

# Recovery Capital: Innovations in measures and application

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**Professor David Best & Dr Amy Mericle**

# Overview of the presentation

1. Review of the concept of recovery capital
2. Where we are up to with the main REC-CAP model + Recovery care planning pilot
3. Applying the TCU treatment model
4. Worker REC-CAP – logic and preliminary findings
5. Organisational measures of recovery capital
6. RCO REC-CAP
7. H-CAP: affected others (in partnership with the Phoenix)
8. RCS-36 – Recovery Capital Screening
9. Next steps

# 1: Review of the recovery capital concept

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# 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)



# So where does the REC-CAP come from?

- 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

# 2: Progress with the REC-CAP and the care planning manual

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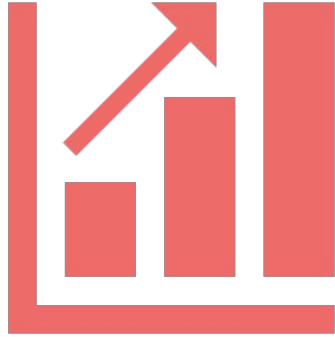
# PILOT TESTING THE CARE PLANNING MANUAL

- 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



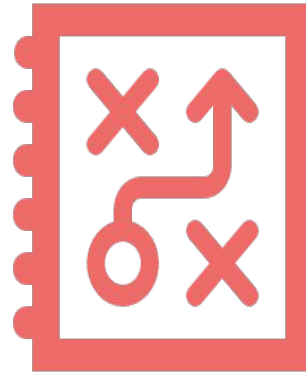


