Recovery Planning & Sustainability

Dean LeMire
National Recovery Institute Adjunct Faculty

Learning Objectives

Attendees will be able to:

• Describe differences between (and strategies for transitioning from) acute model of substance use to a chronic/recovery-oriented model of care
• Describe why and how we can shift power in achieving recovery goals from provider to the individual
• Describe Recovery Wellness Planning as delivered by peer professionals and incorporated into, provided collaboratively, or provided in lieu of clinical care
Define it:

RECOVERY
Context: Substance Use Disorders (SUD)
& Mental Health Disorders (MHD)

Working Definition of Recovery

“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, 2012
Four Dimensions of Recovery

- Health
- Home
- Purpose
- Community

Eight Dimensions of Wellness

Image courtesy SAMHSA
Guiding Principles of Recovery

1. Emerges from hope
2. Is person-driven
3. Occurs via many pathways
4. Is holistic
5. Is supported by peers and allies
6. Is supported through relationship and social networks

Guiding Principles of Recovery, cont’d

7. Is culturally-based and influenced
8. Is supported by addressing trauma
9. Involves individual, family, and community strengths and responsibility
10. Is based on respect
Recovery: Characteristics

- Begins prior to the cessation of drug use;
- Is marked in its earliest stages by extreme ambivalence;
- Is influenced by age-, gender-, and culture-mediated change processes;
- Involves predictable stages, processes, and levels of change; and that…
- Those factors that maintain recovery are different than the factors that initiate recovery

(White, 2006)

Stages of Change: Transtheoretical Model

Precontemplative ➔ Contemplative ➔ Preparation ➔ Action ➔ Maintenance

Harm Reduction Supports/Equipment, Screening, Brief Motivational Interviewing, Housing
Harm Reduction Supports/Equipment, Screening, Motivational Interviewing, Resource Brokering, Housing
Clinical Interventions, Motivational Interviewing, Resource Brokering, Housing
Recovery Management Checkups, Clinical Interventions, Housing

Recovery Research Institute, (n.d.)
SUD & MHD Systems of Care

1. Do our systems & services reflect Recovery principles, elements, definition?

2. How would we describe historic/prevalent model of care?

3. What improvements could be made?

Acute Care Model (AC)

Characteristics
- Crisis-linked point of intervention
- Brief duration of care
- Singular focus on symptom suppression (abstinence)
- Professionally-dominated decision-making process
- Short service relationship
- Expectation of full and permanent problem resolution following discharge or ‘graduation’

Influences
- Medicalization, professionalization, and commercialization of SUD/MHD treatment
- Funders/funding mechanisms
- Fed and State regulations
- ‘Silo’ professional culture

White, 2008
Recovery-Oriented Systems of Care (ROSC)

**Definition:** A ROSC is 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. (White, n.d.)

**Characteristics**
- Chronic care model
- Easy to navigate for individuals seeking care
- Transparent in operations
- Responsive to cultural diversity

**Includes**
- Longer-term outpatient care
- Recovery Housing
- Recovery Coaching/Aftercare Checkups

**Treatment Providers**
- Act in partnership/consultation role
- Draw upon individual goals, strengths, family supports, community resources

SAMHSA, 2016
A ROSC is Outcomes-Driven

**For the individual**
- Abstinence, incl. 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

(White, n.d.)

AC to ROSC: A paradigm shift

- Question is no longer, “How do we get this person into treatment?”
- Question becomes, “How do we nest the process of recovery within the client’s natural environment?”

White, Kurtz, Sanders, 2006
**Role of client**

*White, Kurtz, Sanders, 2006*

**Acute Care Model**
- The major obstacle to his/her recovery
- Dependent upon fiduciary expert for treatment planning/evaluation

**Recovery-Oriented Services**
- Manages his/her own recovery process
- Must become expert on his/her condition and its management
- Included in service planning and evaluation
- Involves peers and family members in policy-making positions, volunteer and paid service roles

---

**Service Relationship**

*White, Kurtz, Sanders, 2006*

**Acute Care Model**
- Hierarchical
- Time-limited
- Highly commercialized

**Recovery-Oriented Services**
- Lower power differential
- More time-sustained, emphasis on continuity of contact
- More natural
- Provider is teacher and ally
Challenges to implementation

Historical & Conceptual
• Substance Use & Behavioral Health treatment created in image of acute care (hospitals), relevant accreditation standards
• Biopsychological concept vs. biopsychosocial
• Care measured in # of days, sessions, often with predetermined end dates

Financial
• Acute care reimbursement schemes
• Responding to complex, chronic, changing needs across time=expensive

Anything else?

