

THE EMERGENCE OF RECOVERY SCIENCE: WHAT THE EVIDENCE SHOWS TO DATE

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Sensitivity: Internal





SECTION 1: THEORY AND DEVELOPMENT



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Recovery facts and models

Recovery statistics

- 58% recovery rate (SAMHSA, 2009)
- Relapse reduces to 14% in year 5 (Dennis et al, 2007)
- Addiction careers average 28 years with 4-5 episodes of treatment over 8 years
- Reasons for stopping and reasons for staying stopped not the same (Best et al, 2008)

What enables recovery change?

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



William White
williamwhitepapers.
com

Recovery Research
Institute (RRI)



Two papers outlining this model

David Best & Jo-Hanna Ivers (2022) Inkspots and ice cream cones: a model of recovery contagion and growth, *Addiction Research & Theory*, 30:3, 155-161, DOI: [10.1080/16066359.2021.1986699](https://doi.org/10.1080/16066359.2021.1986699)

David Best & Emily Hennessy (2021) The science of recovery capital: where do we go from here? *Addiction*, 117:4, 1139-1145, DOI: doi.org/10.1111/add.15732



Addiction Research & Theory



ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/irt20>

Inkspots and ice cream cones: a model of recovery contagion and growth

David Best & Jo-Hanna Ivers

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ADDICTION THEORIES AND CONSTRUCTS

ADDICTION **SSA**

The science of recovery capital: where do we go from here?

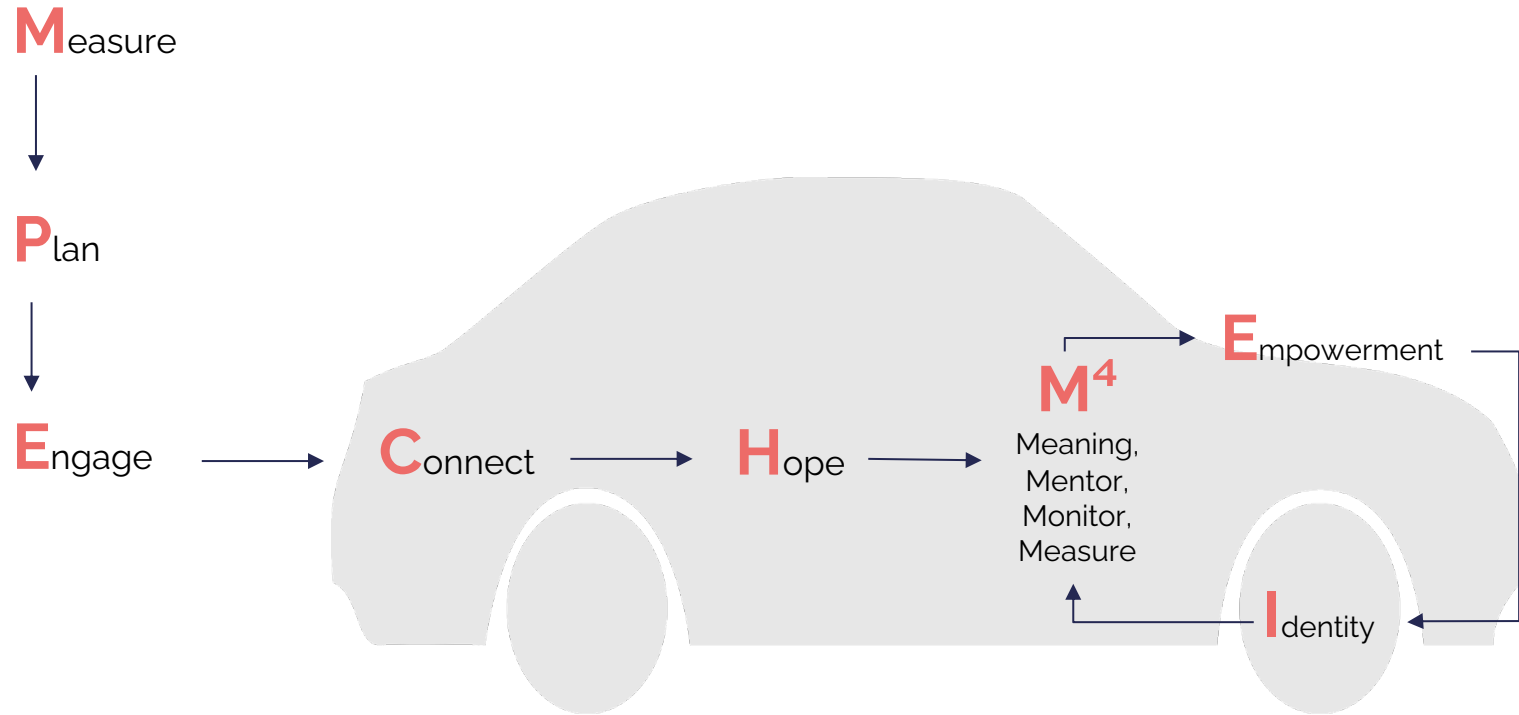
David Best¹ | Emily A. Hennessy²



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The Engine of Change - CHIME



Standards for LERO's (CHIME)

Creating scaffolding, not cages



Organisational standards for LERO's - where is the organisation in relation to each of the five standards. (working towards / achieved / Excellent)

