Peer-Centered Programming: Building Recovery Capital
Welcome and Introductions
Welcome

• Timothy Jeffries, Senior Policy Advisor, BJA
• Elizabeth Burden, Technical Assistance Director, Altarum
• Erin Etwaroo, LPC, Analyst, Altarum
Guest Presenter – Susan Broderick

• Susan is the founder and CEO of Building Bridges to Recovery (www.bb2recovery.com) and Senior Attorney with the National District Attorney’s Association

• She was formerly an assistant research professor at Georgetown University, as well as the Deputy Bureau Chief with the Manhattan District Attorney’s Office

• Susan also serves as an Advisory Board member with the Recovery Research Institute (www.recoveryanswers.org) and as a board member with The Phoenix (www.thephoenix.org)
Guest Presenter – George Braucht

• George holds a master’s degree in experimental/physiological psychology. He has more than 14,000 hours of psychotherapy supervision experience as a licensed professional counselor and a certified professional counselor supervisor and worked for 27 years with the Department of Community Supervision at the Georgia State Board of Pardons and Parole Board

• George is the cofounder and lead facilitator of the Certified Addiction Recovery Empowerment Specialist (CARES) Academy with the Georgia Council on Substance Abuse and a forensic peer mentor with Ready4Reentry. He is a lead faculty member of the Recovery Residence Manager Training and Recovery Navigation Support for the REC-CAP Assessment and Recovery Tool Training

• George is also a charter board member of National Alliance for Recovery Residences, a Level II trainer in the Partners for Change Outcome Management System (PCOMS), and a recovery consultant with SAMHSA’s Opioid Response Network (ORN)
Guest Presenter – David Whitesock

- David is Chief Innovation Officer for Face It TOGETHER (www.wefaceittogether.org). He leads the development and execution of Face It TOGETHER’s digital, technology, and data strategies. He developed and designed Face It TOGETHER’s peer-based addiction coaching program and is the architect of the Recovery Capital Index®, the tool used to demonstrate outcomes and drive the change process with Face It TOGETHER peer coaching members

- David is licensed to practice law in the state of South Dakota and is a former chair of the state bar’s Lawyers Assistance Committee
Learning Objectives
After this session, you will be able to . . .

• Recognize the difference between the medical model for acute care of SUD and the social model of recovery
• Differentiate recovery capital from social capital
• Identify ways to implement recovery-oriented principles within criminal justice settings
• Recognize recovery capital assessment tools
• Describe three steps necessary for building your organization’s capacity to support person-centered recovery and building recovery capital
Medical Model to Recovery Model

Susan Broderick, J.D., Senior Attorney at NDAA
2020: Unique Moment in Time

• The current addiction epidemic has raised awareness across the nation of the problems associated with addiction
The Silver Lining: Turning Point for Our Country

• Research over the past 20 years has led to a much greater understanding of addiction as a chronic, yet treatable and preventable, condition

• Paradigm shift—from medical model to recovery model (ROSC)
  • Addiction and recovery do not just happen inside the body
  • Social and community aspects to both
The Silver Lining: Truly a Turning Point for Our Country

- Prognosis for substance use disorders is quite good—the majority of people who seek help do achieve sobriety
- Criminal justice reform is happening across the country. This is one issue everyone can agree on
Perfect Storm: Recovery Oriented Systems of Care (ROSC) and CJ Reform
The links between substance use disorders and criminal offending are well-documented.
An arrest can be a window of opportunity – creates willingness to change.
“Love, Hope, and Random Drug Testing”

Using the leverage of the justice system to turn lives around in a positive way
Dr. David Best

- Recovery from addiction parallels desistance from offending:
  - Both involve changing inside and out
Recovery Capital
What Is Recovery Capital?

