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Recovery capital and COVID19: Predicting and improving the likelihood of recovery during a crisis

Professor David Best

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Areas to be covered in the presentation

1. What is recovery capital?
2. How do we measure recovery capital?
3. What predicts changes in recovery capital?
4. CHIME and Social Contagion
5. Recovery in a time of social isolation

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Section 1: What is recovery capital?

Recovery facts and models

Recovery statistics

- 58% recovery rate
- Relapse reduces to 14% in year 5
- 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

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Litt et al (2007, 2009)

- Post-alcohol detox
- Clients randomised to aftercare as usual or Network Support
- Those randomised to Network Support had a 27% reduction in chances of alcohol relapse in the next year
- This is assertive linkage
- Illustrates power of MA and mentor role

Recovery enablers - Humphreys and Lembke (2013)

Three key areas of clear evidence-based models for recovery:

RECOVERY HOUSING

MUTUAL AID

PEER DELIVERED INTERVENTIONS

- **Peer models are successful because they provide the personal direction, encouragement and role modelling necessary to initiate engagement and then to support ongoing participation**
- **In other words – peers have a role in all of the evidence-based recovery models**

Recovery studies in Birmingham and Glasgow (Best et al, 2011a; Best et al, 2011b)

- More time spent with other people in recovery
- More time in the last week spent:
  - Childcare
  - Engaging in community groups
  - Volunteering
  - Education or training
  - Employment

Best and Laudet (2010)

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Section 2: How to measure recovery capital?

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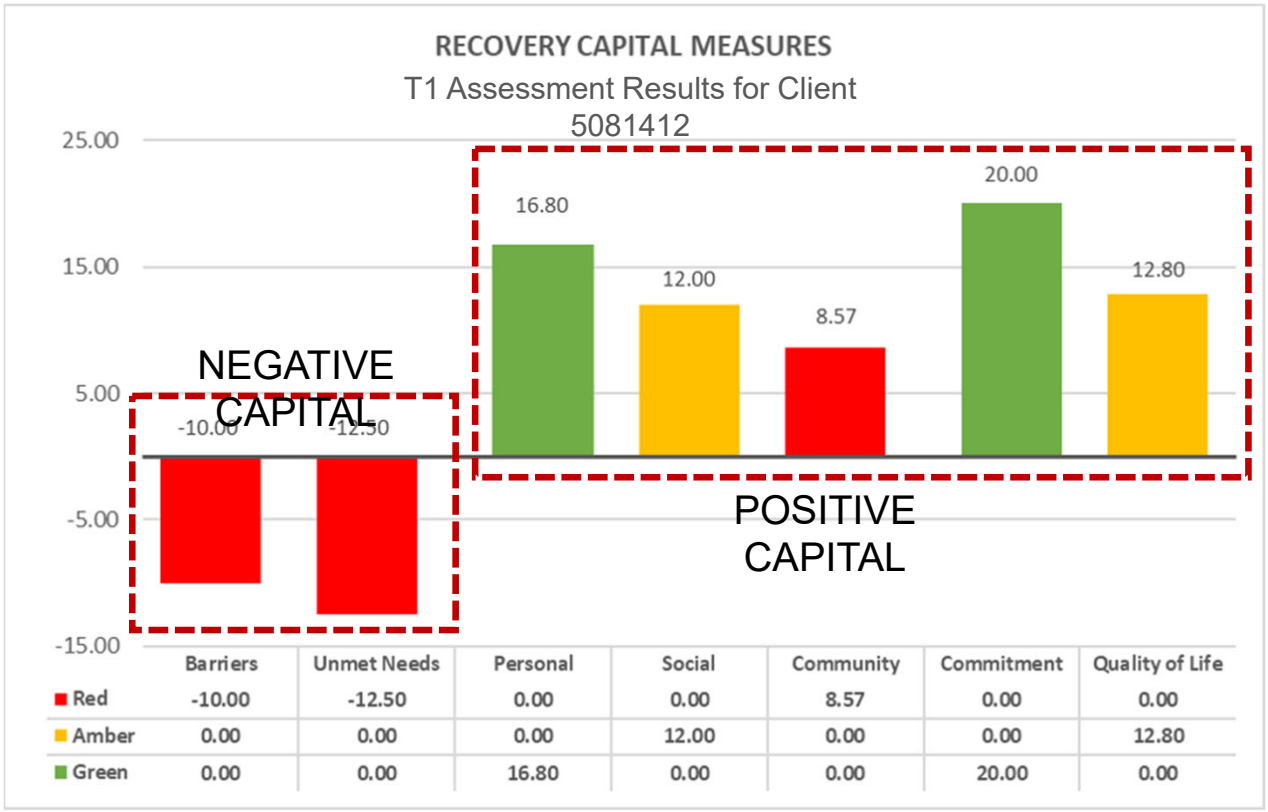
Recovery Capital Measures