Individual standards - what a member can expect but equally bring to the LERO

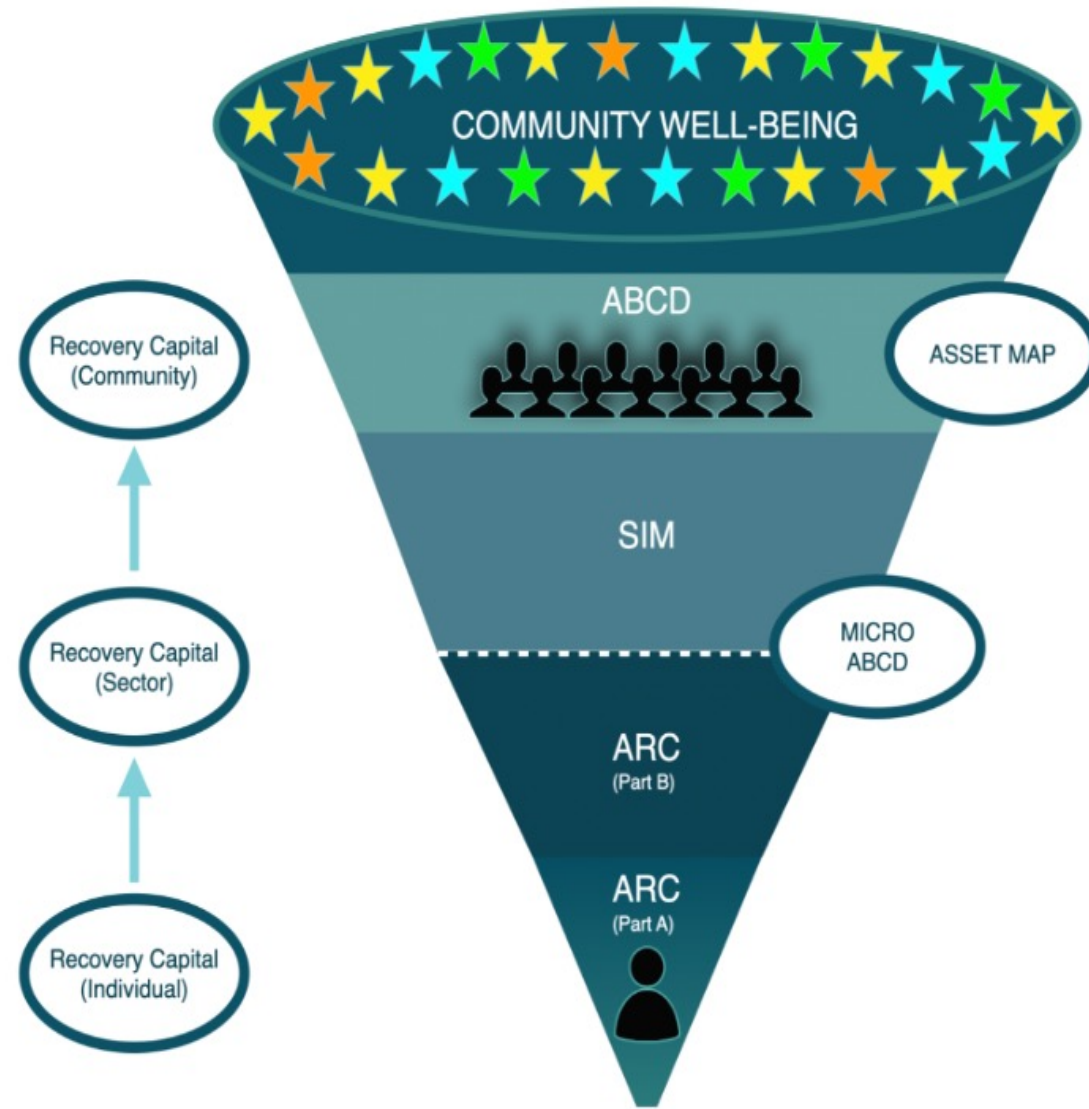


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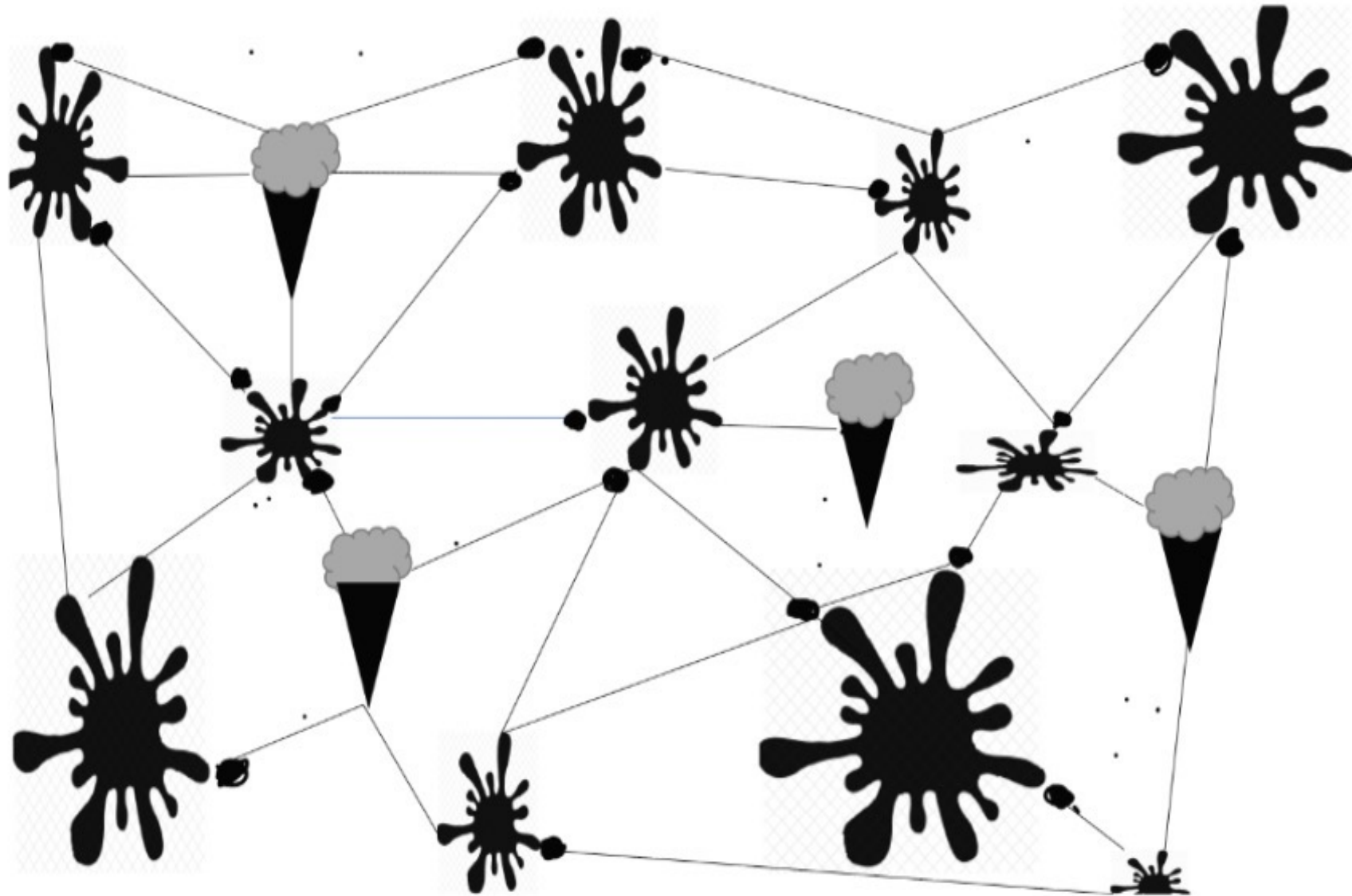
The Ice Cream Cone Model of Recovery

