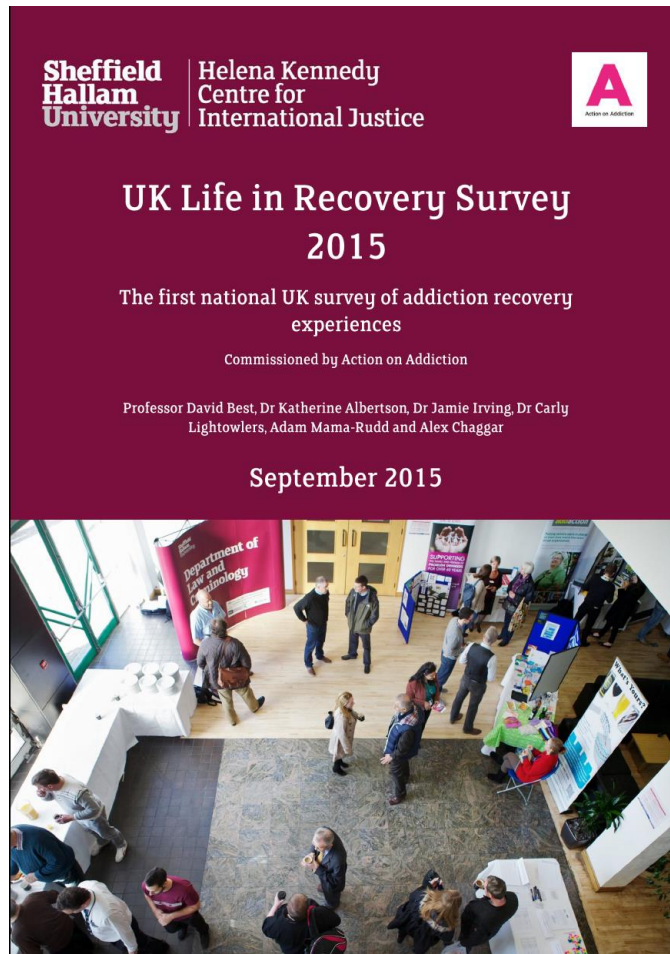# Mapping pathways to recovery networks and activities

Professor David Best

Sheffield Hallam University / Monash University

Overview

- Connectedness

- Hope

- Identity

- Meaning

- Empowerment

Leamy et al (2011)

- Lived experience

- Embedded in a social identity

- Requiring a social contract

- What is the need for a movement - pre-figurative politics....

UK Life in Recovery Survey

UK Life in Recovery Survey 2015
The first national UK survey of addiction recovery experiences
Commissioned by Action on Addiction
Professor David Best, Dr Katherine Albertson, Dr Jamie Irving, Dr Carly Lightowlers, Adam Mama-Rudd and Alex Chaggar
September 2015

Perceived status:

- In Recovery (64.6%)

- Used to have a problem (9.8%)

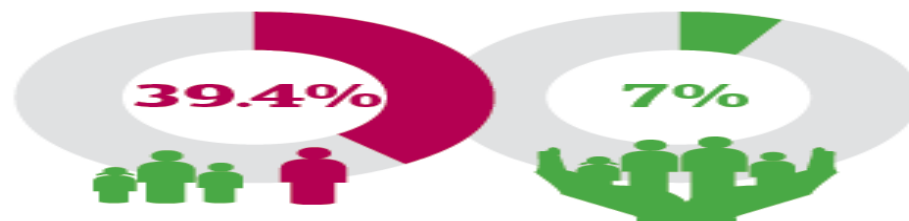- Recovered (7.0%)

- Medication assisted recovery (3.0%)

Life In Recovery Survey

We surveyed more than **800 people in recovery groups** in the UK.

39.4% of families living with an active user of drugs or alcohol will suffer incidents of domestic violence. The figure drops to just **7% among those in long-term recovery**.

39.4%

7%

Women spend an average of **17.7 years addicted** to drugs or alcohol.
Men spend **22.4 years addicted**.