- Combined Negative Capital Scale:
  - 0 to -100
- Combined Positive Capital Scale:
  - 0 to +100
- Scheduled for May 2020 Release
- Client Portal & Navigation Views
- Comparison: Baseline to Most Recent
- Color-Coding Schema:

RED	**<= 10**
AMBER	**> 10, <= 15**
GREEN	**> 15**



	Barriers	Unmet Needs	Personal	Social	Community	Commitment	Quality of Life
Red	-10.00	-12.50	0.00	0.00	8.57	0.00	0.00
Amber	0.00	0.00	0.00	12.00	0.00	0.00	12.80
Green	0.00	0.00	16.80	0.00	0.00	20.00	0.00

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Section 3: What predicts change in recovery capital?

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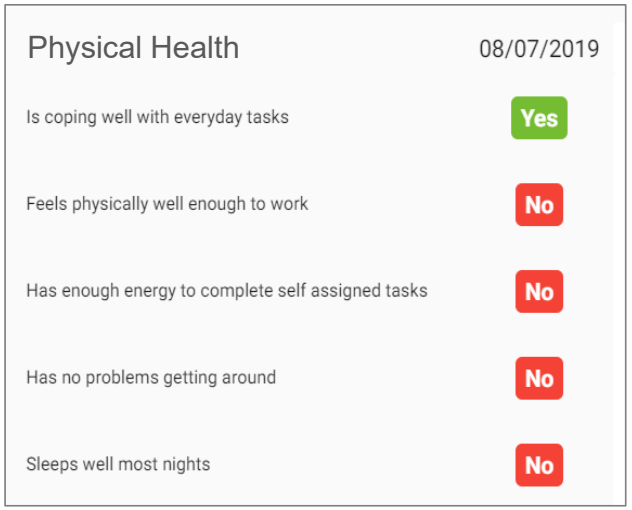
Measure

REC-CAP RESULTS

CLICK TO OPEN SUBDOMAIN MODAL

MODAL WINDOW



A modal window opens whenever a User clicks on a horizonal or vertical bar.

Best and Laudet (2010)

Therapeutic landscapes

Williams (1999): “changing places, settings, situations, locales and milieus that encompass the physical, psychological and social environments associated with treatment or healing” (Williams, 1999, p.2)

Wilton and DeVerteuil (2006) describe a cluster of alcohol and drug treatment services in San Pedro, California as a ‘recovery landscape’ as a foundation of spaces and activities that promote recovery

Wilton and DeVerteuil: a social project that extends beyond the boundaries of addiction services into the community through the emergence of an enduring recovery community, in which a sense of fellowship is developed in the wider community

Challenge stigma

Change community recovery capital

SOCIAL NETWORKS AND RECOVERY (SONAR)

- Study of 302 people entering one of 5 Australian TCs
- Followed by at 6m and 12m
- Retention in the TC predicted positive outcomes
- Biggest predictor of recovery outcomes was change in identity – the reduction in user identity and the increase in recovery identity
- Reductions in self-stigmatisation were also associated with improvements in recovery capital

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Section 4: CHIME and social contagion

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RNS Objectives & Orientation

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CHIME

C	Hope	**I**	Meaning	**E**
Connectedness	**H**	Identity	**M**	Empowerment

Public perceptions of addicts – Phillips and Shaw (2013)

Social distance study using vignettes

Four populations: smokers, obese people, active and recovering addicts

Addicts most discriminated against

US population generally do not believe in ‘recovery’

This is negative recovery capital, particularly if it is true of professionals

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Phillips and Shaw

"Individuals who are actively using substances and even individuals in remission from substance misuse are still targets of significant stigma and social distancing."

Extending the stigma research to trainee professionals (Cano et al, 2019)