# Measure, Plan, & Engage (MPE)



## 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



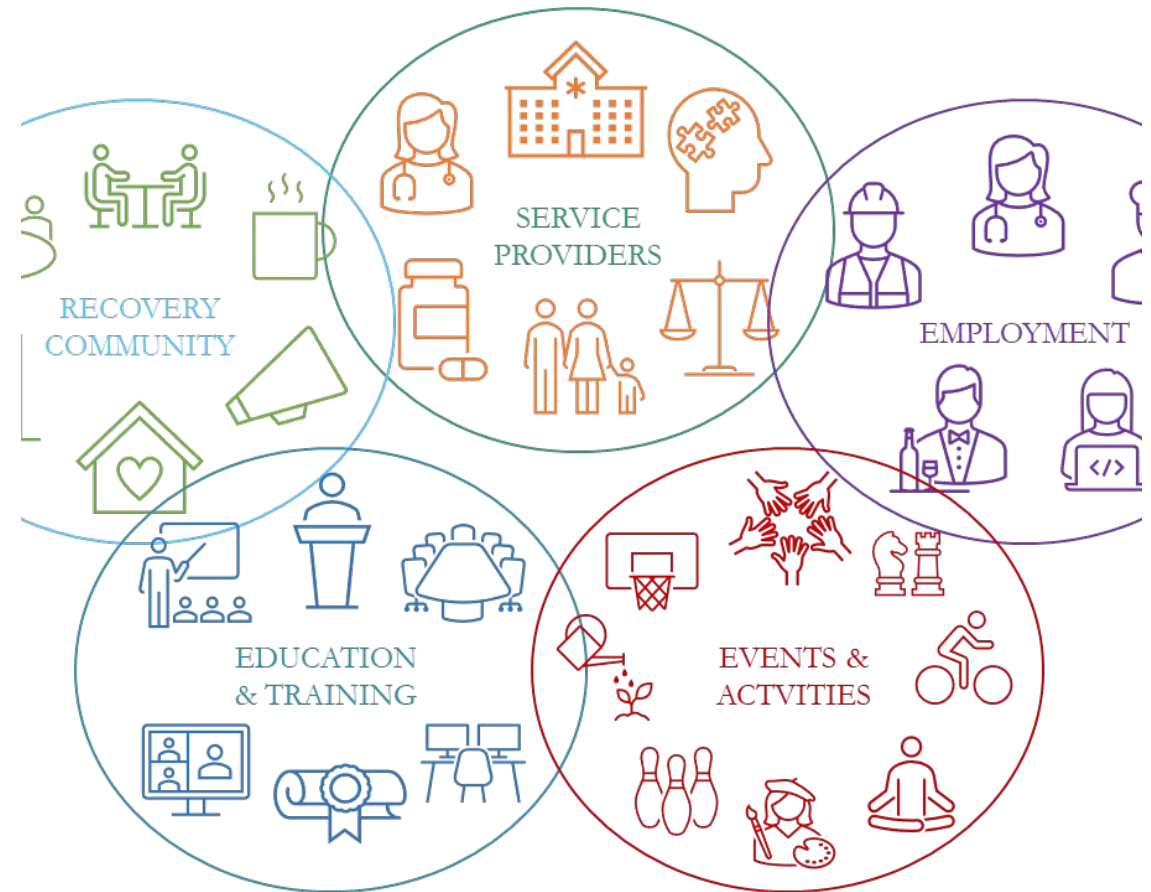
## NAVIGATIONAL SUPPORT

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

## Connection to Community Resources

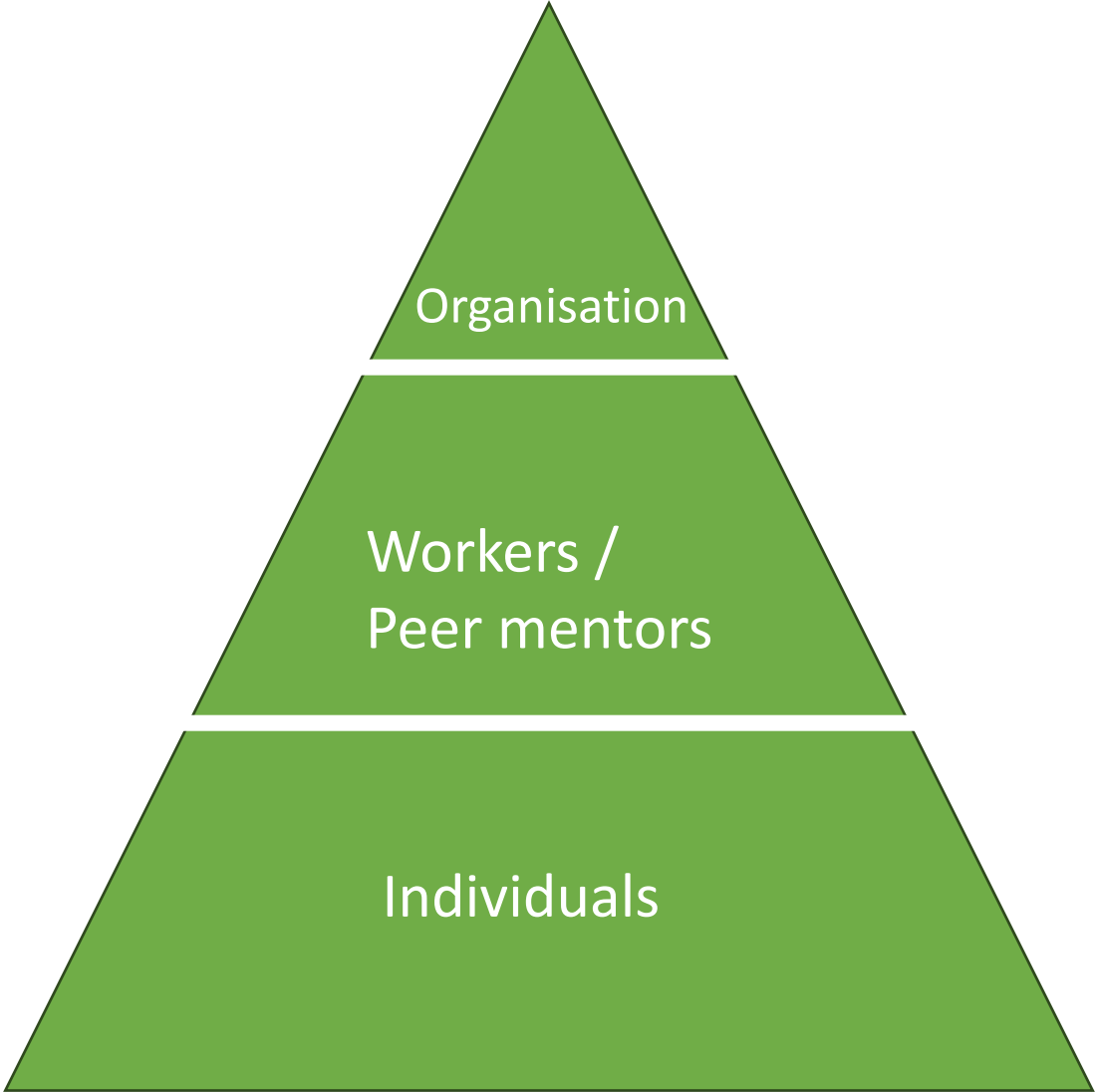
### What is the point of the Engagement component?

- 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



# 3: Applying the TCU Treatment Model

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Organisation

Workers /  
Peer mentors

Individuals

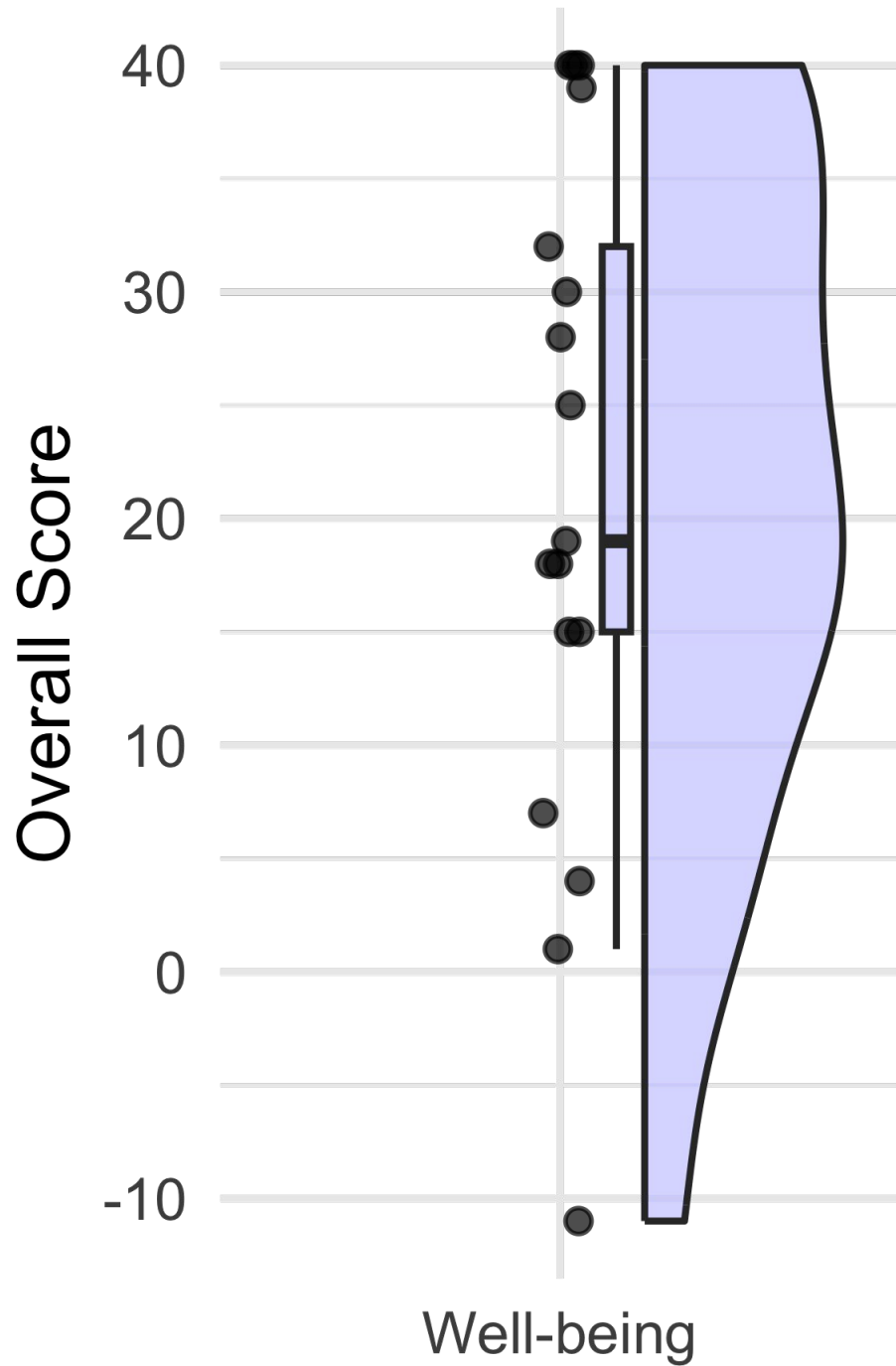
# Worker REC-CAP and preliminary findings

Demographics & Personal Info

Well-being of the workers: Their own wellbeing and brief measure of (recovery / human) capital

Perceived Recovery Helper Efficacy (which could be a standalone role

Link to training evaluations and test its links to delivery of REC-CAP and recovery interventions



## Personal Well-being Scores

Well-being was analyzed with a 20-item scale. Scores are calculated on a scale from -40 to 40.

Only one person had a negative score.

Results indicate that the workers maintain generally positive well-being (mean: 21.17, which falls within the 76% percentile!)