Considerations for implementation

• Many with SUD experience less severity and resolve symptoms themselves (Natural Recovery)
• Many people with SUD engage treatment and recovery services with high Recovery Capital, and need few or less intense interventions in order to recover
• Use all available tools to gauge problem severity and recovery capital to match appropriate interventions and supports
• Center the client/patient in decisions about appropriate interventions and supports
Patient-Centered Care

The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one's person, circumstances, and relationships in health care.

Berwick, 2009

Patient-Centered Care maxims

1) “The needs of the patient come first.”

2) “Nothing about me without me.”

3) “Every patient is the only patient.”

Berwick, 2009
Recovery Capital (RC): A New Framework for Evaluation

**Definition**

The breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from severe MH and substance use problems

**RC Categories**

- Personal
- Family/Social
- Community
- Cultural

White, Cloud (2008)

---

Recovery Capital Evaluation Domains

**Include:**

- Career/Education
- Leisure/Recreation
- Independence from Legal Problems
- Employment/Financial Independence
- Drug & Alcohol Recovery
- Relationship/Social Support
- Medical Health
- Mental/Spiritual Wellness
- Mood/Confidence/Problem Solving
- Treatment/Recovery Support

White, Cloud (2008)
Recovery Capital Evaluation Tools

Recovery Capital Scale

Place a number by each statement that best summarizes your situation.

5. Strongly Agree
4. Agree
3. Sometimes
2. Disagree
1. Strongly Disagree

1. I have the financial resources to provide for myself and my family.
2. I have personal transportation or access to public transportation.
3. I live in a home and neighborhood that is safe and secure.
4. I live in an environment free from alcohol and other drugs.
5. I have an intimate partner supportive of my recovery process.
6. I have family members who are supportive of my recovery process.
7. I have friends who are supportive of my recovery process.
8. I have people close to me (intimate partner, family members, or friends) who are also in recovery.
9. I have a stable job that I enjoy and that provides for my basic necessities.
10. I have an education or work environment that is conducive to my long-term recovery.
11. I continue to participate in a continuing care program of an addiction treatment program (e.g., groups, alumni association meetings, etc.).
12. I have a professional assistance program that is monitoring and supporting my recovery process.
13. I have a primary care physician who attends to my health problems.
14. I am now in a reasonably good health.
15. I have an active plan to manage any lingering or potential health problems.
16. I am on prescribed medication that minimizes my cravings for alcohol and other drugs.
17. I have insurance that will allow me to receive help for major health problems.
18. I have access to regular, nutritious meals.
19. I have clothes that are comfortable, clean and conducive to my recovery activities.
20. I have access to recovery support groups in my local community.
21. I have established close affiliation with a local recovery support group.
22. I have a sponsor (or equivalent) who serves as a special mentor related to my recovery.
23. I have access to Online recovery support groups.
24. I have completed or am complying with all legal requirements related to my past.
25. There are other people who rely on me to support their own recoveries.
26. My immediate physical environment contains literature, tokens, posters or other symbols of my commitment to recovery.
27. I have recovery rituals that are now part of my daily life.
28. I had a profound experience that marked the beginning or deepening of my commitment to recovery.