Recovery is an intrinsically social processes and one that needs not only personal commitment and determination but also the **support and engagement** of the **social network and support system**.



Inkspots & Ice Cream

Hot-spot policing
+ Collective efficacy
+ Cascade
= Crime reduction





**Professor John
Braithwaite**



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).



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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)



What is recovery capital?

	PERSONAL	SOCIAL	COMMUNITY
POSITIVE	Self-esteem; resilience; coping	Positive social networks	Access to community resources like jobs, friends and houses
NEGATIVE	Low self-efficacy; poor communication skills	Isolation; Using and offending friends	Marginalisation and exclusion
NEGATIVE SPECIFIC TO STIGMA	Self-stigma	Membership of stigmatised and excluded groups	Structural barriers to reintegration

SECTION 2: RESEARCH AND DATA



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Saturn eating his son GOYA



TOP 30
GUARDIAN
UNIVERSITY GUIDE 2019

TEF Gold

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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



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ROI 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 measures

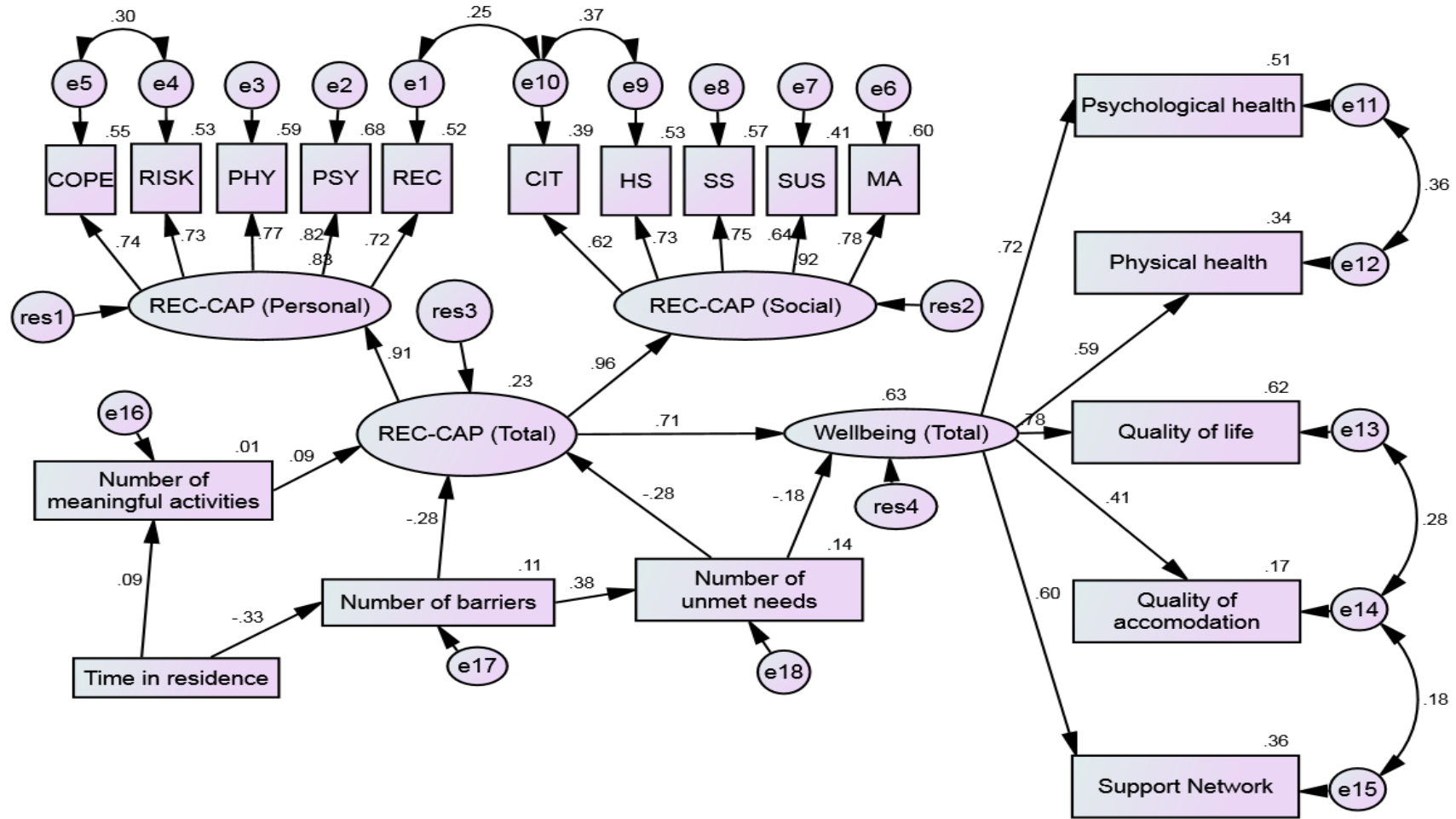


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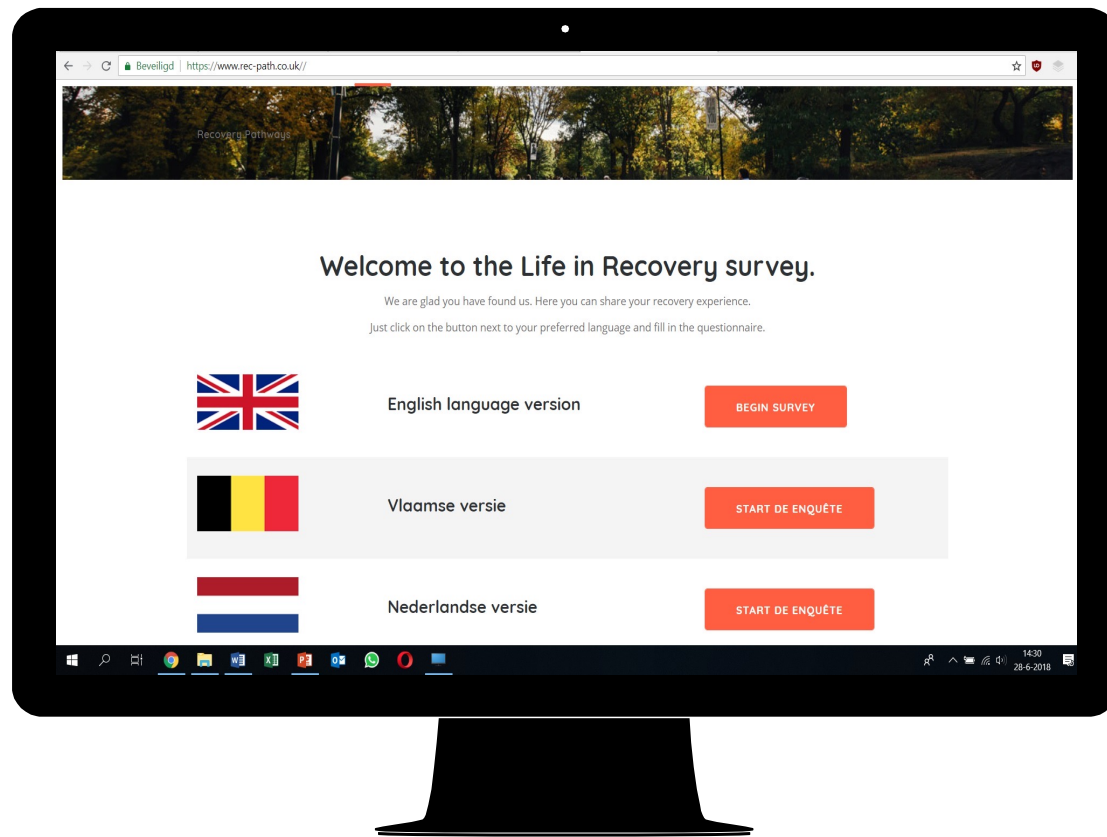


Time in residence + meaningful activities to positive outcomes (FARR)



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**Ever had a
problem with illicit
drugs?**

**Care to join an important
project about recovery?**



Life in Recovery Survey