## Perceived Recovery Helper Efficacy Scale

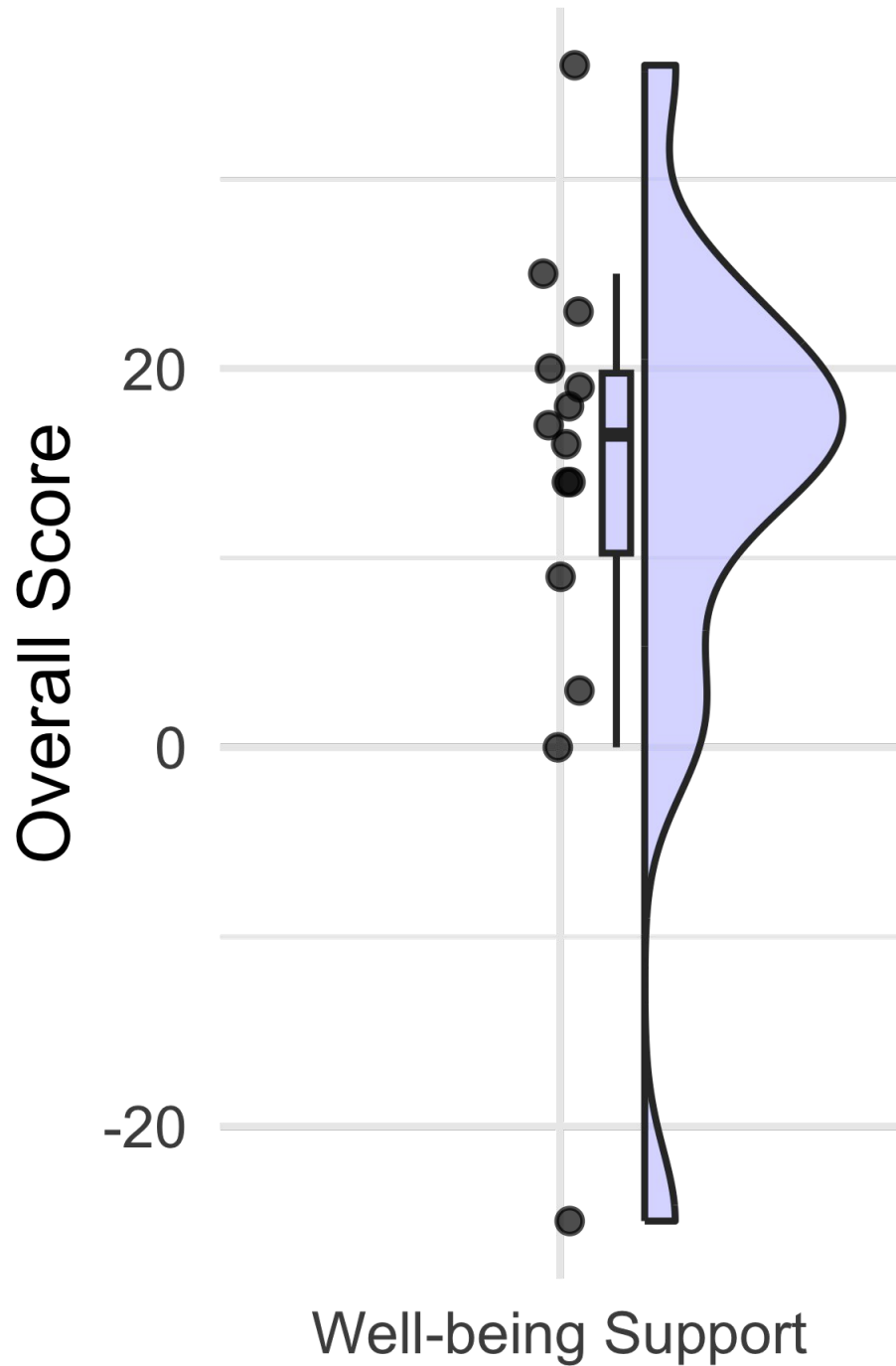
The workers' confidence in their ability to support their clients' well-being across all domains was analyzed.

Scores are calculated once again on a scale from -40 to 40.

Only one person had a negative score once again.

mean: 13.5

Results indicate that the workers are fairly confident in their abilities, though some of the workers have doubts.



# Perceptions of Organization's Engagement with Local Orgs

Mean: 26

Face-to-Face engagement (3 points)

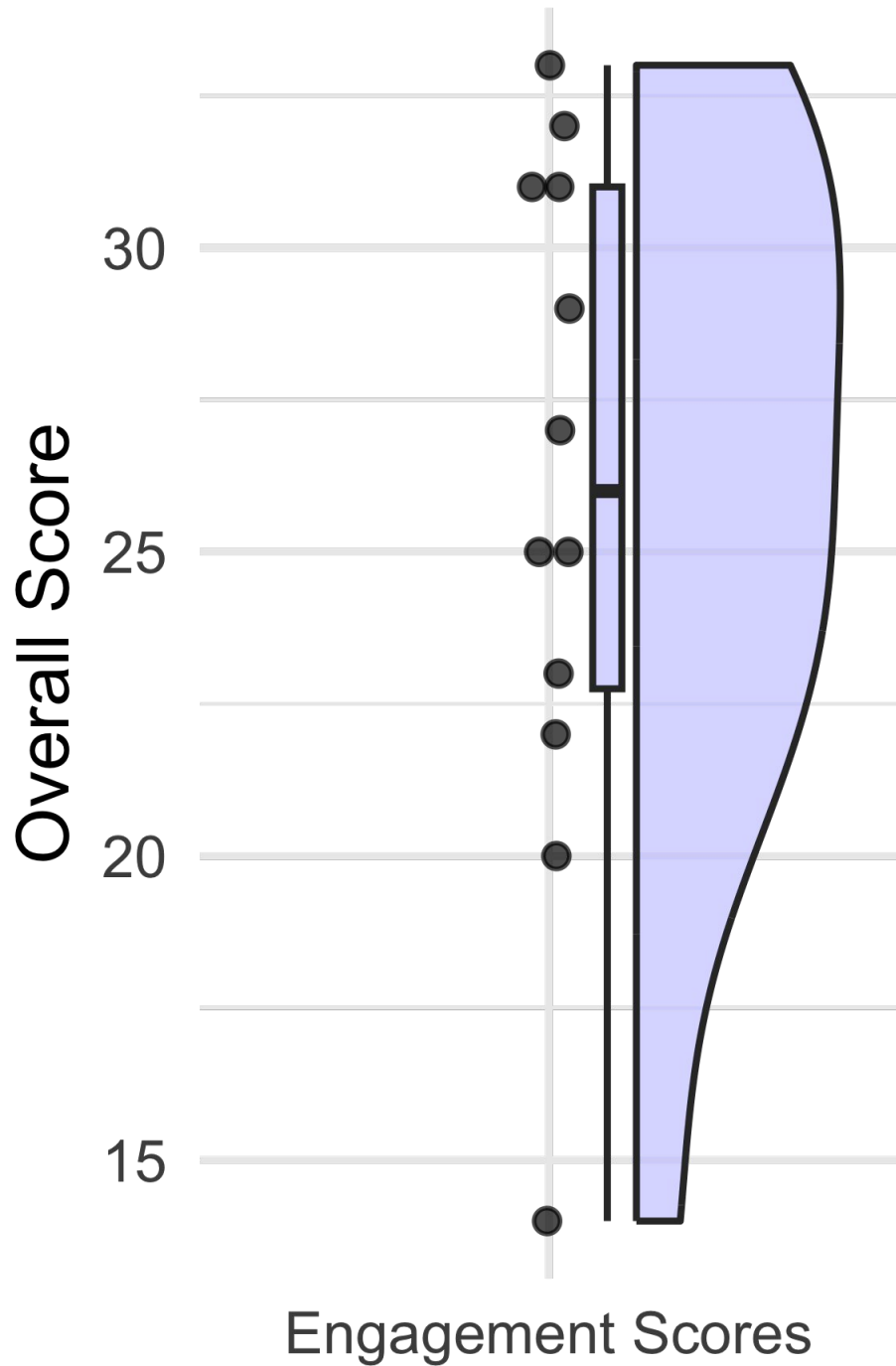
Active referral (2 points)

