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The role of Therapeutic Communities in helping to build recovery capital

Professor David Best

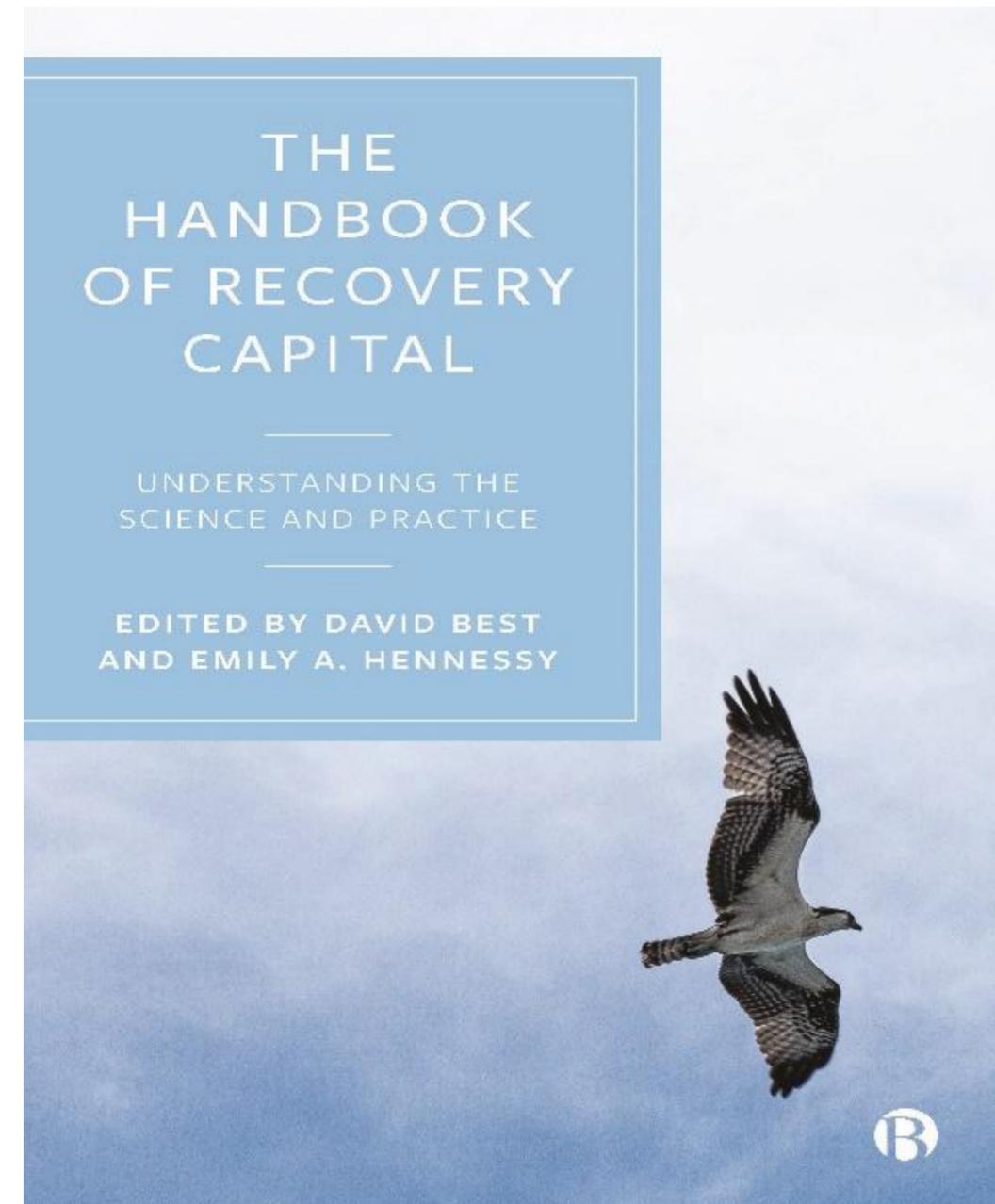


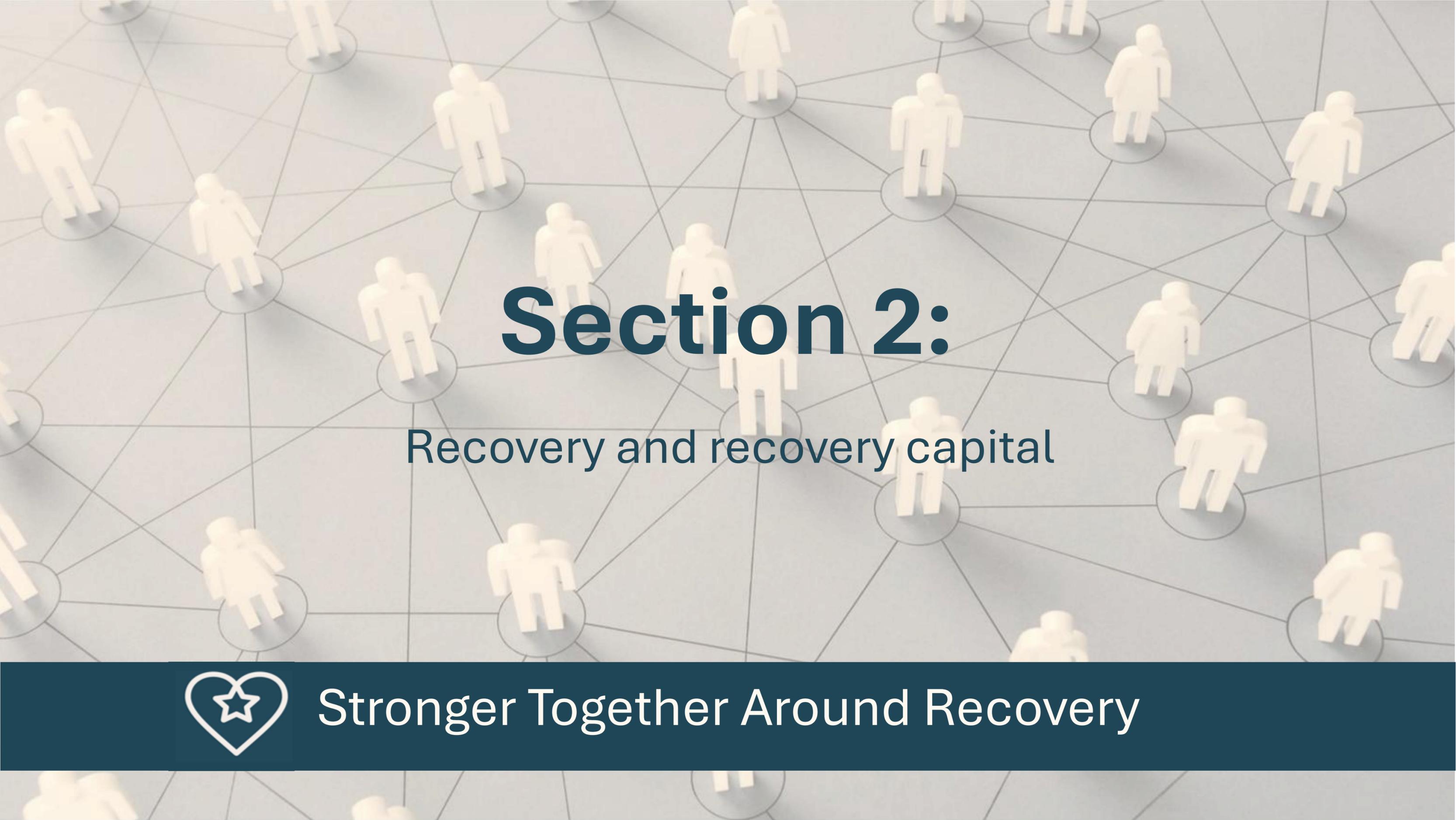
Stronger Together Around Recovery

Topics to be covered in the presentation



1. Buy the book!
2. What do we mean by recovery and recovery capital
3. Systems approaches and models of recovery – ROSC and IRC
4. Closed systems – Inclusive Recovery Prisons
5. Implications for Therapeutic Communities: Rehabs without walls – the sequel



The background of the slide features a network of white human figures, each standing on a small circular base. These figures are interconnected by a web of thin, light gray lines, creating a complex, interconnected pattern that symbolizes community and social networks. The overall aesthetic is clean and modern, with a focus on human connection.

Section 2:

Recovery and recovery capital



Stronger Together Around Recovery

What does a strengths-based process mean?



From expert-patient to
partnership



From deficits to
strengths



From clinic to
community



From the individual to
the social



From professional to
peer-based



From replication to
continuous innovation

RECOVERY STUDIES IN BIRMINGHAM AND GLASGOW

– GOYA (Best et al, 2011a; Best et al, 2011b)



UK Study of recovery wellbeing –better recovery wellbeing predicted by:

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

A CORE SUMMARY OF RECOVERY RESEARCH EVIDENCE



- Jobs
- Friends
- Houses

Stable recovery is defined as ‘stable’ or ‘self-sustaining’ after 5 years of continuous sobriety (Dennis, 2007).

- Somewhere to live
- Someone to love
- Something to do

58% of people with a lifetime substance use disorder eventually achieve stable recovery (Sheedy and Whitter, 2009).



WHAT IS CONSISTENT?

- The role of peers
- “Social contagion”
- Social learning and social control (Moos, 2007)
- Recovery as a process of ‘lifestyle reconstruction’ (White and Best, in press)
- Identity change
- Jobs, Friends and Houses

WHERE IS THERE LESS OBVIOUS SYNERGY

- Recovery as a five-year journey
- Bonding, bridging and linking capital (Putnam, 2000)
- The role of 12-step mutual aid groups
- Challenging stigma and visible recovery communities?