Together with people who have overcome an addiction problem, or who are working on this, we want to show that recovery from addiction is possible. We want to find out more about your recovery, because sharing your experiences can help other people with an addiction.

Go to www.rec-path.co.uk or scan the QR-code with your smartphone and complete a short survey.



Onderzoek
naar welzijn,
zorg &
verslaving



Using the Full Range of Options: Multiple Pathways to Recovery Are Common and Generally Result in Better Outcomes

Pathways	Total n=722	UK n=311	Netherlands n=230	Belgium n=181	p-value Chi2
12-step fellowships (yes)	62.0	74.9	72.6	26.5	p < 0.001
Peer-based support services (yes)	38.1	52.4	29.6	24.3	p < 0.001
Residential treatment (yes)	68.7	57.9	77.8	75.7	p < 0.001
Outpatient treatment (yes)	70.4	68.2	73.0	70.7	p = 0.467
Other services (yes)	18.1	25.4	17.4	6.6	p < 0.001

Outcome Study Baseline and Follow-up Outcomes (n=313)

- Most domains showed strong stability from baseline to one-year follow-up, with greater stability for those at later recovery stages
- 10.4% reported problematic use of illicit or prescribed drugs at follow up
- More male participants (14.4%) reported substance use at follow-up compared to females (8.2%)
- While only 1.5% of people in stable recovery reported last year use, this was the case for 17.6% of people in sustained recovery and 30% in early recovery
- There is better functioning for individuals whose recovery journey includes peer-based recovery support services
- They reported higher baseline levels of quality of life and social functioning, lower levels of justice involvement (at baseline and follow-up) and lower baseline levels of unmet need.