Passive referral (1 point)

This results in an engagement score range between 0 and 33

Engagement is assessed based on activities with the following organizations:

Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, SMART Recovery, Recovery Dharma, Rational Recovery, Recovery Community Centers, Recovery Coaching, Group Meetings, One-to-One Sessions, and Other.





# Organizational REC-CAP

Highlighting **2 case studies from Michigan**

O-REC-CAP analyses how recovery community organizations (RCOs) *foster and maintain* recovery for their clients

O-REC-CAP covers

□ Client Monitoring

□ Administrative and Service Provision Structures

□ Client Demographics and Referral Sources

□ Staffing Overview and Qualifications

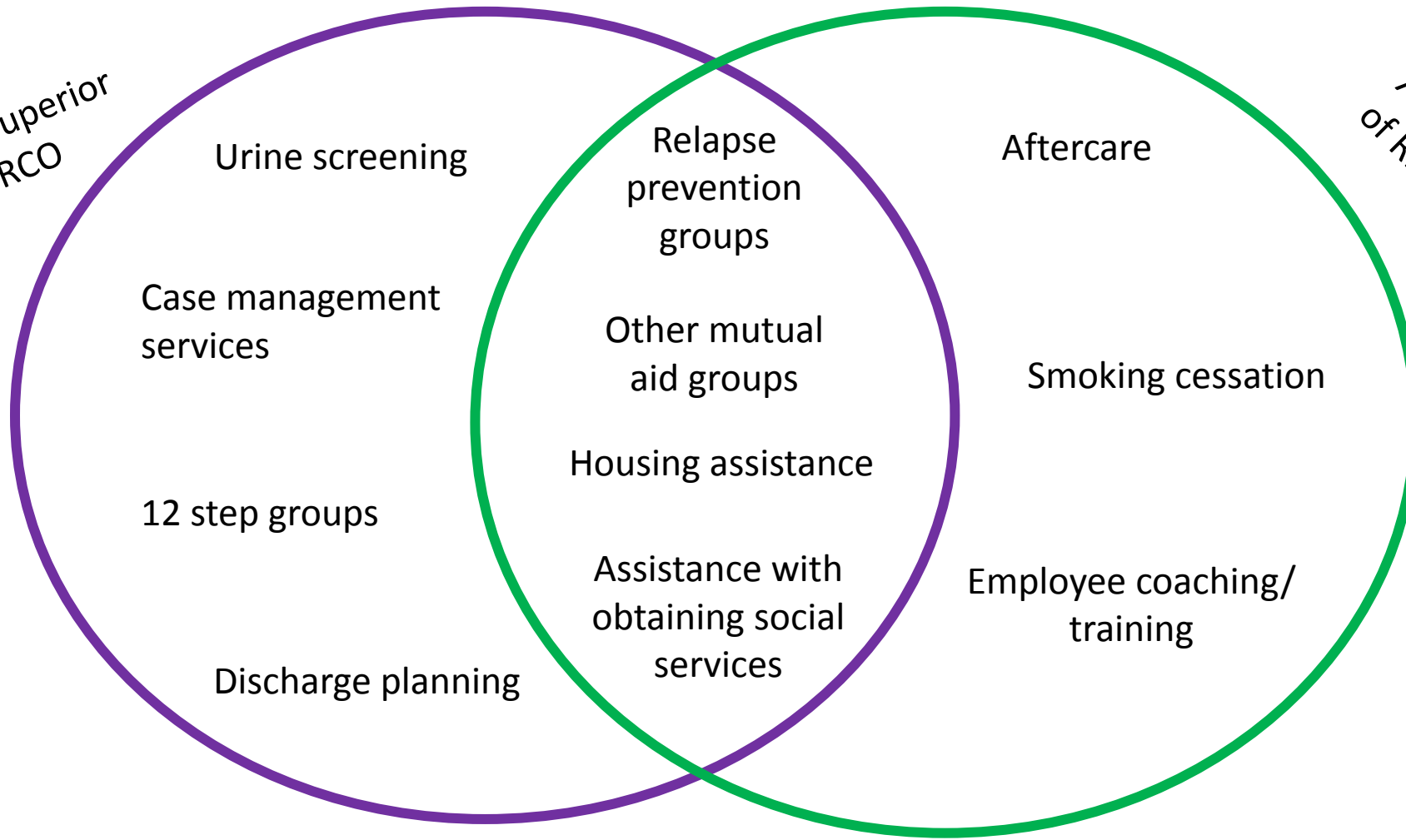
□ Client Service Spectrum and Specialized Programming

□ Service Accessibility and Linkages

□ Accessibility to Recovery-Related Services

□ Contributions to Community Wellbeing

8 Services of Superior  
Connections RCO



7 Services  
of RISM

**Service Gaps Not Provided by Either:**

Substance abuse assessment, Mental health assessment, Individual therapy, Group therapy, Family counselling, Prescription medications, HIV testing, Hepatitis C testing, Medical services, Medical services – detoxification, Transportation services, Childcare, Education classes (e.g., for GED), Legal services, Financial services, Parenting instruction, Disability support services