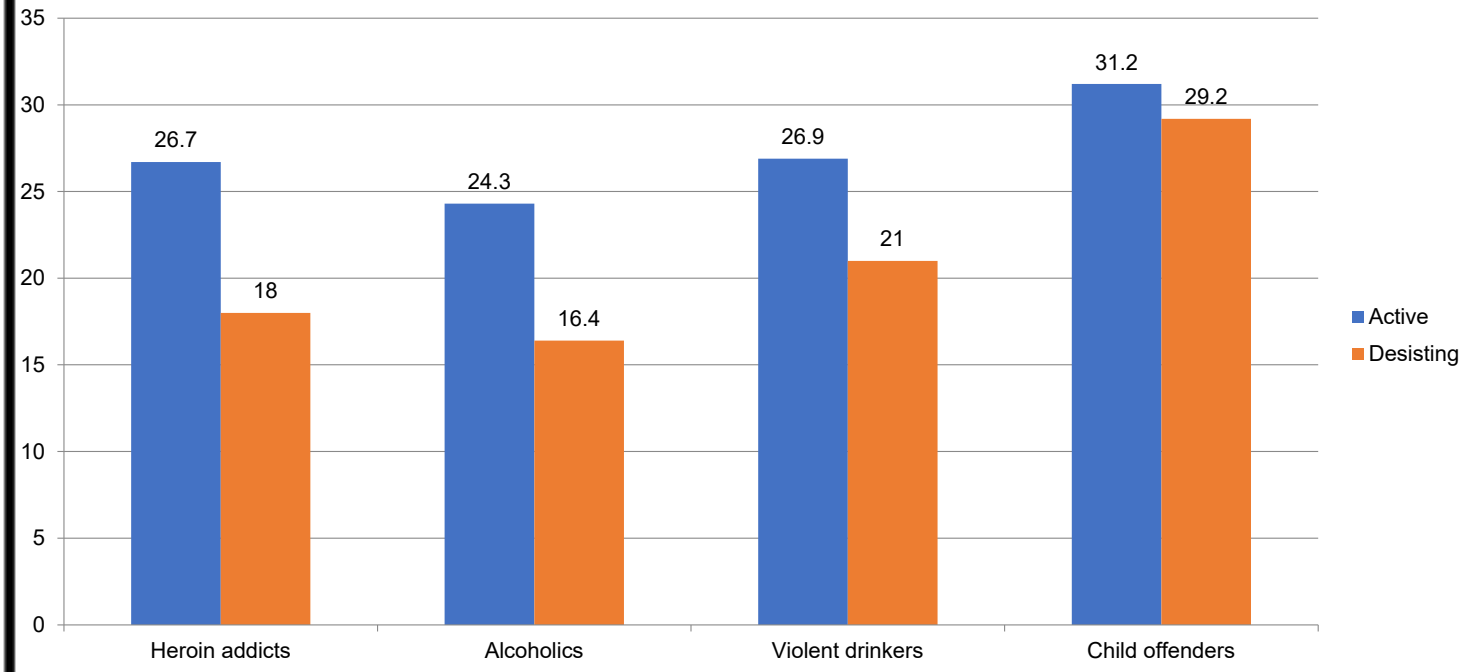
303 criminal justice and allied health students across all three years at Sheffield Hallam

Liaised with Lindsay Phillips about vignettes

Amended to four new populations active or recovering / desisting:

- Heroin addicts
- Alcoholics
- Violent drinkers
- Child offenders

Social distance scores for four key groups



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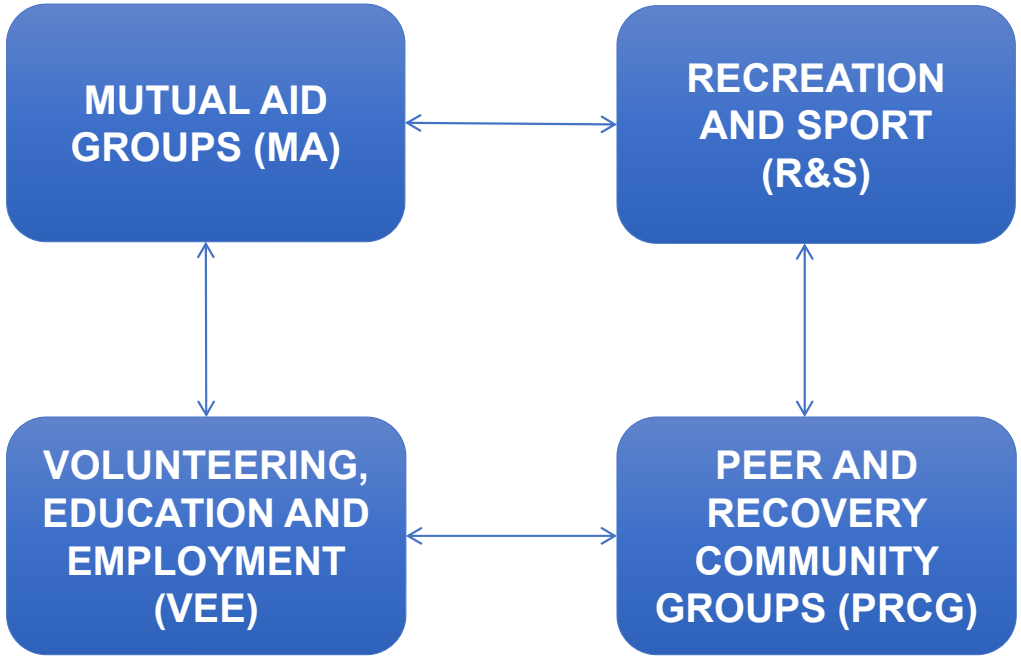
What to link to

