

Manual for Recovery Coaching and Personal Recovery Plan Development

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Chapter 8: Expanding Recovery Capital

The RC's primary function is to help people in addiction treatment acquire the resources and skills they need to sustain their recovery over time. The RC can help clients overcome barriers to accessing needed services and resources in the community. The long-term goal of the RC program is to help people develop an indigenous (i.e., community-based) recovery support system that facilitates their transition from the professional or formal treatment realm and into a life of self-autonomy and, of course, sustained recovery. The recovery plan and steps forms will help RCs and clients highlight specific resources or skills that will be needed to achieve each person's self-defined goals.

There are three interrelated activities associated with resource development. The first activity is to identify or clarify the skills and resources that are needed to achieve the individuals' goals. The second activity involves locating the resources or identifying the skill training programs that are needed and a subsequent plan for how these resources or training programs will be acquired. The third activity involves the actual task of helping people acquire resources or services and helping them, in the process, learn how to retain these resources or services over time. Most addiction treatment programs address, to varying degrees, the first two activities of resource development; however, office-based addiction treatment programs usually lack the capacity to perform the third activity that, by default, requires assistance in the community where the resources or ancillary services exists. For example, many people in addiction treatment acquire resources through standard procedures, but quickly lose them, such as being discharged from sober housing for using drugs, losing a job because of an inability to manage anger or arrive at work on time, or losing medication or not remembering to take medications as prescribed. The RC's task, therefore, is to help clients through all three activities or phases of resource development with an emphasis on helping people retain the gains they make in treatment and the resources they acquire.

Resource development, like recovery planning, is an individualized and dynamic process. Resource acquisition is based on the needs and goals of individuals, which will change and evolve over time. It is also important to identify essential resources that people need to support their recovery process from items or valued commodities that they simply want to possess. For instance, most people would like to have cable or satellite television in their home; however, access to multiple TV channels is probably not necessary to sustain a person's recovery. The RC will need to optimize their time with clients by focusing on the acquisition of essential resources that promote the recovery process. Cloud and Granfield (2001) used the term "recovery capital" to refer to resources that support peoples' recovery from an SUD. In their research, the authors found that people who achieved "natural recovery" – recovery without the use of formal addiction treatment – had substantial recovery capital to achieve prolonged abstinence, such as a strong social support network of sober friends and family members, well-paying jobs, education, and a range of coping skills (Granfield & Cloud, 2001; Cloud & Granfield, 2001). The authors postulated that people who require formal addiction treatment services (i.e., are unable to achieve abstinence on their own)

have less recovery capital and that the goal of treatment should be to increase these recovery-based assets. Recovery capital, in the authors' model, consists of three subcategories: (1) Social capital: This subcategory consists of supportive people in the recovering persons' social network, such as a spouse or significant other, family members, friends, clergy or church members, members of a self-help group, a supportive employer, a family physician, or a recovery coach. Like the other two categories of recovery capital described next, social capital has to be developed. People in treatment usually need help in developing, expanding or improving supportive social contacts and concurrently reducing or avoiding social contacts that sustain the addiction. Most addiction treatment programs actively promote the development of positive or recovery-based social networks; however, very few can actually help individuals develop these connections in the community or teach people the skills needed to expand their social network in the community. (2) Physical capital: This category consists of the tangible resources used in the recovery process, such as wealth, stable employment or housing, a car or easy access to public transportation, access to a healthy diet, access to fulfilling hobbies or musical instruments, or comprehensive medical insurance and access to mental health services. (3) Human capital: The third category of recovery capital consists of peoples' internal capacities and skills that will help them sustain their recovery over time. Human capital covers a wide range of skills and capacities, such as the aforementioned communication skills, assertiveness, problem-solving; managing stress or relaxation skills; spirituality (e.g., learning how to meet the needs of spirituality); managing physical pain, anxiety or depression; job skills; or educational or vocational knowledge. Human capital can be viewed as the glue or catalyst for securing more recovery capital. For instance, many people in the early stages of recovery have limited communication skills or experiences in communicating or socializing without the aid of alcohol or other drugs. Consequently, many individuals in treatment require skills training in socializing or simply communicating without alcohol. These skills will, in turn, be used to expand peoples' social capital, such as meeting new friends or asking for help at an AA meeting, getting involved in church groups, or completing a job interview. Furthermore, many individuals in treatment lose access to their physical capital because they lacked the skills (i.e., human capital) to sustain them. For instance, many individuals lose their housing or jobs because they lacked the skill or capacity to remain abstinent in these environments or they were unable to manage the stress associated with these elements of their life, which resulted in a relapse.

Translating Cloud and Granfield's (2001) recovery capital concept into a formalized intervention, the goal of treatment is to improve peoples' resources and tools so that they can sustain their recovery after the formal treatment program has been completed (Blomqvist, 1996). An essential function of the RC, therefore, is to help people build their recovery capital.

RCs can use the recovery capital model to help clients build an effective recovery plan. Individuals in treatment should be encouraged to examine all three recovery capital categories in

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the process of developing a recovery plan. The recovery capital model can be translated into specific RC activities.

☐ Activities to promote social capital: ☐ An essential activity of the RC is to help clients' bring family and friends into the recovery planning process. This activity should be used early often in the engagement and planning process ☐ Helping people gain access to social activities, such as AA meetings, church functions, or clubs. This activity will also be combined with behavioral skills training in communication skills (human capital) and gaining access to reliable sources of transportation (physical capital). ☐ Exploring and testing social functions in the community or relearning to interact in familiar social settings without being under the influence of alcohol or other drugs. ☐ Activities to promote physical capital: ☐ Assisting clients in all phases of vocational development, which can include traveling around the community to collect job applications, assisting/teaching people how to properly complete applications or a resume, practice job interviewing skills (i.e., human capital), linking people to the local workforce development board or Workforce Investment Act One Stop Centers, acquiring work clothes, or organizing or establishing reliable transportation. ☐ Assisting clients in all phases of acquiring stable, affordable, and safe housing, which can include traveling around the community looking at housing options, assisting clients in completing applications for subsidized housing, acquiring furniture, learning how to be assertive with landlords and asking for help (i.e., human capital), or managing finances or resolving bad credit and existing debt (i.e., human capital). ☐ Helping clients gain access to educational opportunities, such as completing a GED or High school diploma, returning to college, and locating funding sources that can support the clients' educational goals. ☐ Helping clients gain access to primary care or mental health services, which can include assisting them in completing entrance forms and applications, applying for Medicaid, navigating through social service systems (i.e., human capital), finding funding sources for medication, acquiring medication, or maintaining appointments. ☐ Helping clients gain access to dental and eye care services.

☐ Activities to promote human capital: ☐ Practicing and role-playing skills in the community, such as drink/drug refusal skills (discussed in Chapter 9), communicating effectively with family members or an employer, asking for help in an A.A. meeting, or talking with judge. ☐ Assisting clients in their preparation for returning to high school or college. ☐ Learning how to manage stress in different situations. ☐ Developing relaxation skills. ☐ Helping clients practice parenting skills.

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☐ Providing learning opportunities for having fun without the use of alcohol and other drugs.

This list of activities is provided to demonstrate the range of interventions that RCs can use to help clients achieve their recovery-based goals. All RC activities and interventions are based on and linked to specific steps and goals in the individuals' recovery or strengths-based plan.

The RC's task is to help clients secure essential resources, such as housing, medical care, or employment and to teach them the skills needed to continue building and adding to their recovery capital