# RCO REC-CAP pilot

Introductory sample of **16 individuals**

## Sample Averages

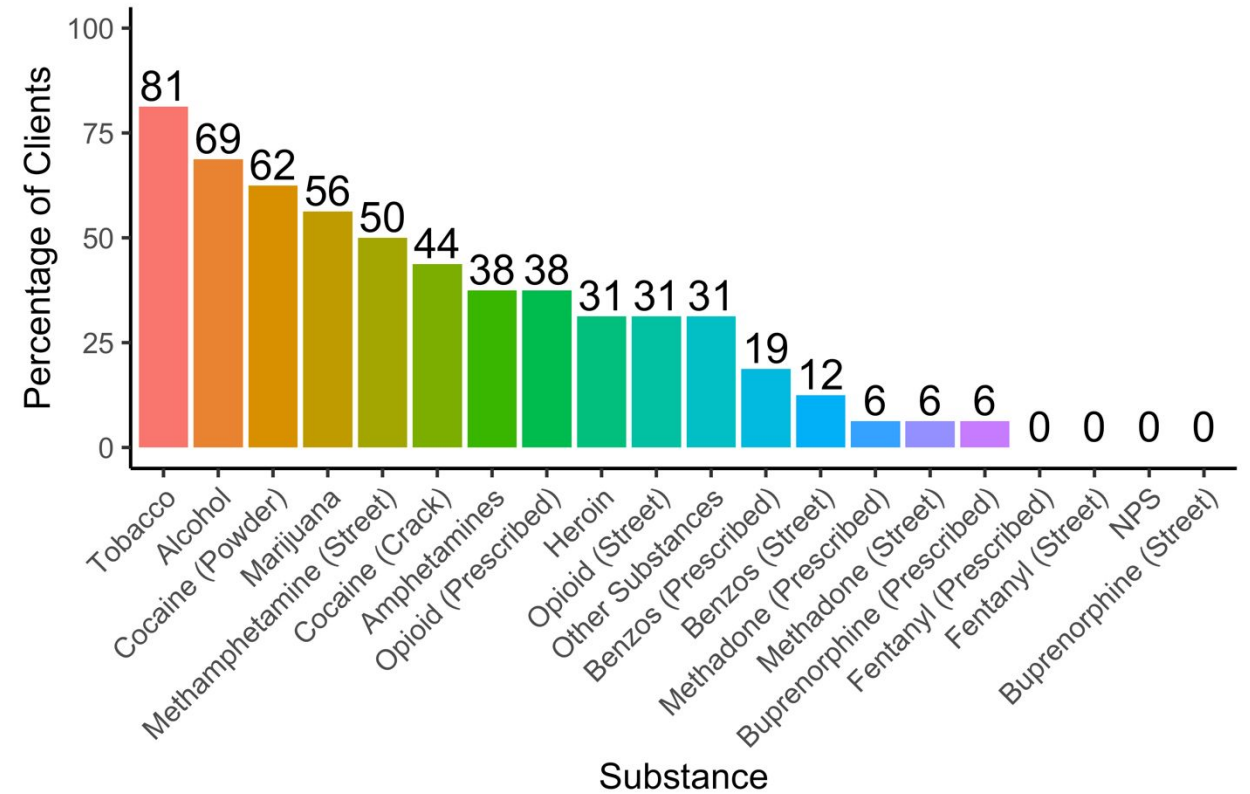
Age 51.4 years (range: 35, 72).

75% White, 18.75% Black or African American,  
6.25% Native American or Alaska Native

68.75% Female, 31.25% Male



Concentrated around Kalamazoo

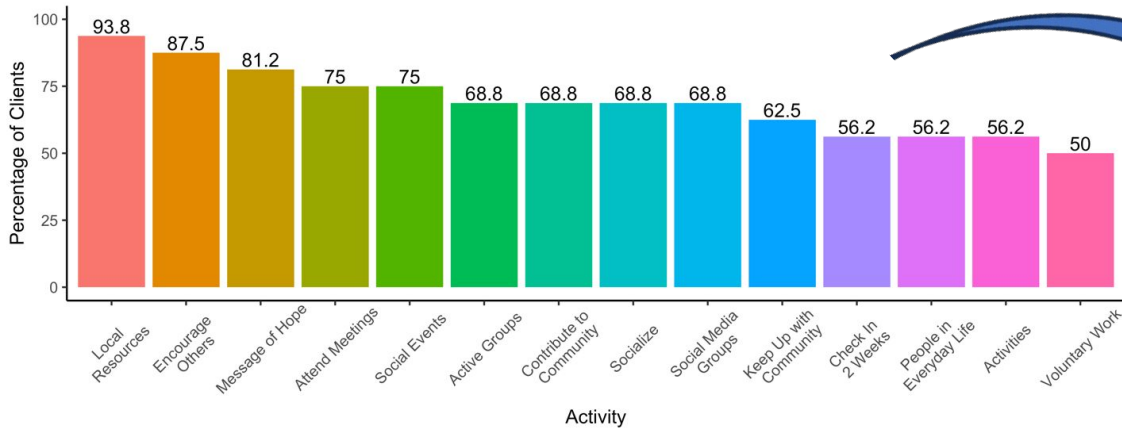


Top 5 historically consumed substances were...

1. Tobacco
2. Alcohol
3. Cocaine
4. Marijuana
5. Methamphetamine

# Strengths

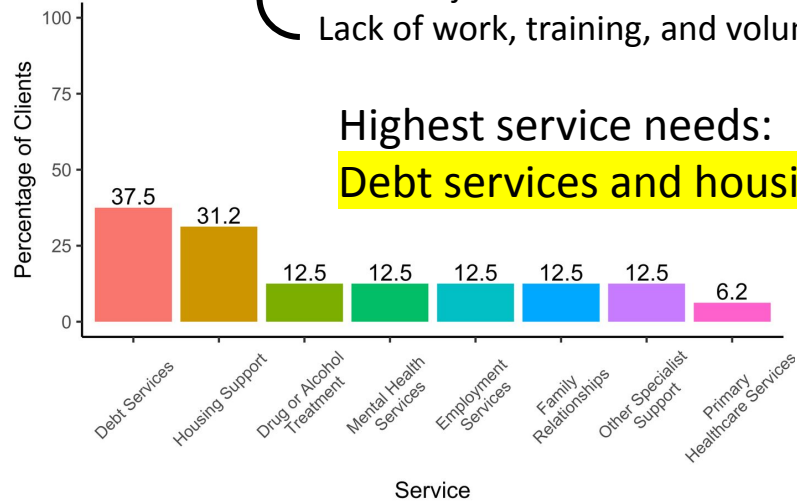
Very high sobriety commitment and engagement with recovery-oriented group activities among the group