Granfield and Cloud (2001) 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)

- Personal Recovery Capital
- Social Recovery Capital
- Collective Recovery Capital
Recovery Capital

- Personal: skills, traits, resilience
- Social: networks, connections, mentors
- Collective: community, housing, jobs, recovery support
Maintaining and enhancing recovery outcomes can have broad implications across the entire justice system continuum

• From diversion through to re-entry, recovery capital can be measured and strengthened.
Different tools can be used at different interception points:

- ARC – Assessment of Recovery Capital (ARC): 52 questions (drug court, probation, re-entry)
- BARC – Brief Assessment of Recovery Capital: 10 questions (diversion)
- REC-CAP – Assessment and Recovery planning and monitoring (probation and re-entry)
- RCAM – Recovery Capital for Adolescents Model (juvenile justice systems)
Recovery Capital: Linking Personal, Social, and Community Assets

• Two things we know for sure: individuals cannot do it alone, and recovery is an intrinsically social process
• Personal capital grows through the support of the groups we belong to and the nurturance of the context and environment
• Supporting recovery growth requires engaging the positive components of the social networks and the broader community
• The more you use, the more you gain
What to Link

- Mutual Aid Groups
- Recreation and Sport
- Volunteering, Education and Employment
- Peer and Recovery Community Groups
Best and Laudet (2010)

“We are also increasingly confident that recovery is contagious and that it is a powerful force not only in transforming the lives of individuals blighted by addiction but in impacting on their families and communities as well”
Promoting Recovery and Offense Desistance: Where’s the Sociocultural Beef?

George S. Braucht, LPC, CPCS and CARES
Brauchtworks Consulting
Promoting Recovery and Offense Desistance (PROD)
Solution A: Listen for the Benefits of Sustained Connections in Recovery Stories

• 30 seconds: List people you know who . . .

Recidivated (new crime within 5+ years)  Desisted (no crime within 5+ years)

1.
2.
3.

“Until lions have historians, tales of hunting will always glorify the hunter”

— African proverb
Solution B: Develop ROSC

Paradigm Shift of Enhancing Acute Care With Chronic Peer Support and Social Model Recovery Programs

Acute Care: Bio-psych-social model
- Focus: Disease Process
- Disease Experts and Treatment
- Teach: What’s wrong with you?

Chronic Care: Social model
- Focus: Recovery Process
- Recovery Experts and Service
- Learn: What’s right with you?

Expect relapse! Stigma and discrimination

Expect recovery/resilience! Contagious hope and redemption

Solution B: Develop ROSC
Paradigm Shift of Enhancing Acute Care With Chronic Peer Support and Social Model Recovery Programs

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Expect relapse! Stigma and discrimination

Expect recovery/resilience! Contagious hope and redemption
Solution B: Develop ROSC

Paradigm Shift: Enhancing Acute Care With Chronic Peer Support and Social Model Recovery Programs

ROSCs involve both and because the opposite of addiction is Contagious hope and redemption

Expect relapse!

Connections!

Expect recovery/resilience!

Stigma and discrimination

31
Solution B: Develop a ROSC

A Social Model of Recovery

1. Emphasizes social and interpersonal connections as the foundation of sustainable recovery

2. Values experiential knowledge

3. Promotes peer-to-peer, mutual aid, and other recovery supportive environments in which progressive well-being is the common bond

4. Requires active work in an individualized recovery program

5. Emphasizes peer-to-peer AND practitioner-client relationships that blend to mutually enhance treatment and recovery/wellness objectives and key results

Solution C: Enhance Recovery Capital (Connections) Within Recovery-Oriented Systems of Care

“To travel fast, go alone. To go far, travel with many”

—African proverb
Promoting Recovery and Offense Desistance (PROD) Overview

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Adapted from:
2) Forgus McNeill: Desistance, identity and belonging. 26 minutes: https://www.youtube.com/watch?v=S0A70oxze9

1. Desistance: 1) the absence of repeated behavior among those who had established a pattern of such behavior, 2) how and why people stop offending and move on with their lives
   “Desistance is not in the gift of criminal justice agencies working alone, it depends on connectivity with other sectors that can provide important supports and functions.”

2. Interplay of three sets of desistance factors
   2.1. Physical: Physical and psychological changes associated with maturation or aging
   2.2. Social: Connections and bonding including social institutions; School, work, marriage, etc. – those relationships shift and affect behavior; Mentor – help in re-imagining who I am, bridging social capital
   2.3. Identity: How you see or label yourself and how others label you and with what consequences and effects

3. Three domains of desistance
   3.1. Primary: behavioral
   3.2. Secondary: labeling and identity
   3.3. Tertiary: belonging; to whom am I affiliated

4. Factors to track showing that we are supporting desistance
   4.1. Track shifts in identity and belonging (secondary and tertiary) and other intermediate outcomes
   4.2. Focus on strengths and challenges (who do I think I want to become); why do I think what I propose to do to help will bring about the result I expect? Leads to forming a theory of change.