Possible Score: 175
My Score: ______

The areas in which I scored lowest were the following:

1. ______
2. ______
3. ______
4. ______
5. ______
Recovery Capital Evaluation Tools

Recovery Capital Plan

After completing and reviewing the Recovery Capital Scale, complete the following:

In the next year, I will increase my recovery capital by doing the following:

Goal # 1: ________________________________
Goal # 2: ________________________________
Goal # 3: ________________________________
Goal # 4: ________________________________

My Recovery Capital “To Do” List

In the next week, I will do the following activities to move closer to achieving the above goals:

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________
5. ________________________________
Recovery Capital Evaluation Tools

- **START**
- Recovery Capital Scale Domains Assessed
- Recovery Plan
- Goals Established
- 3 Priority Goals
- Strategies/Activities
- Progress Evaluated
- Needs Re-evaluated

Recovery Wellness Planning

**Characteristics:**

- Developed by utilizing Recovery Capital and client choice as bases for goal-setting
- Developed largely by the client
- Client keeps their plan (or a copy)
- Cornerstone of Recovery Coaching

Images courtesy White Horse Recovery Center (NH)
Recovery Planning: Comparison

<table>
<thead>
<tr>
<th>Medical Model</th>
<th>Social Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Diagnostic battery prior to participation</td>
<td>• No diagnoses required for participation</td>
</tr>
<tr>
<td>• Focus: alcohol, drug, medical, and psychiatric health needs (rarely includes job skills development or house searching)</td>
<td>• Client is responsible for the development, revision, and implementation of their recovery plans each week, month or phase of their stay</td>
</tr>
<tr>
<td>• Treatment plans created by professional team and signed by client</td>
<td>• Staff/volunteers and peer residents play “guide” and “teacher” role in the planning and monitoring process</td>
</tr>
<tr>
<td>• 25%-40% time spent on documentation</td>
<td>• Minimal documentation</td>
</tr>
<tr>
<td>• Discharge dates determined by clinical team</td>
<td>• Undefined discharge dates or decided by/in collaboration with client</td>
</tr>
</tbody>
</table>

What’s the biggest difference?

Borkman, 1998

---

The Recovery Coach

**Characteristics:**

• Often has lived experience of SUD/recovery
• Works primarily in community-based settings (i.e. Recovery Community Center for Recovery Community Organization)

Image courtesy SOS Recovery Community Organization (NH)
The Recovery Coach: Role Clarity Matrix

<table>
<thead>
<tr>
<th>Other Titles</th>
<th>Peer Recovery Support Specialist</th>
<th>Substance Use Counselor</th>
<th>Professional Recovery Coach</th>
</tr>
</thead>
</table>

Schuyler, Brown, White, 2016

<table>
<thead>
<tr>
<th>Primary purpose of role</th>
<th>Peer Recovery Support Specialist</th>
<th>Substance Use Counselor</th>
<th>Professional Recovery Coach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotion of long-term substance use recovery, with recovery most frequently defined in terms of sobriety (or remission), enhancement of wellness and recovery capital, and healing of person-community relationship (citizenship)</td>
<td>Clinical, (medical &amp; social models) emerged within the professionalization of substance use treatment and being encompassed within present integration of behavioral health</td>
<td>Personal transformation resulting in peace with past and others; present life in good order; imagining and working towards a powerful, positive, and compelling vision of future; manifestation of unique and satisfying life in recovery</td>
<td></td>
</tr>
</tbody>
</table>

Schuyler, Brown, White, 2016
### The Recovery Coach: Role Clarity Matrix

<table>
<thead>
<tr>
<th>Nature of role</th>
<th>Peer Recovery Support Specialist</th>
<th>Substance Use Counselor</th>
<th>Professional Recovery Coach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-clinical, recovery model, being integrated into behavioral health, emerged out of new grassroots recovery community organizations and expansion of recovery support services</td>
<td>Non-clinical, recovery with recovery defined in terms of post-treatment abstinence and social function and enhancement of family health; Healing and resolution of related traumas, issues, blocks</td>
<td>Non-clinical, non-diagnostic, supporting multiple pathways to recovery, rooted in strengths and wellness; success-oriented, expansion of the personal coaching and business coaching models, focus is on personal transformation</td>
<td></td>
</tr>
</tbody>
</table>

