Recovery Capital: Assets, Not Abstinence

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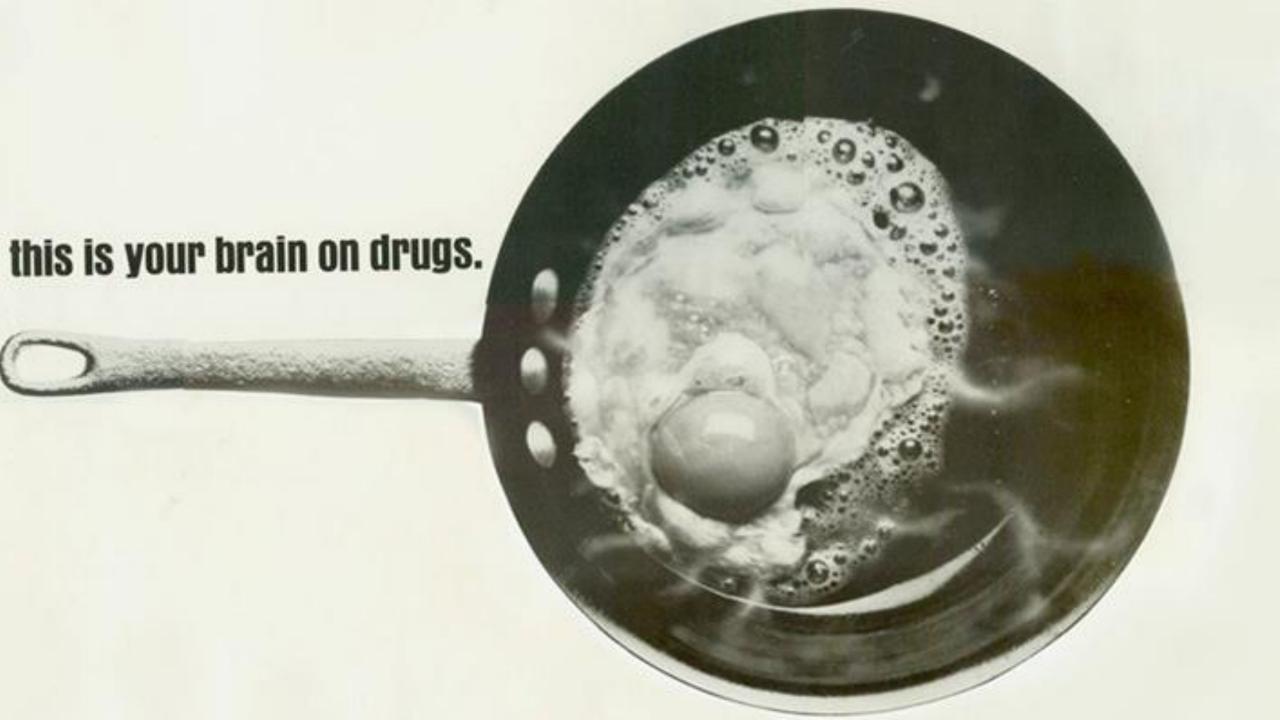


