



Northeast Ohio

MEDICAL UNIVERSITY

RECOVERY CAPITAL

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CONTINUING EDUCATION ECHO: GLOBAL LEARNING OBJECTIVES

1. Evaluate patients for appropriate referral to medication-assisted treatment (MAT) using a collaborative, person-centered approach
2. Describe effective treatment strategies for prescribers using MOUD in emergency departments, primary care, and obstetric settings
3. Recognize the level of care needed for complex patients in MOUD programs utilizing team-based warm handoffs during transitions of care
4. Educate patients, families and other community/ social supports about the emotional and behavioral aspects of opioid use disorders in order to reduce stigma

SESSION LEARNING OBJECTIVES



- 1 Gain better understanding of recovery, recovery-oriented-systems, and recovery capital
- 2 Recognize recovery capital domains as recovery risk and/or resiliency factors.
- 3 Understand the clinical importance of Recovery Capital Assessment (organization and individual)
- 4 Discuss various recovery assessment instruments and recovery support services

TOPIC QUESTIONS:

- What is recovery?
- *Are there individual or community factors that may promote or diminish recovery outcomes?*
- *What are they, and how can we maximize them?*

SAMHSA's Working Definition of Recovery

Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. There are four major dimensions that support recovery:

- 1. Health**—overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.
- 2. Home**—having a stable and safe place to live.
- 3. Purpose**—conducting meaningful daily activities and having the independence, income, and resources to participate in society.
- 4. Community**—having relationships and social networks that provide support, friendship, love, and hope.

An Alternative Definition

William White

“Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to:

- voluntarily resolve these problems*
- heal the wounds inflicted by AOD- related problems*
- actively manage their continued vulnerability to such problems, and;*
- develop a healthy, productive, and meaningful lives.”*

Yet another definition

“Recovery is a Voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship” Betty Ford Consensus Panel (2007)

The BFCP placed recovery in three (3) stages:

1. Early Recovery- up to 1 year
2. Sustained Recovery- >1 <5 years
3. Stable Recovery > 5 years*

*relapse rates do not fall below 15% until after 5 years recovery (Laudet)

Betty Ford Institute Consensus Panel. What is recovery? A working definition from the Betty ford institute. J Subst Abus Treat. 2007;33(3):221-8. <https://doi.org/10.1016/j.jsat.2007.06.001>.

Laudet A. Beyond bricks and mortar: recent research on substance abuse disorder recovery management. Curr Psychiatry Rep. 2014; 16(4):1-7. <https://doi.org/10.1007/s11920-014-0442-3>.

Are there individual or community factors that promote or diminish recovery outcomes?

First, a
little
context for
the concept
of **Recovery**
Capital



BILL W. and Dr. BOB

WHAT IS RECOVERY CAPITAL

- Term attributed to William Cloud and Robert Granfield
- Refers to the **“Quantity and Quality of internal and external resources that one can bring to bear to initiate and sustain recovery from addiction”**
- Four types: Personal, Family/Social, Community, and Cultural

PERSONAL CAPITAL: 2 TYPES

Physical Type:

- physical health
- Financial assets
- Credit
- Health insurance
- Safe, recovery-conducive shelter
- Clothing
- Food, and;
- Access to transportation

Human Type:

- Values
- 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 purpose, and;
- Interpersonal skills

FAMILY/SOCIAL CAPITAL

Family/social:

- Intimate relationships
- Family and kinship relationships
- Social relationships that are supportive of recovery efforts
- Willingness of intimate partners and family members to participate in treatment
- Presence of others in recovery within the family/social network
- Access to sober outlets for sobriety-based fellowship/leisure
- Relational connections to conventional institutions (school, workplace, church, etc.).



COMMUNITY CAPITAL

Community :

- Active efforts to reduce stigma,
- Visible & diverse local recovery role models
- Full continuum of SUD Tx resources,
- Recovery mutual aid resources that are accessible and diverse,
- local recovery community support institutions (recovery centers / clubhouses, 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, EAPs, or recovery community organization)



CULTURAL CAPITAL

Cultural:

- Local availability of culturally-prescribed pathways of recovery that resonate with particular individuals and families.
- Examples of such potential resonance include:
 - Native Americans recovering through the “Indianization of AA” or the “Red Road,”
 - African Americans recovering within a faith- based recovery ministry or Afrocentric therapeutic orientation
 - Recovery Ministries
 - Deaf off Drugs and Alcohol (<https://medicine.wright.edu/sardi/deaf-off-drugs-and-alcohol>)
 - Spanish Speaking recovery programs (H-UMADAOP)



RECOVERY CAPITAL/ PROBLEM SEVERITY MATRIX

High Recovery Capital	High Problem Severity
Low Problem Severity	Low Recovery Capital

“Persons with high problem severity, high recovery capital may require fewer resources to initiate and sustain recovery than a person with moderate problem severity but very low recovery capital”

William White

RECOVERY CAPITAL/ PROBLEM SEVERITY MATRIX

High RC:

- Career
- Insurance
- Supportive environment
- Local Resources
- Stable housing
- Strong Credit

High Problem Severity

- OUD and Poly Substance DO
- Pain management concerns
- Hep C
- Co-Occurring mental Illness

Low Problem Severity

- Rx Opioid use only
- No mental health or other medical complications
- Short term SUD

Low Recovery Capital

- HS Dropout
- Unemployed, w/ no known trade skills
- Felony Conviction
- Unstable housing
- No transportation

HOW DO WE MEASURE RECOVERY CAPITAL?

