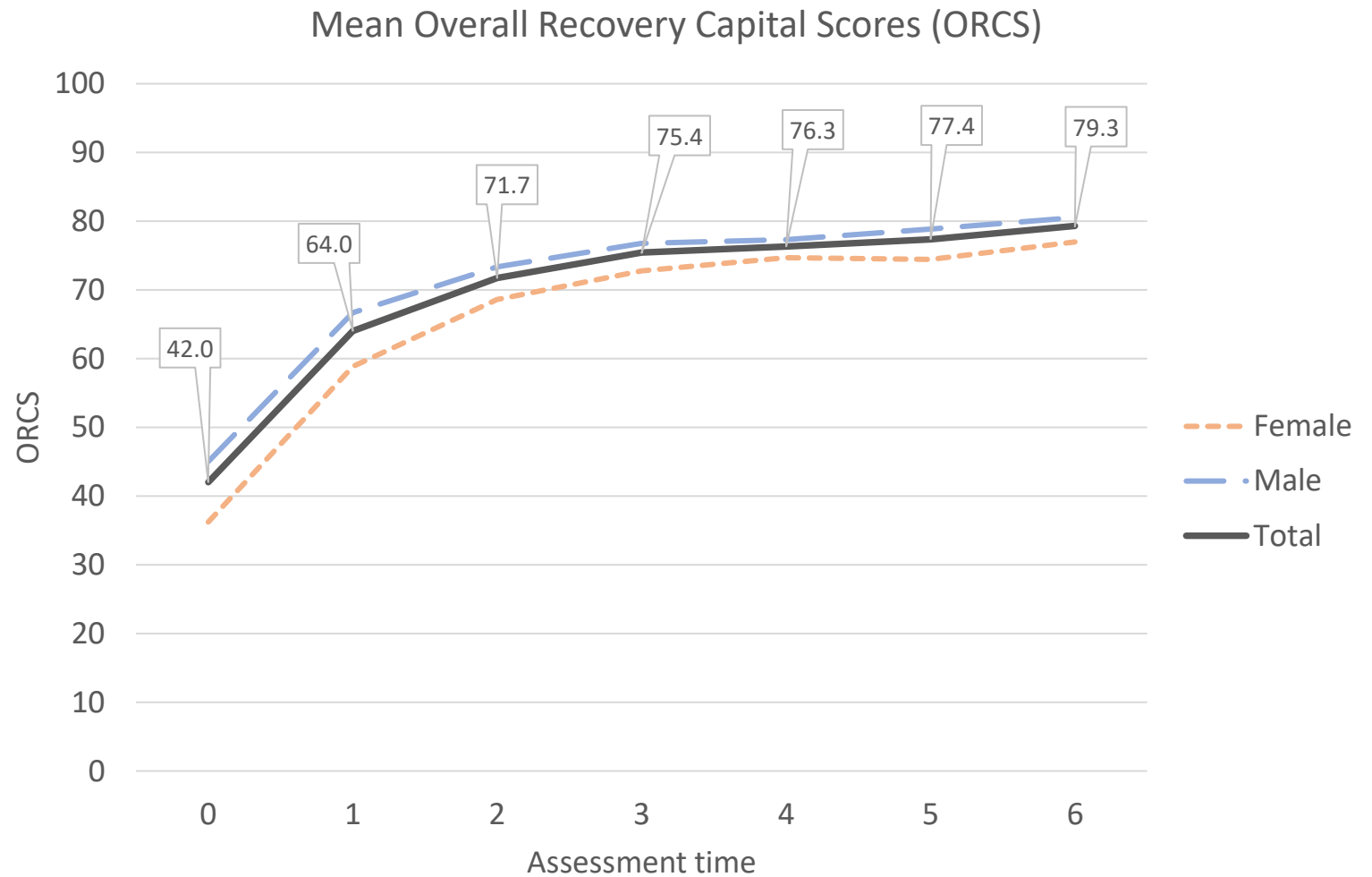
*Journal of Offender
Rehabilitation*



- Based on the HARP Therapeutic Community Model at Chesterfield County Jail
- Clear evidence of recovery capital building in jail
- But this continued to recovery residences and clear evidence of continuing and linear evidence of growth