Background

- William White monographs and the checklists for recovery
- Led to...
- Recovery Group Participation Scale (2011) – 14 items about engagement in community recovery groups
- Assessment of Recovery Capital (2012)
- Assessment of Recovery Capital (Groshkova, Best and White, 2012)
- 50 items (although the original version was 100 items....)
- Endorsed or not
- PRC = 25 items
- SRC = 25 items
- Each containing 5 sub-scales
- BARC (Vilsaint et al)



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REC-CAP Rationale

Use as part of a recovery and treatment review process

Short assessment of overall functioning - that is linked to Treatment Outcome Profile

Provides an overall client profile

Provide a wellbeing measure that covers the post-acute period

Links to recovery care planning

- Measure
- Plan
- Engage



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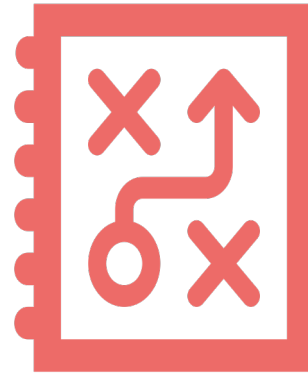


Measure, Plan & Engage (MPE)



REC-CAP

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



REC-CAP Scales

1. Quality of Life & Satisfaction
2. Barriers to Recovery
3. Service Involvement & Needs
4. Personal Recovery Readiness
5. Social Recovery Capital
6. Recovery Group Participation
7. Other Support
8. Commitment to Recovery



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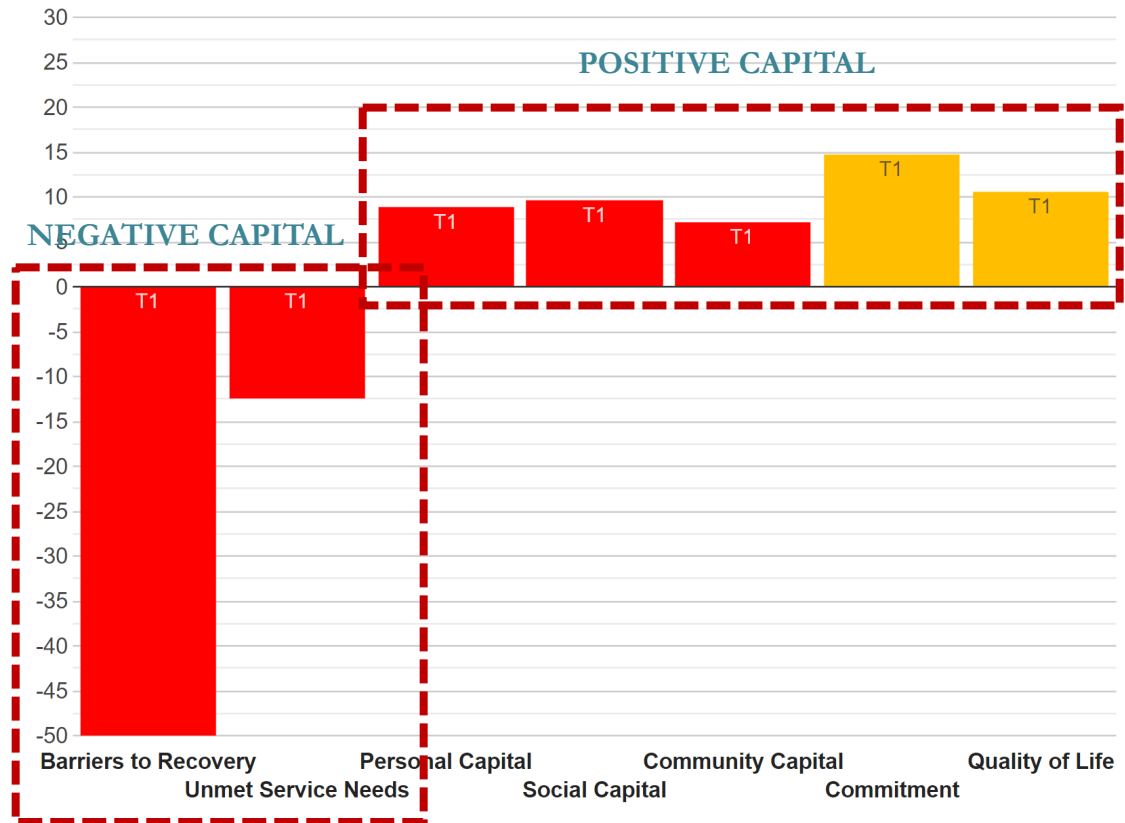
Seven (7) Recovery Capital Domains

- Barriers to Recovery
- Unmet Service Needs
- Personal Capital
- Social Capital
- Community Capital
- Commitment to Recovery
- Quality of Life & Life Satisfaction

Recovery Capital Measures

Recovery Capital Measures

Client ID: 5096554



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Suggested Goal Templates

- Suggested goal templates are *triggered* by client response to REC-CAP Evaluation.
- They are not prescriptive. The intent of goal templates is to facilitate an efficient recovery planning process.
- The Client/Navigator Alliance determines which goals to add to the current recovery plan and can then further modify those goals to meet the specific needs of the Client.

