

An ecological model of recovery capital and recovery capital measurement

Professor David Best

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



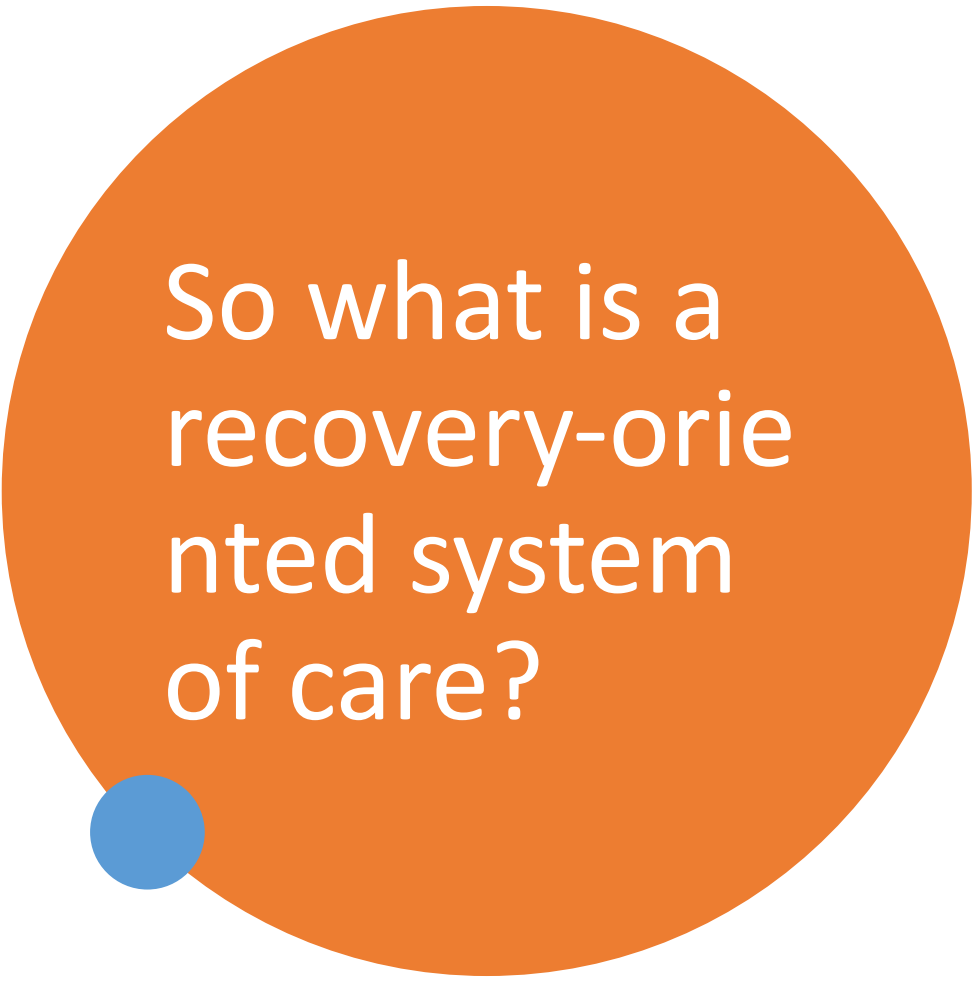
From professional to
peer-based




From replication to
continuous
innovation

John Kelly's Model of the Burning House

- Acute Treatment is putting out the fire
- Recovery is about renovating the damaged building
- This is a long-term process and it is not a straight or simple road
- There is probably a 3-6 month of prolonged withdrawal that involves challenges around sleep, attention, general health, and cognitive function
- William White has argued the key things at this time are around;
 - Diet
 - Exercise
 - Primary Health Care
 - Sleep Hygiene



So what is a
recovery-orient-
ed 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)

What enables recovery change?

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

Our epidemic of
loneliness and
isolation: US
Surgeon
General's
Advisory on the
Healing Effects of
Social Connection
and Community
(2023)

“There is evidence of a dose-response relationship between social connection and health. This means that incremental increases in social connection correspond to decreases in risks to health, and conversely, decreases in social connection correspond to increases in risk”

Our epidemic of
loneliness and
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General's
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(2023)

- In 2016, only 16% of Americans reported that they felt very attached to their communities
- There is a virtuous circle between social connection and volunteering or service

Our epidemic of loneliness and isolation: US Surgeon General's Advisory on the Healing Effects of Social Connection and Community (2023)

- From 148 studies, social connection increases the odds of survival by 50% - an effect stronger than changes in smoking, drinking and physical inactivity
- Poor social connection is associated with a 29% increase in the risk of heart disease and a 32% increase in the risk of stroke
- Chronic loneliness increases the risk of dementia by around 50% in older adults
- A one standard deviation increase in social connection in community neighbourhoods is associated with a 21% reduction in murders and a 20% reduction in motor vehicle thefts