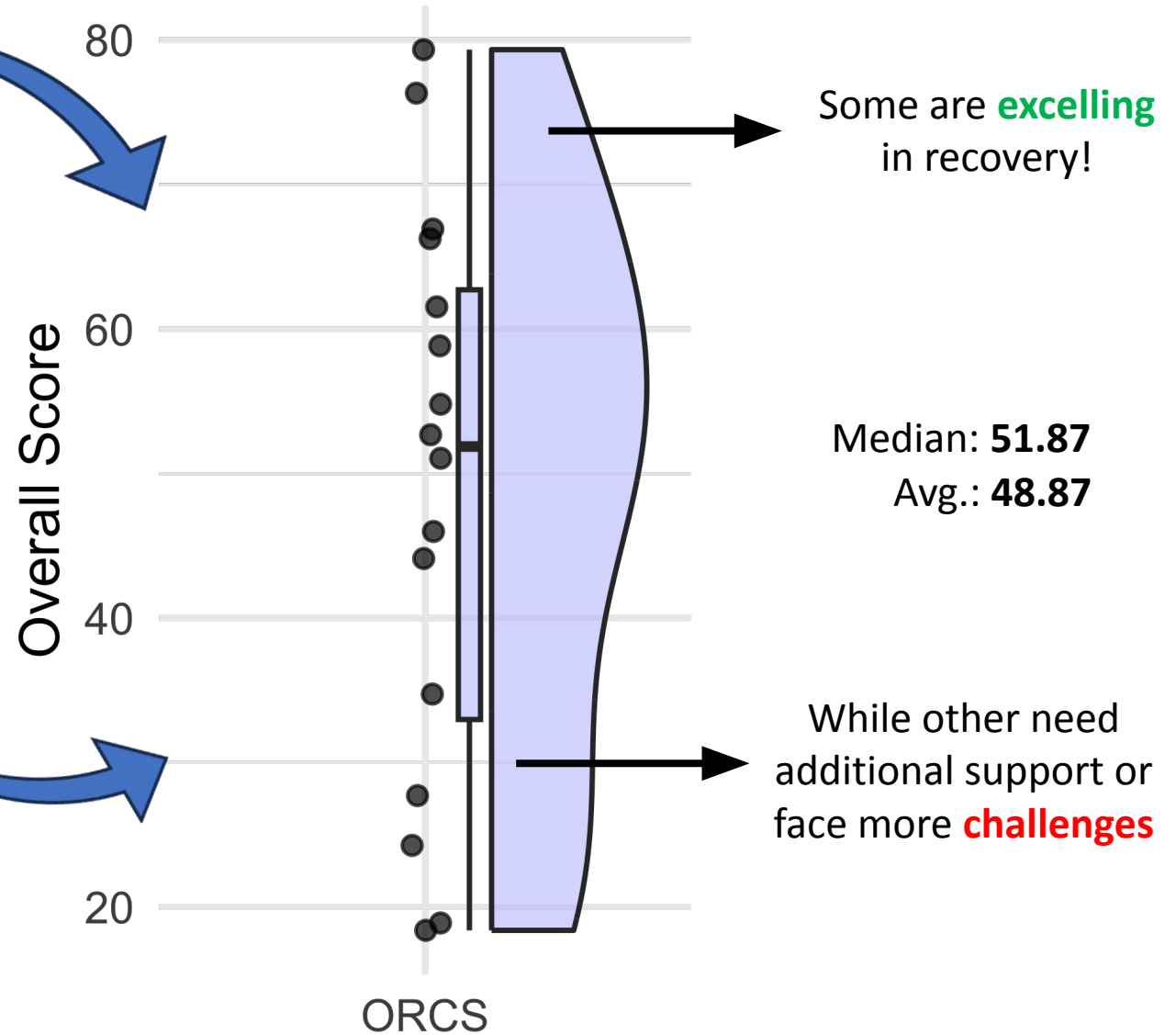
# Barriers

- Accommodation Needs
- Substance use
- Risk taking
- Criminal justice involvement
- Lack of work, training, and volunteering