Plan Goals

ADD CUSTOM GOAL
ADD MPE TEMPLATE
ADD OTHER TEMPLATE
VIEW CLIENT

Barriers to Recovery & Unmet Needs

REC-CAP DOMAIN	GOAL SUGGESTION	GOAL CATEGORY	ADD TO RECOVERY PLAN	
Service Need	Career Development & Vocational Training	Employment Support	<input type="checkbox"/>	
Barrier	Acute housing problems	Accommodation	<input type="checkbox"/>	
Service Need	Housing Support	Housing Support	<input checked="" type="checkbox"/>	
Service Need	Mental Healthcare	Mental Healthcare	<input checked="" type="checkbox"/>	
Barrier	Higher Education	Work, Training & Volunteering	<input type="checkbox"/>	
Barrier	Volunteerism	Work, Training & Volunteering	<input type="checkbox"/>	
Barrier	Employment	Work, Training & Volunteering	<input type="checkbox"/>	
Barrier	Ongoing Involvement with Criminal Justice	Criminal Justice Involvement	<input checked="" type="checkbox"/>	
Barrier	Recent Offending or Law Enforcement Involvement	Criminal Justice Involvement	<input type="checkbox"/>	
Barrier	Health Screening	Risk Taking	<input checked="" type="checkbox"/>	
Barrier	Recovery Plan Engagement	Substance Use	<input checked="" type="checkbox"/>	



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Recovery Plan

- Consistent with Granfield & Clouds definition of recovery capital, recovery plans present both internal & external resources the Client may draw upon to initiate and sustain recovery.
- Client updates their progress through their portal and meets periodically with their Navigator to review progress.

Recovery Plan

INTERNAL RESOURCES

Personal Capital

- Physical Health
- Psychological Health
- Risk Taking

Social Capital

- Citizenship
- Housing & Safety
- Meaningful Activities
- Social Support

Community Capital

- Connected

Commitment

- Importance
- Committed
- Willing
- Adverse
- Finished

Quality of Life

GOALS

GOAL NAME	DOMAIN	GOAL CATEGORY	PROGRESS TO DATE
Recovery Plan Engagement	Barrier	Substance Use	<div style="width: 62%;"></div> 62%
Health Screening	Barrier	Risk Taking	<div style="width: 0%;"></div> 0%
Ongoing Involvement with Criminal Justice	Barrier	Criminal Justice Involvement	<div style="width: 33%;"></div> 33%
Mental Healthcare	Service Need	Mental Healthcare	<div style="width: 50%;"></div> 50%
Housing Support	Service Need	Housing Support	<div style="width: 0%;"></div> 0%

EXTERNAL RESOURCES

Barrier

- Collection of resources presenting CDC's HIV prevention information
- Restoration of Rights Project - Expungement
- Palm Beach County Peer Support Group Maps
- Legal advice and affordable legal aid
- Palm Beach County Health Dept

Service Need

- Palm Beach County Housing Authority
- Southeast Florida Behavioral Health Network Inc
- South County Mental Health Center

Personal Capital

- Basic Text Study Group
 - The Group -Narcotics Anonymous
 - Narcotics Anonymous - Fifth Edition
 - Basic Text Study Group
- Basic Text Study Group
 - The Group -Narcotics

EVENTS

NAME	REC-CAP DOMAIN	PLANNED	HELD	ATTENDED	ABSENT	NOTE
Rat Pack Bowling League Team	Social Capital	3	0	0	0	
Money Management	Personal Capital	5	0	0	0	
Stepping into The Light	Community Capital	4	0	0	0	
Basic Text Study Group	Personal Capital	2	0	0	0	
ThankQue	Community Capital	1	0	0	0	



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Evidence of positive change

Initial data indicate in first three months of entering a recovery prison:



Marked reductions in unmet service needs and barriers to recovery

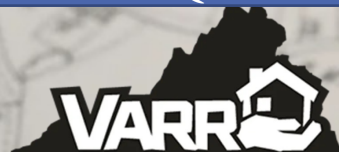


Improvements in personal and social recovery capital, recovery group engagement and QoL

- Challenges with the programme include:
 - Very poor engagement from prison officers
 - Around 18-24 months before evidence of genuine culture change
 - Limited use of the online resources as a therapeutic tool
 - BUT evidence of switching to strengths-based thinking and approaches
 - Significant buy-in to rolling out in other establishments



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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



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

Poorer retention was associated with being:

- Younger
- Female
- Lower involvement in recovery groups
- Those with greater needs around housing

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

For those retained to follow-up, greater recovery capital growth was associated with:

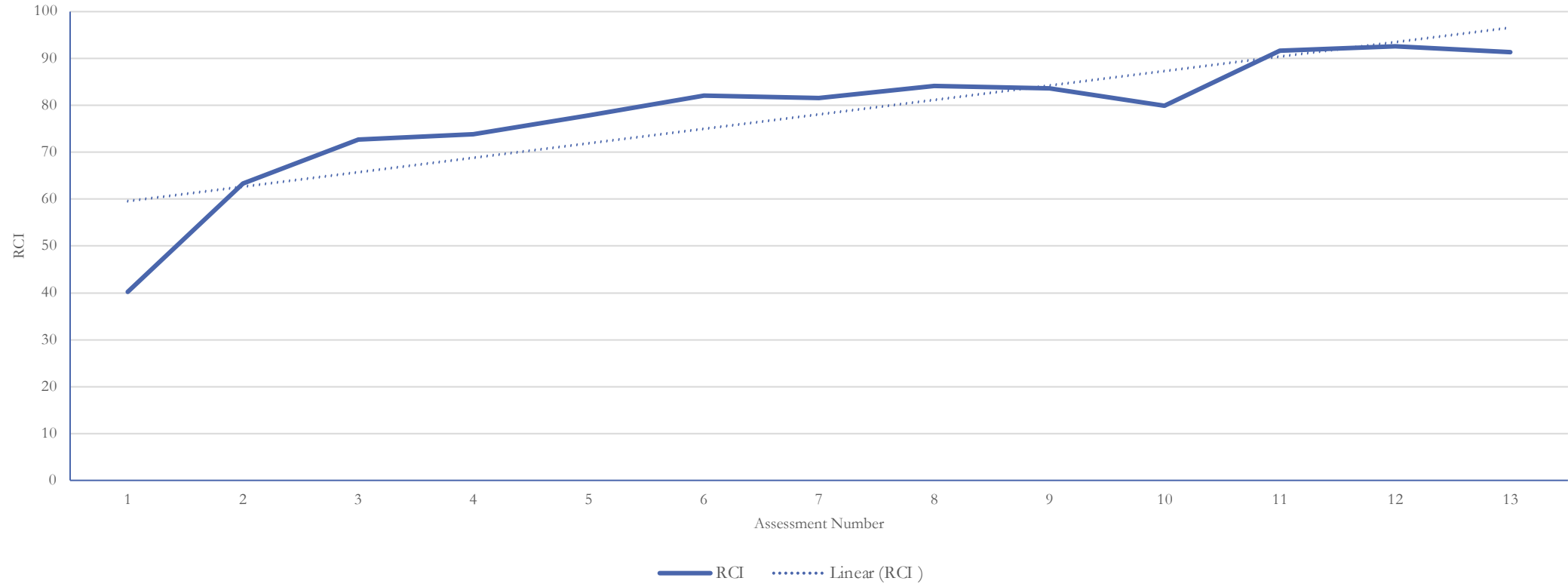
- employment,
- higher levels of social support
- more recovery group involvement,
 - Age (being younger)
 - higher quality of life.