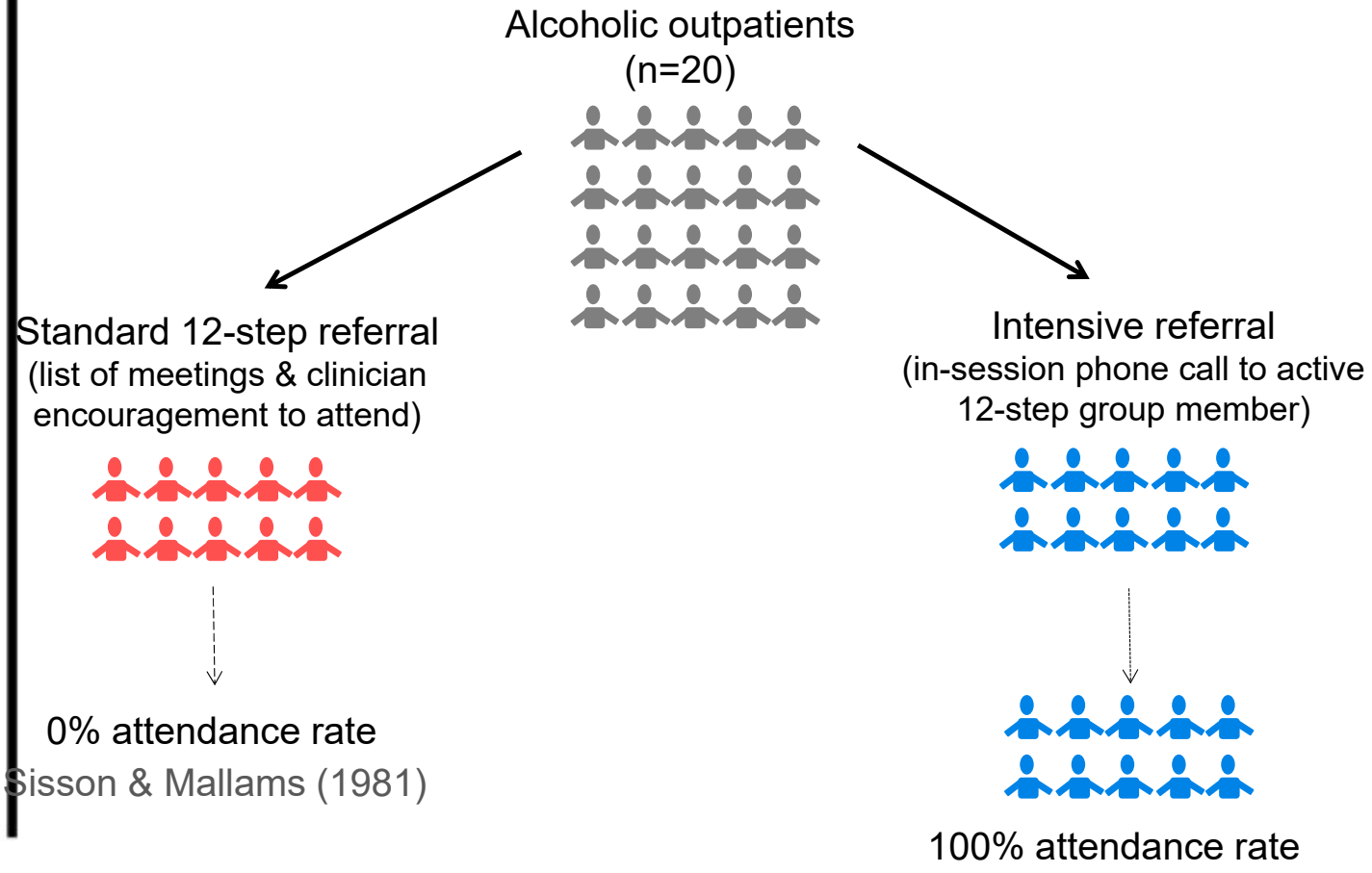
Asset Based Community Development Domains



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

“We do that already”: Normal referral processes are ineffective



Sisson & Mallams (1981)

Manning et al (2012)

Acute Assessment Unit at the Maudsley Hospital

Low rates of meeting attendance while on ward

RCT with three conditions:

- Information only
- Doctor referral
- Peer support

Those in the assertive linkage condition:

- More meeting attendance (AA, NA, CA) on ward
- More meeting attendance in the 3 months after departure
- Reduced substance use in the three months after departure

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Section 5: Recovery in a time of social isolation