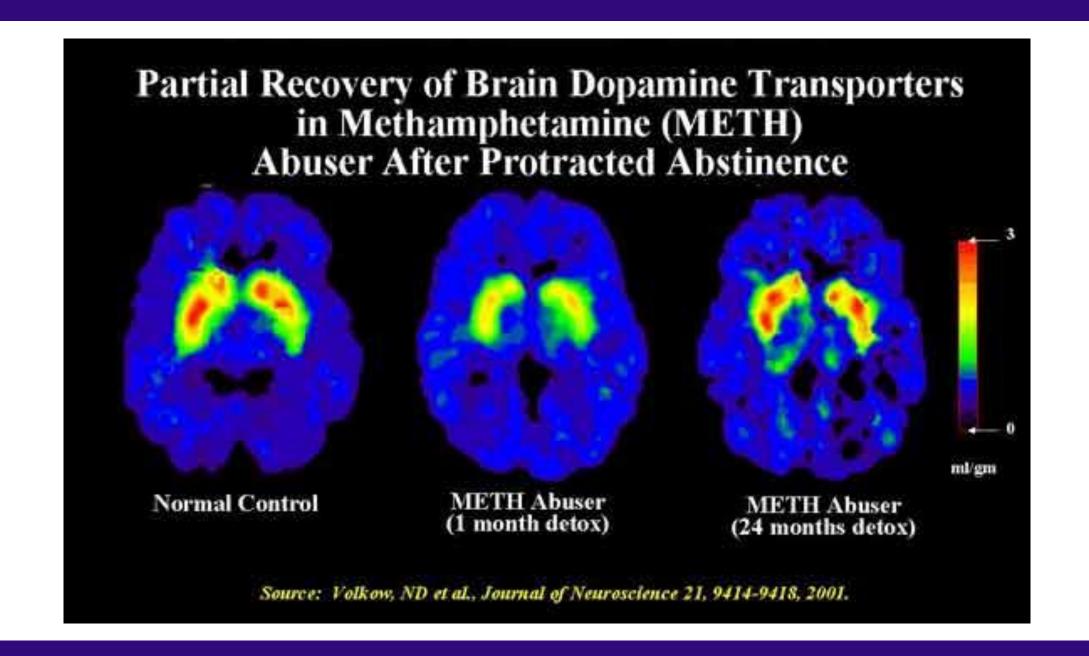




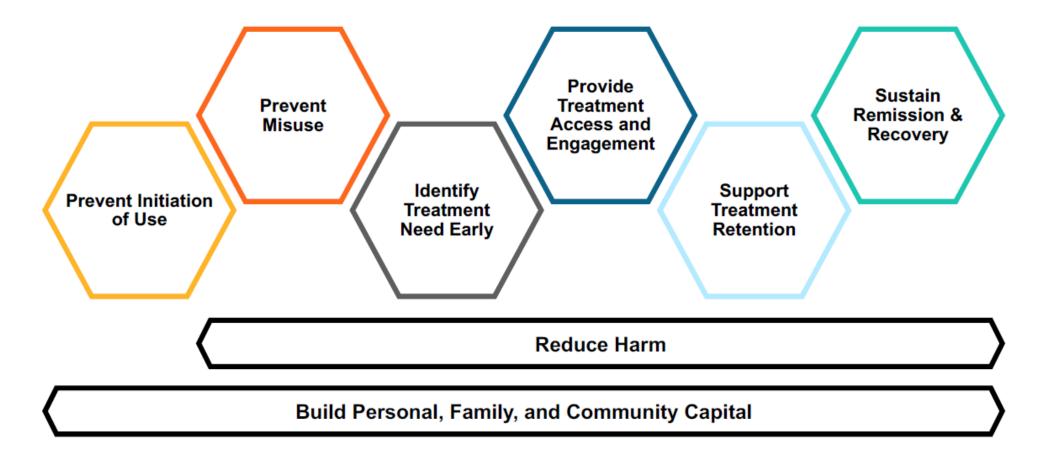
THE SALVATION ARMY

ADULT REHABILITATION CENTER





KORE CASCADE OF CARE



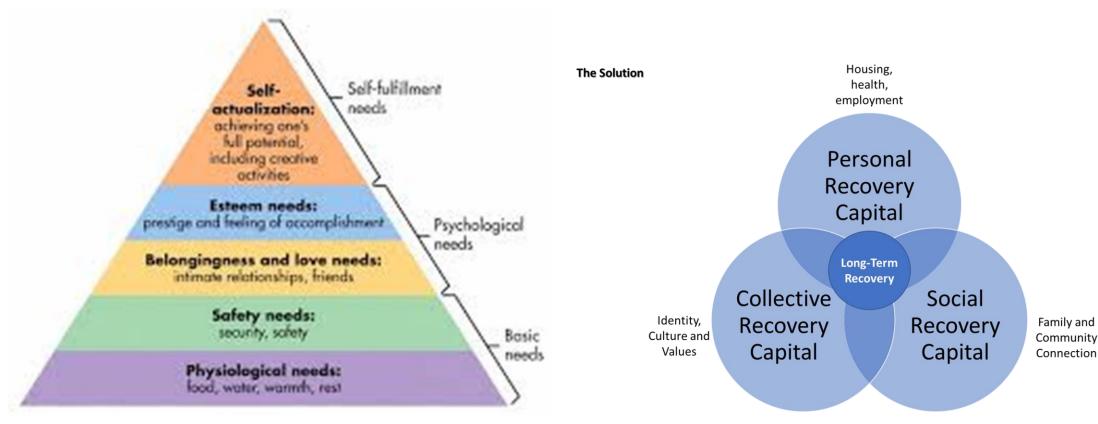








Recovery Capital

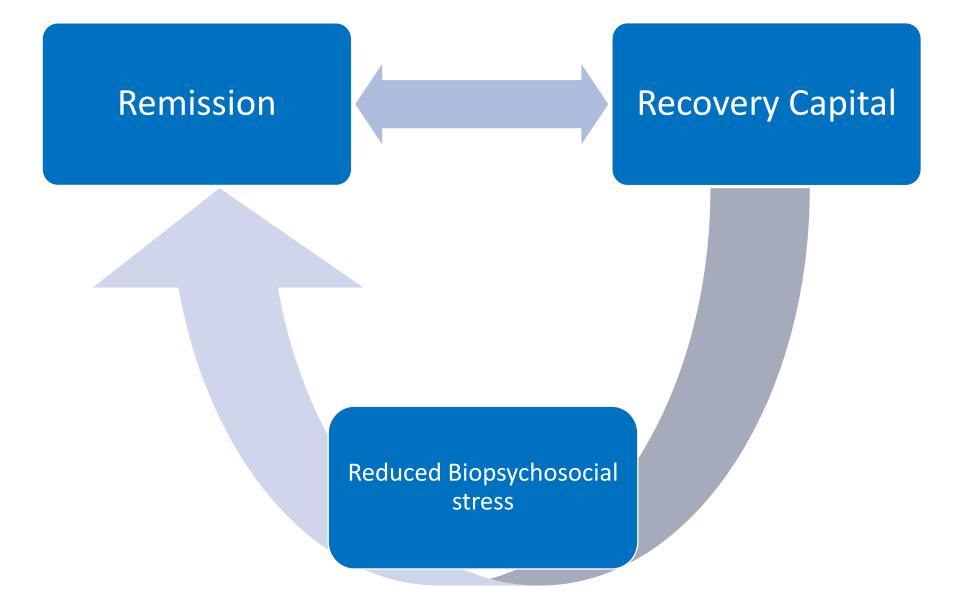


Adapted from Maslow (1943)



Adapted from White & Cloud (2008)

College of Agriculture, Food and Environment







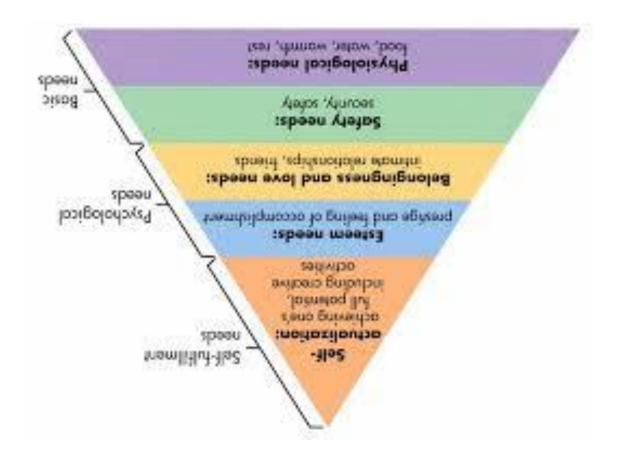
Abstinence or Resources: Chicken & Egg

- Should we wait for individuals to become abstinent before building recovery capital?
- Abstinence as a precondition for:
 - Housing (Pauly et al., 2013)
 - Social services (Rigaud, 2019)
 - Caregiving (Patton, Best, & Brown, 2022)
 - Mental health services
 - Continued treatment (White, Scott, Dennis, & Boyle, 2005)
 - Acceptance in the recovery community (von Greiff, & Skogens, 2021)





We've Got it All Upside Down!







Expert Thoughts on Rock Bottom

"It's remarkable that people believe what's needed is more punishment. If punishment worked, nobody would be addicted. It's a pretty punishing experience." -Keith Humphreys

"Bill, you're not getting it! My clients don't hit bottom; my clients live on the bottom. Their capacities for physical and emotional pain are beyond your comprehension. If we wait for them to hit bottom, they will die! The issue of engaging them is not an absence of pain, it is an absence of HOPE!" -William White





When we do not allow people to be in the *Process* of Recovery (i.e. prioritizing abstinence over recovery)

- Example 1:
 - The Judicial System
- Example 2:
 - MOUD Providers
- Example 3:
 - Families and Concerned Others