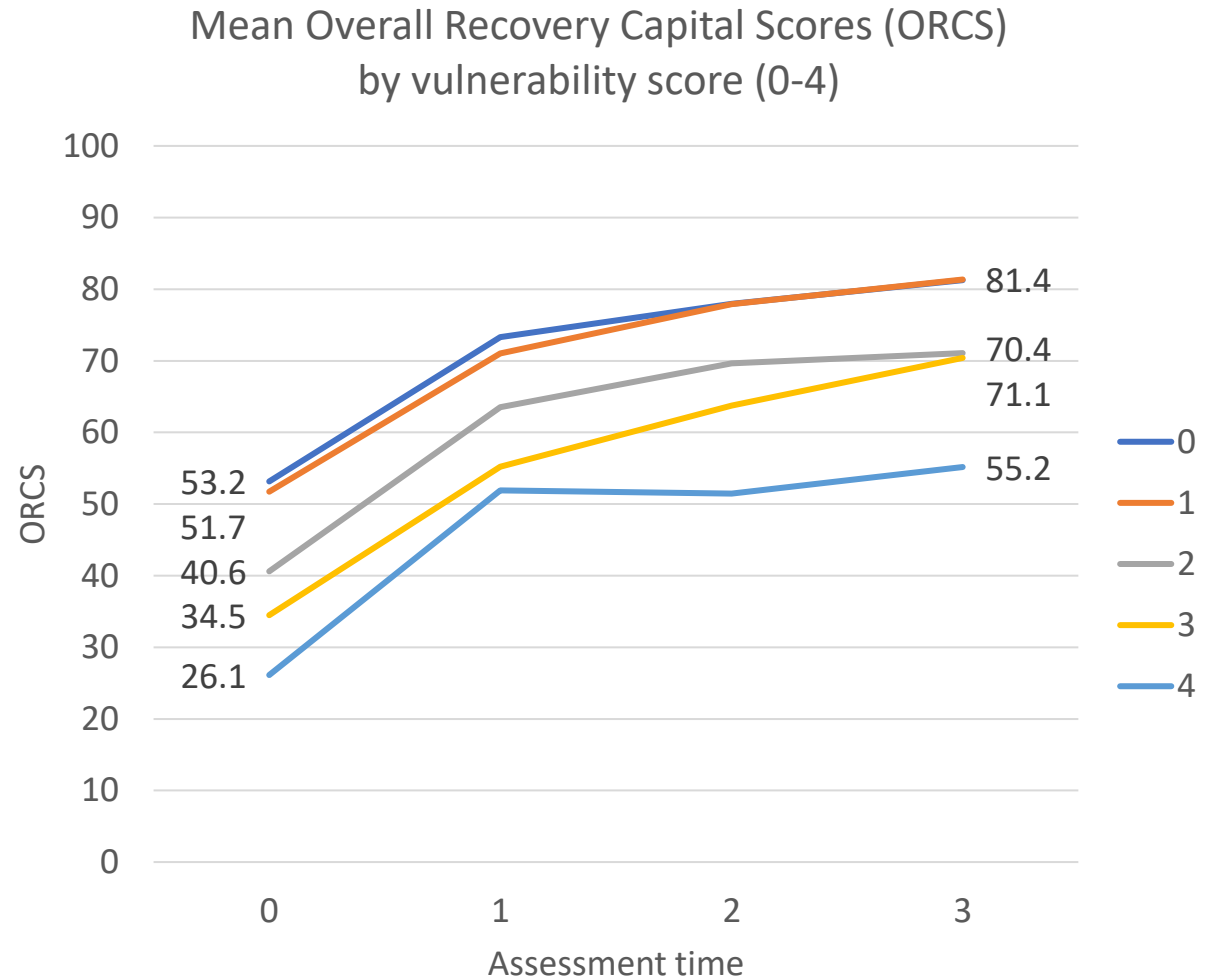
Overall Recovery Capital Score (ORCS)

- The ORCS = recovery strengths minus recovery barriers.
- The ORCS increased over time.
- Males tend to report higher mean ORCS over time, compared to females.



Pilot vulnerability score

- A pilot vulnerability score was created based on Cloud & Granfield's (2008) conceptualisation of four factors that may impose challenges to recovery:
 - Having mental health difficulties
 - Experience of incarceration
 - Female gender
 - Being older
- The pilot score could range from 0 to 4 vulnerabilities.
- Individuals with more vulnerabilities reported less recovery capital.