CHIME AND ROBERT PUTNAM – “BOWLING ALONE



Connectedness
Hope
Identity
Meaning
Empowerment

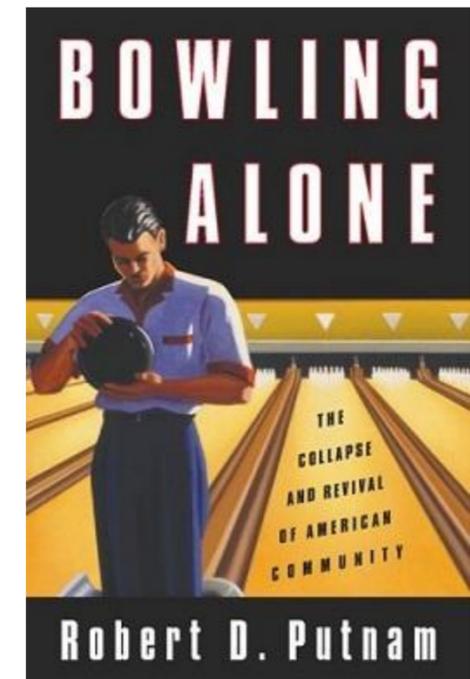


(Leamy et al, 2011)

“Bowling Alone” (2000)

Types of social capital:

- Bonding
 - Bridging
 - Linking
-
- Relevance to Therapeutic Communities and continuing care / aftercare

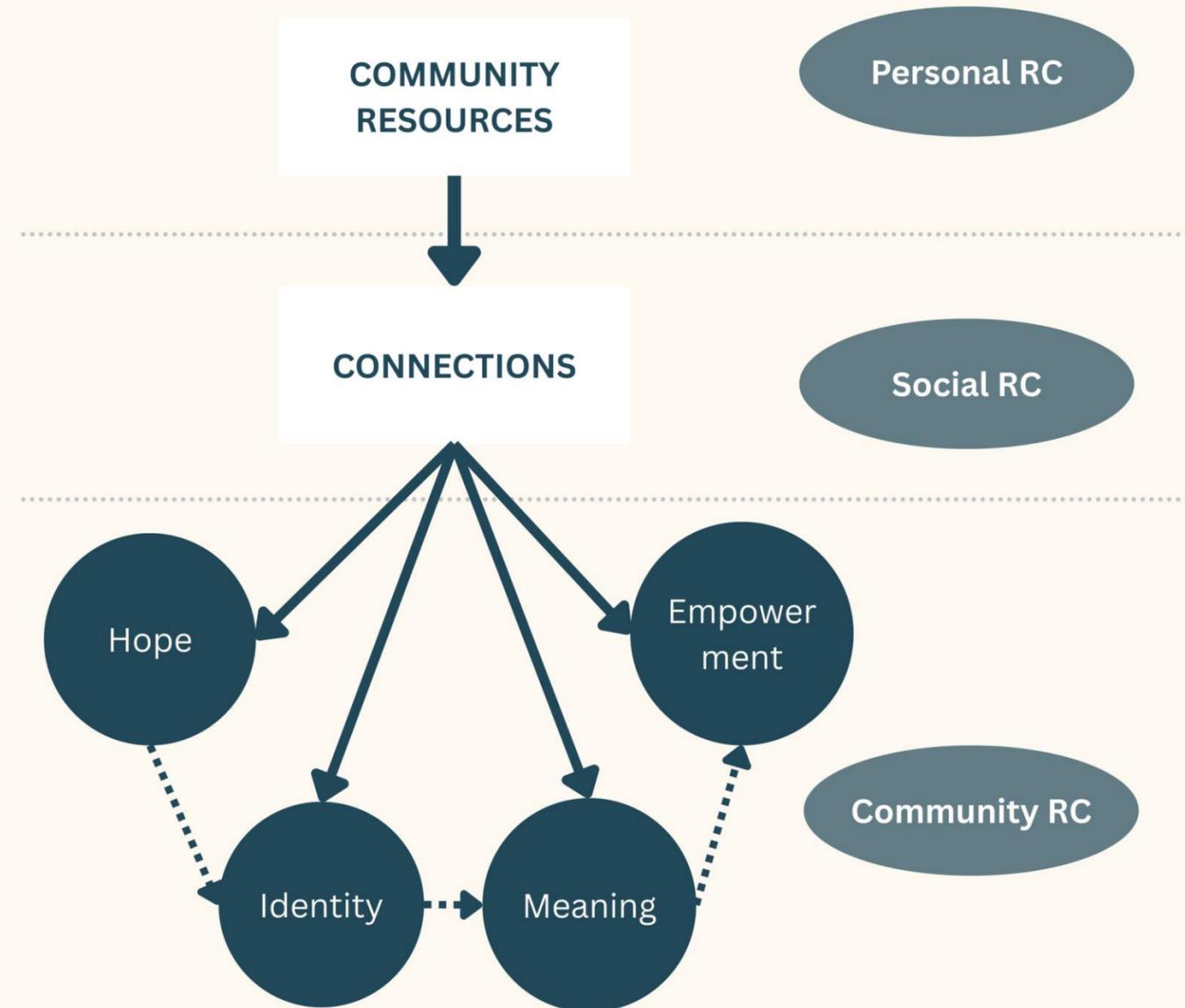


WHY C-CHIME?



C-CHIME is introduced to assert the critical role of the community in recovery, where visible and equitable access to recovery resources can either support or hinder the recovery journey.

C-CHIME reconciles recovery capital with CHIME, creating a dynamic model that initiates through community engagement and builds on personal and social recovery components.



WHAT IS RECOVERY CAPITAL?



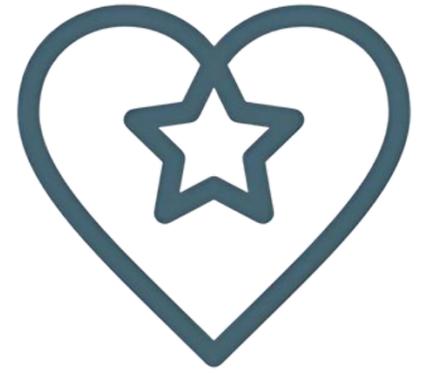
Granfield and Cloud (2008) define recovery capital as

“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)



REC-CAP PUBLICATIONS



Groshkova, T., Best, D. & White, W. (2011) Recovery Group Participation Scale (RGPS): factor structure in alcohol and heroin recovery populations. *Journal of Groups in Addiction and Recovery*, 6, 76-92.

Groshkova, T., Best, D. & White, W. (2012) The Assessment of Recovery Capital: Properties and psychometrics of a measure of addiction recovery strengths. *Drug and Alcohol Review*,

Vilsaint, C. L., Kelly, J.F., Bergman, B., Gorchakov, T., Best, D. & White, W. (2017). Drug and Alcohol Dependence. Development and validation of a brief assessment of recovery capital (BARC-10) for alcohol and drug use disorder

Cano, I., Best, Edwards, M. & Lehman, J. (2017) Recovery capital pathways: Mapping the components of recovery wellbeing, *Drug and Alcohol Dependence*, 181, 11-19.

Hard, S., Best, D., Sondhi, A., Lehman, J. & Riccardi, R. (2022) The growth of recovery capital in clients in recovery residences in Florida, USA: A quantitative pilot study of changes in REC-CAP profile scores, *Substance Abuse, Treatment, Prevention and Policy*. DOI: <https://doi.org/10.21203/rs.3.rs-1497685/v1>

Best, D., Sondhi, A., Best, J., Lehmann, J., Grimes, A., Connor, M. & De Triquet, B. (2023) Using Recovery Capital to Predict Retention and Change in Recovery Residences in Virginia, USA, *Alcoholism Treatment Quarterly*, 41:2, 250-262

Best, D., Sondhi, A., Hoffman, L., Best, J., Leidl, A., Grimes, A., Conner, M., DeTriquet, R., White, W., Hilliard, B., Leonard, K. & Hutchinson, A. (2023) Bridging the gap: Building and sustaining recovery capital in the transition from prison to recovery residences, *Journal of Offender Rehabilitation*, DOI: 1080/10509674.2023.228648

Hennessy, E., Krasnoff, P. & Best, C. (2023), Implementing a recovery capital model into therapeutic courts: Case study and lessons learned, *International Journal of Offender Therapy and Comparative Criminology*, 1-16, DOI: 10.1177/0306624X23119810