Schuyler, Brown, White, 2016

### The Recovery Coach: Role Clarity Matrix

<table>
<thead>
<tr>
<th>Relational model</th>
<th>Peer Recovery Support Specialist</th>
<th>Substance Use Counselor</th>
<th>Professional Recovery Coach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural/Partnership reciprocal (non-hierarchical), non-commercialized, and potentially enduring experience and mutual support Uses his/her own story as a means of offering testimony to the reality and power of recovery, uses his/her own story as guidance on how to live in recovery</td>
<td>Partnership of equals co-created in service of the client: client is the expert on themselves and at choice, coach brings expertise in communication, and as change agent emphasis on supporting, challenging, and accountability</td>
<td>Professional, hierarchical, (expert model), highly commoditized and commercialized (as a billable service), transient (ever-briefer) Expert model teaching client/patient what he/she should or must do to recover; recent calls for transition from expert model to partnership model</td>
<td></td>
</tr>
</tbody>
</table>

Schuyler, Brown, White, 2016
### Recovery Philosophy

**Peer Recovery Support Specialist**
- Natural/Partnership reciprocal (nonhierarchical), noncommercialized, and potentially enduring; Peer model based on lived experience and mutual support; Uses his/her own story as a means of offering testimony to the reality and power of recovery; strong advocacy role to shape pro-recovery policies and practices in the community.

**Substance Use Counselor**
- Tend to view recovery as something that happens inside the client and focuses on breaking the person-drug relationship, modifying the client's perceptions, thoughts, and actions, and assessment of the environmental influences of Substance Use and recovery.

**Professional Recovery Coach**
- View recovery as something that is naturally attractive and occurs when the client is in touch with the outcomes they want in their life and has ongoing support and accountability in their capacity to be successful.

---

### Support across the Stages of Recovery

**Peer Recovery Support Specialist**
- May include collaboration with Substance Use professionals on recovery initiation and extends beyond to include pre-recovery, transition between recovery initiation and recovery maintenance, transition from recovery maintenance to enhanced quality of life in long-term recovery.

**Substance Use Counselor**
- Primary focus in on recovery initiation/biopsychosocial stabilization of persons committed to sustained abstinence; recent calls to integrate harm reduction perspectives within the role; recent calls for sustained post-treatment recovery checkups.

**Professional Recovery Coach**
- May work individually or as part of team, supporting multiple pathways to recovery across all stages from pre-recovery through long-term. Supports client's choice of where to begin, what to work on, and vision of desired outcomes.

---

Schuyler, Brown, White, 2016
## The Recovery Coach: Role Clarity Matrix

<table>
<thead>
<tr>
<th>Peer Recovery Support Specialist</th>
<th>Substance Use Counselor</th>
<th>Professional Recovery Coach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recovery Goals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus on removing obstacles to recovery and building personal, family, and community recovery capital to support long-term recovery</td>
<td>Primary role is in facilitating the process of recovery initiation for those who have reached a point of readiness to change</td>
<td>Focus on facilitating self-understanding and a higher level of functioning &amp; performance; helping client achieve their life, business, and recovery goals more easily and quickly than they would on their own; increasing internal and external skills and assets</td>
</tr>
<tr>
<td><strong>Recovery Planning Framework</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitates the development of a person-driven recovery plan, much broader in scope and more community- and recovery-focused than traditional treatment plans</td>
<td>Utilizes problems generated from the assessment data to generate a professionally directed treatment plan; makes diagnosis; probes undisclosed “issues”</td>
<td>Facilitates the development of client-driven goals &amp; plans based on their stated outcomes, and facilitates the skills needed to achieve them; broader than abstinence to include lifestyle and vision of success.</td>
</tr>
</tbody>
</table>

Schuyler, Brown, White, 2016
### The Recovery Coach: Role Clarity Matrix

<table>
<thead>
<tr>
<th>Peer Recovery Support Specialist</th>
<th>Substance Use Counselor</th>
<th>Professional Recovery Coach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Words used to describe activities of role</strong></td>
<td>Identify, engage, encourage, motivate, share, express, enhance, orient, help, link, consult, monitor, transport, praise, enlist, support, organize, advocate, empower, model</td>
<td>Diagnose, treat, assess, screen, refer, document, counsel, pathology, educate, advise</td>
</tr>
</tbody>
</table>