5. Potential metrics and methods to assist in assessing an individual’s theory of change
   5.1. Outcome “star”: help the individual rate where s/he stands on each point or dimension and collaboratively chart progress over time

4.1. Track shifts in identity and belonging (secondary and tertiary) and other intermediate outcomes

6. Four forms of rehabilitation to simultaneously pursue.
   6.1. Personal or psychological: develops the skills, capacities, attributes and motivation of the individual to change
   6.2. Social: de- or re-labeling in the community and a willingness to graph people back into the social body
   6.3. Moral: the state and the community owe a retributive debt to end punishment
   6.4. Judicial: record restriction, occupational disqualification, etc. to fully restore citizenship

See your handout
Four dynamic risk-need factors
Recovery Capital Tools
Recovery Capital Assessment Plan and Scale (ReCAPS) 16717

Robert Greenfield and William Cloud introduced “recovery capital” and defined it as the volume of internal and external assets that can be brought to bear to initiate and sustain recovery from alcohol and other drug problems. Recovery capital, or recovery capacity, differs from individual to individual and within the same individual at multiple points in time consisting four components.

Social capital is the sum of resources that each person has as a result of relationships, and includes both support from and obligations to groups to which they belong; thus, family membership provides support but also entails commitments and obligations to the other family members. Physical capital is the tangible assets such as property and money that may increase recovery options (e.g., being able to move away from existing friends/networks or to afford an expensive detox service). Human capital includes skills, positive health, aspirations and hopes, and personal resources that enable the individual to prosper. Traditionally, high educational attainment and high intelligence have been regarded as key aspects of human capital that may help with some of the problem solving that is required on a recovery journey. Cultural capital includes the values, beliefs and attitudes and rituals that link prosocial identity to social conformity and the ability to accommodate dominant social behaviors.

White and Cloud (2008) proposed that recovery capital interacts with problem severity to shape the intensity and duration of supports needed to achieve and sustain recovery. This interaction informs the intensity or level of care one needs in terms of professional treatment and the intensity and duration of post-treatment recovery support. The figure below suggests how combinations of problem severity and recovery capital could differ.

<table>
<thead>
<tr>
<th>High Recovery Capital</th>
<th>High Problem Severity/Complexity</th>
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</thead>
<tbody>
<tr>
<td>Low Recovery Capital</td>
<td>Low Problem Severity/Complexity</td>
</tr>
</tbody>
</table>

People with high problem severity but very high recovery capital may require fewer resources to initiate and sustain recovery than an individual with moderate problem severity but very low recovery capital. Where the former may respond very well to outpatient counseling, linkage to recovery mutual support groups and a moderate level of ongoing supervision, the latter may require a higher intensity of treatment, greater enrichment in one or more recovery cultures (e.g., placement in a recovery home, greater intensity of mutual support involvement, involvement in recovery-based social activities), and a more rigorous level of ongoing monitoring and supervision.

Clinical addiction assessment instruments do a reasonably good job of evaluating problem severity and complexity (e.g., co-occurring medical/psychiatric problems) while few instruments measure recovery capital. The scale on the following pages is intended as a self-assessment instrument to help an individual measure her or his recovery capital. The scale can be completed and discussed in an interaction and/or it can be completed by the individual and then discussed with a professional or peer helper. Subsequent reviews and modifications of the assessment and plan can be used to track progress.