17.7 YEARS

22.4 YEARS

**79.4% of people in long-term recovery** have volunteered since beginning their recovery journey.

79.4%

74% of people in long-term recovery have remained steadily employed during their recovery, compared to **40.3% in active addiction**

74%

40.3%

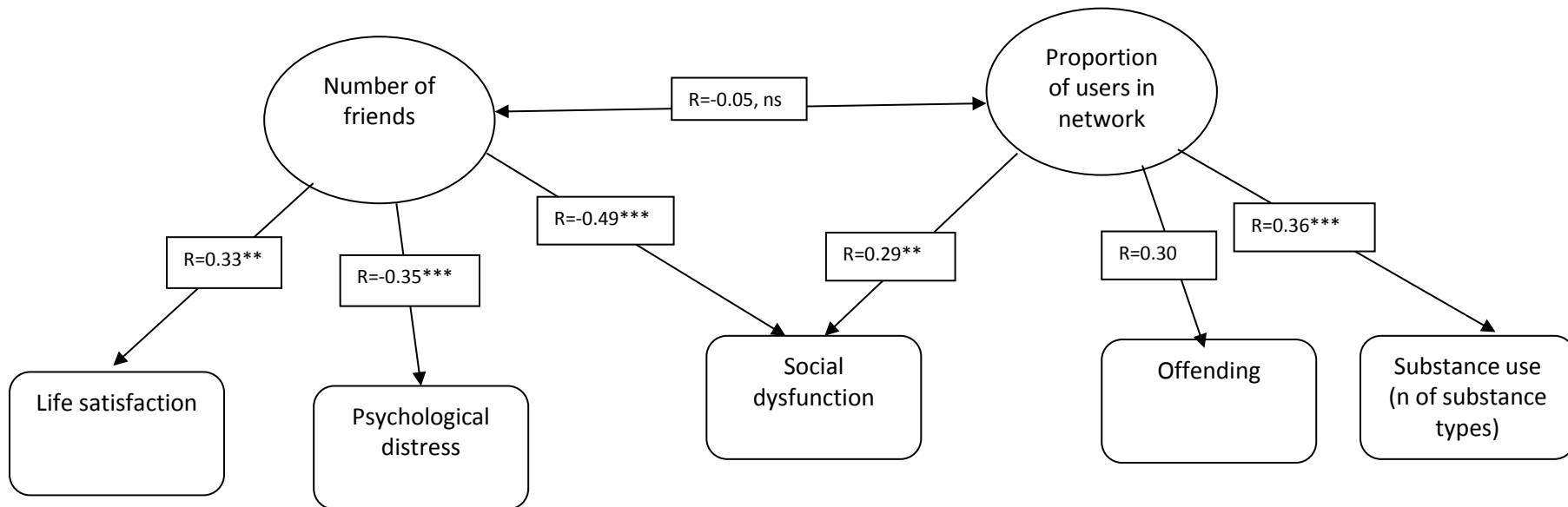**60% in active addiction** reported getting arrested during this time. **2.9% of those in long-term recovery** reported being arrested.