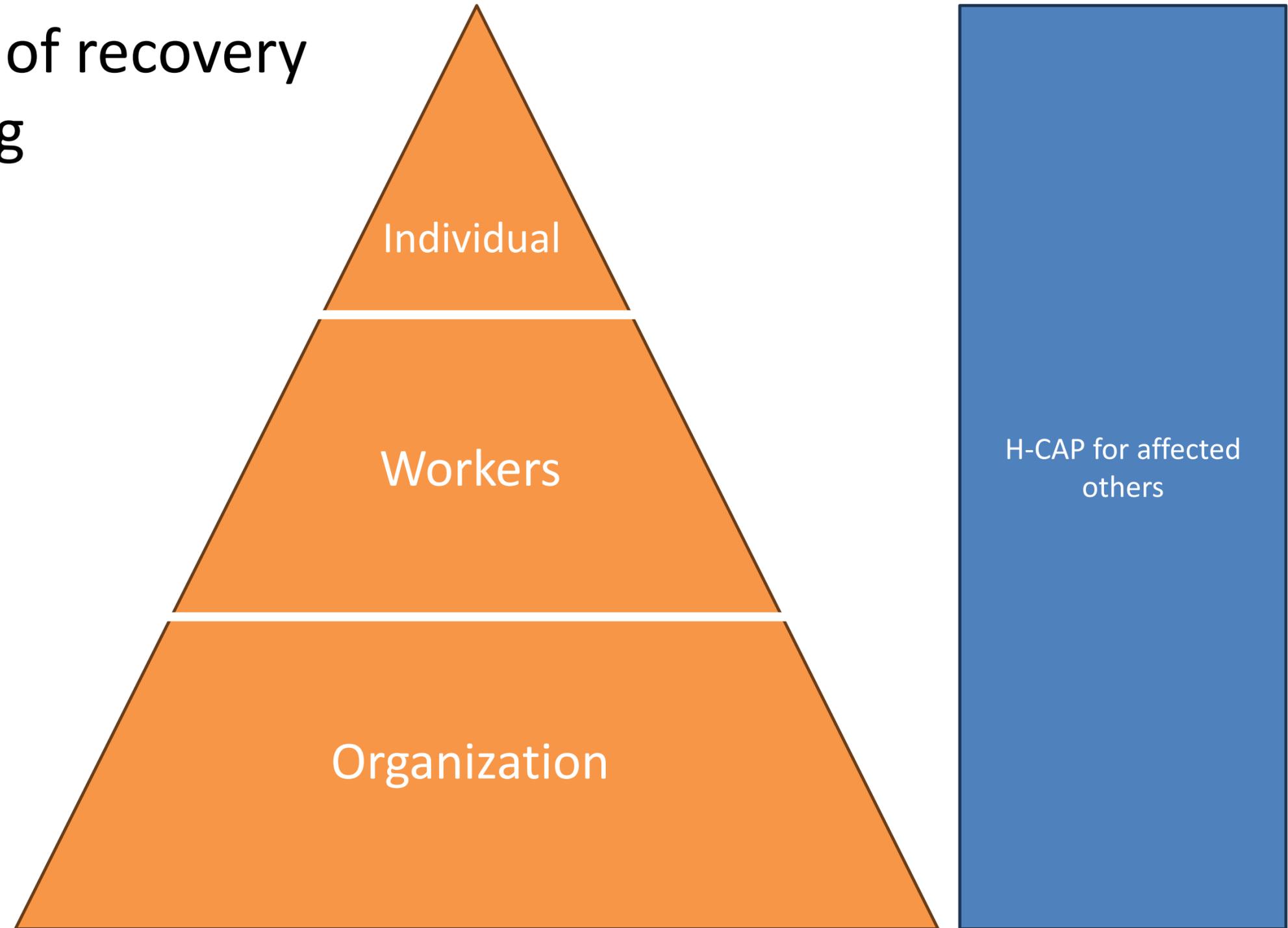
Bunaciu, A., Bliuc, A-M., Best, D., Hennessy, E., Belanger, M. & Benwell, C. (2023) Measuring recovery capital for people recovering from alcohol and drug addiction: a systematic review, *Addiction Research & Theory*, DOI: [10.1080/16066359.2023.224532](https://doi.org/10.1080/16066359.2023.224532)

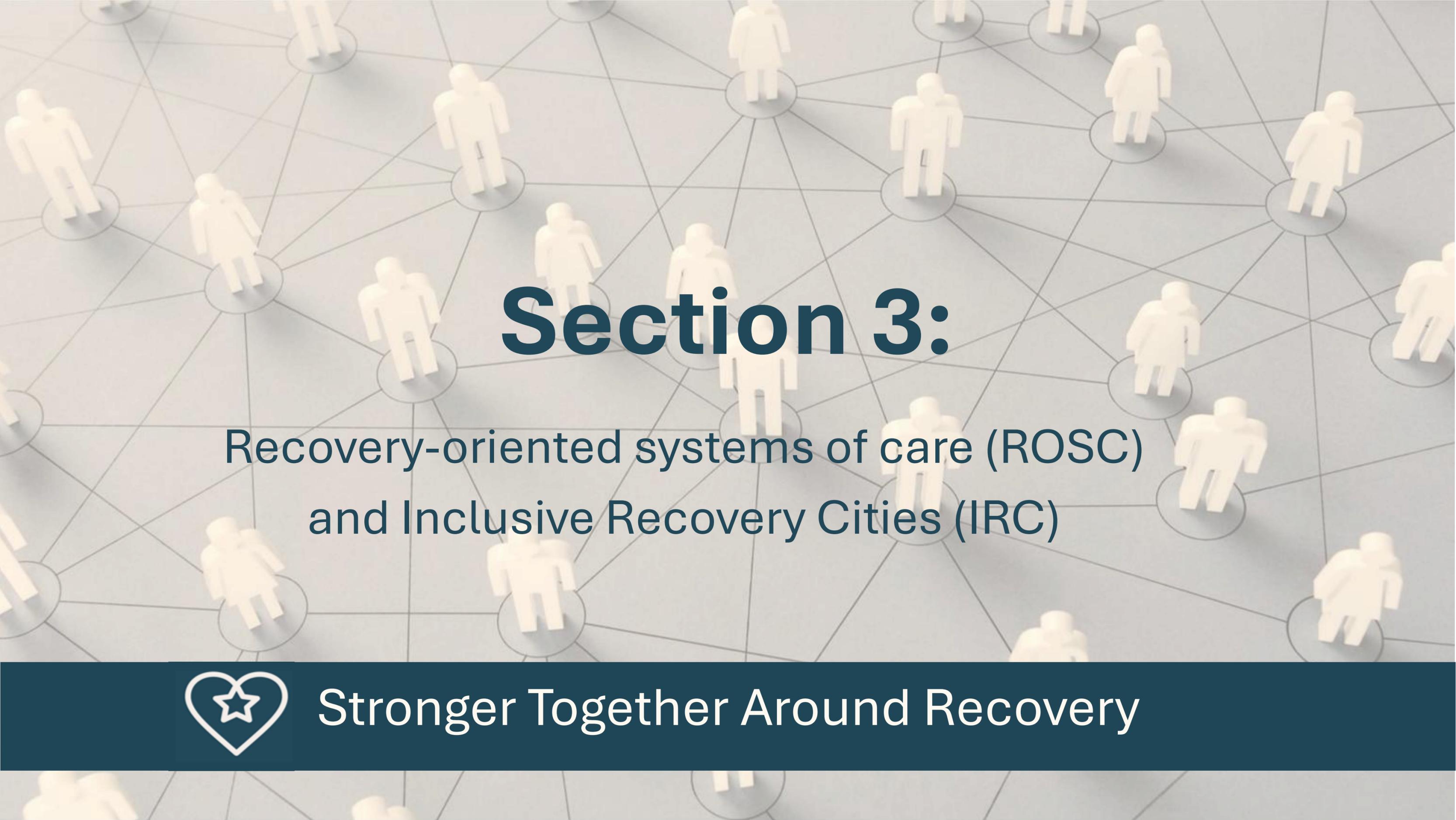
Belanger, M., Sondhi, A., Mericle, A., Leidl, A., Klein, M., Collinson, B., Patton, D., White, W., Chen, H., Grimes, A., Connor, M., DeTriquet, R. & Best, D. (2024) Assessing a pilot scheme of intensive support and assertive linkage in levels of engagement, retention, and recovery capital for people in recovery housing using quasi-experimental methods, *Journal of Substance Use and Addiction Treatment* (early online)

Shahid, S. & Best, D. (2024) Exploring Cultural Dynamics of Black Asian Minority Ethnic (BAME) Women in Addiction Recovery: A comparison of three women from different ethnic backgrounds, *Drugs: Education, Prevention and Policy*, DOI: 10.1080/09687637.2024.2349077

Sondhi, A., Bunaciu, A., Best, D., Hennessy, E., Best, J., Leidl, A., Grimes, A., Conner, M., DeTriquet, R. & White, W. (2024) Modeling recovery housing retention and program outcomes by justice involvement among residents in Virginia, USA: An observational study, *International Journal of Offender Therapy and Comparative Criminology*, 1-19. DOI: 10.11177/0306624X241254691.

A predictive model of recovery wellbeing





Section 3:

Recovery-oriented systems of care (ROSC)
and Inclusive Recovery Cities (IRC)

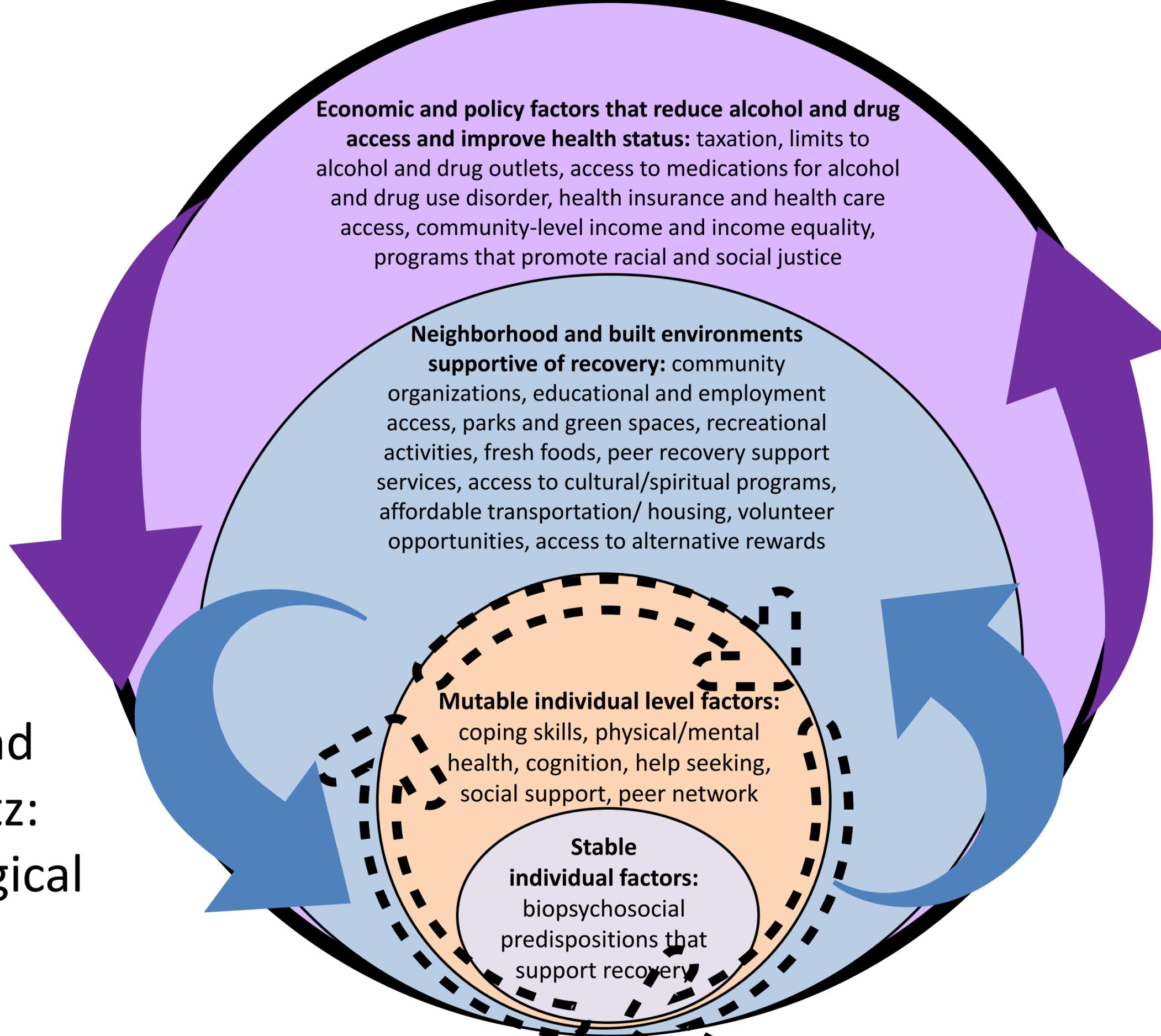


Stronger Together Around Recovery

Why is this an 'outside in' model? (Best et al, 2025)