PILOT TESTING THE CARE PLANNING MANUAL

- Manual outlining how to use the REC-CAP scores to create a care plan based on node-link mapping
- Three maps for care plans
- + Building on your success
- Hitting a brick wall
- To be piloted in four sites – two in the UK and two in the US



Community Connectors

Who needs community engagement?

- Those who are socially isolated and excluded
- Those whose networks are harmful to their recovery

What steps are necessary?



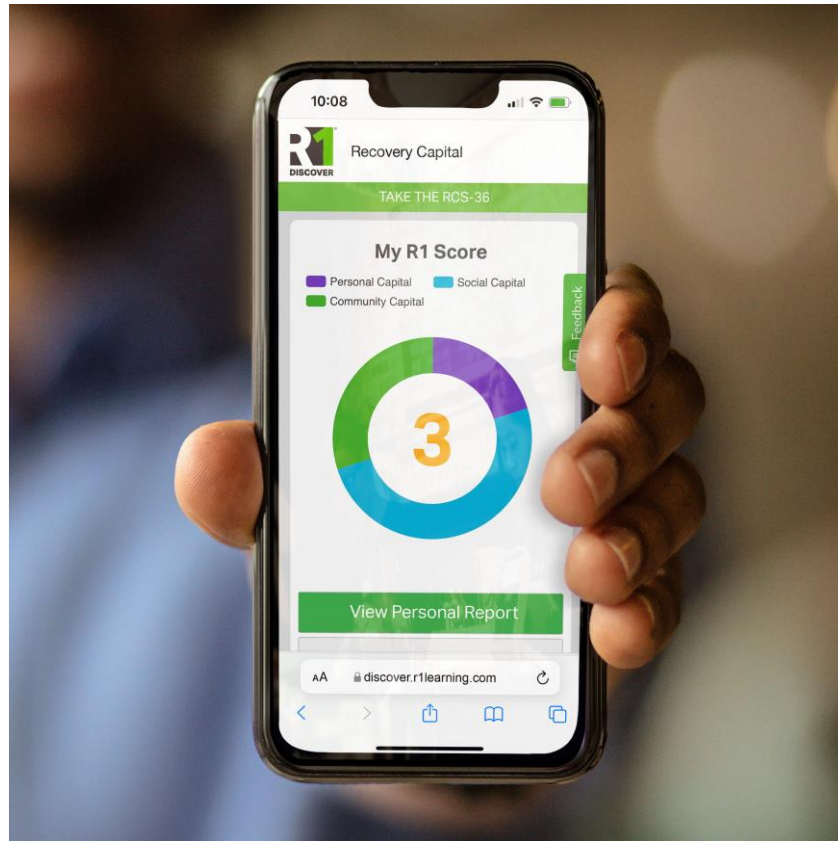
Manning et al (2012)


Problem	Trial Conditions	Outcomes
<p>Acute Assessment Unit at Maudsley Hospital:</p> <p>1. Low client meeting attendance rates while on ward</p>	<p>RCT with three conditions:</p> <p>1. Information only</p> <p>2. Doctor referral</p> <p>3. Peer support</p>	<p>Those in the assertive linkage condition:</p> <p>1. More meeting attendance on ward (AA, NA, CA)</p> <p>2. Reduced substance use in the three months after departure</p>

Recovery Capital Exploration



Recovery Capital Screener (RCS-36)





Recovery Capital Screener (RCS-36)
ID: _____ DATE: _____

Answer the 36 questions by placing a "1" in the AGREE column if your answer is "YES".

		AGREE	Subtotal	TOTAL
Personal Capital	Global Health & Wellness			
	1 I have enough energy to complete the tasks I set for myself.*			
	2 In general I am happy with my life.*			
	3 I cannot engage in physical exercise that is appropriate for me.			
	4 I need (additional) professional help around my physical / mental health.			
	5 I take full responsibility for my actions.*			
	6 I contribute to the wellbeing of my community.			
	7 I am currently in trouble with the police or have done things that could get me into trouble with the police.			
	8 I need (professional) support to help me avoid trouble with the law.			
	9 There are more important things in life for me than drinking or using drugs.*			
	10 I regard my life as challenging and fulfilling without the need for using drugs or alcohol.*			
	11 I have used alcohol / illicit drugs problematically.			
12 I am not making good progress on my recovery journey.*				
Personal Capital Total				PT

*BARC-10 Question

Calculate TOTAL by adding the "1" Subtotal from the "1" row.