Current paper: Larger US state level data

- The strongest effects predicting retention in recovery residences were for people not using substances and not being Black or African American.
- Explaining barriers to recovery and to improving recovery capital focused on avoiding ongoing substance use, lack of support needs around accommodation, higher psychological wellbeing and measures associated with social support and quality of life.



Phase 2 Changes in total recovery capital (RCI score)



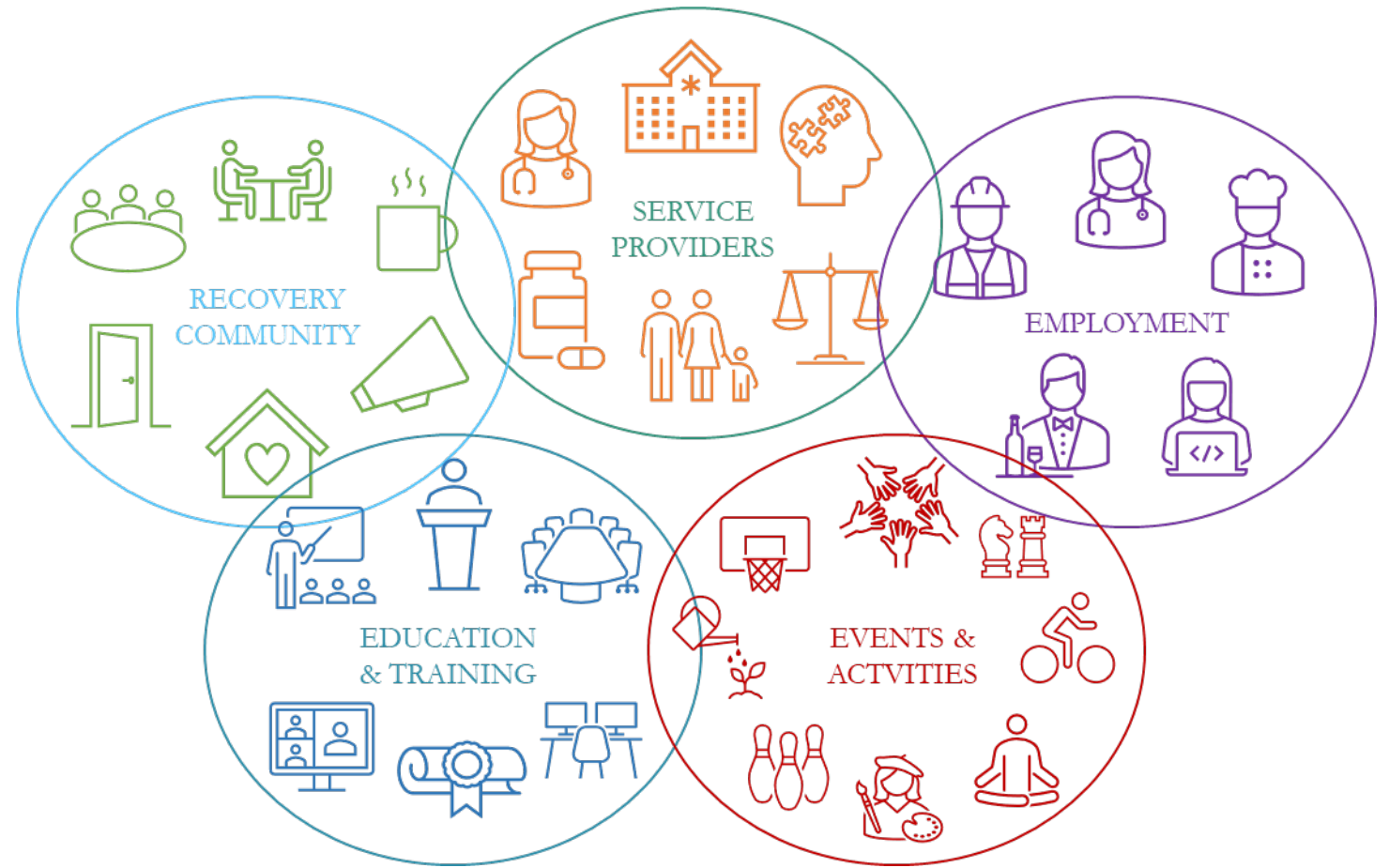
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What is the point of the Engagement component?

- 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

Connection to Community Resources



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Community Connectors

Who needs community engagement?