Highest service needs:  
**Debt services and housing support!**



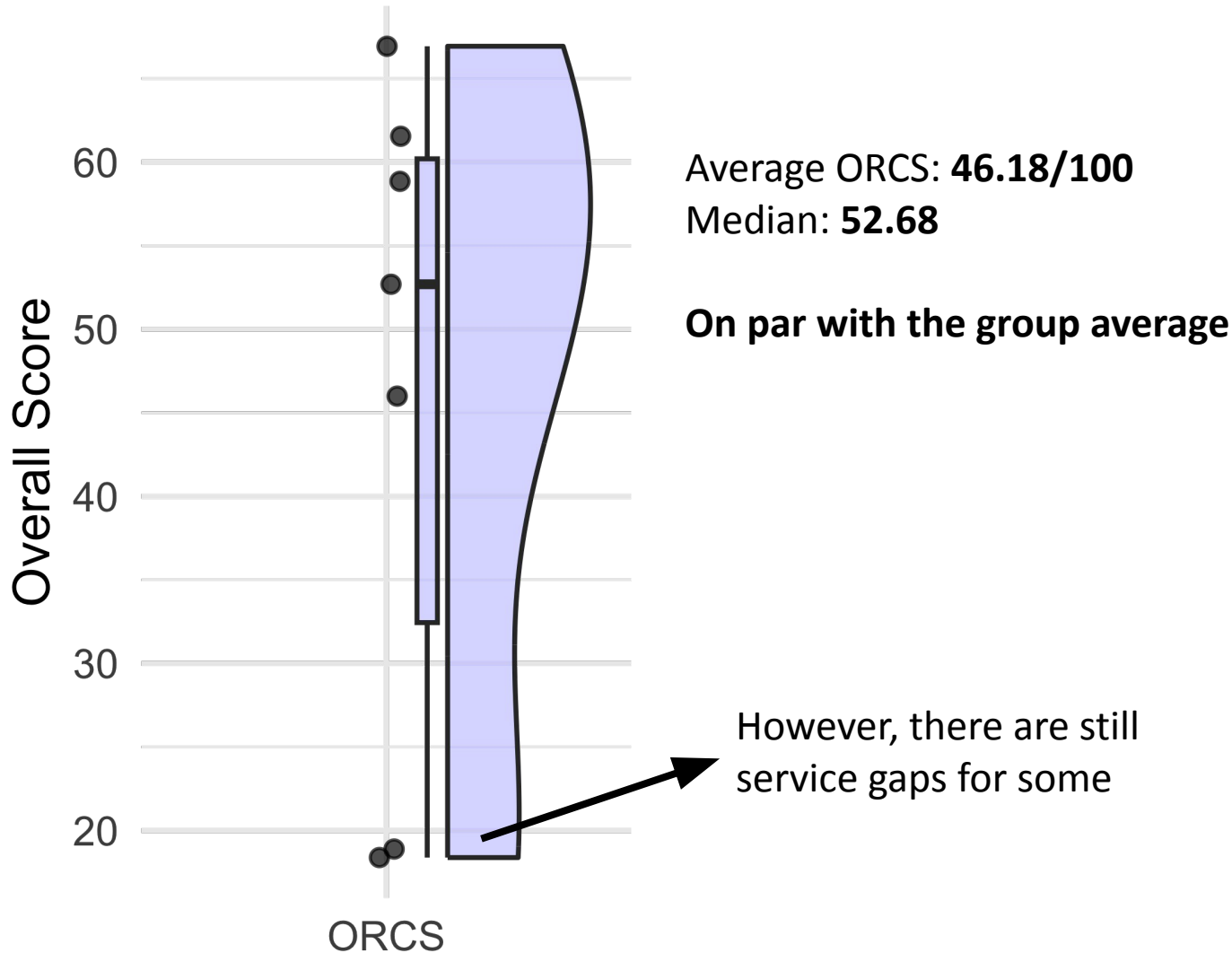
# Overall REC-CAP Score



# O-REC-CAP and Linked RCO Pilot

RISM clients – Kalamazoo, MI

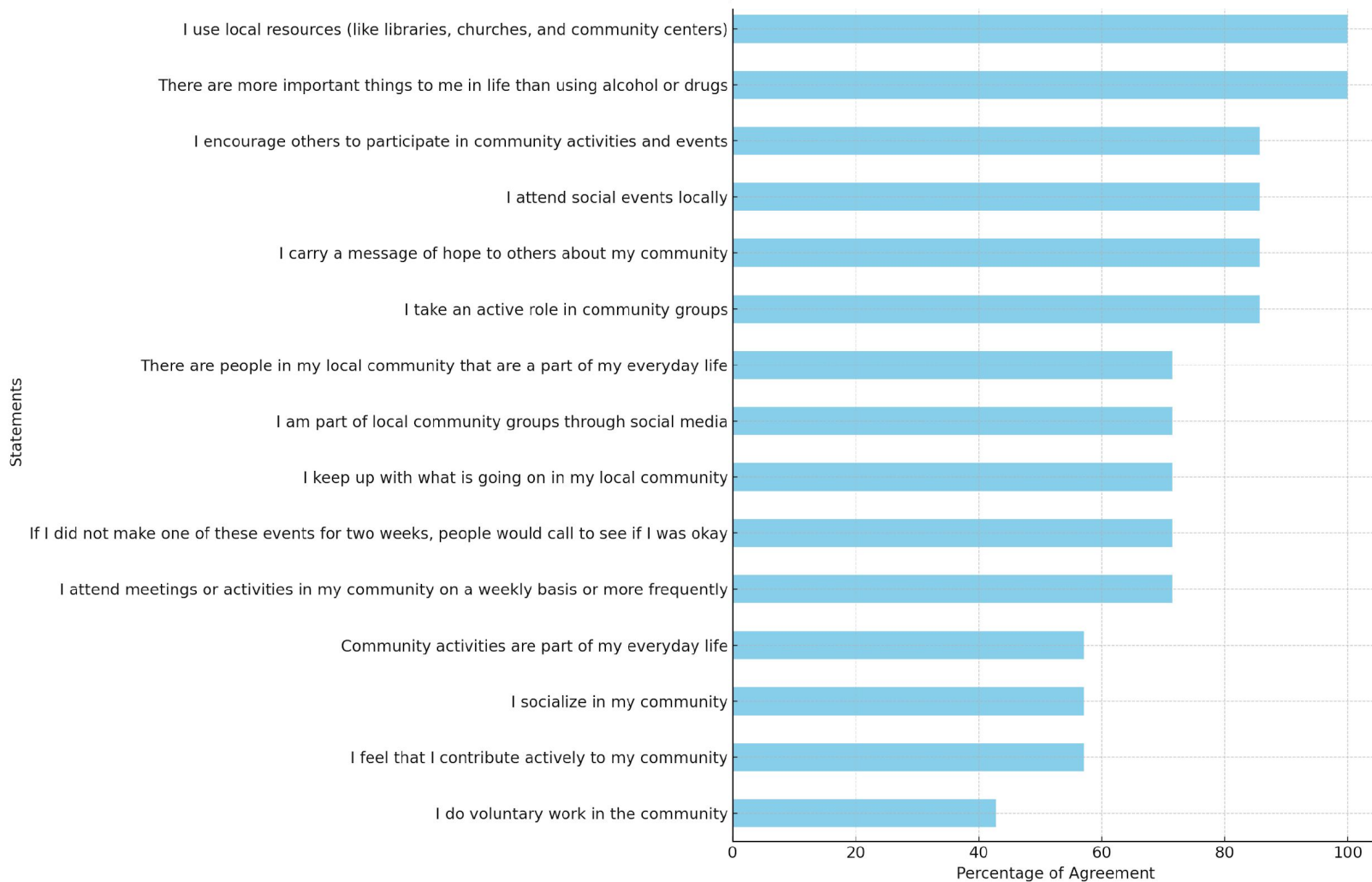
How do the organizational strengths and gaps translate to linked client outcomes?



RISM has 11 full-time equivalent staff with direct client contact.

Smaller caseload per worker, more individualized care, and assertive linkage to engagement

# Kalamazoo Participants Recovery Group Participation Responses



RISM focuses on **support groups and classes**, which are held both at their center and with other organizations, coupled with **one-on-one recovery coaching** for sobriety.

This is reflected in the Recovery Group Participation Scores

7: H-CAP and the affected others  
pilot

# What is the aim of the H-CAP?

1. To create a measure of recovery capital for the general public
2. To create a measure of recovery growth through charting the impact on affected others
3. Evaluating the effectiveness of programmes and interventions directed at affected others



# Initial testing

- In life coaching sessions in the UK
- In partnership with the Phoenix to create a baseline set of measures of wellbeing among family members and affected others
- Then to examine repeated measures to assess sensitivity to change
- We will then look to assess capacity for detecting changes generated by recovery programmes

# 8: Recovery capital screening and the RCS-36

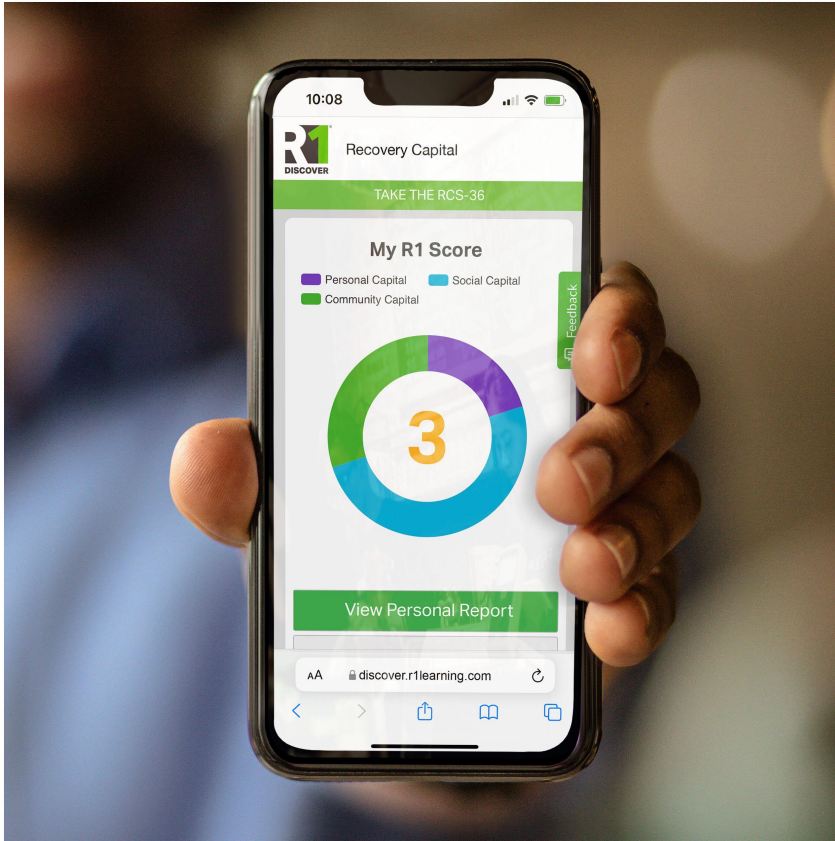
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# Recovery Capital Exploration