Recovery Capital Screener (RCS-36)
ID: _____ DATE: _____

Answer the 36 questions by placing a "1" in the AGREE column if your answer is "YES".

		AGREE	Subtotal	TOTAL
Community Capital	Recovery Community			
	25 I have a network of people I can rely on to support my recovery.			
	26 I attend recovery group meetings on a weekly basis or more frequently.			
	27 I have not been involved in work, training, education, or volunteering.			
	28 I need additional support from recovery groups and communities.			
	29 I am proud of the community I live in and I feel part of it.*			
	30 I belong to a number of groups in my local community (e.g., faith-based, youth, sports).			
	31 My living space has been a barrier to my recovery.*			
	32 I need professional help to fulfill basic daily tasks (e.g., cleaning my home, getting to appointments).			
	33 I am happy dealing with a range of professional people.*			
	34 I have access to opportunities for career development (e.g., job opportunities, volunteering, or apprenticeships).			
	35 I am not registered with a primary care doctor or a dentist.			
36 I have additional support needs around (at least one of) housing, education, employment, or legal services				
Community Capital Total				CT

*BARC-10 Question

Calculate TOTAL by adding the "1" Subtotal from the "1" row.

R1 Score: Transfer your scores to the table below and calculate your final R1 Score. Use the QR Code to link to R1 to interpret your score.

Recovery Capital Dimensions	Sub-Dimensions	Sub Totals	Dimension Totals	R1 SCORE
Personal Capital My personal internal resources such as my skills, values, beliefs and aspirations, and my external resources such as property and money	Global Health & Wellness	P1	PT	PT+ST+CT
	Citizenship	P2		
	Sobriety	P3		
Social Capital My social resources and support from relationships with my social networks that require commitment or obligations (such as intimate relationships, family, friends, co-workers, and other social groups)	Intimate Relationships	S1	ST	R1 RCS-36 SCAN TO INTERPRET YOUR R1 SCORE
	Family Relationships	S2		
	Friendships	S3		
Community Capital My access to local community resources such as housing, training, employment opportunities, transportation, and recovery community organizations	Recovery Community	C1	CT	
	Wider Community	C2		
	Professionals	C3		
		PT+P2+P3	S1+S2+S3	C1+C2+C3

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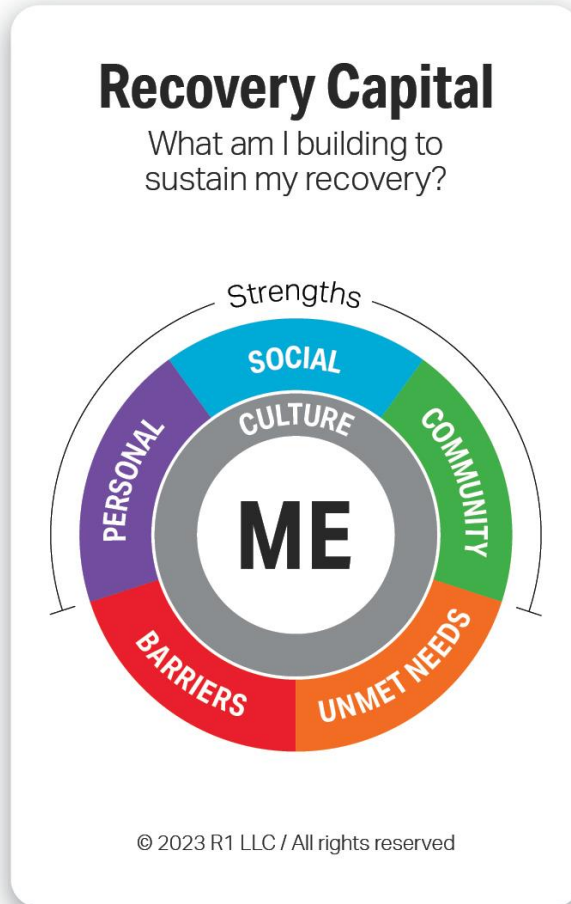
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Recovery Capital Exploration




Recovery Capital Dimensions



Recovery Capital

PERSONAL CAPITAL

My **personal** internal resources such as my skills, values, health, and aspirations; and my external resources such as property and money