The Engine of Change

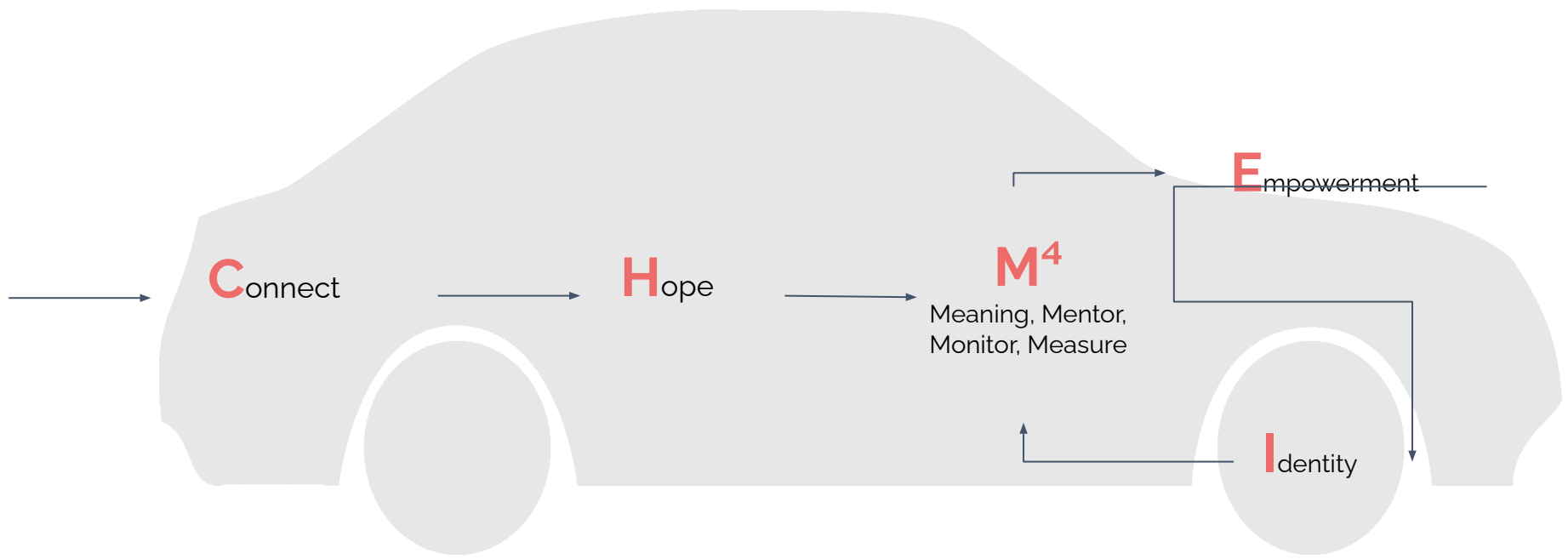
Measure



Plan



Engage



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):

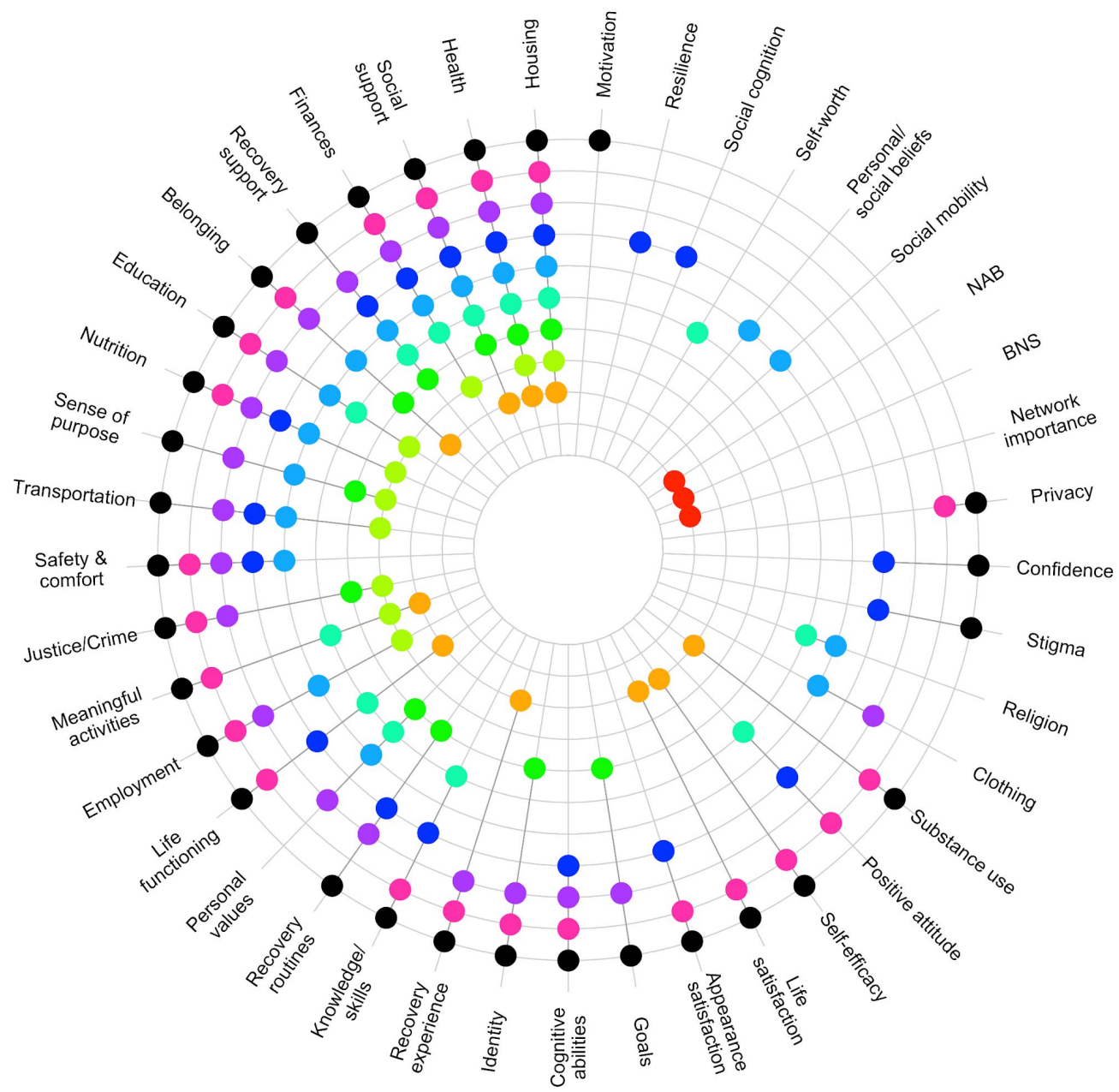
“Stable recovery best predicted on the basis of recovery assets not pathologies.”