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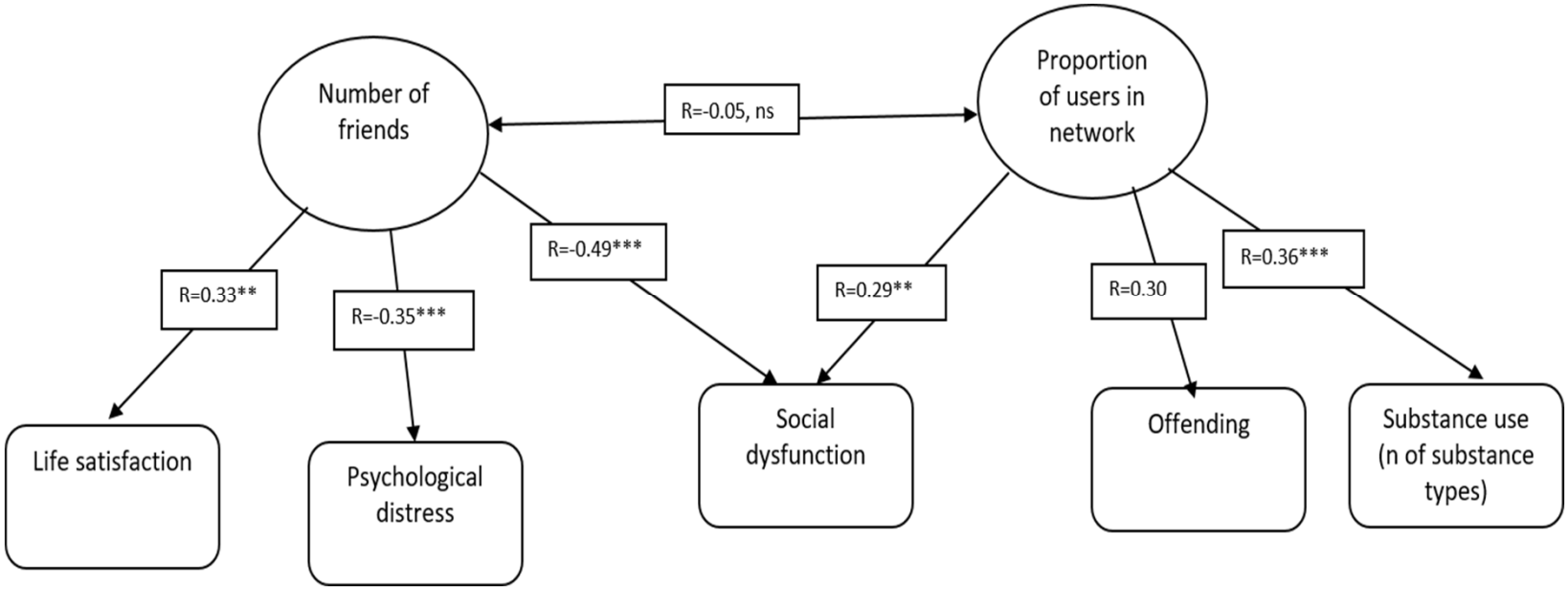
Mapping the associations between social network factors and treatment outcomes: Melbourne Youth Cohort Study (Best et al, 2016)



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The views of a UK recovery leader

No geographical boundaries by virtual groups – willingness to co-produce – shared groups for patients / not set to 9-5 often.

Peer support has driven a need to connect – which in not subservient to treatment providers

Community spirit “we are all in this together”

Mobilization of peoples assets – willingness to be creative - inventing / coping / sharing / social media / community networks - volunteering a lot of !! and endorsed not risk averse - bottom up not top down and top down recognising they cannot do this alone.

Guest prepared to share story – a humanistic approach – needing to connect

People exercising / slowing down.

Appreciation of clear skies ./ nature

Recovery Connectors group

- Chance to look at innovative questions
- What are recovery innovations?
- How do we know that they have worked?
- What is a recovery culture?
- What is a peer organisation?
- What do we want from treatment services?

- Available from The Well

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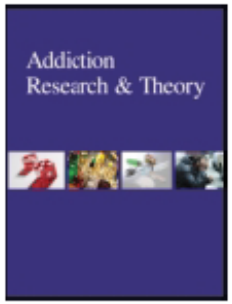

Overcoming alcohol and other drug addiction as a process of social identity transition: the social identity model of recovery (SIMOR)

David Best, Melinda Beckwith, Catherine Haslam, S. Alexander Haslam, Jolanda Jetten, Emily Mawson & Dan I. Lubman