- The overall aim and philosophy is to create the conditions that maximise the chances of individuals initiating and sustaining recovery journeys
- Community capital builds social connections builds 'self-sustaining' recovery
- This is not recovery as aftercare!!
- Recovery should precede treatment (White, 2008)
- Recovery as prevention and early intervention

Tucker and
Witkiewitz:
Socioecological
model



GLASGOW RECOVERY WALK: THE POINT OF CELEBRATION



- They are ROSCs ++
- The key additional elements are about:
 - Coordination and integration
 - Innovation
 - Social enterprise
 - Giving back

An Inclusive Recovery City is a city where the implementation of recovery models and principles makes the city a better place to live for everyone, and which implements an ROSC at a city level



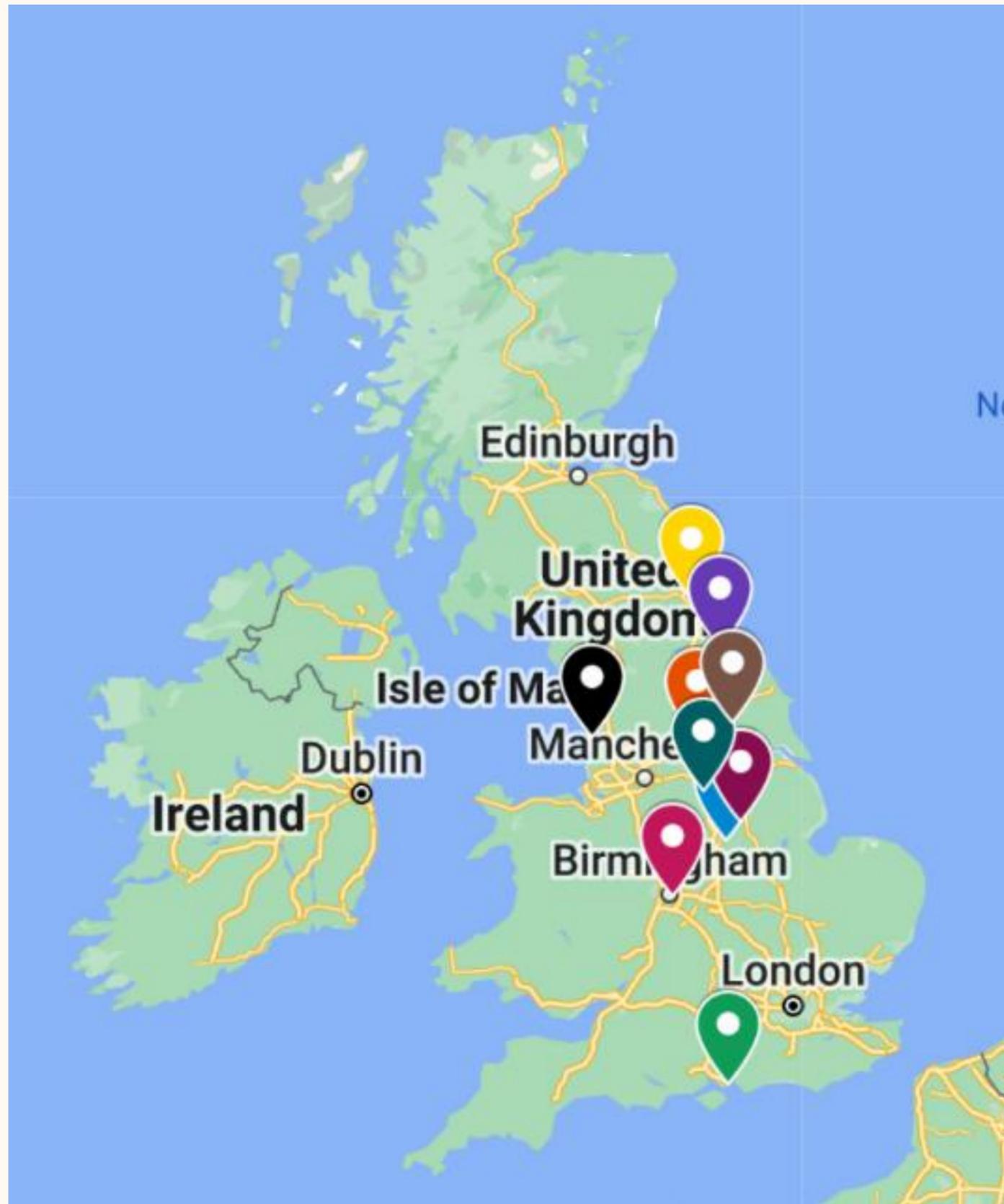
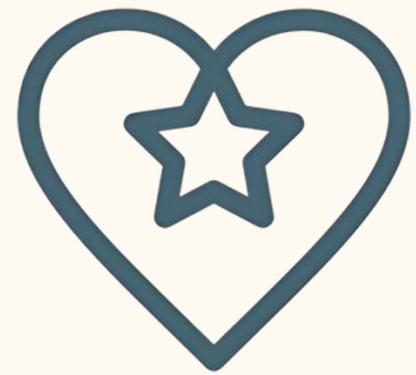
INCLUSIVE RECOVERY CITIES (IRC)



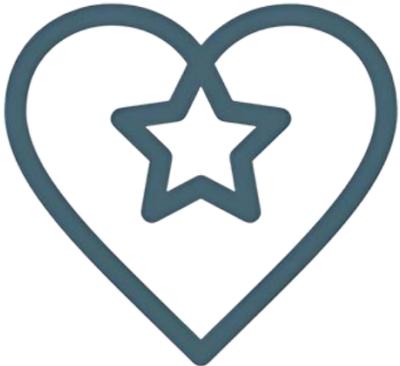
In an IRC, all citizens and organisations commit to working together with people in recovery to **support them in their recovery process.**

The **requirements** to be an IRC are:

- Led by Lived Experience Recovery Organisations (LEROs)
- Increased visibility and awareness of recovery
- Improved access to community resources for people at all stages of recovery
- Reduced stigma and exclusion
- Positive and inclusive social events - a minimum of four a year that actively engage the community
- Contributing to citizenship, volunteering and community participation
- Participation in national (and international) forums