The Strengths and Barriers Recovery Scale (SABRS)

- Can measure current strengths and barriers in recovery
- Results have identified incremental changes in recovery strengths at different recovery stages, but these only occur with limited reductions in barriers.
- Greater strengths in active addiction are associated with greater strengths/resources in recovery.

Recovery strength items

- Exercise regularly
- Have a GP
- Have regular dental checks
- Have good nutrition
- Take care of your health
- Maintain a driving license
- Maintain a bank account
- Able to pay your bills
- Maintain stable housing
- Remain in steady employment
- Further your education or training
- Start your own business
- Participate in family life
- Plan for the future
- Volunteer

Recovery Barrier items

- Have untreated emotional or mental health problems
- Make regular visits to the emergency room
- Regular use of health services
- Smoke
- Have your drivers' license revoked
- Drive under the influence of alcohol or drugs
- Damage property
- Been arrested
- Been charged with a criminal offence
- Been to prison
- Have bad debts
- Were unable to pay the bills
- Regularly missed school or work
- Dropped out of school or college
- Fired or suspended from work
- Lose custody of children
- Experience family violence

HOW DO WE MEASURE RECOVERY CAPITAL?

Sample Recovery Assessment Instruments

- Community Based-Stakeholders Recovery Capital Assessment: [OACBHA ROSC SCALE Community](#)
- Provider/Program Based-Recovery Self Assessment: Provider Version: [Program Self Assessment](#)
- Patient/Client completed Assessments:
 - ReCAPS: [Self Applied Scale for tx planning](#)
 - Recover Capital Scale: [Patient applied instrument](#)

QUALTREX SURVEY

Domain of Inquiry	Examples of related Survey Questions
Work related stress and Turnover	<ul style="list-style-type: none"> • Annual Turnover at my agency is most closely described by(select option) • I am currently considering leaving my agency (Select option) • The largest stressor working in the Addictions Field is (select option)
Utilization of Services/Supports	<ul style="list-style-type: none"> • # times in treatment • # of times in each of these services (select from options) • # of criminal justice involvements (select from options).
Recovery Perspective	<ul style="list-style-type: none"> • Time in uninterrupted recovery (select option) • My physician is aware of my recovery • I'm confident my physician understands my recovery • My physician considers my recovery before prescribing medical treatments • My recovery is primarily 12 steps activities • My recovery is primarily non-12 step activities • My recovery support group is open to persons on MAT's • What was the best/worst part of your treatment experience • Would you have benefitted from programs related to debt repair of personal finance? • What is something you wish was addressed in treatment but wasn't? • Access to sober social/recreational resources is critical to early recovery.
Regarding resources	<ul style="list-style-type: none"> • Are treatment programs getting the desired results • Are we using \$ resources effectively • Rank the following services in order of importance • What is the most important change to the treatment continuum we ought to make? • What other programs or services would be helpful in early recovery.
Gaps in Services	<ul style="list-style-type: none"> • Once detoxed clients are well connected to residential or outpatient treatment • Persons who desire help are aware of how to access services • Treatment programs do well to refer clients to primary and preventative healthcare needs. • Treatment programs do well to connect people to vocational resources • Where is the most critical delay in services
MAT's	<ul style="list-style-type: none"> • My recovery support group is open to persons on MAT's • I believe MAT's are effective • I believe local Physicians rx suboxone/buprenorphine effectively • Recovery can ONLY occur through complete abstinence in ALL chemicals, including MAT's • Persons on MAT's should be in separate programs as their therapy gives others urges to use

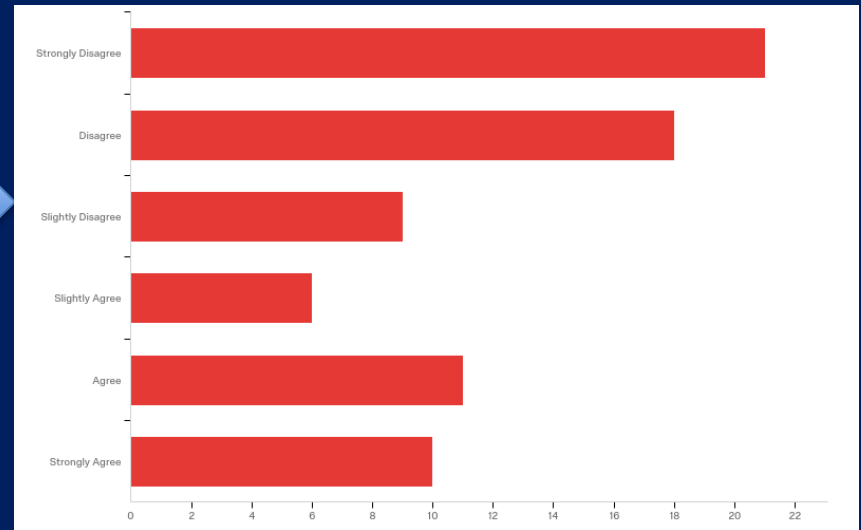
Qualtrex Survey

About Medication Assisted Treatment

Q:18 recovery can ONLY occur through complete abstinence mood altering chemicals, including MATs.