2.9%

60%

Family and social life
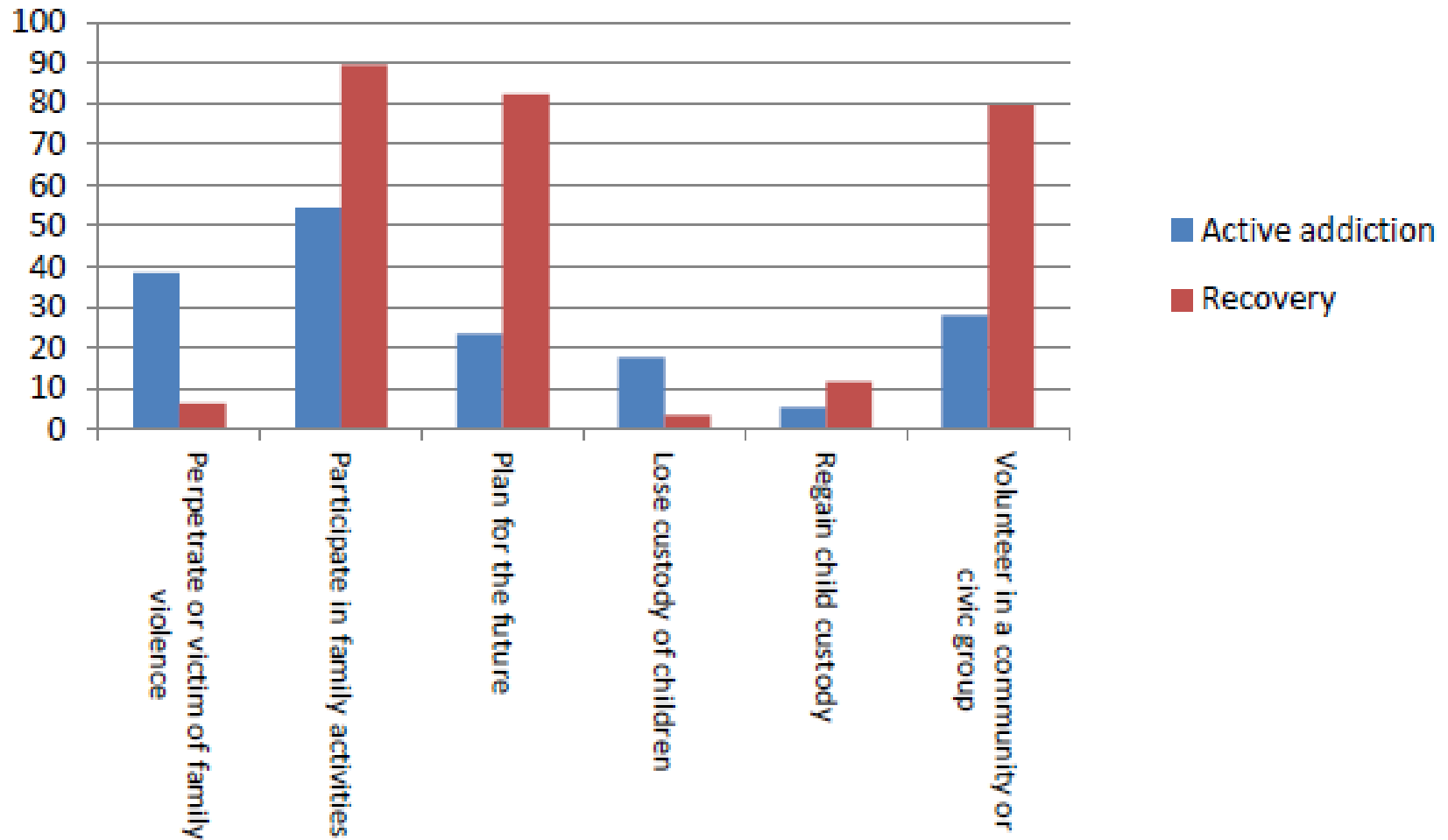
Mapping the associations between social network factors and treatment outcomes: Melbourne Youth Cohort Study (Best et al, 2016)

Litt et al (2007, 2009)

- Post-alcohol detox

- Clients randomised to aftercare as usual or Network Support

- Those randomised to Network Support had a 27% reduction in chances of alcohol relapse in the next year