SERBIA



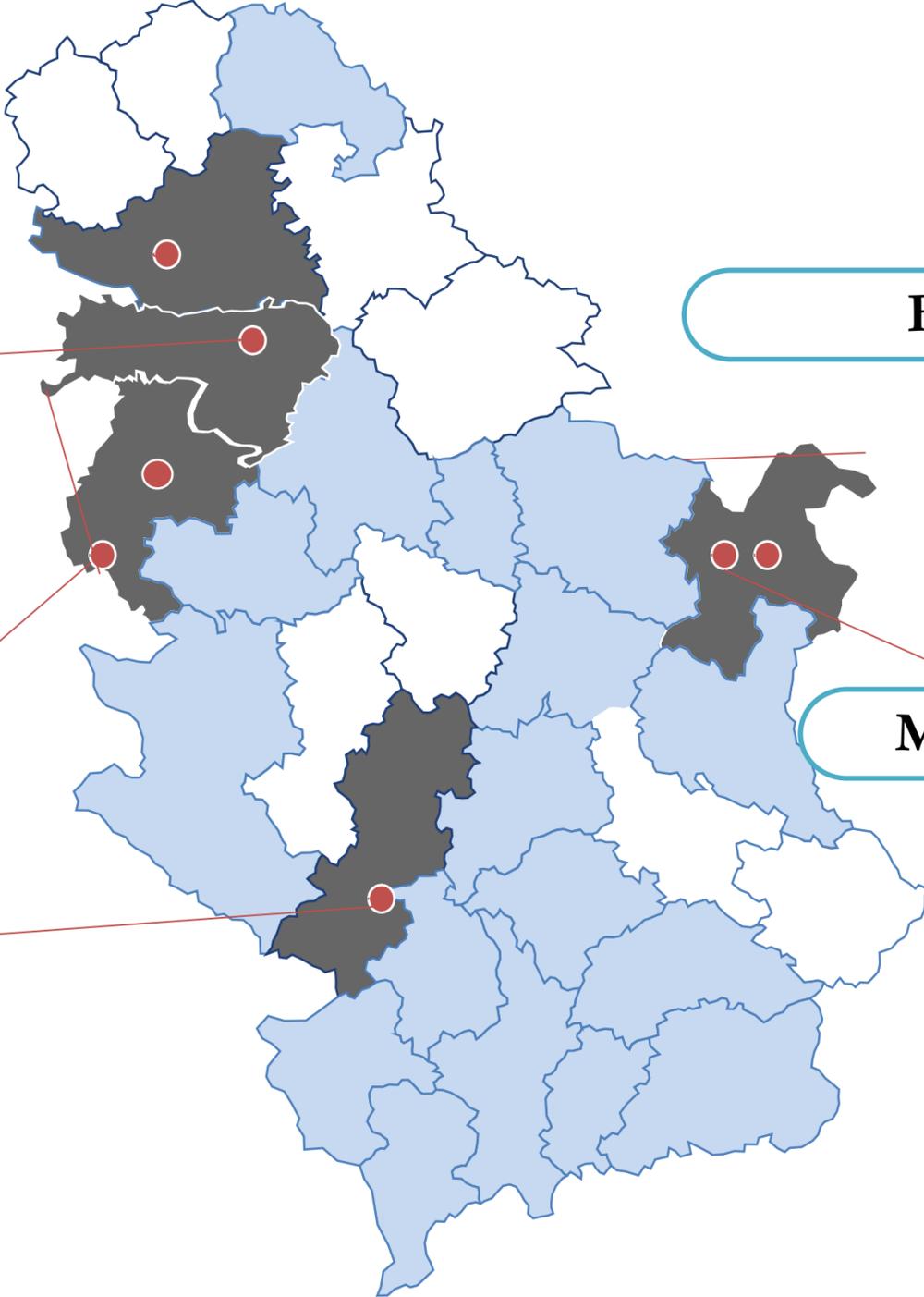
Bačka Palanka

Sremska Mitrovica

Šabac

Loznica

Novi Pazar

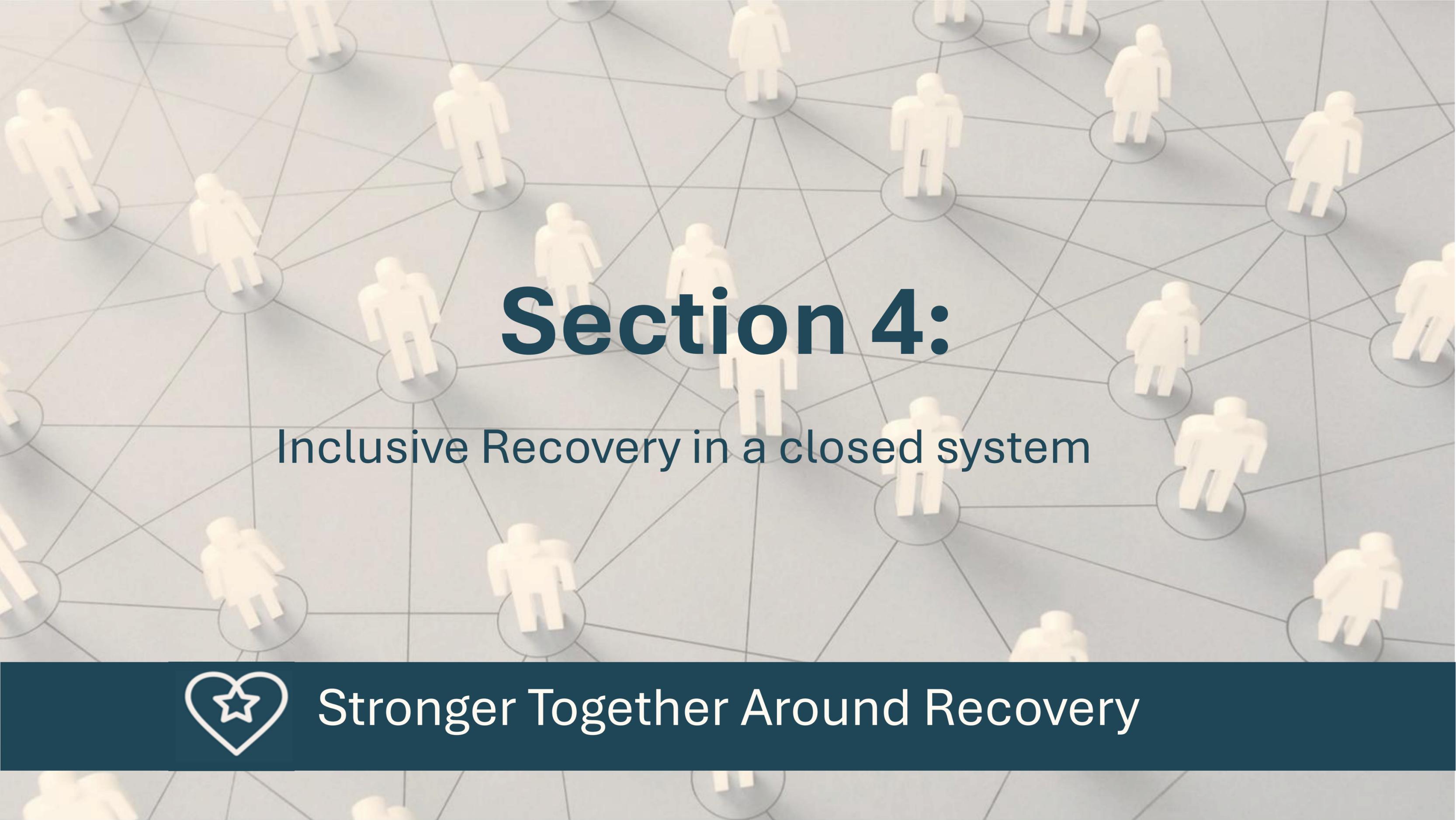


Multidisciplinary team

Bor

Majdanpek





Section 4:

Inclusive Recovery in a closed system



Stronger Together Around Recovery

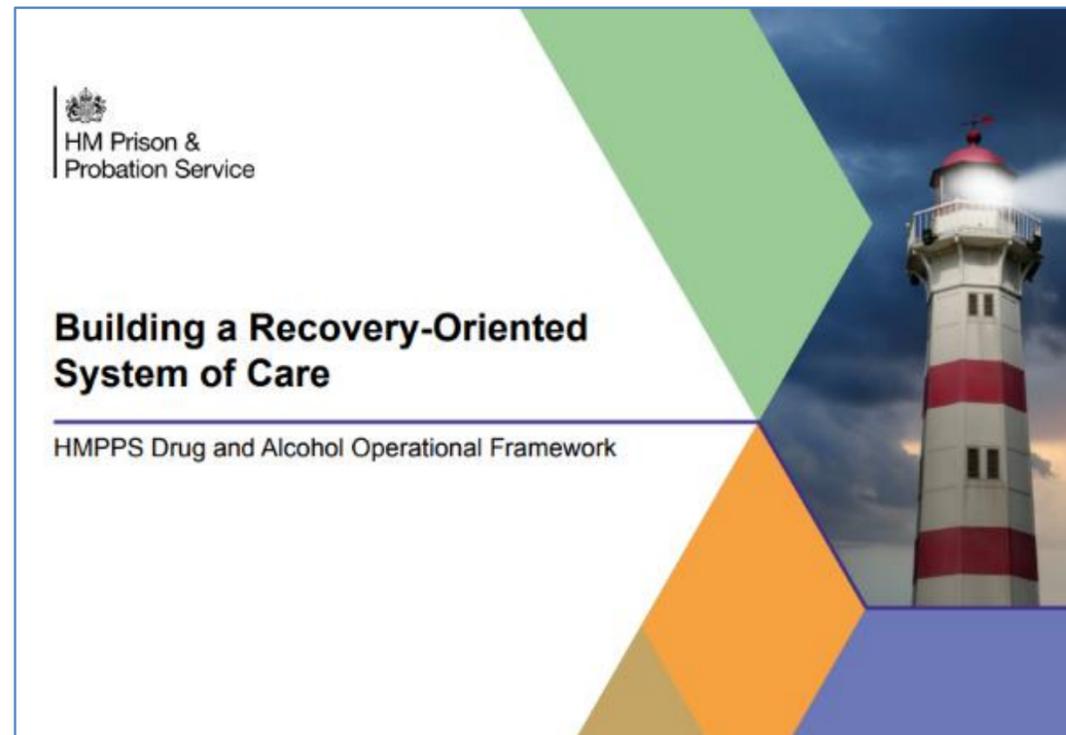
Challenges in the UK prison system: A recovery contagion critique



- Over-crowding
- Under-resourcing
- Organised Crime Groups
- Very limited treatment options
- The paradox of Recovery Wings and Incentivised Substance Free Living (ISFL) units
- The gap between policy and reality.....

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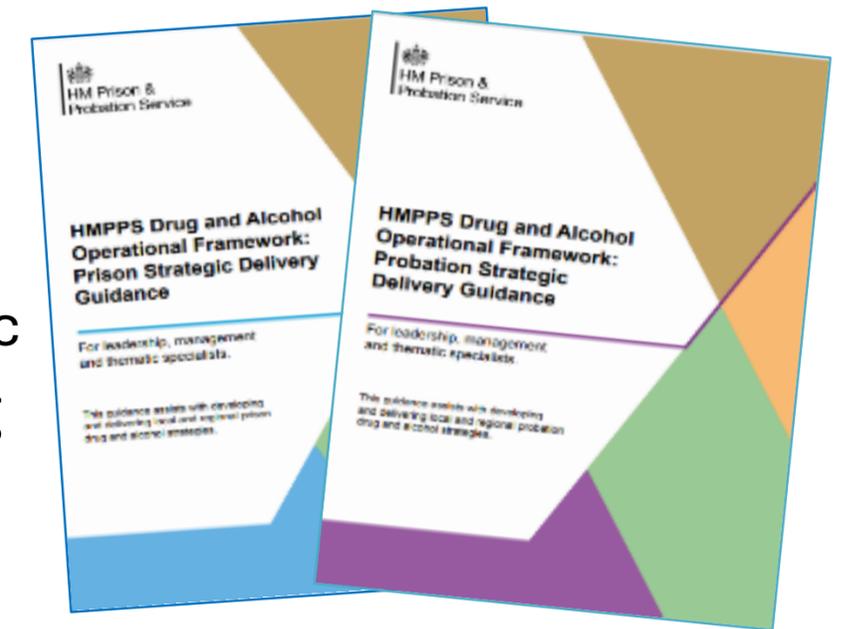
Final products...