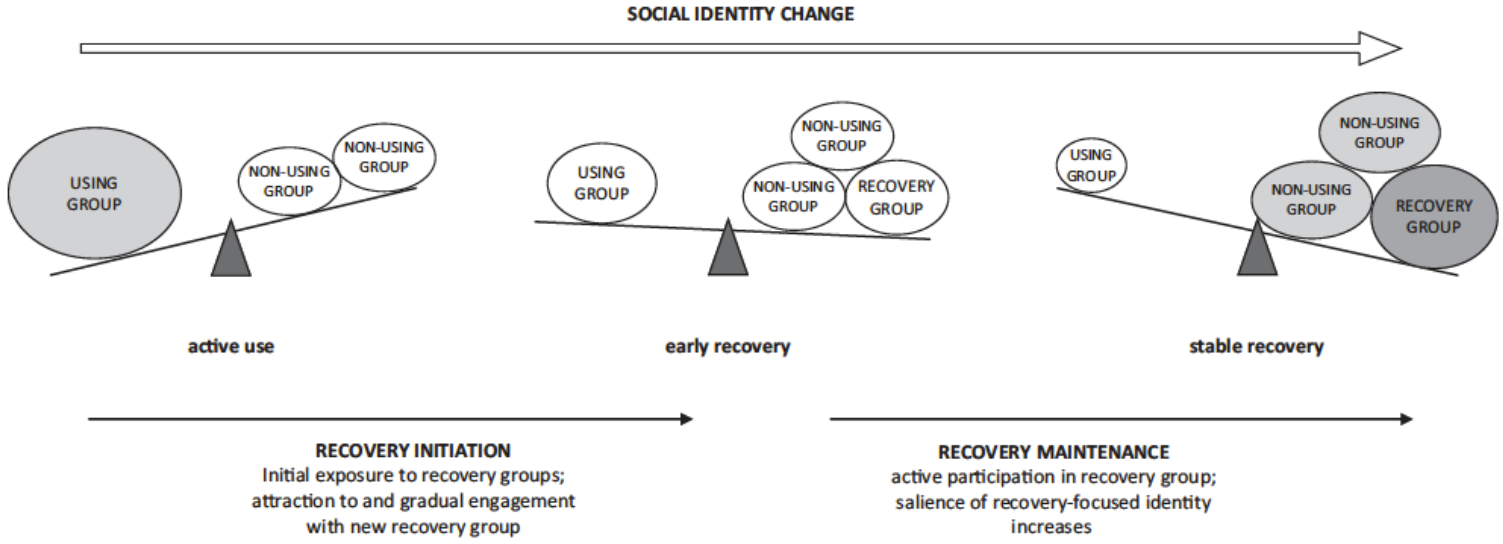

Figure 1. A schematic representation of social identity transition in the course of recovery from addiction.

Identity in Recovery

Early research: people in recovery described the process as

- recognition, acceptance, & repair of a ‘spoiled’ identity

Biernacki, 1986; McIntosh & McKeganey, 2001; Radcliffe, 2009, 2011

- AND desire to be ‘ordinary’, ‘normal’, ‘unremarkable and unstigmatised’

Biernacki, 1986; Nettleton, Neale, & Pickering, 2013; Radcliffe, 2011

- THUS constructing a ‘non-addict’ identity

McIntosh & McKeganey, 2000

"*central feature of a spoiled identity is the realization by an individual that he or she exhibits characteristics that are unacceptable both to themselves and to significant others*"

McIntosh & McKeganey, 2001, p.51

Critique: concern that seeing one’s identity as ‘spoiled’ may be a barrier to recovery

Neale, Nettleton, & Pickering, 2011

Identity in Recovery

BUT

‘middle class’ or ‘socially integrated’ or 'situational addicts' do NOT describe having had a ‘spoiled’ identity

- addiction had not disrupted engagement in conventional society
- had more recovery capital (personal & social resources) on which to draw

Biernacki, 1986; Dahl, 2015; Granfield & Cloud, 1996; Waldorf, 1983

people who were marginalised with fewer resources describe a ‘spoiled’ identity

- stigma underpins ‘spoiled’ identity, as per Goffman (1963)

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SO WHAT HAS THAT GOT TO DO WITH PRISONS?

STARTING WITH A TRANSITIONS PROGRAMME –

JOBS, FRIENDS AND HOUSES

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Offending changes

Before joining JFH, the clients had a total of 1142 recorded offences on the Police National Computer (an average of 32 per person), over criminal careers lasting 13 years.

Twenty-eight JFH staff had experienced a total of 176 imprisonments before the start of JFH.

Since joining JFH, a total of five offences had been recorded resulting in charge (by three individuals).

The average annual offence rate was 2.46 pre JFH and 0.15 since joining JFH. This represents a 94.1% reduction in the annual recorded offence rate.