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Please ✓ if you agree with any of the following statements

1. Having a sense of purpose in life is important to my recovery journey  
2. I am able to concentrate when I need to  
3. I am actively involved in leisure and sport activities  
4. I am coping with the stresses in my life  
5. I am currently completely sober  
6. I am free from worries about money  
7. I am actively engaged in efforts to improve myself (training, education and/or self-awareness)  
8. I am happy dealing with a range of professional people  
9. I am happy with my personal life  
10. I am making good progress on my recovery journey  
11. I am proud of my home  
12. I am proud of the community I live in and feel a part of it  
13. I am satisfied with my involvement with my family  
14. I cope well with everyday tasks  
15. I do not let other people down  
16. I am free of threat or harm when I am at home  
17. I am happy with my appearance  
18. I engage in activities and events that support my recovery  
19. I eat regularly and have a balanced diet  
20. I engage in activities that I find enjoyable and fulfilling  
21. I feel physically well enough to work  
22. I feel safe and protected where I live  
23. I feel that I am in control of my substance use  
24. I feel that I am free to shape my own destiny  
25. I get lots of support from friends  
26. I get the emotional help and support I need from my family  
27. I have a special person that I can share my joys and sorrows with  
28. I have access to opportunities for career development (job opportunities, volunteering or apprenticeships)
"Longitudinal studies have repeatedly demonstrated that addictions treatment (particularly for 90 or more days) is associated with major reductions in substance use, problems and costs to society. However, post-discharge relapse and eventual re-admission are also the norm. The risk of relapse does not appear to abate until 4 to 5 years of abstinence. Retrospective and prospective treatment studies report that most clients undergo 3 to 4 episodes of care before reaching a stable state of abstinence. In spite of this evidence of chronicity and multiple episodes of care, most ... treatment continues to be characterized as relatively self-encapsulated, serial episodes of acute treatment with post discharge aftercare typically limited to passive referrals to self-help groups."

U.S. Department of Health and Human Services - Substance Abuse and Mental Health Services Administration Report to Congress
The goal:
A habit of engaging in compassionate conversations with equanimity to promote resilience in oneself and others.

—Apache Blessing

MAY THE SUN
bring you new energy by day,
MAY THE MOON
softly restore you by night.
MAY THE RAIN
wash away your worries.
MAY THE BREEZE
blow new strength to your being.
MAY YOU WALK
gently through the world and know
its beauty all the days of your life.

EXPECT RECOVERY
Measuring and Building Recovery Capital Through Peer Coaching

David Whitesock, J.D.
Chief Innovation Officer, Face It TOGETHER
Delivery of effective, science-based peer coaching for people living with addiction, including loved ones
Personalized Support
Effective, tailored coaching to help those affected get well

Connect to Care
Help in understanding treatment options, insurance, and links to resources

Flexible and Convenient
Get coaching from any location, with less disruption to your work and life

Lasting Results
Track and measure progress with comprehensive data and outcomes
Sobriety alone does not tell us much about a person’s whole well-being
2012
DESIGN
Based on lit review, initial survey developed

2014
VALIDATE
Peer-reviewed medical journal published

2013
RESEARCH
Complete lit review of recovery capital and QOL surveys

2018
TEST
Multiple versions of the RCI tested and refined
Personal Capital
- General Health
- Mental Well-Being
- Nutrition
- Employment
- Education
- Housing Situation
- Transportation
- Clothing

Social Capital
- Family Support
- Significant Other
- Social Support
- Social Mobility
- Healthy Lifestyle
- Access to Health Care
- Safety

Cultural Capital
- Beliefs
- Spirituality
- Cultural Relevance
- Sense of Community
- Values
Track progress
Measure changes in personal, social and cultural recovery capital over time.

Inform care
Gain insight from the multidimensional assessment and tailor care to the individual.

Prove outcomes
Assess intervention effectiveness and demonstrate results with meaningful data.
Peer-reviewed study verified the recovery capital framework, Physical Capital, Social Capital, and Cultural Capital, and validated the Recovery Capital Index as a tool to measure addiction wellness. May 2018, South Dakota Medicine.
ENROLLMENT: Moment when an individual decides to engage in coaching based on Coach recommendations, whether paying or covered by a grant.

ASSESSMENTS: RCI and Risk to be completed every 30 days whether the member is actively engaged in coaching or not.
Wellness Plan
Better Addiction Care

Recovery Capital Index Scorecard  /100

Recovery Capital are all the things inside you and around you that affect your addiction wellness. The Recovery Capital Index (RCI) is a 360-degree measurement that you and your coach can use to track your progress and personalize your coaching and wellness plan. The RCI is most helpful when compiled every 30 days.

Please note: The Recovery Capital Index is not a diagnostic or clinical measure.