The framework: designed for easy navigation with a detailed interactive contents page that helps the user quickly find the information they need. It contains clear guidance, links to additional resources and case studies showcasing good practice from across the country.

For leadership, management and thematic specialists:

The HMPPS Drug and Alcohol Operational Framework: Strategic Delivery Guidance – offers a drug strategy development and delivery tool.



For frontline staff:

The HMPPS Drug and Alcohol Operational Framework: Guide for Frontline Prison and Probation Staff – provides recommended actions for both prison and probation staff to inform their day-to-day practice respectively.



THE INCLUSIVE RECOVERY PRISON MODEL



An Inclusive Recovery Prison (IRP) applies the Inclusive Recovery City model to custodial settings, focusing not just on abstinence but creating a **recovery-oriented culture**.

It integrates trauma-informed care, peer support, and staff development to create a **therapeutic environment** that nurtures recovery capital.

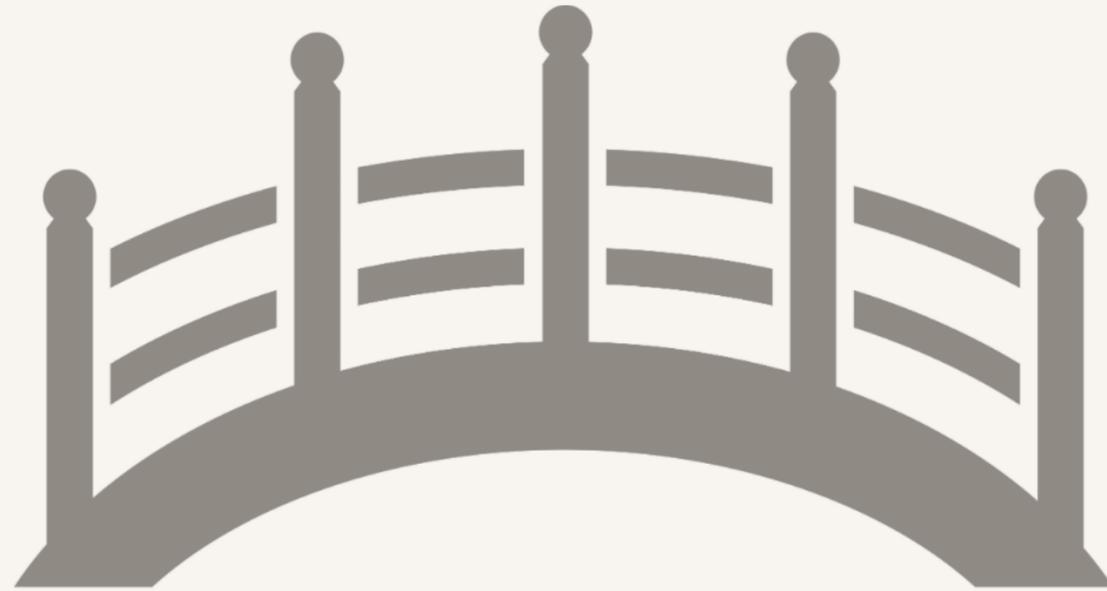
This is a **whole-systems approach**, embedding recovery into daily prison life through connection, belonging, and hope.



Aim of the Community Connectors Approach



Cohorts of people - many
but not exclusively in
recovery



Act as a 'human bridge' to
support recovery



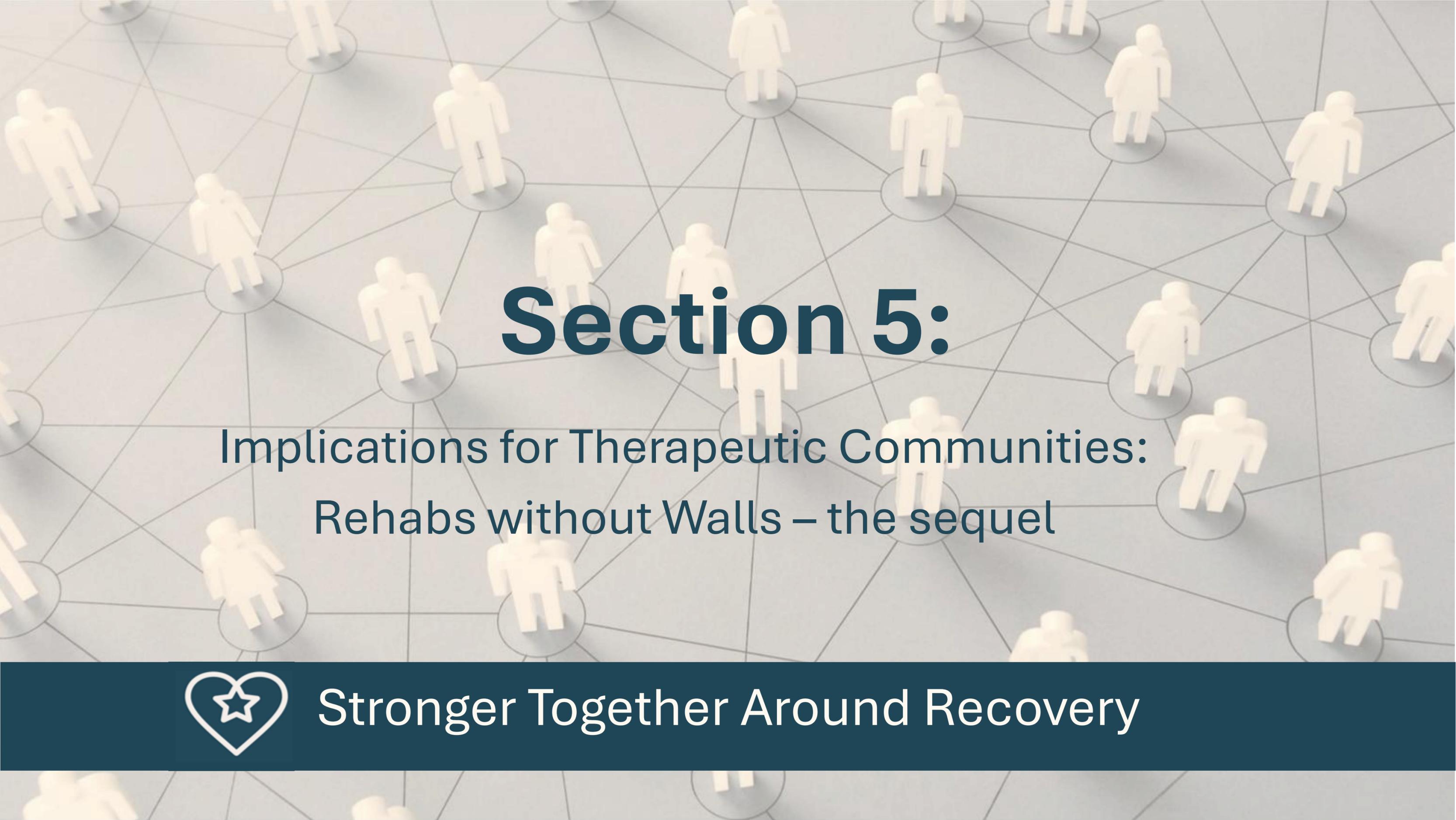
Active champions and
promoting connections to
positive community assets

**An
Innovative
Model:
Jobs, Friends
and Houses**

- A social enterprise developed by Lancashire Police
- Blackpool is an area of significant deprivation and dislocation
- Standard treatment pathways but with increased emphasis on prison release (Gateways)
- The aim is to build a recovery community
- Transforming the building stock in the town
- Physically building a recovery community
- Providing a recovery housing pathway
- Providing meaningful employment and training (8-week Build It Up course then 2-year apprenticeship)
- Increasing the visibility of recovery
- Create a sense of collective pride

Offending changes during time with Jobs, Friends and Houses

- 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.***



Section 5:

Implications for Therapeutic Communities:
Rehabs without Walls – the sequel



Stronger Together Around Recovery

SONAR: Social Networks and Recovery

A partnership with five TCs



Australian Government
Australian Research Council



Lives Lived Well



DEAKIN
UNIVERSITY AUSTRALIA



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

windana

Drug & Alcohol Recovery



MONASH University



Turning Point
TREATMENT · RESEARCH · EDUCATION



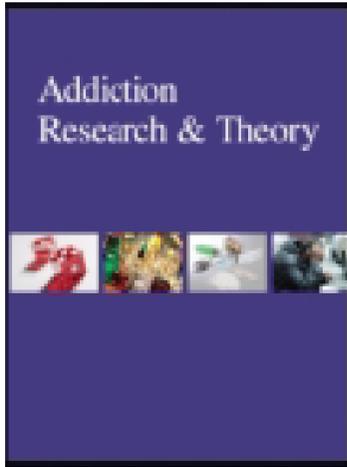
ODYSSEY HOUSE
VICTORIA

easternhealth
GREAT HEALTH AND WELLBEING

Sheffield
Hallam
University



THE BUTTERY



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

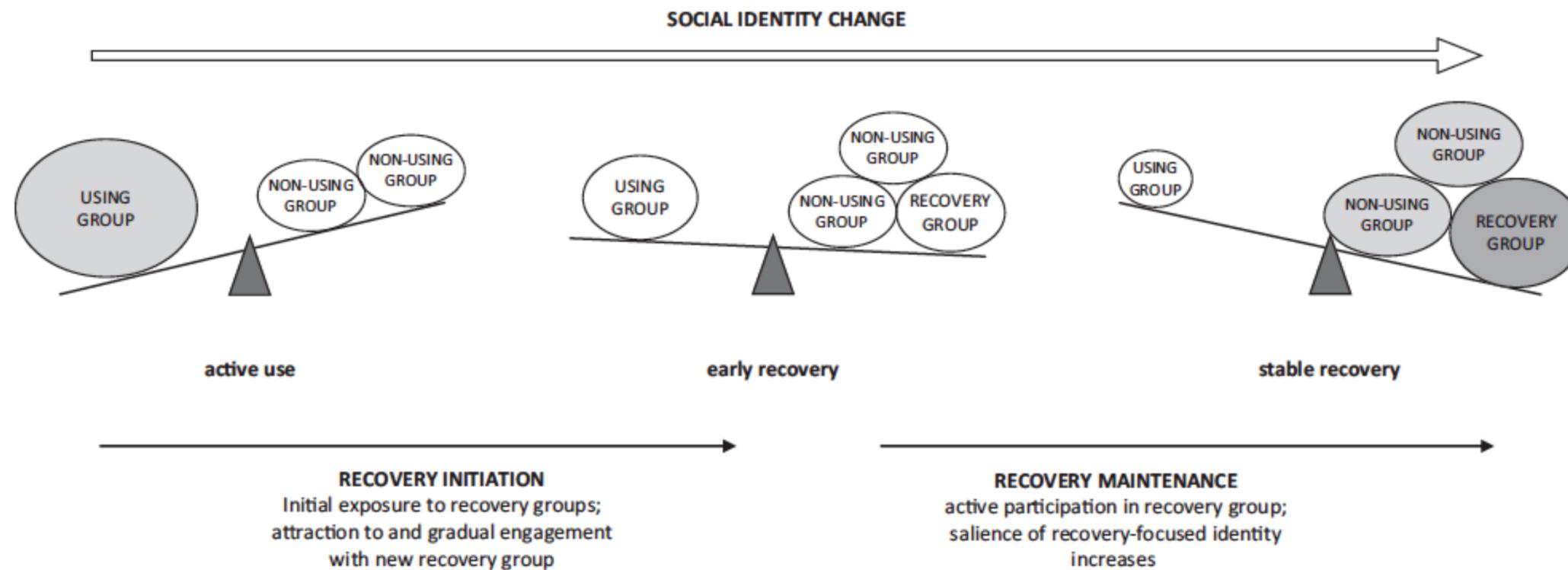
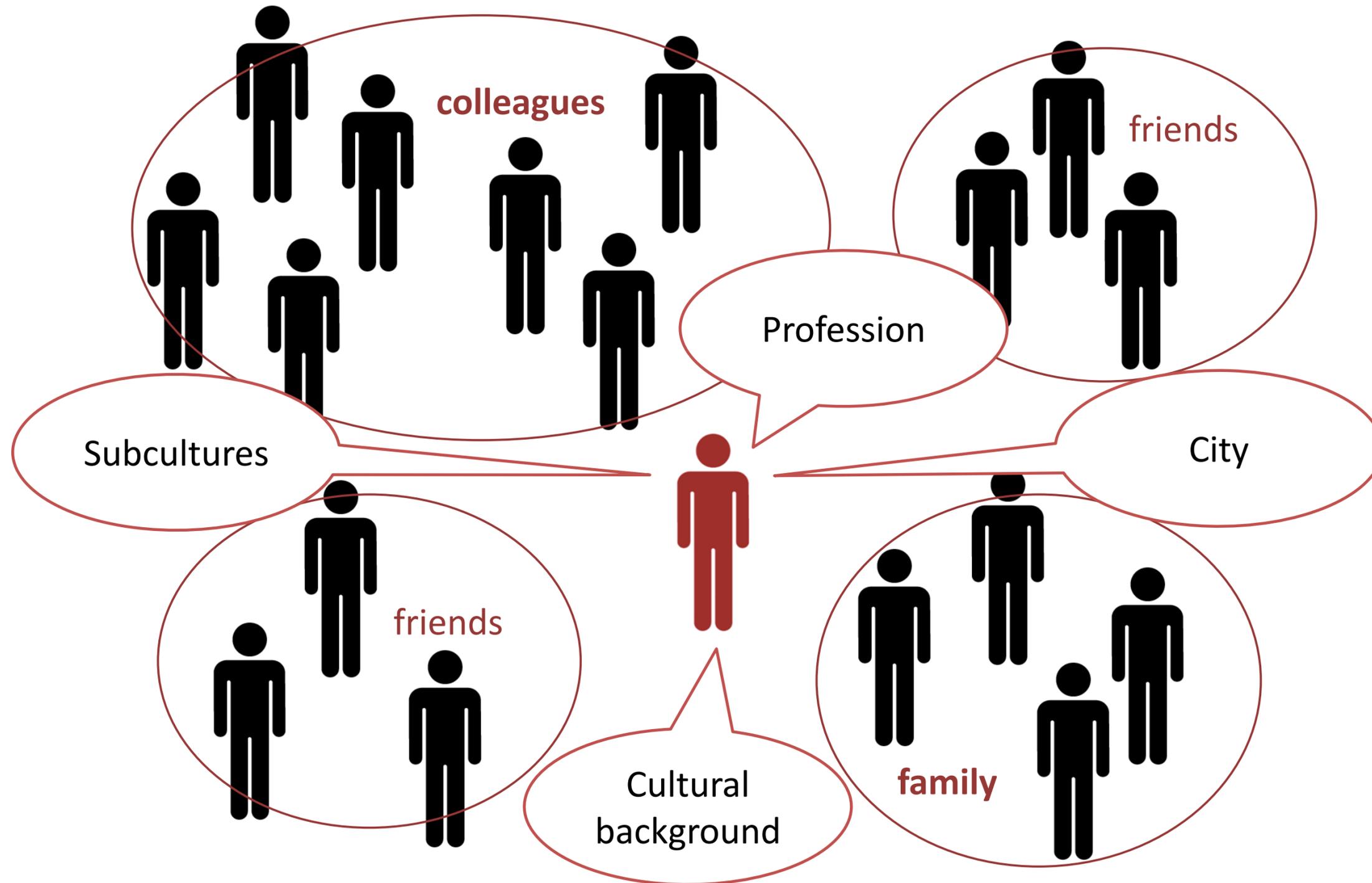
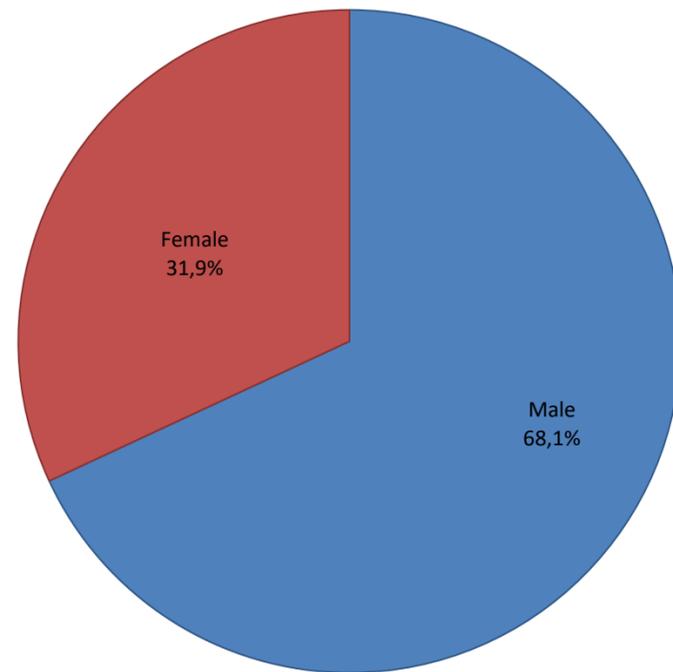


Figure 1. A schematic representation of social identity transition in the course of recovery from addiction.

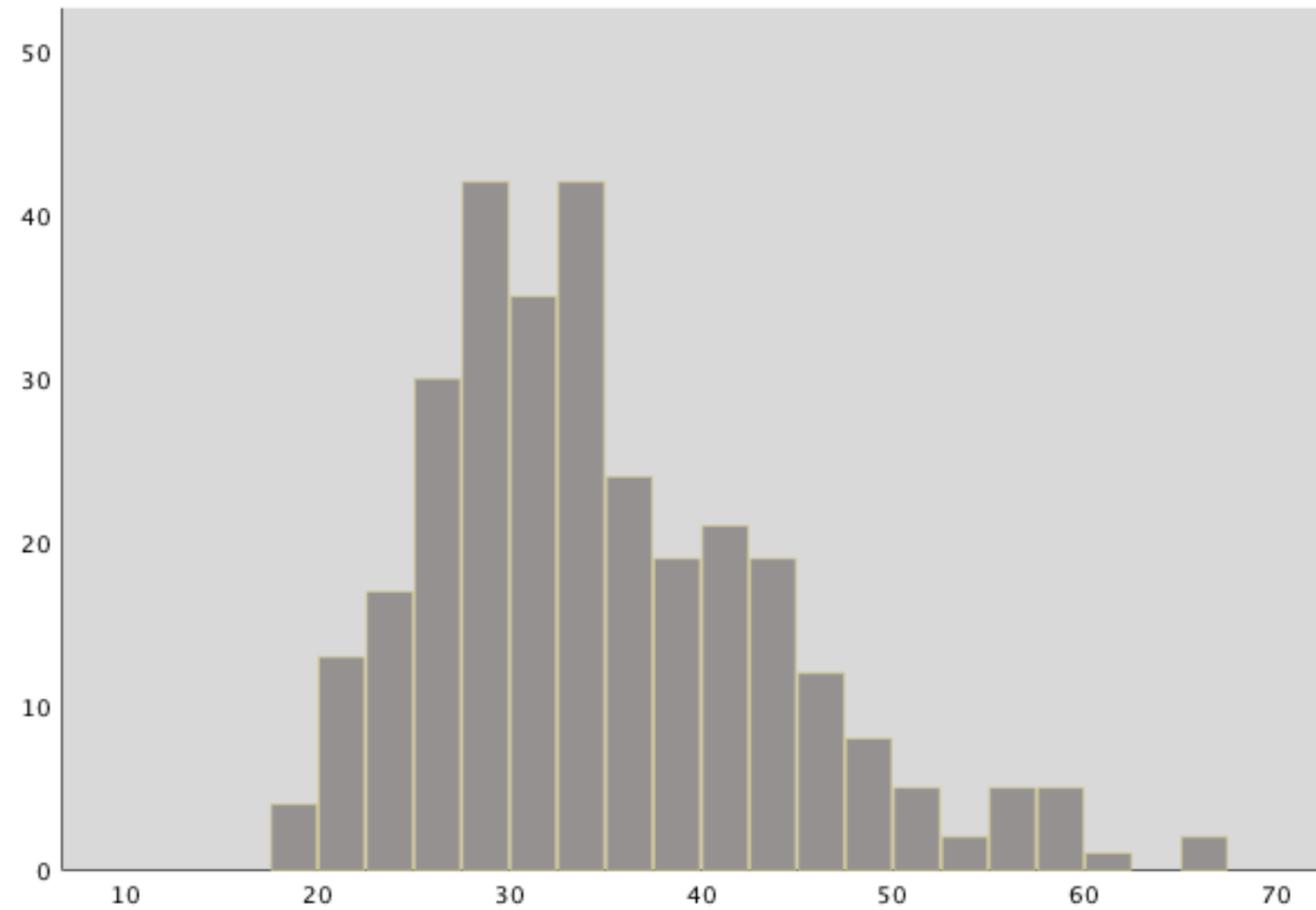
Social Identity: your people shape who you are