- This is assertive linkage
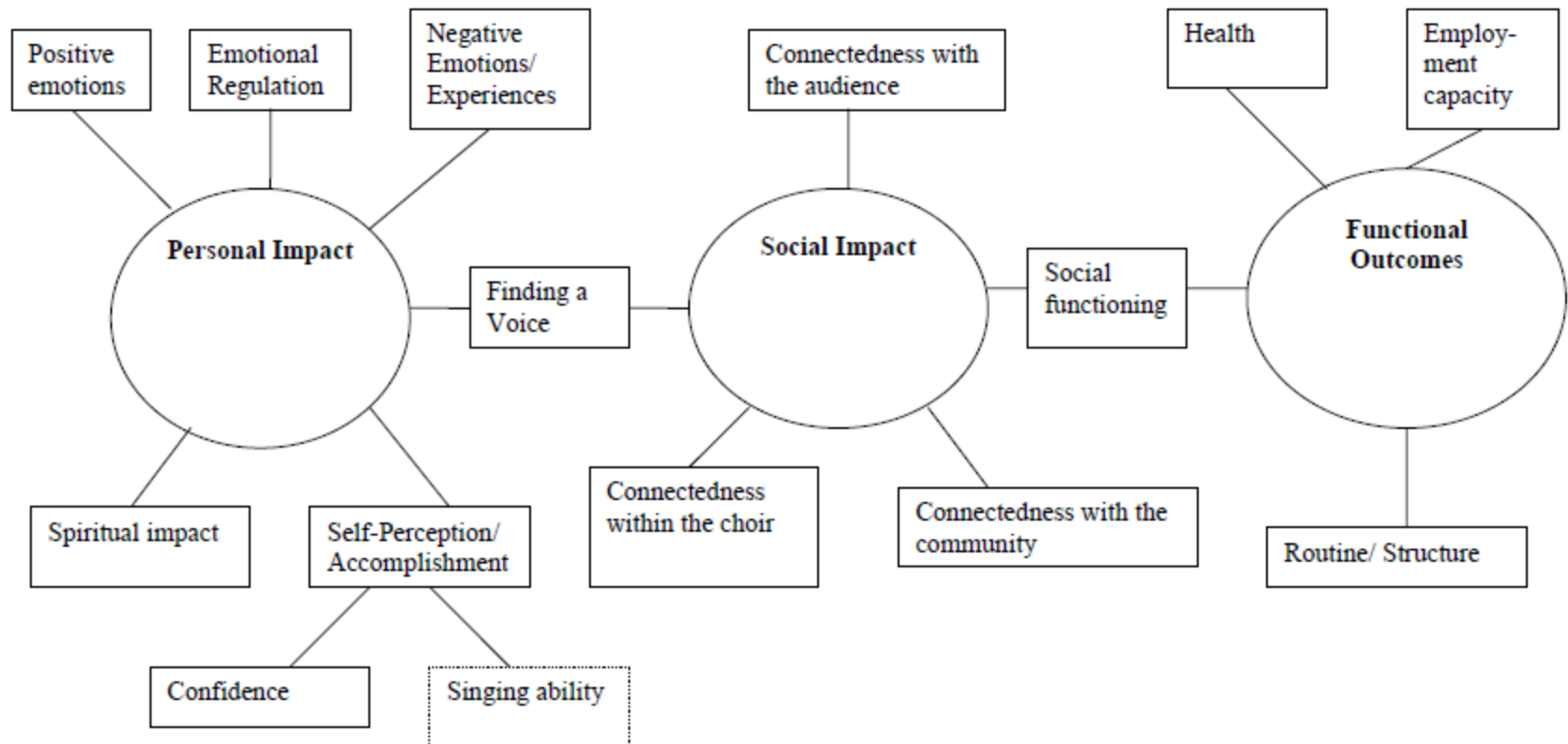
- Illustrates power of MA and mentor role

Structural equation modeling results from over 2,000 patients assessed at intake, 1-year, 2-year
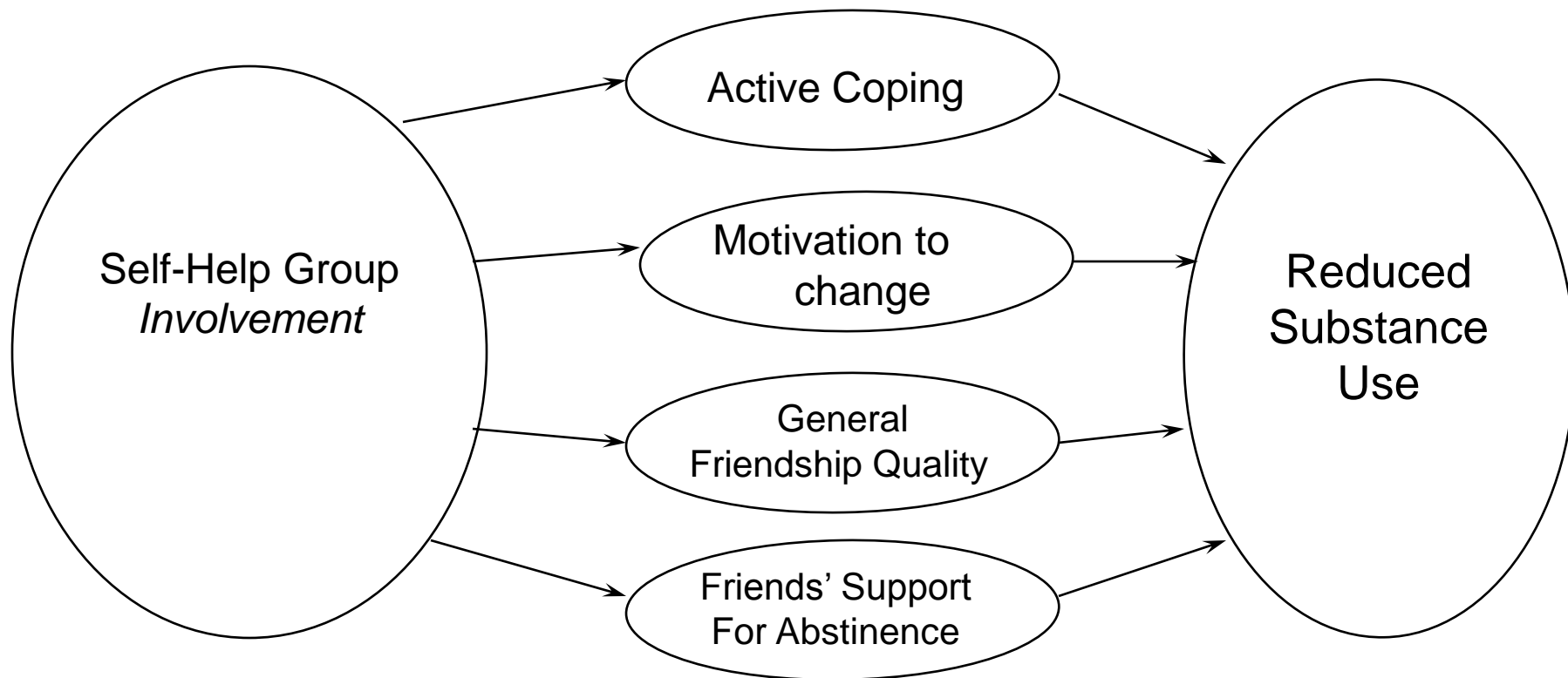
Note