**R1**  
**DISCOVER**

# Recovery Capital Screener (RCS-36)



### Recovery Capital Screener (RCS-36)

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

Question	AGREE	Subtotal	TOTAL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
<b>Personal Capital Total</b>			<b>PT</b>

Question	AGREE	Subtotal	TOTAL
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
<b>Social Capital Total</b>			<b>ST</b>

### Recovery Capital Screener (RCS-36)

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

Question	AGREE	Subtotal	TOTAL
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
<b>Community Capital Total</b>			<b>CT</b>

**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
<b>Personal Capital</b> My personal internal resources such as my skills, values, health and aspirations, and my external resources such as property and money.	Global Health & Wellness	P1	PT	PT+ST+CT
	Citizenship	P2		
	Sobriety	P3		
<b>Social Capital</b> 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	
	Family Relationships	S2		
	Friendships	S3		
<b>Community Capital</b> 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		
				<b>R1 RCS-36</b> SCAN TO INTERPRET YOUR R1 SCORE



# Recovery Capital Exploration




# R1 Recovery Model

**DISCOVERY**<sup>™</sup>  
CARDS

**Recovery Capital**

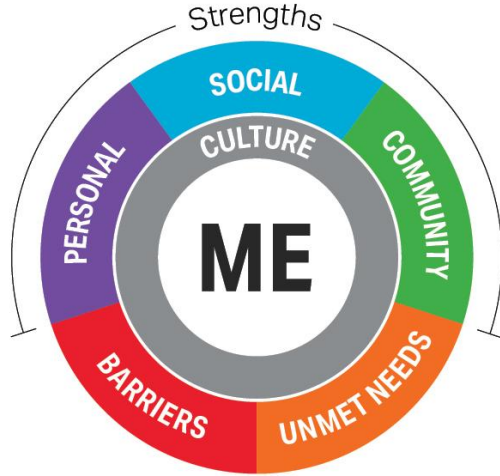
What am I building to sustain my recovery?

Uses the R1 Recovery Capital Model by Dr. David Best



**Recovery Capital**

What am I building to sustain my recovery?



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**Recovery Capital**

What am I building to sustain my recovery?

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**STRENGTHS**

**PERSONAL CAPITAL**

**SOCIAL CAPITAL**

**COMMUNITY CAPITAL**

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**BARRIERS**

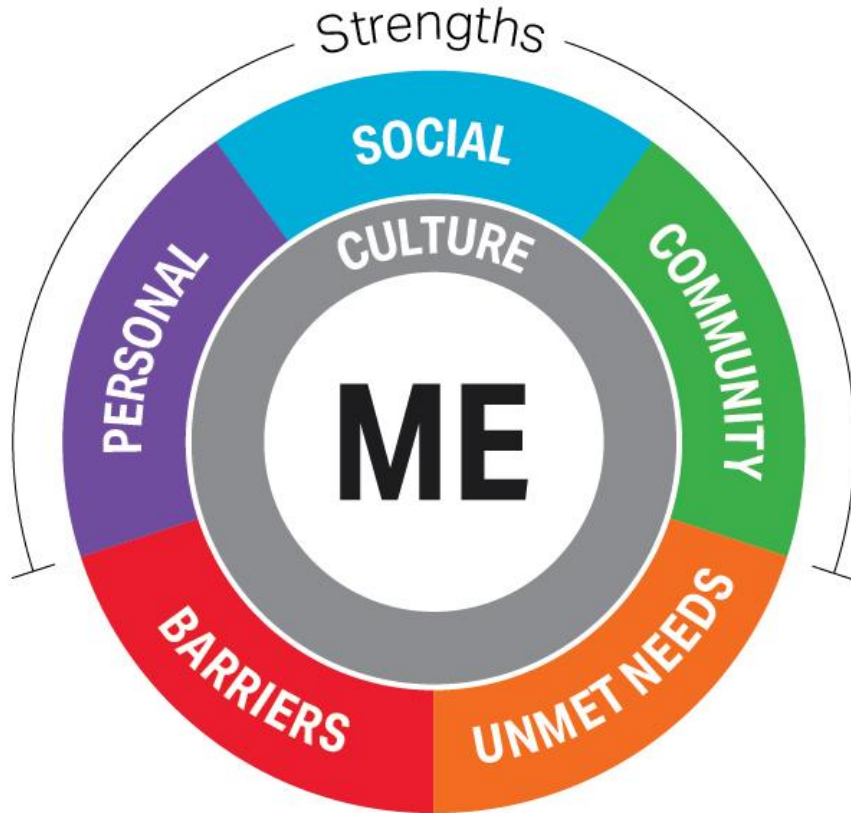
**UNMET NEEDS**

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**CULTURE**



# Recovery Capital



## Recovery Capital

What am I building to sustain my recovery?

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### STRENGTHS

**PERSONAL CAPITAL**

**SOCIAL CAPITAL**

**COMMUNITY CAPITAL**

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### BARRIERS

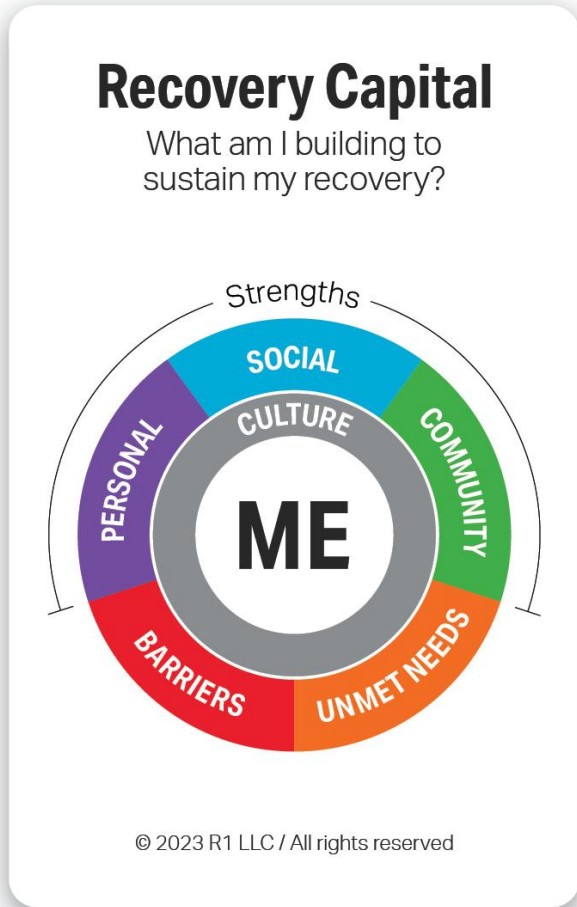
**UNMET NEEDS**

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CULTURE




# 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





# 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

# Where to go from here?



**We've come a long way, baby!**

- Measuring recovery capital
- Monitoring recovery capital
- Facilitating recovery capital in care planning
- And so much more...
  - Special populations
  - External “systems”
- Where to next?
  - Other & even larger “systems”
  - Psychometrics/empirical validation
  - What else?



Leeds Trinity  
University



# THANK YOU!

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