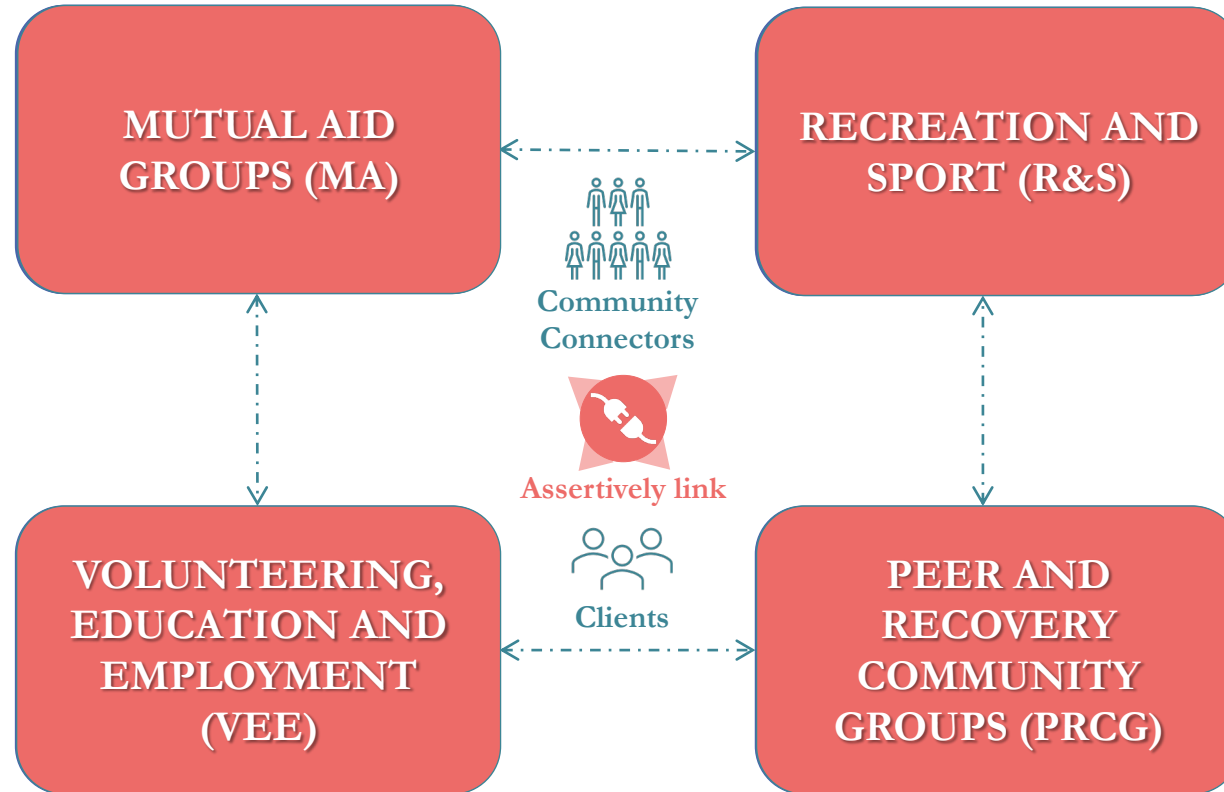
Those who are socially isolated and excluded

Those whose networks are harmful to their recovery

What steps are necessary?

- 1 Asset Based Community Mapping
- 2 Training and developing community connectors
- 3 Preparing clients to engage with groups
(and assessing their readiness)
- 4 Creating in-reach and out-reach models
- 5 Creating in-reach and out-reach models

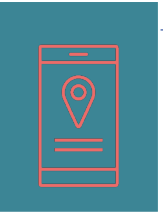
Asset Based Community Development Domains



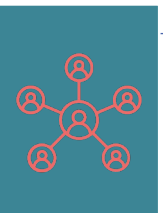
Connectors Results and Implications



21 connectors in approximately three months



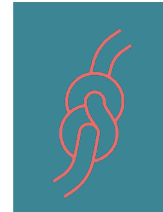
134 community assets were identified



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



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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


SECTION 3: INNOVATION AND NEW DEVELOPMENTS



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The science of recovery capital: where do we go from here?

David Best¹ | Emily A. Hennessy² 

Empirical testing, adequacy of measurement, analysis

- How does RC change over time?
- Does the process of RC development change in the same way for all populations?
- How frequently should RC be measured during the treatment and recovery process?
- When individuals build RC, what shape does RC growth take (i.e. is it more appropriate as summative [simple linear approach] or synergistic [quadratic] model?)
- Is there a need for a RC assessment for family members of people in recovery?

Use in treatment and recovery settings

- What sort of interventions to build RC can be developed?
- How can RC be used in different stages of addiction and particularly in non-acute settings?
- Could RC be successfully self-monitored by an individual?
- How can RC be used as a marker of readiness for graduation and to direct recovery care planning?

Dissemination and communication to policy, practice and lived experience groups

- How can scholars bring in different stakeholders (i.e. clinicians, advocates, and family members) into the discussion, research, and dissemination of RC?



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So what are the key new directions?

The primary aim is to extend the reach of capital assessment

- New populations
- New theories

- And systems level thinking
- Recovery oriented systems of care (ROSC)
 - To predict outcomes we need to know about not only the personal but also the social and the structural and this also applies to measurements approaches



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What are the four levels of measurement

- Individual and personal
 - Recovery worker
 - Service Manager
 - Recovery oriented systems of care
-
- This is based on the incredible work of the Texas Christian University Institute of Behavioural Health
 - <https://ibr.tcu.edu/>



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Human Capital and Interventions

- Establishing a generic measure of capital for use with family members and with a diverse range of populations
- Develop a set of recovery specific interventions
 - Recovery Care Planning
 - Community Connections
 - Asset Based Community Engagement
 - Meaningful activities



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Key concepts and conclusions

- CHIME
- Recovery Capital
- Contagion and community
- Cascades
- Collective and personal efficacy
- Redemption narratives and the overlap with desistance theory
- ROSC and community transitions



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Thank you!

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