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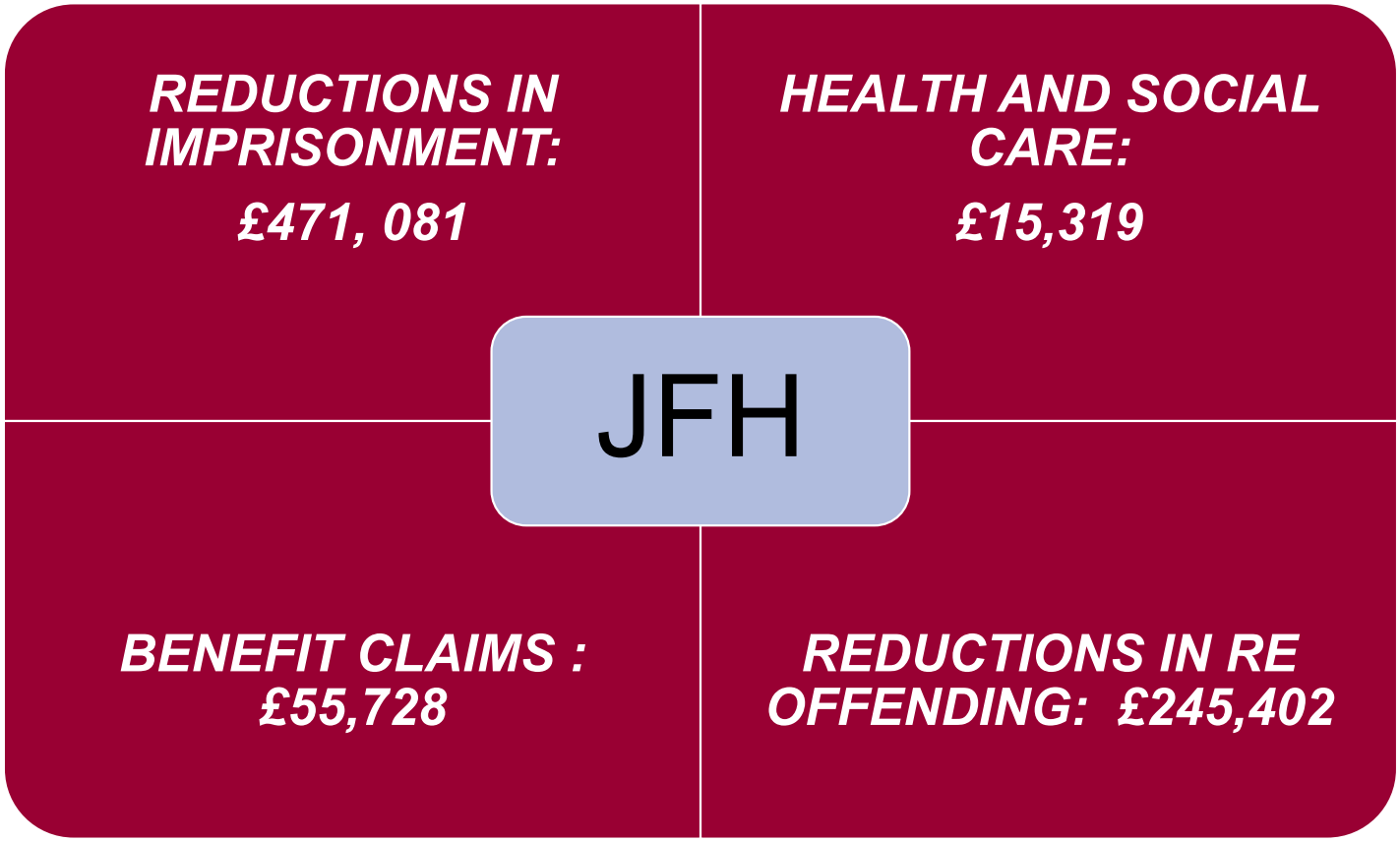

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Building recovery capital through online social

Being part of many supportive social networks was shown to have positive effects on wellbeing (Jetten et al., 2012; Litt et al., 2009; Longabaugh et al., 1998; 2010).

Here we extend this evidence by examining the role of supportive *online social networks* in helping people in addiction recovery

We propose that online social networks can assist recovery by helping build *recovery capital* at the same time supporting the development of a positive identity. A positive identity can in turn further support efforts to maintain a drug-free lifestyle.