Schuyler, Brown, White, 2016

---

### The Recovery Coach: Role Clarity Matrix

<table>
<thead>
<tr>
<th>Peer Recovery Support Specialist</th>
<th>Substance Use Counselor</th>
<th>Professional Recovery Coach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education and training</strong></td>
<td>Credibility springs from experiential knowledge (direct experience) and experiential expertise (demonstrated ability to use experiential knowledge to affect change in oneself and others), certification status for peer recovery support specialists varies widely by state</td>
<td>Credentialed by experience of formal education and institutionally credential led via certification or licensure, NAADAC, ICRC, state certification bodies</td>
</tr>
</tbody>
</table>

Schuyler, Brown, White, 2016
# The Recovery Coach: Role Clarity Matrix

<table>
<thead>
<tr>
<th>Core Competence</th>
<th>Peer Recovery Support Specialist</th>
<th>Substance Use Counselor</th>
<th>Professional Recovery Coach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge/modeling of core recovery competencies or values; pathways, styles and stages of personal &amp; family recovery; knowledge of diverse cultures of recovery; ability to navigate service structures of local recovery mutual aid groups and orgs; ethical decision-making; skills in recovery planning; assertive linkage to indigenous recovery supports</td>
<td>Knowledge of Substance Use and skills to perform clinically-oriented functions; pharmacology, epidemiology, theories of Substance Use; screening and assessment skills; theories of counseling; treatment planning cultural competence; counseling techniques, ethical decision-making; documentation protocol; working within multidisciplinary team</td>
<td>Knowledge/use of professional coaching skills, understanding or knowledge of recovery and Substance Use, and additional topics as needed with a given client; ability to generate possibility and elicit positive change talk, etc.</td>
<td></td>
</tr>
</tbody>
</table>

Schuyler, Brown, White, 2016

## Financial Payment

<table>
<thead>
<tr>
<th>Peer Recovery Support Specialist</th>
<th>Substance Use Counselor</th>
<th>Professional Recovery Coach</th>
</tr>
</thead>
<tbody>
<tr>
<td>May be volunteer or paid position</td>
<td>Paid position</td>
<td>Paid position with or without pro bono work</td>
</tr>
</tbody>
</table>

Schuyler, Brown, White, 2016
## The Recovery Coach: Role Clarity Matrix

<table>
<thead>
<tr>
<th>Peer Recovery Support Specialist</th>
<th>Substance Use Counselor</th>
<th>Professional Recovery Coach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Duration of contact</strong></td>
<td>Highly variable, with some expected to sustain contact for months and years, longer service relationship, focus on maintaining continuity of contact over time</td>
<td>Relationship is characterized by a clear beginning, middle, and end; relatively brief and becoming ever briefer, posttreatment contact historically viewed as ethically suspect</td>
</tr>
</tbody>
</table>

Schuyler, Brown, White, 2016

<table>
<thead>
<tr>
<th>Peer Recovery Support Specialist</th>
<th>Substance Use Counselor</th>
<th>Professional Recovery Coach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service delivery area</strong></td>
<td>In the person’s natural environment; linking people from treatment institutions to indigenous communities of recovery; support delivered as close as possible to the person’s natural environment; telephone based and other e-based recovery supports</td>
<td>Treatment center or institution; office based; some extension to “e-therapy”</td>
</tr>
</tbody>
</table>

Schuyler, Brown, White, 2016
### The Recovery Coach: Role Clarity Matrix

<table>
<thead>
<tr>
<th>Linkage to local communities of recovery</th>
<th>Peer Recovery Support Specialist</th>
<th>Substance Use Counselor</th>
<th>Professional Recovery Coach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct communication with indigenous recovery support organizations Emphasis on orienting and assertively guiding individuals into engagement with communities of recovery</td>
<td>Variable levels of communication with indigenous recovery community organizations Passive referral (verbal encouragement with possible provision of meeting list) is dominant pattern; growing calls for more assertive linkage procedures</td>
<td>Minimal or indirect communication with indigenous recovery community organizations; Client is coached to find and connect with resources, including local or online communities of recovery Useful for those areas with few services or for additional recovery pathway options</td>
<td></td>
</tr>
</tbody>
</table>

