Building Recovery Capital in Recovery Oriented Systems of Care

KIRSTIN KATZER, M.S., LPCC-S
JIM EVANS, M.S., LPCC-S
JULIE LENYK, PH.D., LPCC-S
Program objectives

- Participants will understand and explain the key components of Recovery Oriented Systems of Care and Recovery Capital.
- Participants will be able to assess recovery capital and monitor the progress individuals are making in obtaining recovery capital to enhance their program of recovery.
- Participants will be able to develop interventions to enhance recovery capital in individuals impacted by substance use, trauma, and mental illness.
Recovery Defined

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (SAMHSA).

- Emerges from hope
- Person-driven
- Occurs via many pathways
- Holistic
- Supported by relationships and social connection including peers, allies, family,
- Culturally based and influenced
- Supported by addressing Trauma
- Based on respect
Creating a Model of Recovery-Informed Care

Likewise, an organization or system that is addiction-informed:

- **Realizes** addiction is a disease, not a deficit in morality or willpower, and understands that recovery is possible for everyone.

- **Recognizes** symptoms of addiction and the potential impacts of these symptoms on the individual, families, treatment centers, and recovery community.

- **Responds** by fully integrating knowledge about addiction and recovery into policies, procedures, and practices and utilizes evidence-based approaches for treatment and recovery support services.

- Seeks to actively resist **reproach** and **relapse**
Recovery Oriented Systems of Care

ROSC
Implications of an Acute Care Model for Treatment and Recovery

- Substance abuse treatment has historically been organized around single episodes of care with the expectation that when patients finished the treatment they would be “cured.”
- Lack of a focus on changing the social recovery environment
- Lack of integrated care to addressing co-occurring disorders, trauma
- Minimal or no post-discharge monitoring or check-ups
- Evaluation of outcomes over relatively short periods of time (6-12 months) with the expectation that improvements should continue after treatment.
Recovery Oriented Systems of Care Defined

- A coordinated network of community based services and supports that is person centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems
  1. Person-Centered
  2. Self-Directed
  3. Strength Based
  4. Participation of friends, family, primary supports, and the community
ROSC Expected Outcomes

For the Individual

- Abstinence, which includes adherence to a medication-assisted recovery regimen
- Education
- Employment
- Reduced criminal justice involvement
- Stability in housing
- Improved health
- Social connectedness
- Quality of life

For the System

- Increased access/capacity
- Proper placement and quality of care
- Retention
- Perception of care
- Cost-effectiveness
- Use of evidence-based practices
Assess Your Site

- Who are consumers?
- Are people acting in ways that value connection and relationship?
- Are people interacting in a respectful way?
- Do people use “person-first” language in the environment?
- Is the environment tense? Or is it relaxed and open?
- Is the leadership visible, known, and accessible to everyone in the agency?
Recovery Capital

IN A RECOVERY ORIENTED SYSTEM OF CARE
Recovery Capital Defined

- Internal and external assets that can initiate and sustain recovery from alcohol and other drug problems
- Differs from individual to individual and differs within the same individual at multiple points in time
- Interacts with problem severity to shape the intensity and duration of supports needed to achieve recovery
- AND dictates the intensity or level of care one needs in terms of professional treatment and the intensity and duration of post-treatment recovery support services
Social Recovery Capital

- Family/social recovery capital encompasses:
  - intimate relationships
  - family and kinship relationships and social relationships that are supportive of recovery efforts

- Assessed by:
  - willingness of intimate partners and family members to participate in treatment
  - presence of others in recovery within the family and social network
  - access to sober outlets for sobriety-based fellowship/leisure
  - relational connections to conventional institutions (school, workplace, church, and other mainstream community organizations).
Personal Recovery Capital

Environmental

- physical health
- financial assets
- health insurance
- safe and recovery-conducive shelter
- clothing, food, and access to transportation

Personal

- values
- knowledge
- educational/vocational skills and credentials
- problem solving capacities
- self-awareness, self-esteem, self-efficacy (self-confidence in managing high risk situations)
- hopefulness/optimism
- perception of one’s past/present/future
- sense of meaning and purpose in life
- interpersonal skills.
Community Recovery Capital

- Community recovery capital encompasses community attitudes/policies/resources related to addiction and recovery that promote the resolution of alcohol and other drug problems.
  - Community recovery capital includes:
    - Active efforts to reduce addiction/recovery-related stigma,
    - Visible and diverse local recovery role models,
    - A full continuum of addiction treatment resources,
    - Recovery mutual aid resources that are accessible and diverse,
    - Local recovery community support institutions (recovery centers / clubhouses, treatment alumni associations, recovery homes, recovery schools, recovery industries, recovery ministries/churches), and
    - Sources of sustained recovery support and early re-intervention (e.g., recovery checkups through treatment programs, employee assistance programs, professional assistance)
Recovery Capital

WHY SHOULD WE ASSESS RECOVERY CAPITAL?
Developing the Recovery Capital Assessment

• Articles/research
• Recovery Capital Scale-William White
  • What information needs added/removed for population?
• Develop questions for each category
  • Cultural Capital
• Early Recovery Capital Assessment Examples
  • Simplify format
  • Simplify scoring
  • Simplify questions
Components of Recovery Capital Assessment

- 4 Categories:
  - Social
  - Environmental
    - Known as Physical
  - Personal
    - Known as Human
  - Cultural
- Score 0 or 1
  - 0=No, do not currently have it
  - 1=Yes, currently have it
- Average score for each category
- Total average score
Beta Test

- Identified the participants
  - Assessment, MAT Phase 1, MAT Phase 2, Day Treatment, Residential, Case Managers

- Provided education and training about Recovery Capital and the evaluation

- Time period of implementing evaluation
Data

- Results of data, what do we know so far?
Goals to Implement Recovery Capital into Clinical Record

- Feedback from the beta test
- Tracking
- Data collection
- Consistency in agency and across departments
Goals to Implement Recovery Support Services

- Building Recovery Support Services
  - Wellness
  - Recovery Support Specialists
  - Vocational
  - Family