All paths significant at p<.05. Goodness of Fit Index = .950.

Dingle et al (2012): Personal, social and

| Personal Impact | | Social Impact | | Functional Outcomes |

- Positive emotions
- Emotional Regulation
- Negative Emotions/ Experiences
- Finding a Voice
- Spiritual impact
- Self-Perception/ Accomplishment
  - Confidence
  - Singing ability
- Connectedness with the audience
- Social functioning
- Connectedness within the choir
- Connectedness with the community
- Health
- Employment capacity
- Routine/ Structure

Time: Time 1 (early days)   Time 2 (6 months)   Time 3 (12
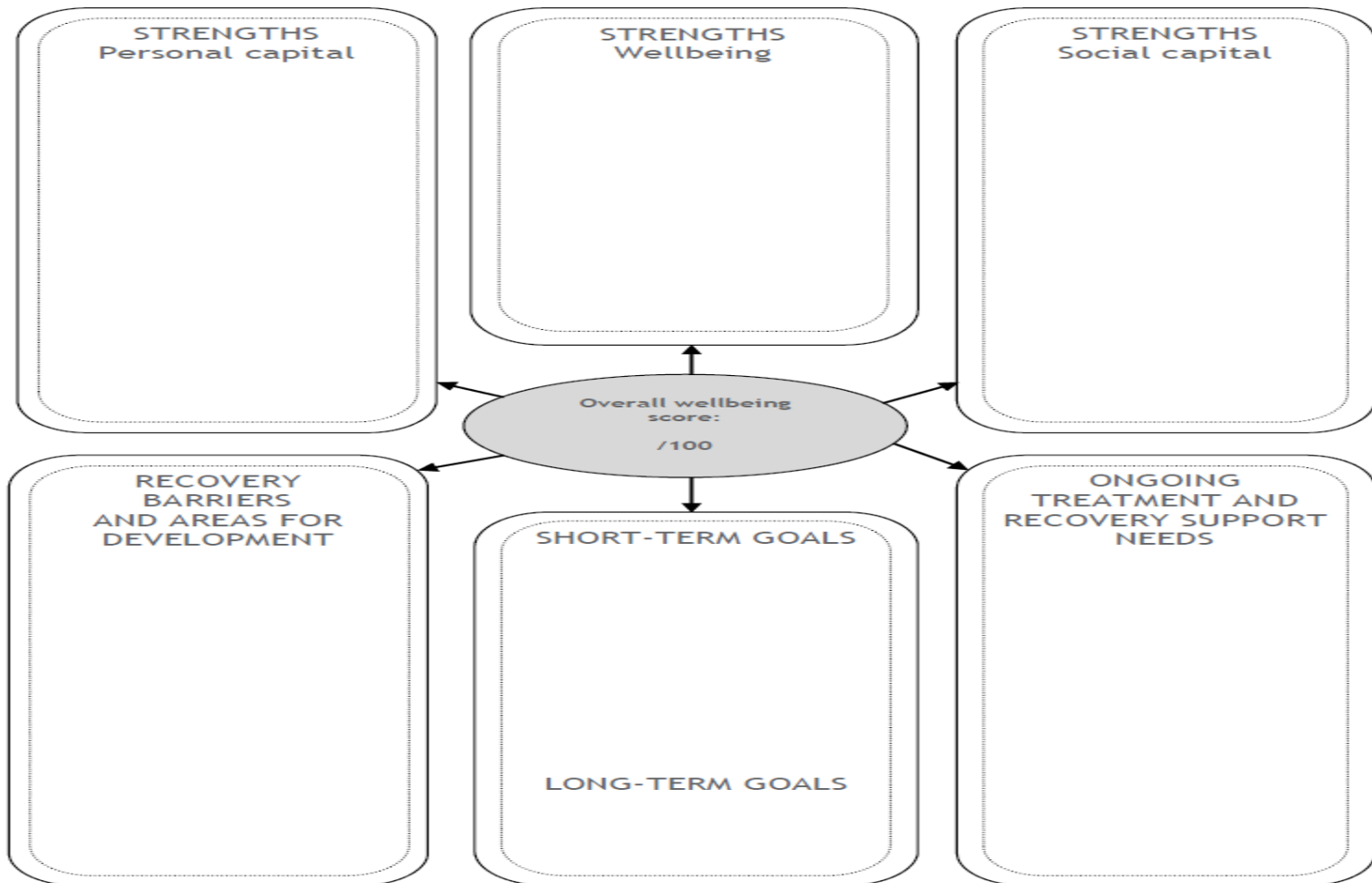
Other people matter ......