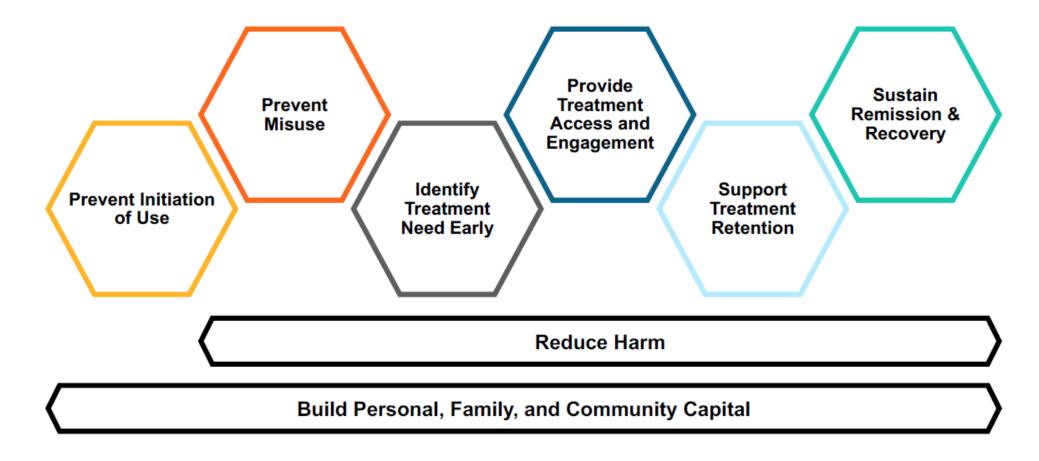
Assets, Not Abstinence

- "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
- The GOAL of recovery is:
 - Abstinence
 - Health/Wellness/Autonomy (i.e., Recovery Capital)
 - Reducing Harm





KORE CASCADE OF CARE











Where does the "Recovery Capital" construct originate? (White, 2016)

Dr. William Cloud



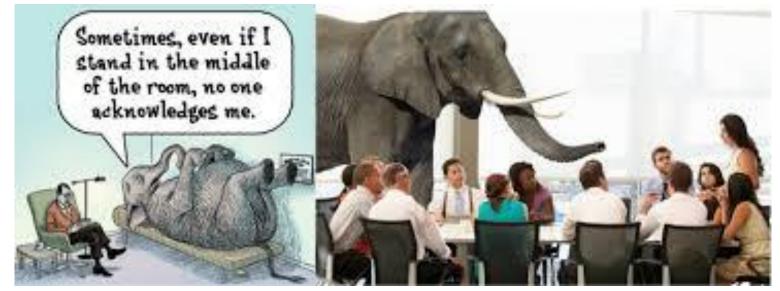
Dr. Robert Granfield







The Elephant that No One Sees: Natural Recovery Among Middle Class Addicts (Granfield and Cloud, 1996)





Natural Recovery is the *Rule* and not the Exception

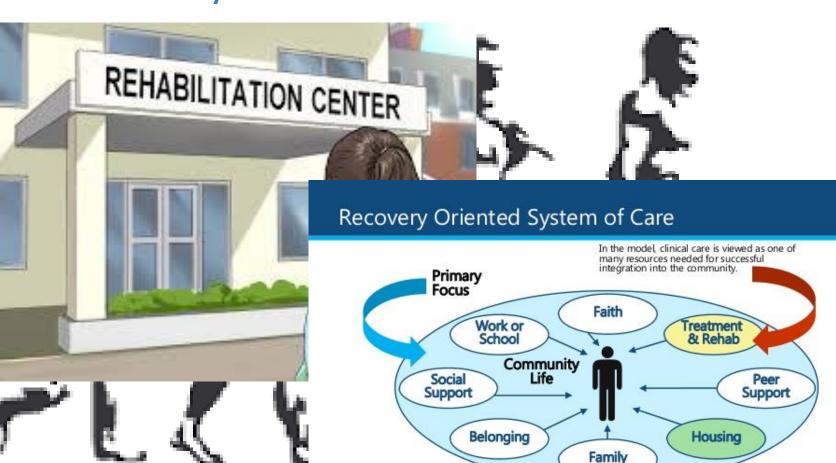
- Unassisted recovery
 - 46.1% of people with SUDs (Kelly, Bergman, Hoeppner, Vilsaint, & White, 2017)
 - 75% of people with AUDs (NIAAA, 2009; Sobell & Cunningham, 1996)
- How is Natural Recovery possible? → Recovery Capital





Evolving Approach to Addressing Addiction: A (Really) Short History







RECOVERY, RESILIENCE & SELF-DETERMINATION

200,400



Band-aids and Bullet Wounds (White, Kurtz, & Sanders, 2006)

"Given the chronic nature of substance dependence disorders
 (McLellan, Lewis, & O'Brien, 2000) and the scarcity of funds for
 treatment, neither single nor serial-episode acute care will ever meet
 the vast need that exists. Only a focus on ongoing
 recovery/support/management can address effectively the chronic
 nature of this illness."





Recovery Capital = Nutrients!