Best and Laudet (2010)



The Logic of the Model

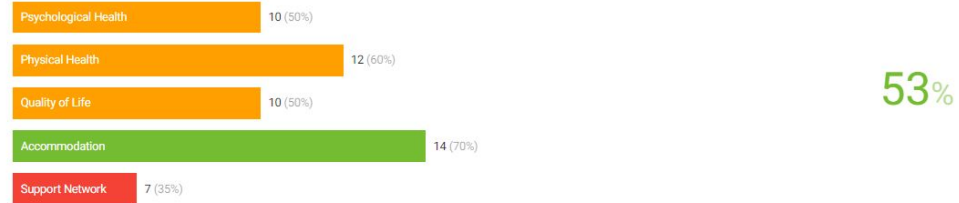
- Recovery Group Participation Scale published in 2011
- Assessment of Recovery Capital published in 2012
- Too research focused, not enough clarity on how to use the answers
- REC-CAP initial paper (Cano et al, 2017) created a model that combined assessment with care planning and the recovery evidence base
- ARMS provided the platform that allowed this to be embedded in services and systems



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

Negative Recovery Capital	Positive Recovery Capital	Recovery Capital Index
-62.5	50.8	-11.7

Quality of Life & Satisfaction



Barriers to Recovery



Service Involvement & Needs

Involved & Satisfied	Help?	Involved & Dissatisfied	Help?	Not Involved	Help?
Drug treatment services	No	<i>Not Involved</i>		Alcohol treatment services	No
Primary healthcare services (GP, medical services)	No			Mental health services	Yes
				Housing support	Yes
				Employment services	No
				Family relationships	No
				Other specialist help	No

Recovery Strengths



REC-CAP SCALES



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

Fellowship Living – Changes in recovery capital (Hard et al, 2022)

- Poorer retention was associated with being:
 - Younger
 - Female
 - Lower involvement in recovery groups
 - Those with greater needs around housing

+

- 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

Chesterfield HARP Changes in REC-CAP Metrics (Best et al, in press)

- Chesterfield HARP clients improve at the same rate as all other clients, but they have higher baseline RCI scores
- Chesterfield HARP clients scores for RGPS do not increase at the same rate as other clients suggesting a possible area for development

Metric	At Baseline	At Last Episode
PRC		
Chesterfield HARP	18.5	21.3
Other Clients	18.7	21.0
SRC		
Chesterfield HARP	19.7	22.1
Other Clients	18.9	21.5
RGPS*		
Chesterfield HARP	9.6	11.6
Other Clients	7.5	10.8
REC-CAP Index		
Chesterfield HARP	28.1	48.1
Other Clients	20.4	45.2

