

The REC CAP: What's Capital Got to do with Recovery?

NARR 2017 Best Practices Summit Pre-conference Training

Sunday, October 5; 9:00am – 4:30pm; Palmer House Hilton, Chicago

In an important 2001 paper, two addiction researchers coined the term *“recovery capital”* to describe “the sum total of one's resources that can be brought to bear on the initiation and maintenance of substance use cessation.” [1] Recovery capital has become an important framework for helping recovering individuals assess their individual strengths and resources, and in developing recovery plans that will deliver the results they hope to achieve.

This workshop introduces the REC CAP, a strengths-based assessment and participant (peer, resident, client)-owned recovery planning tool for Peer Recovery Navigators - including house managers and other residence staff members - and professional recovery support service providers, especially those working with participants in recovery residences. The tool is intended to assist participants (staff and residents) with monitoring progress in achieving self-directed recovery goals. One NARR affiliate, the Florida Association of Recovery Residences, was involved in the pilot study of REC CAP, and others are considering pilot programs of their own in the near future.

The REC CAP also provides process improvement data that can improve residence support effectiveness across initiation to stable stages of recovery. Based on earlier work mapping recovery capital (Groshkova, Best & White, 2012), the REC CAP assesses current recovery strengths including personal, social, well-being and support, and commitment domains; support and service needs; barriers to recovery; and involvement in recovery organizations. Participants in the REC CAP Pilot Study confirmed that the assessment process is intuitive while encouraging and building confidence and self-efficacy for progressive recovery. Upon completion of this training, participants will be able to:

1. Identify where the person is in their recovery journey
2. Recognize strengths for moving forward
3. Explain “node-link mapping” for recovery planning that includes quality of life and satisfaction factors, barriers to recovery, service involvement and needs, and recovery strengths.
4. Administer the REC CAP to map and track over time an individual's recovery strengths, barriers and unmet service needs to recovery plan goals and tasks.
5. Generate participative recovery plans that are evidence based and that will support recovery transitions and the growth of recovery capital.

Participants in this workshop will earn 6 hours of NAADAC CEU credit.

Pre-training Assignments: Click on the links to access the material.

1. Read: Best, D., Edwards, M., Mama-Rudd, A., Cano, I. & Lehman, J. (2016, November). Measuring an individual's recovery barriers and strengths. *Addiction Professional*.
2. Optional: Watch - Presenter Associate Professor Dr. David Best, Monash University: Partners in recovery – Social connections and assertive linkage (41:48)
3. Optional: Watch - Node-link mapping (1:59)
4. Optional: Read - Mapping your treatment plan: A collaborative approach;

Note [1] Granfield R, Cloud W, *Social context and “natural recovery”: the role of social capital in the resolution of drug-associated problems*. *Subst Use Misuse*. 2001 Sep; 36(11):1543-70.

About Dr. David Best, workshop leader

Dr. Best is a leading figure in the international research and policy movement around recovery from alcohol and drug problems. David has an undergraduate degree in psychology with philosophy, a Master's degree in criminology and a PhD in the psychology of addictions. He is an experienced addictions and crime researcher who has published 170 peer-reviewed papers, more than 50 policy and research reports and has authored three books on addiction recovery. Currently he is Professor of Criminology in the Department of Law and Criminology at Sheffield Hallam University and visiting Associate Professor of Addiction Studies at Monash University, Melbourne. David's primary research interests are around recovery and social justice, including issues of stigma and inclusion for offenders and substance users. His research work is primarily around social inclusion and community connectedness and involves ongoing research partnerships with Deakin and Monash Universities in Victoria, Australia, the University of Queensland, Texas Christian University and Stirling University. David is co-chair of the Sheffield Addiction Recovery Research Group; founder and co-chair of Recovery Academy Australia. Professor



Best's key areas of expertise are the relationship between drugs and crime, and the area of crime desistance and recovery from drug and alcohol problems. He also has considerable expertise around deaths in police custody. He has worked in academic research at Monash University in Australia, Strathclyde University in Glasgow, the Institute of Psychiatry in London, Birmingham University and the University of the West of Scotland. He has also worked in policy research at the Police Complaints Authority, the National Treatment Agency and the Prime Minister's Delivery Unit. Previous employers include the Institute of Psychiatry (Kings College London), Strathclyde University, Birmingham University, the National Treatment Agency and the Prime Minister's Delivery Unit.

David currently leads a multi-site collaboration on recovery pathways with Therapeutic Communities in Australia, and is the Principal Investigator on a European project on recovery models and philosophies in the UK, Belgium and the Netherlands. He leads on the Families Life in Recovery Project and around developing community connections in Sheffield.