<table>
<thead>
<tr>
<th>Personal Capital</th>
<th>Social Capital</th>
<th>Cultural Capital</th>
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<tbody>
<tr>
<td>General Health</td>
<td>Family Support</td>
<td>Beliefs</td>
</tr>
<tr>
<td>Mental/Emotional Wellbeing</td>
<td>Significant Other</td>
<td>Values</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Social Support</td>
<td>Spirituality</td>
</tr>
<tr>
<td>Employment</td>
<td>Social Mobility</td>
<td>Sense of Purpose</td>
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<tr>
<td>Education</td>
<td>Healthy Lifestyle</td>
<td>Cultural Relevance</td>
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<tr>
<td>Financial Wellbeing</td>
<td>Access to Healthcare</td>
<td>Sense of Community</td>
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<tr>
<td>Housing/Living Situation</td>
<td>Safety</td>
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<td>Transportation</td>
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<tr>
<td>Clothing</td>
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What Your Score Means
Based on scores from hundreds of members.

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<tr>
<th>Score Range</th>
<th>Description</th>
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<tbody>
<tr>
<td>0 - 50</td>
<td>Negative</td>
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<tr>
<td>51 - 70</td>
<td>Moderate</td>
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<tr>
<td>71 - 100</td>
<td>Positive</td>
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Average Member RCI Score
When actively involved in coaching

<table>
<thead>
<tr>
<th>Score</th>
<th>Days</th>
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<tbody>
<tr>
<td>65.26</td>
<td>Start</td>
</tr>
<tr>
<td>68.11</td>
<td>30 Days</td>
</tr>
<tr>
<td>68.34</td>
<td>60 Days</td>
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<tr>
<td>68.93</td>
<td>90 Days</td>
</tr>
<tr>
<td>70.70</td>
<td>120 Days</td>
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Goals & Actions
These are goals and actions based on input from the first wellness consult session. You are free to modify your coach will work with you over time to develop action strategies and adjust over time.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Actions</th>
<th>Due Date</th>
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Change in RCI Total Score: Baseline to Final RCI (Regardless of when taken)
Members Coached by Denver & South Dakota

% Change by Member
Red = Negative Change
Green = Positive Change

Average % Change from baseline RCI to final RCI
6.04%

Members with a positive change from baseline RCI to their final RCI
259

Members with a negative change from baseline RCI to their final RCI
100

Average % Change from baseline RCI to final RCI
4.33%

Members with a positive change from baseline RCI to their final RCI
62

Members with a negative change from baseline RCI to their final RCI
27
People with Addiction

**AT 60 DAYS OF COACHING:**
- 89% reduce the negative impact on their employment
- 79% reduce involvement with criminal justice system because of addiction-related issues

**AT 90 DAYS OF COACHING:**
- 75% reduce their healthcare usage because of addiction-related issues
- 75% are now seeing a primary care physician

**AT 120 DAYS OF COACHING:**
- 83% have more meaningful participation in their community

Loved Ones

**AT 30 DAYS OF COACHING:**
- 33% have more meaningful participation in their community

**AT 60 DAYS OF COACHING:**
- 38% now have people in their community that look to them for support

**AT 90 DAYS OF COACHING:**
- 69% are less likely to have addiction negatively impacting their employment
For every $1.00 spent

coaching people with addiction delivers a $12.40

coaching loved ones delivers a $2.58

social return on investment

* Note: SROI analysis conducted by Ecotone Analytics GBR.
“Recovery capital constitutes the potential antidote for the problems that have plagued recovery efforts”

William White | recovery researcher and author
David's Recovery Capital

- December
- January
- February
- March
- April

- RCI
- Physical
- Social
- Cultural

71.81
Questions
Contact

Susan Broderick, J.D.
Founder and CEO, Building Bridges to Recovery
bb2recovery.com
sbroderick@ndaajustice.org

George S. Braucht, LPC, CPCS and CARES
Brauchtworks
brauchtworks.com
(404) 310-3941
george@brauchtworks.com

David Whitesock
Chief Innovation Officer
Face It TOGETHER
dwhitesock@wefaceittogether.org
BJA’s Comprehensive Opioid, Stimulant, and Substance Abuse Program