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

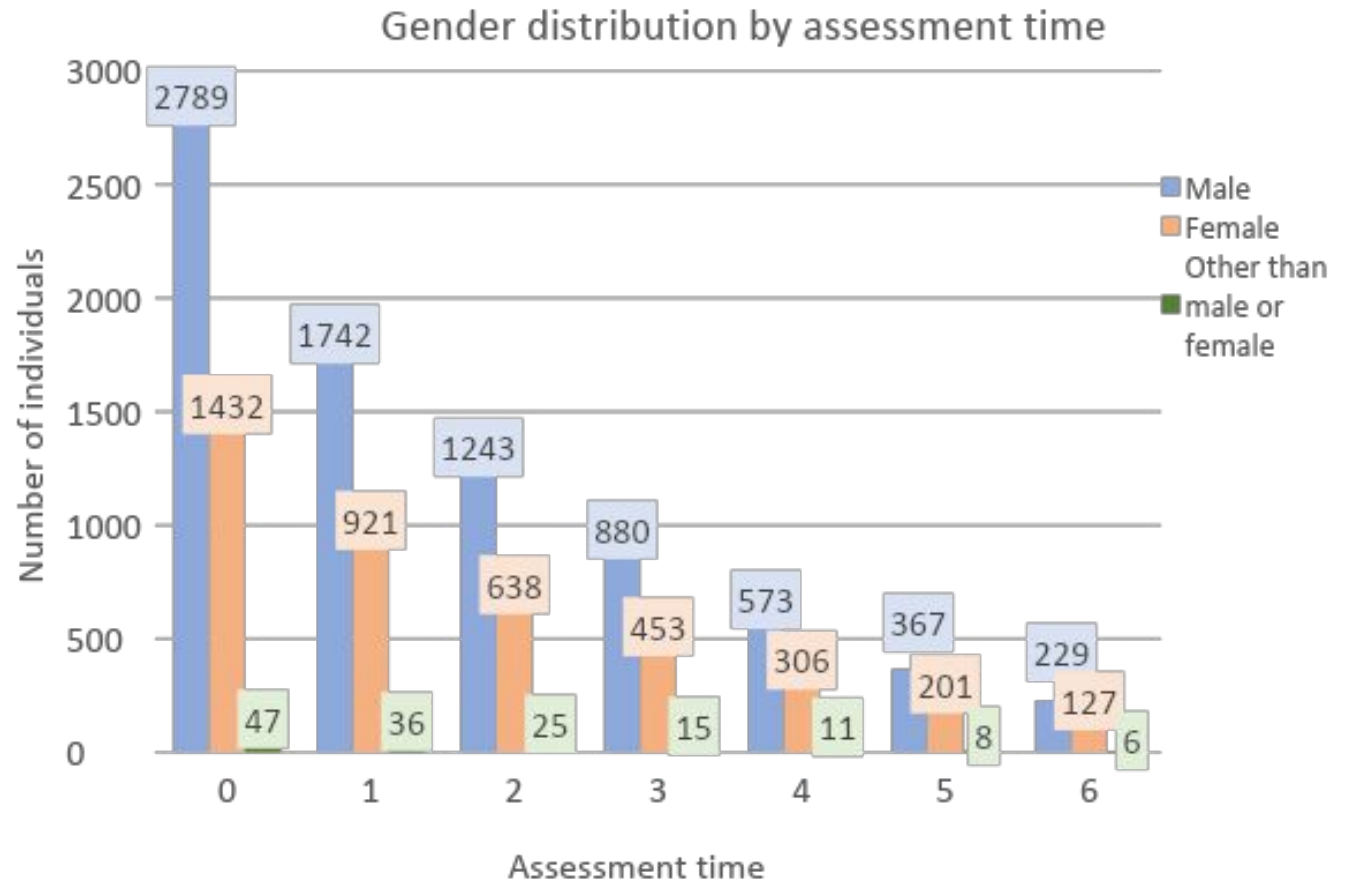
*Journal of Offender
Rehabilitation*



- 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

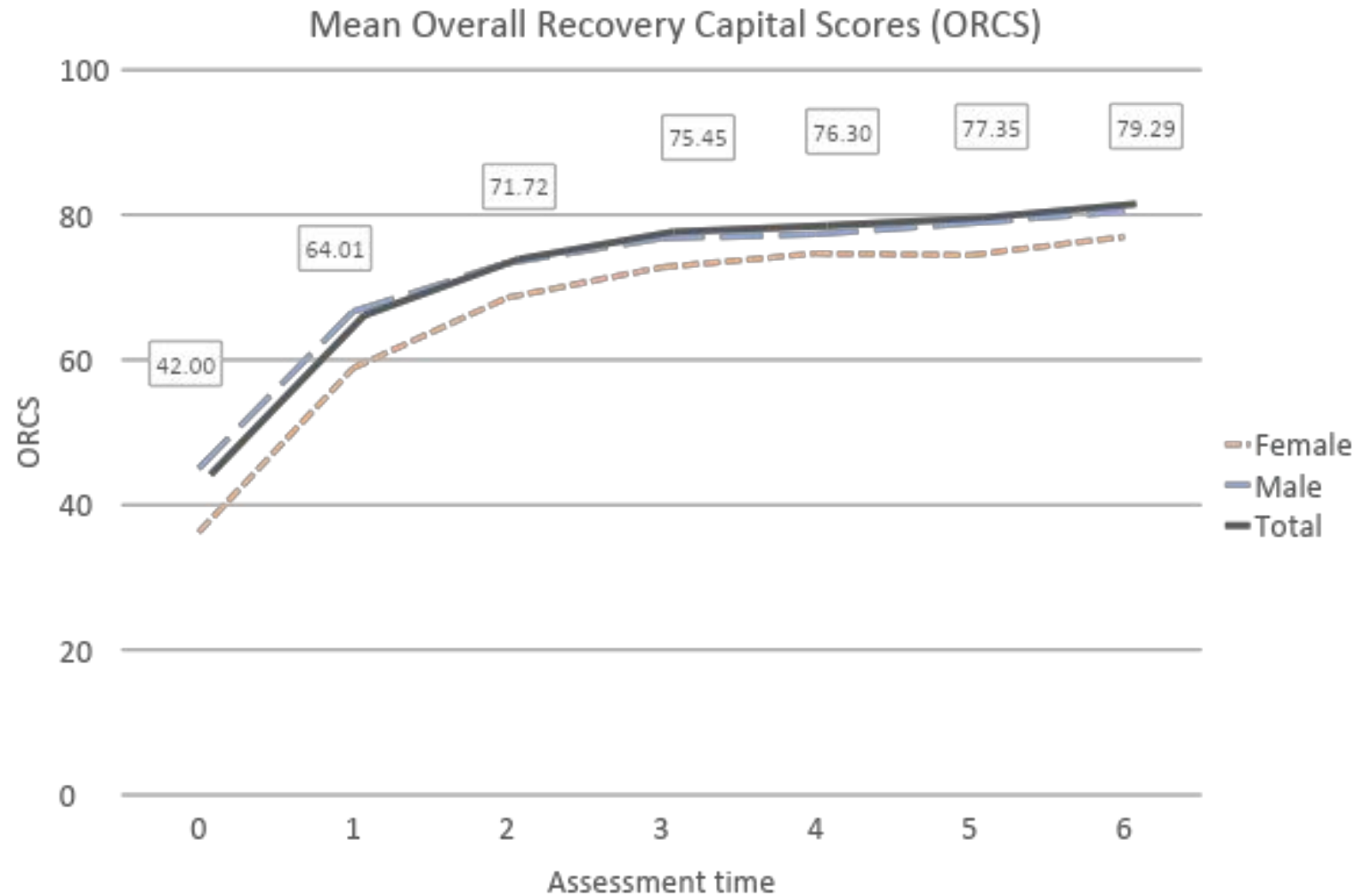
So where are we up to now

- Approximately 12 000 single REC-CAP completions for approximately 4300 individuals across multiple assessment times.
- Recovery residences across the US, including Michigan, Maine, Virginia, West Virginia, Florida, and Washington.
- Individuals aged from 18 to 77 years (mean age 39 years).
- Approximately two-thirds are males and one-third females. Approximately one percent reported other gender than male or female.