The 307 Participants



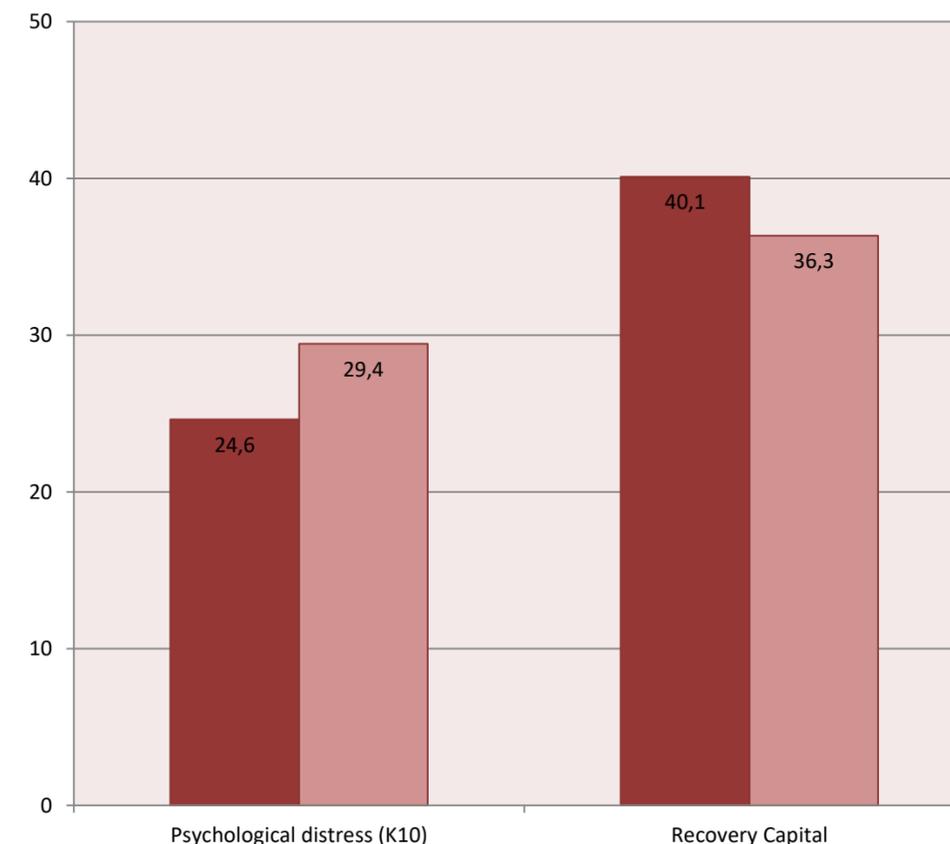
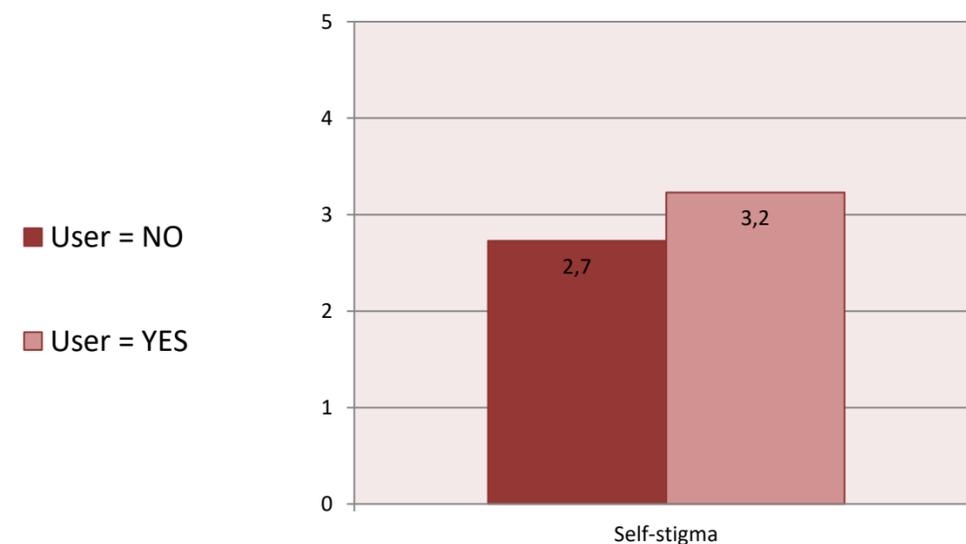
Gender Distribution



Age distribution (Mean = 34.75)

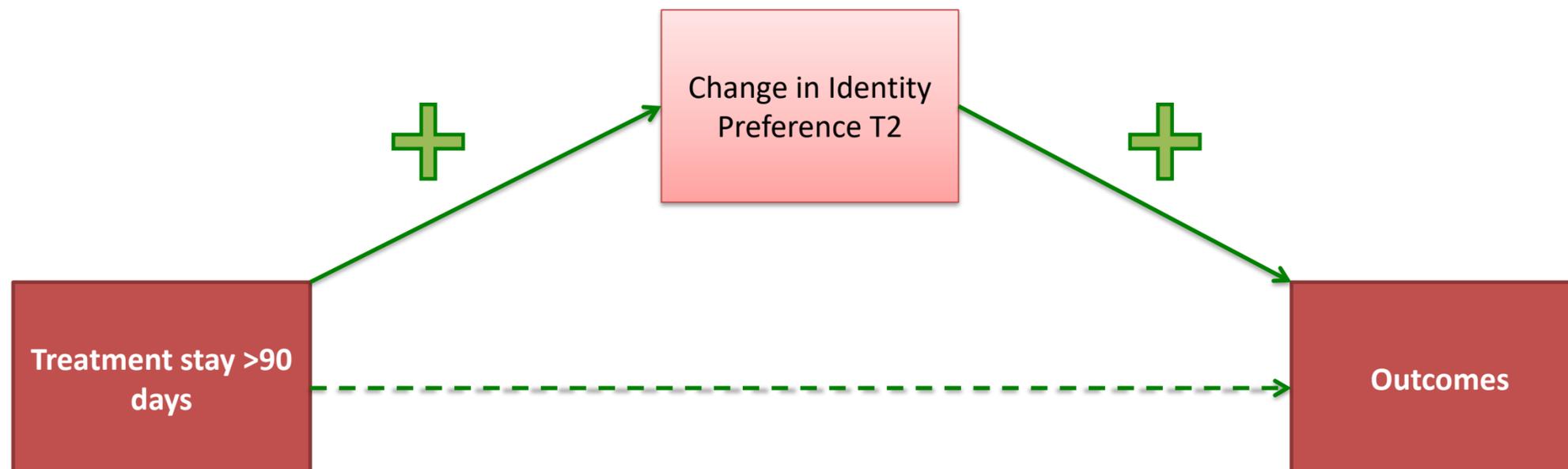
Social Identities: which matters

- At baseline, wellbeing was only associated with whether or not a person endorsed a substance using identity
 - recovery identity was unrelated to wellbeing
- Endorsing a substance using identity (identity strength >4) was only associated with
 - internalised stigma (higher)
 - psychological distress (higher)
 - recovery capital (lower)



The Journey beyond the TC

- The Magic 90 days
 - People staying in the TC beyond this point were more likely to
 - Increase magnitude of identity preference for recovery at 6 months
 - increase commitment to sobriety, psychological wellbeing, and overall wellbeing at 12 months
 - Retention in treatment improves long term outcomes BECAUSE it promotes change in identity in the 6 months post-admission



Key findings of SONAR

- What matters coming into the TC
 - how much a person considers recovery as central to their self-definition
 - the more groups memberships they maintained beforehand
 - these predict sense of connection and belonging to the TC
- What matters at six months
 - the larger the gap between strength of recovery identity and strength of substance using identity (identity preference)
- What matters at 12 months
 - whether a person stayed beyond 90 days
 - how much identity preference increased in first six months

“Therapeutic communities and the local community: isolation or integration?” (2014) Bes



Byrne, G. Pullen, D., Kelly, J., Elliott, K. Savic, M., Therapeutic Communities, 35(4), 150-158.

- Working with two therapeutic communities on the Central Coast
- Identifying human assets:
 - Staff
 - Residents
 - Graduates
 - Families
 - Community connections
- Building assets and community connections – this is the forerunner of the Inclusive Recovery Cities approach

RECOVERY CAPITAL, IRC AND PUBLIC HEALTH BENEFITS



The recovery journey is **not linear**. This means that recovery is not the end of a sequence of change.

As an outside in model, with the aim of collective efficacy, the goal is to **change community connections**.

Recovery therefore plays a role in:

- Primary prevention.
- Targeted prevention – through breaking inter-generational transmission.