Schuyler, Brown, White, 2016

### Recovery Community Organizations (RCO)

- Independent, non-profit organizations led and governed by representatives of local communities of recovery.
- Organize recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and/or provide peer-based recovery support services (PRSS).
- Involve entire Recovery Community (people in recovery, their families, friends and allies, including recovery-focused substance use and recovery professionals, organizations whose members reflect religious, spiritual and secular pathways of recovery)
- Mission: To mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery from alcohol and other substance use. Public education, policy advocacy and peer-based recovery support services are the strategies through which this mission is achieved.

Valentine, White, Taylor, 2007
Recovery Community Organizations (RCO) Resources

Faces & Voices of Recovery
http://facesandvoicesofrecovery.org

Association of Recovery Community Organizations (ARCO) member locator:
https://facesandvoicesofrecovery.org/programs/arco/rcos-on-the-map.html

Rebel Recovery (RCO in Florida)
https://www.rebelrecoveryfl.com/

Thank You!

The mission of the National Recovery Institute is to increase the knowledge, capacity, and accountability of recovery support providers throughout the United States and territories.

Presenter Contact
deanlemire@gmail.com

NRI Contact
Hrose@facesandvoicesofrecovery.org

Learn More
Resources

• SAPT Organizational Assessment tool
  http://www.myflfamilies.com/search/google/SAPT?query=SAPT&cx=001246626777910876508%3Aznyio2rfb2i&cof=FORID%3A11&siteSearch

• Recovery Capital Scale

References

**RSA-R**  
**Person in Recovery Version**

*Please circle the number below which reflects how accurately the following statements describe the activities, values, policies, and practices of this program.*

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
<th>D/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Staff welcome me and help me feel comfortable in this program.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>2. The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels inviting and dignified.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>3. Staff encourage me to have hope and high expectations for myself and my recovery.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>4. I can change my clinician or case manager if I want to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>5. I can easily access my treatment records if I want to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>6. Staff do not use threats, bribes, or other forms of pressure to get me to do what they want.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>7. Staff believe that I can recover.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>8. Staff believe that I have the ability to manage my own symptoms.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>9. Staff believe that I can make my own life choices regarding things such as where to live, when to work, whom to be friends with, etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>10. Staff listen to me and respect my decisions about my treatment and care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>11. Staff regularly ask me about my interests and the things I would like to do in the community.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>12. Staff encourage me to take risks and try new things.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>13. This program offers specific services that fit my unique culture and life experiences.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>14. I am given opportunities to discuss my spiritual needs and interests when I wish.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>15. I am given opportunities to discuss my sexual needs and interests when I wish.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>16. Staff help me to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>17. Staff help me to find jobs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>18. Staff help me to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>19. Staff help me to include people who are important to me in my recovery/treatment planning (such as family, friends, clergy, or an employer).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>20. Staff introduce me to people in recovery who can serve as role models or mentors.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>

21. Staff offer to help me connect with self-help, peer support, or consumer advocacy groups and programs.

22. Staff help me to find ways to give back to my community, (i.e., volunteering, community services, neighborhood watch/cleanup).

23. I am encouraged to help staff with the development of new groups, programs, or services.

24. I am encouraged to be involved in the evaluation of this program’s services and service providers.

25. I am encouraged to attend agency advisory boards and/or management meetings if I want.

26. Staff talk with me about what it would take to complete or exit this program.

27. Staff help me keep track of the progress I am making towards my personal goals.

28. Staff work hard to help me fulfill my personal goals.

29. I am/can be involved with staff trainings and education programs at this agency.

30. Staff listen, and respond, to my cultural experiences, interests, and concerns.

31. Staff are knowledgeable about special interest groups and activities in the community.

32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>N/A</th>
<th>D/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

O’Connell, Tondora, Kidd, Stayner, Hawkins, and Davidson (2007)

This training is sponsored by Florida Alcohol and Drug Abuse Association and State of Florida, Department of Children and Families
Recovery Capital Scale