Recovery Capital

SOCIAL CAPITAL

My **social** resources and support from relationships with my social networks that require commitment or obligations (such as intimate relationships, family, friends, co-workers, and other social groups)



Recovery Capital

COMMUNITY CAPITAL

My access to local **community** resources such as housing, training, employment opportunities, transportation, and recovery community organizations



Recovery Capital

BARRIERS

The obstacles or **barriers** that prevent my access to or progress in building recovery strengths — such as ongoing substance use, risk around injecting practices, involvement with crime or the justice system, homelessness or insecure housing, and lack of meaningful activities

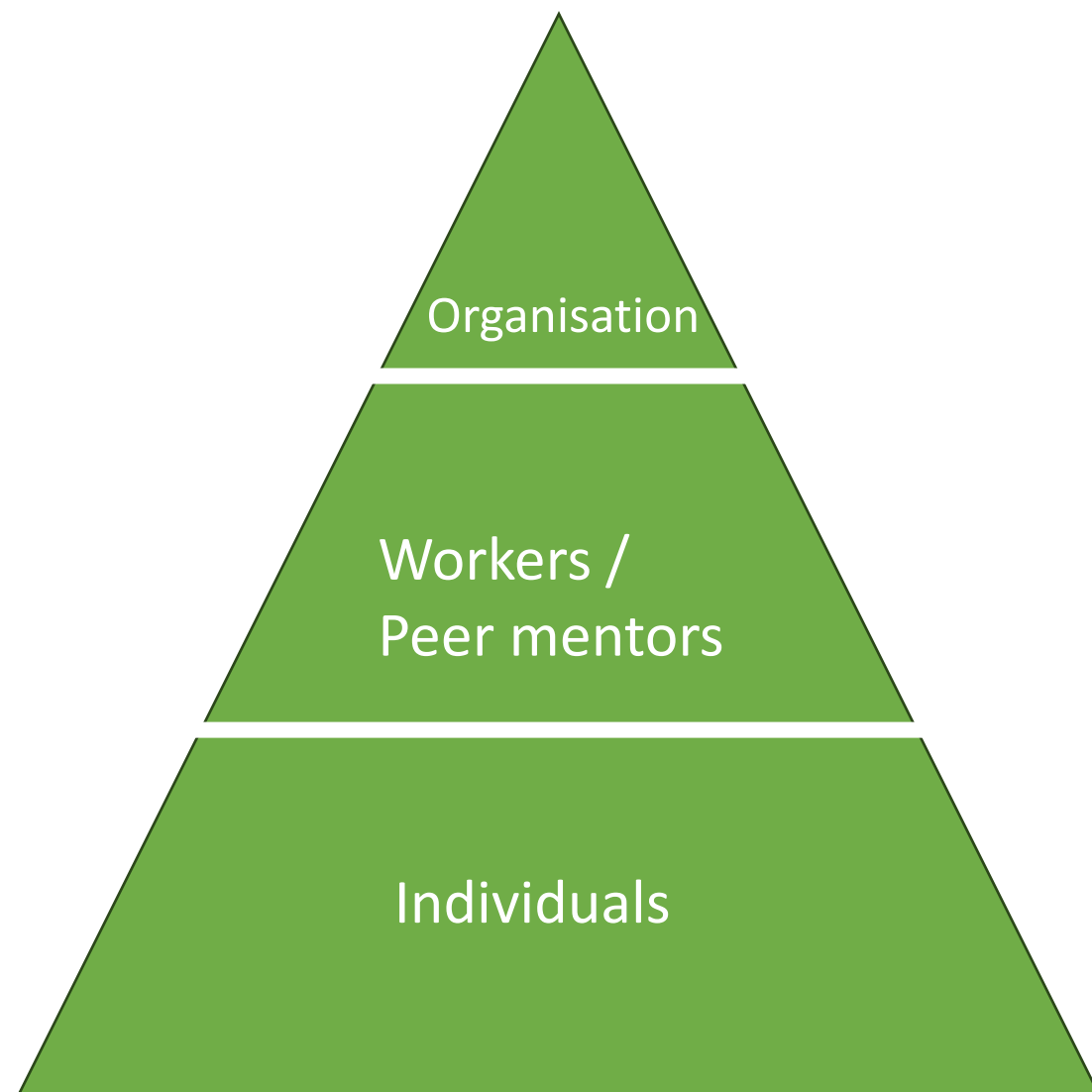


Recovery Capital

UNMET NEEDS

My perception of shortfalls or **unmet needs** in the professional support and help I receive in areas such as housing, substance use, employment, relationships, and primary and mental health