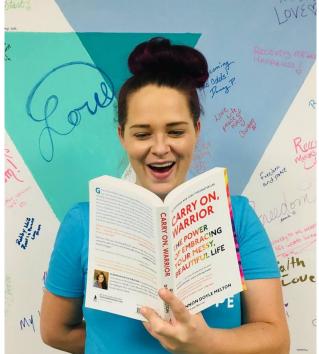






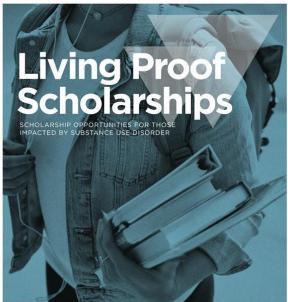












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- Job training and job search assistance
- Information regarding restoration of voting rights
- Additional community resources

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Voices of Hope RCC

- Recovery Community Centers serve as a hub for recovery resources in the community
 - Assets, Not Abstinence
- Transplant the treatment environment to the community

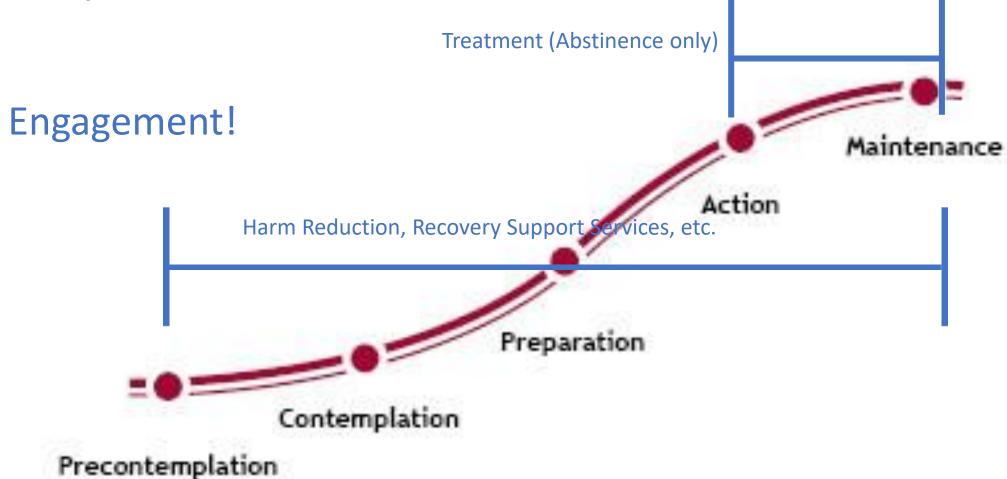








Why Harm Reduction?







What is the Value of Harm Reduction?

- When we don't "meet people where they are"
 - ~23 million in US with SUD
 - Only 2.3 million will receive treatment
 - (NSDUH, 2015)
- When we DO meet people where they are:
 - Hybrid RCO with PSSs and HR services
 - 87% of participants had past month substance use (Ashford et al., 2019)



Precontemplation





What is the Value of Harm Reduction?

- Engagement with the otherwise un-engaged
 - Affords the opportunity to build recovery capital and reduce harm with the MAJORITY of people with SUD who are not being engaged by abstinencebased models of care
 - The value of relationship itself as recovery capital/harm reduction
 - It allows us to love people: Jessie B's Story







The rewarding nature of social interactions

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Sören Krach, Department of Psychiatry and Psychotherapy, Philipps-University Marburg, Rudolf-Bultmann-Str. 8 35033 Marburg, Germany. e-mail: krachs@med.uni-marburg.de The objective of this short review is to highlight rewarding aspects of social interactions for humans and discuss their neural basis. Thereby we report recent research findings to illustrate how social stimuli in general are processed in the reward system and highlight the role of Theory of Mind as one mediating process for experiencing social reward during social interactions. In conclusion we discuss clinical implications for psychiatry and psychotherapy.

Keywords: reward, theory of mind, social interaction

INTRODUCTION

Human societies form a dynamic and complex system, which requires frequent interaction between individuals. According to the "social brain hypothesis" (Dunbar, 1998; Adolphs, 2003) parts of the human neo-cortex have evolved to improve survival in dynamic

dopamine for highly socially motivated behavior such as maternal care, mating behavior and social attachment. For instance, the access to pups is more reinforcing than cocaine in female rats (Insel, 2003) and dopamine in the nucleus accumbens (NAcc) is involved in typical mating behavior and social interactions of monogamous

I worlkind by straight anto the sidewalk unable to left my head TI I woulding or barely able to 1184 my hand from the drogs I was so down hopele I didn't feel human enough to warra look another homan being

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Questions or Comments?

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