Robert Granfield and William Cloud introduced and elaborated on the concept of “recovery capital” in a series of articles and a 1999 book, *Coming Clean: Overcoming Addiction without Treatment*. They define recovery capital 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 differs within the same individual at multiple points in time. Recovery capital also interacts with problem severity to shape the intensity and duration of supports needed to achieve recovery. This interaction 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. The figure below indicates how these combinations of problem severity and recovery capital could differ.
Clients with high problem severity but very high recovery capital may require few 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 aid groups and a moderate level of ongoing supervision, the latter may require a higher intensity of treatment, greater enmeshment in a culture of recovery (e.g., placement in a recovery home, greater intensity of mutual aid involvement, involvement in recovery-based social activities), and a more rigorous level of ongoing monitoring and supervision.

Traditional addiction assessment instruments do a reasonably good job of evaluating problem severity and some of the newer instruments improve the assessment of problem complexity (e.g., co-occurring medical/psychiatric problems), but few instruments measure recovery capital. The scale on the following page is intended as a self-assessment instrument to help a client measure his or her degree of recovery capital. The scale can be completed and discussed in an interview format, or it can be completed by the client and then discussed with the professional helper.

References


Recovery Capital Scale

Place a number by each statement that best summarizes your situation.

5. Strongly Agree
4. Agree
3. Sometimes
2. Disagree
1. Strongly Disagree

___ I have the financial resources to provide for myself and my family.
___ I have personal transportation or access to public transportation.
___ I live in a home and neighborhood that is safe and secure.
___ I live in an environment free from alcohol and other drugs.
___ I have an intimate partner supportive of my recovery process.
___ I have family members who are supportive of my recovery process.
___ I have friends who are supportive of my recovery process.
___ I have people close to me (intimate partner, family members, or friends) who are also in recovery.
___ I have a stable job that I enjoy and that provides for my basic necessities.
___ I have an education or work environment that is conducive to my long-term recovery.
___ I continue to participate in a continuing care program of an addiction treatment program, (e.g., groups, alumni association meetings, etc.)
___ I have a professional assistance program that is monitoring and supporting my recovery process.
___ I have a primary care physician who attends to my health problems.
___ I am now in reasonably good health.
___ I have an active plan to manage any lingering or potential health problems.
___ I am on prescribed medication that minimizes my cravings for alcohol and other drugs.
___ I have insurance that will allow me to receive help for major health problems.
___ I have access to regular, nutritious meals.
___ I have clothes that are comfortable, clean and conducive to my recovery activities.
___ I have access to recovery support groups in my local community.
___ I have established close affiliation with a local recovery support group.
___ I have a sponsor (or equivalent) who serves as a special mentor related to my recovery.
___ I have access to Online recovery support groups.
___ I have completed or am complying with all legal requirements related to my past.
___ There are other people who rely on me to support their own recoveries.
___ My immediate physical environment contains literature, tokens, posters or other symbols of my commitment to recovery.
___ I have recovery rituals that are now part of my daily life.
___ I had a profound experience that marked the beginning or deepening of my commitment to recovery.
I now have goals and great hopes for my future.
I have problem solving skills and resources that I lacked during my years of active addiction.
I feel like I have meaningful, positive participation in my family and community.
Today I have a clear sense of who I am.
I know that my life has a purpose.
Service to others is now an important part of my life.
My personal values and sense of right and wrong have become clearer and stronger in recent years.

Possible Score: 175
My Score: _____

The areas in which I scored lowest were the following:

1. _______________________
2. _______________________
3. _______________________
4. _______________________
5. _______________________
Recovery Capital Plan

After completing and reviewing the Recovery Capital Scale, complete the following.

In the next year, I will increase my recovery capital by doing the following:

Goal # 1: _____________________________________________________

Goal # 2: _____________________________________________________

Goal # 3: _____________________________________________________

Goal # 4: _____________________________________________________

My Recovery Capital “To Do” List

In the next week, I will do the following activities to move closer to achieving the above goals:

1. 

2. 

3. 

4. 

5.