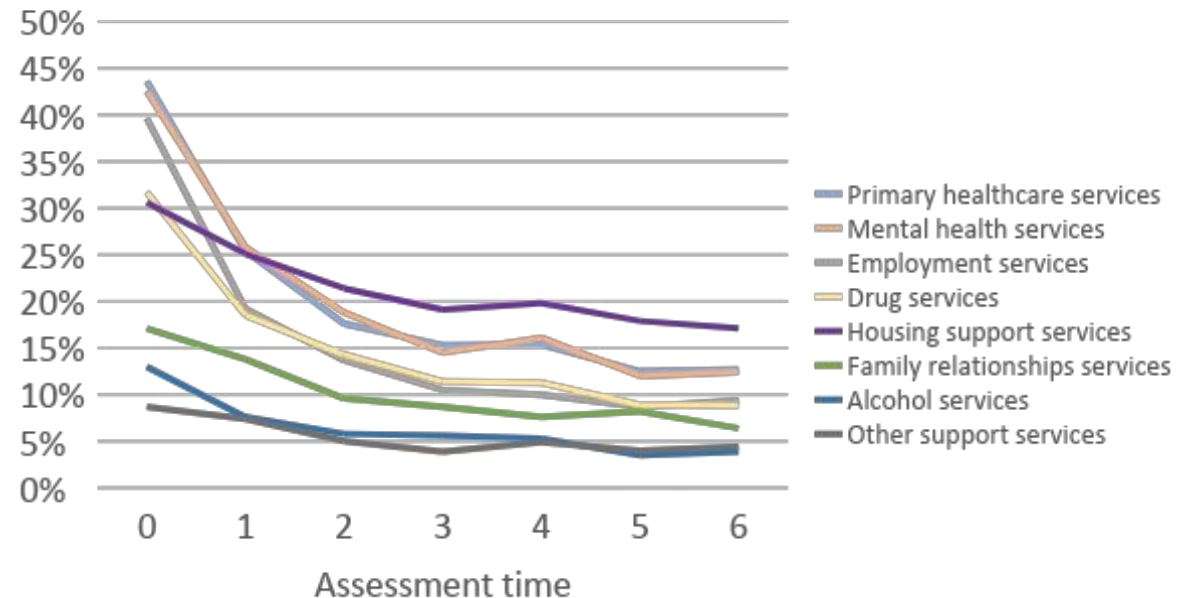
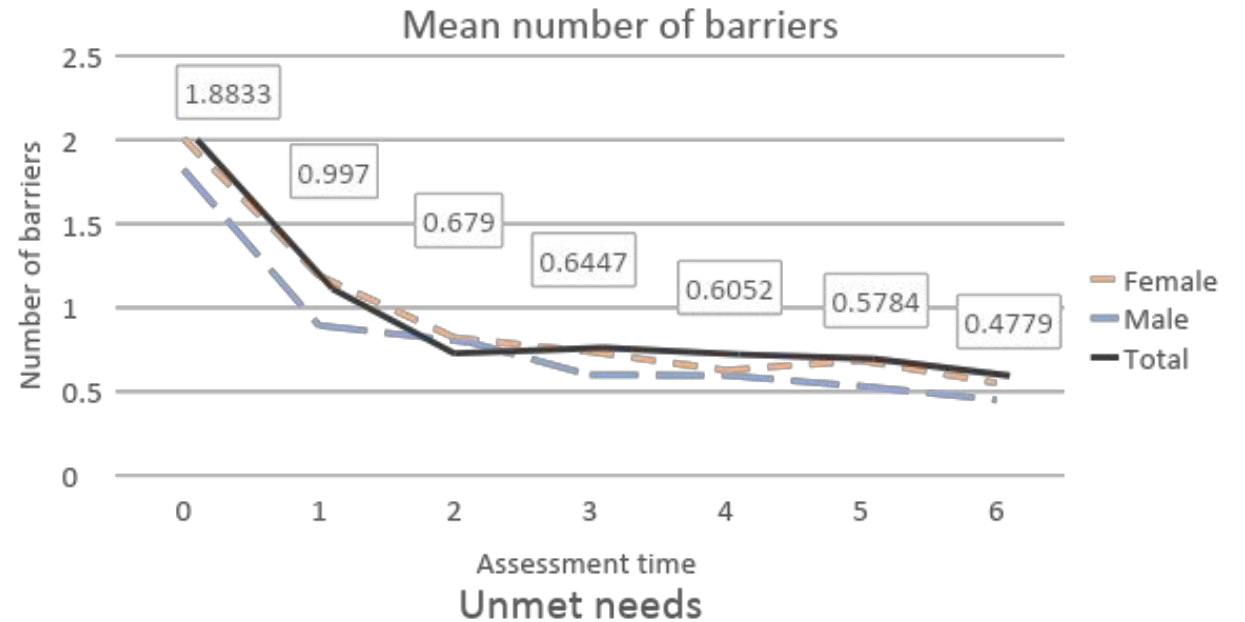
Overall Recovery Capital Score (ORCS)

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



Recovery barriers and unmet needs

- The mean number of barriers decreased over time.
- Women continuously reported more barriers compared to males.
- At baseline, most unmet needs were around primary healthcare services, mental health services, and employment services.
- Unmet needs decreased over time across all types of service needs, however, most unmet needs remained around housing support services.