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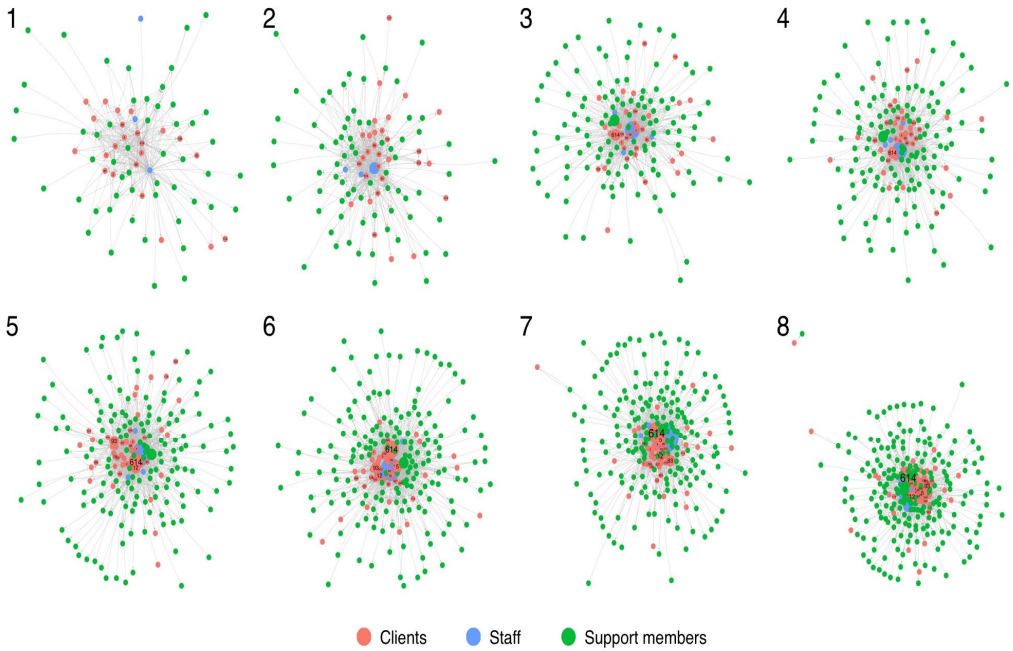
Findings



Configurations of the online social network from months 1 to 8 showing significant movement from periphery to centre for client members (red).

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Findings: summary

We found that retention in the program was determined by

a) the number of comment 'likes' and 'all likes' received on the Facebook page;

b) position in the social network (degree of centrality); and

c) linguistic content around group identity and achievement. In conclusion, positive online interactions between members of recovery communities support the recovery process through helping participants to develop recovery capital that binds them to groups supportive of positive change

Asset Based Community Development

Strengths-based working and community partnership in HMP Kirkham and HMP Wymott

Mapping assets inside/outside prison and bridging the two

102 participants in the initial two pilot sessions

More than 60 assets identified in each location

Next stage to involve prisoners - around 40 recruited between the two prisons and 25 are being trained as connectors

11 prisoner-led activities in HMP Wymott

Co-produced first paper with prisoners

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Mapping and mobilising assets in UK prisons

CATEGORY	ASSETS IDENTIFIED	TOTAL
Sport and recreation	gym, sports day, yoga, art, snooker/pool, table tennis, visits, cameo, veterans group, yard exercise, electronic games, DVD, library, charity events, mediation, model making, film nights, sewing, association time	19
Employment, training and education	workshops, NVQs, Library, educational classes - English/Maths, DL, personal and social development classes, joinery courses, bricklaying, first aid, choir, chapel band, wing jobs, achievements	14
Mutual Aid	building futures, listeners, chapel, family visits, programmes, IMB, Prisoner Information Desk, rep work, Criminon, key workers, probation, friends	12
Community, peer and volunteering	Shannon trust, mentoring, Samaritans, partners of prisoners (contacts for jobs) POP, Shaw Trust, sycamore tree, Novus, healthcare, charity sponsors, pride in prison coffee, family days, lifer days	12

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So what has the asset mapping led to?

- Well man sessions
- Conversational Spanish classes
- Conversational Cantonese classes
- Knitting group
- Cookery class

- In total 11 groups with considerable opportunity for expansion and the development of an infra-structure supported by both officers and men

Justice capital (Hamilton et al, 2020)

- Based on qualitative research with young offenders in youth detention centre (Banksia) in Western Australia
- Around half had FASD and 90% at least one neurocognitive disorder but most were highly optimistic about their future
- Our model is about how people draw strengths from institutions
- As well as personal skills and capabilities, social support (including cultural capital), there is also something key about the setting
- Therapeutic relationships
- Access to resources
- Organisational culture and opportunity

What is justice capital?

INDIVIDUAL

- Access to personal, social and community resources
- Wellbeing and human flourishing
- Bonding, bridging and linking capital
    - Therapeutic alliances
    - Access to family
    - Access to education and training
    - Preparation for rehabilitation

INSTITUTIONAL

- “Outside In”
- Strengths-based working
- Resource provision
- “Rehabilitation-oriented system of care” (ROSC)
- Strengths-based regulation

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Conclusion

- Recovery is based on connection
- That is not only with recovery communities but with the wider community
- Using social capital generates more capital
- Connection generates hope
- Hope generates GOYA
- GOYA creates community capital
- Online as well as in person

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