Comment: There are SOME in the recovery community who are not bought into MAT's. This is resulting in confusion and shame for some clients as they attend local support groups.



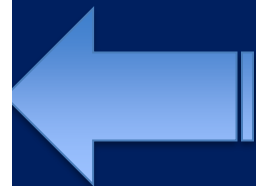
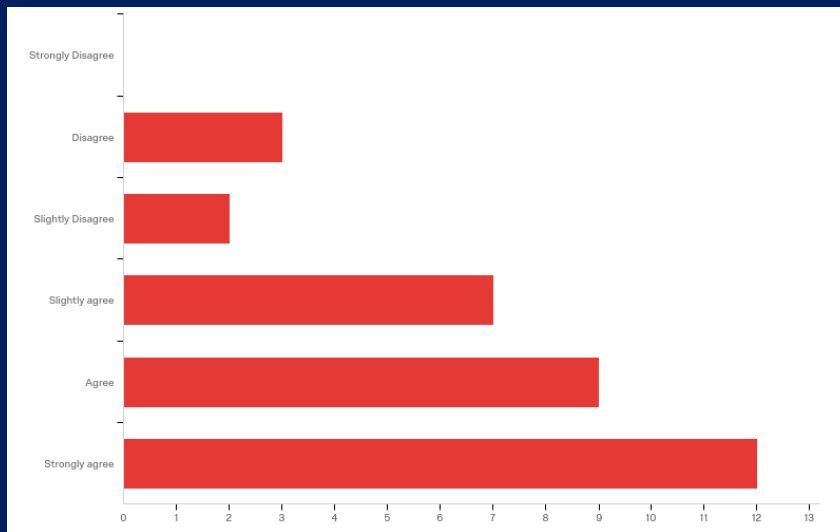
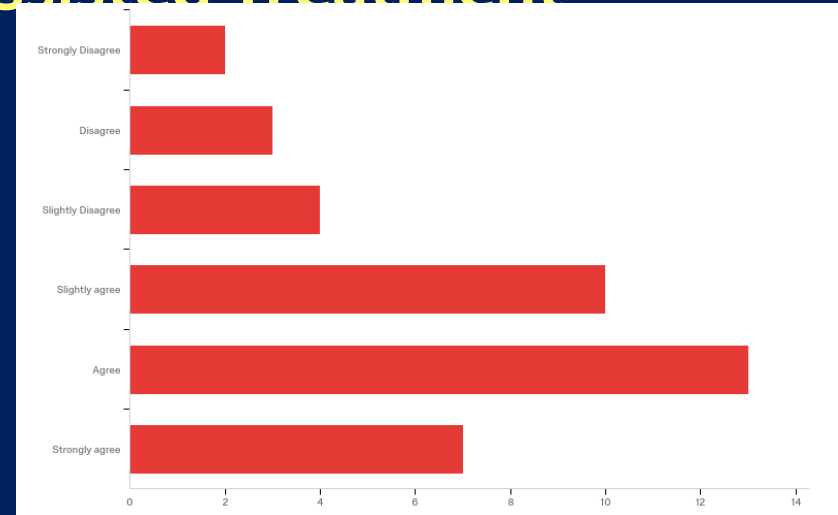
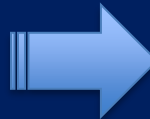
Qualtrex Survey

About Medication Assisted Treatment

Q 31: My Recovery support group is open to persons on MATs.

Comment: 23% of persons in recover don't feel their support group is open to people on MAT's;

How can we guide clients to the groups who ARE more supportive?



Q28: My Physician/dentist considers my recovery before prescribing medical treatments

Comment:: Some PIR's surveyed (12.5%) are uncomfortable telling their physician they are even in recovery.

More reason to advocate for the SBIRT Model

What we know:

- Ingredients of recovery capital can be predictors of recovery outcomes.
- Social Supports, spirituality, life meaning, religiosity, and 12-Step affiliation are all empirically linked to achievement of short-term recovery (Laudet, 2008).
- Access to, and retention, are predictors of recovery.
- Having more people to talk to about important things is strongly associated with greater strength of recovery (Best, 2021)

What we can do:

- What resources do my successful patients find the most strength from?
- What resources do I most rely on for patients with high problem severity?
- What recovery support services are most needed for my patients (e.g. recovery coaching, credit repair, couples counseling, vocational schools, recreational/leisure resources)?
- Do I provide any type of recovery capital assessment?
- How do I discuss goals or transitions for patients who are stable in recovery?

Thank You!!

Contact

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