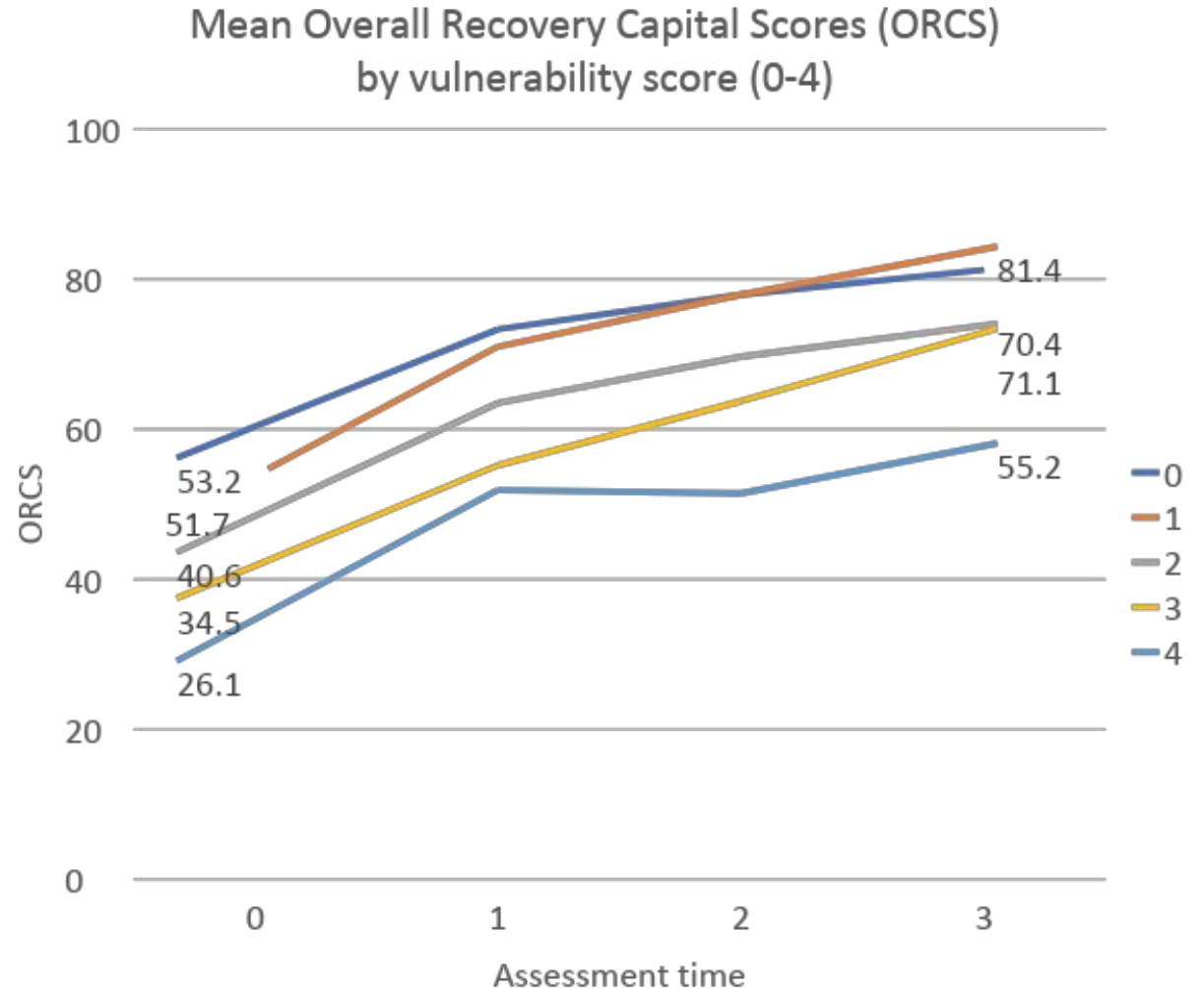


Pilot vulnerability score

- A pilot vulnerability score was created based on Cloud & Granfield's (2008) conceptualisation of four factors that may impose challenges to recovery:

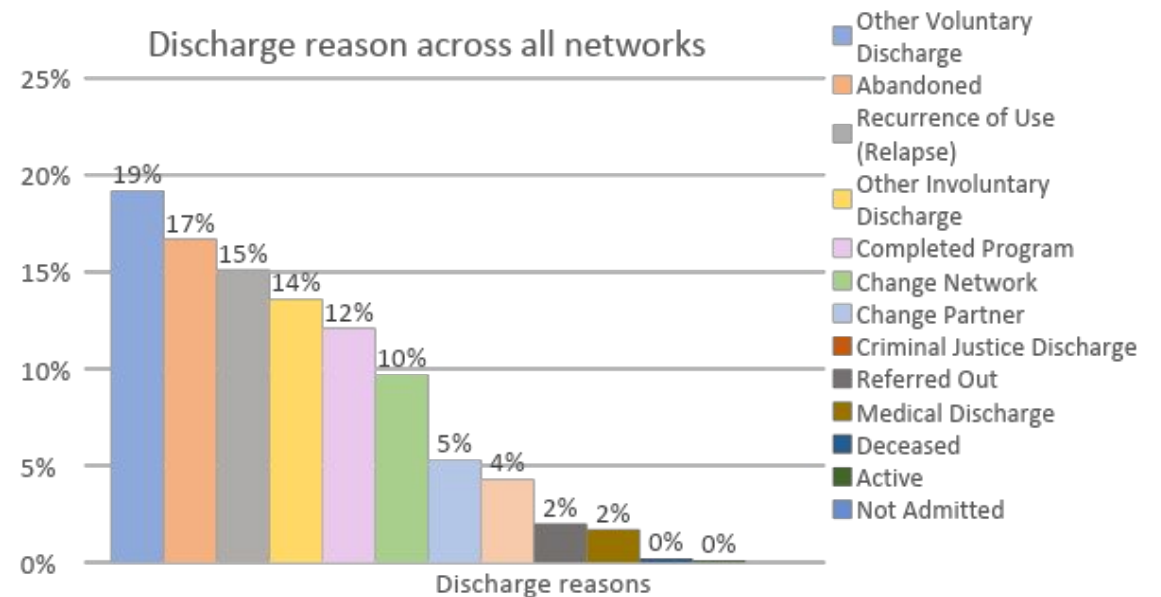
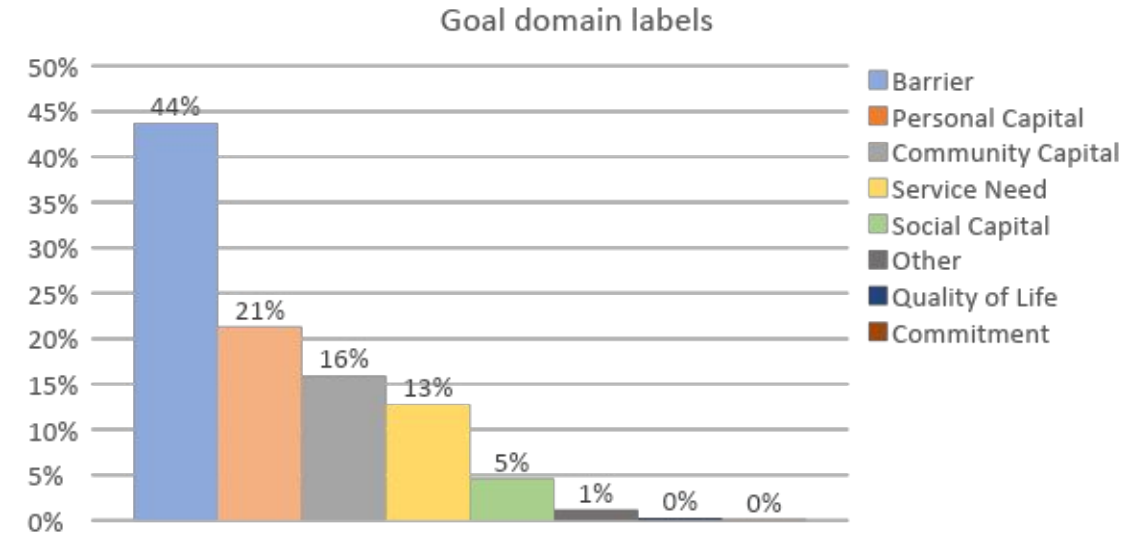
- Having mental health difficulties
- Experience of incarceration
- Female gender
- Being older

- The pilot score could range from 0 to 4 vulnerabilities.
- Individuals with more vulnerabilities reported less recovery capital.



Future research around goals and discharge reasons

- Over 98450 unique goals across 1584 individuals.
- Most goals were around barriers (44%), followed by personal capital (21%), community capital (16%), and service needs (13%).
- 5504 unique discharge reasons for 3499 individuals.
- Three most common discharge reasons were other voluntary discharge (19%), program abandonment (17%), and recurrence of use (15%),

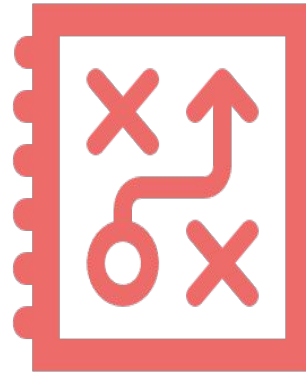


Measure, Plan, & Engage (MPE)



REC-CAP EVALUATION

Measures seven (7) domains of Recovery Capital at 90-day intervals, reporting longitudinal growth over time



RECOVERY PLANNING

Utilizes REC-CAP Results to suggest a Recovery Plan focused on resolving Barriers & Unmet Service Needs and building Recovery Strengths