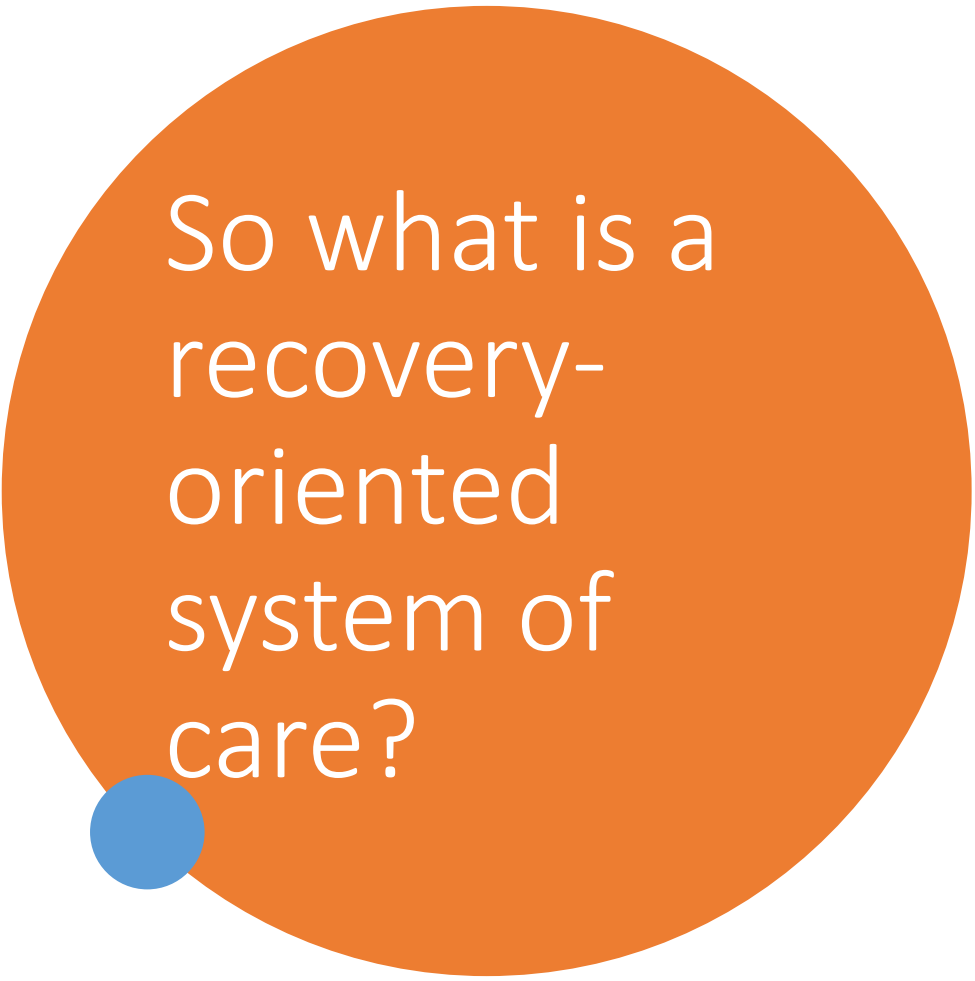





Organisation

Workers /
Peer mentors

Individuals



So what is a
recovery-
oriented
system of
care?



White (2008): “the complete network of indigenous and professional services and relationships that can support the long-term recovery of individuals and families and the creation of values and policies in the larger cultural and policy environment that are supportive of these recovery processes” (page 28)

So what is different about Inclusive Recovery Cities?

- They are ROSCs ++
- The key additional elements are about:
 - Coordination and integration
 - Innovation
 - Social enterprise
 - Giving back

An Inclusive Recovery City is a city where the implementation of recovery models and principles makes the city a better place to live for everyone, and which implements an ROSC at a city level



Building an inclusive Recovery City



Key concepts and conclusions

- CHIME
- Recovery Capital
- Contagion and community
- Cascades for professionals to mirror contagion for individuals
- ROSC and Inclusive Recovery Cities
- From the social to the ecological



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THANK YOU!

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