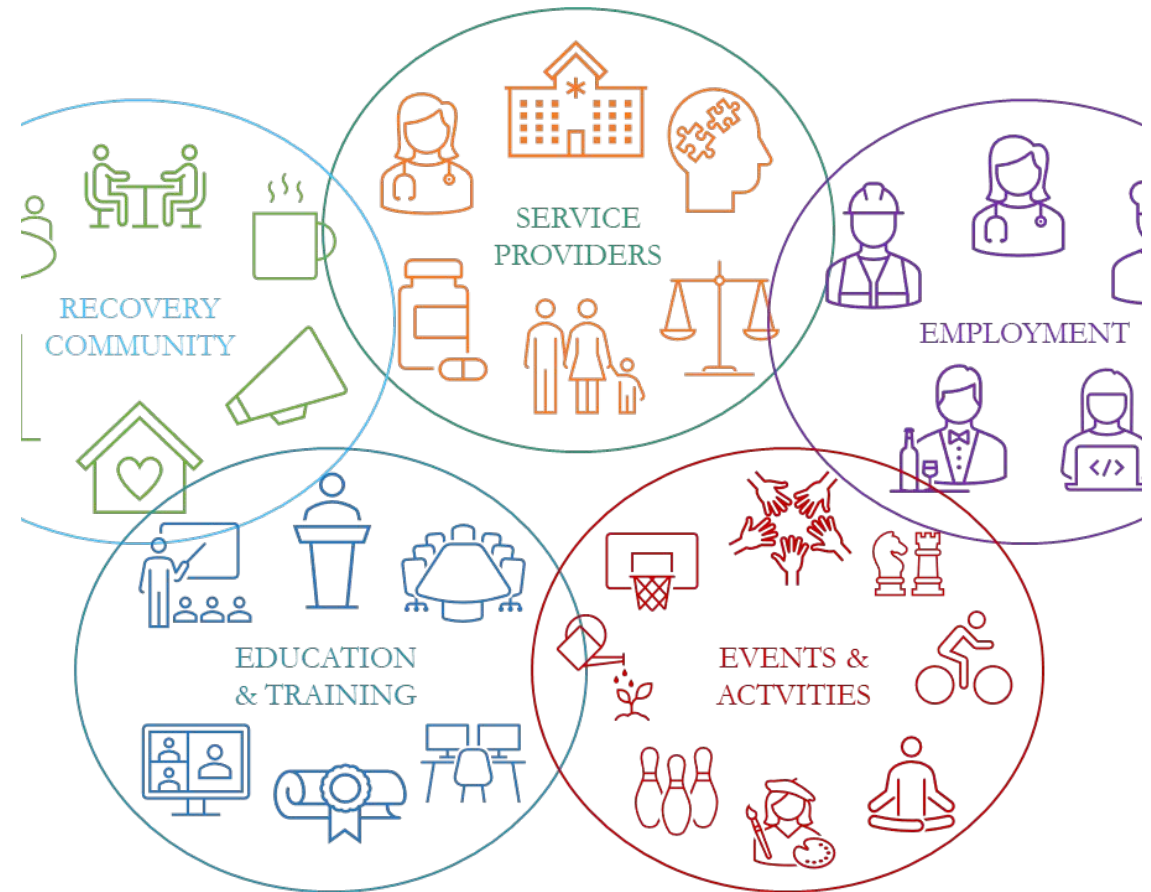
NAVIGATIONAL SUPPORT

Delivers a structured RSS where-in a Navigator mentors, monitors & measures Client's engagement in their Recovery Plan

Connection to Community Resources

What is the point of the Engagement component?

- Identify and engage community assets
- Create pathways to prosocial groups
- Meet individual life needs and aspirations
- Build hope and strengths
- Personalised interests and activities compatible with skills and needs



Connectors Results and Implications

- **21 connectors in approximately three months**
- **134 community assets were identified**
- **This was used to link people new to recovery into meaningful assets**
- **To build personal capital, social and community capital, act as the scaffolding**
- **This involves effective linkage to community groups**
- **Using community connectors + Assertive Linkage + Ongoing Support**



Manning et al (2012)

Problem

**Acute Assessment Unit
at Maudsley Hospital:**

1. Low client meeting attendance rates while on ward

Trial Conditions

**RCT with three
conditions:**

1. Information only
2. Doctor referral
3. Peer support

Outcomes

**Those in the assertive
linkage condition:**

1. More meeting attendance on ward (AA, NA, CA)
2. Reduced substance use in the three months after departure

Community Connectors

Who needs community engagement?

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



The origins of the model: Recovery Oriented Systems of Care

- White, W. (2008) Recovery Management and Recovery-Oriented Systems of Care: Scientific Rationale and Promising Practices. North-East and Great Lakes ATTC
- Sheedy and Whitter (2009) Guiding Principles and Elements of Recovery Oriented Systems of Care (SAMHSA)
- Kelly, J. and White, W. (2011)(eds) Addiction Recovery Management. Humana

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)

What are the elements of an ROSC

SAMHSA, 2009

- Person-centred; Inclusive of family and other ally involvement; Individualized and comprehensive services across the lifespan; Systems anchored in the community;
- Continuity of care; Partnership-consultant relationships; Strength-based; Culturally responsive;
- Responsiveness to personal belief systems; Commitment to peer recovery support services; Inclusion of the voices and experiences of recovering individuals and their families;
- Integrated services; System-wide education and training; Ongoing monitoring and outreach; Outcomes driven; Research based; and Adequately and flexibly financed.

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



The Ecosystem

Seed Sower

- NARR Level III Housing
- Transportation
- REC CAP
- Recovery Support Services
- Group meetings
- Peer-Led Social Model
- 24/7 onsite Peer Recovery Support
- Pro-social networking
- Community engagement and service



Fruits of Labor

- American Culinary Federation certified Quality Program
- Training from 12 weeks up to Chef
- Culinary certifications
- Recovery-friendly workplace
- On-site peer recovery support
- 85% program completion rate over 10 years

Additional support:

- Workforce development agency (WorkForce WV)
- Rural recovery support and assistance (The Fletcher Group)
- Federal Agencies (Appalachian Regional Commission)
- Behavioral health care providers
- State Bureau for Behavioral Health
- Housing assistance organizations
- Education (WV Adult Ed)



The politics of recovery

“As we have demonstrated throughout this book, a person’s structural relations in society and the relationships, networks and other assets that adhere to one’s social position greatly affect one’s chances for recovery ” Granfield and Cloud, 1999, p.178

“Much of the impetus and motivation to change was associated with conditioning factors in their social environments that supported their desired change. The process of change, as demonstrated by our respondents, rarely occurs in isolation. Instead personal transformation is a social product that is greatly influenced by the situational social contexts in which an individual is located” Granfield and Cloud, 1999, p.194

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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