SO HOW DO WE KNOW IF OTHER PEOPLE ARE HELPFUL OR NOT TO THE RECOVERY JOURNEY?

Section 11: YOUR RECOVERY WELLBEING

STRENGTHS Personal capital	STRENGTHS Wellbeing	STRENGTHS Social capital

Overall wellbeing score: /100

RECOVERY BARRIERS AND AREAS FOR DEVELOPMENT	SHORT-TERM GOALS LONG-TERM GOALS	ONGOING TREATMENT AND RECOVERY SUPPORT NEEDS

Benefits of node link mapping

- Participative and collaborative

- Memorable and provokes better recall

- Provides a record for worker and client

- Can be built and reviewed over time

- Allows innovation and creativity

- Can generate insights

Rationale

- Social Identity Mapping builds on work previously done in the occupational psychology space by Haslam and colleagues
- The basic aim is to identify all of the groups the individual perceives themselves as belonging to (how much time they spend in each group is less important)
- The key is to create a visual map of social identity and social group membership

Task 1: How groups affect problem behaviours

Step 1: Think of some behaviour you are currently trying to change

- exercise

- smoking

- drinking

- chocolate

- social media

- computer games

Task 1: Step 2

- Write your name in the middle of the sheet of paper

- On a separate post-it note for each write down all of the social groups you belong to, eg close family, extended family, colleagues, neighbours, church, school friends, etc

- It does not matter how much time you spend in each group, but what does matter is that you see yourself as a part of the group and the group is important to you

Task 1, Step 3

- Now note what relationship the group has to the behaviour you are trying to change

- So first note down whether the group actively engages in the behaviour

- Secondly note whether the group is on the whole hostile to, supportive of or neutral to your planned changes

- Next note whether there are some members of the group who will support or undermine your attempted behaviour change

Task 1, Step 4

- The final step is to look at the relationships between the groups you have noted

- Are they coherent or in conflict?

- Draw straight line between the groups if they are positive about each other and squiggly lines if they are in conflict with each other

- Finally, do the same from yourself at the centre of the chart about whether your behaviour change will be supported by the group or not

Task 1: Conclusion

- So what will you have to change about your social world to support your behaviour change?

- How high is your overall social capital and more specifically how high is the social capital you have around the changes you want to make?

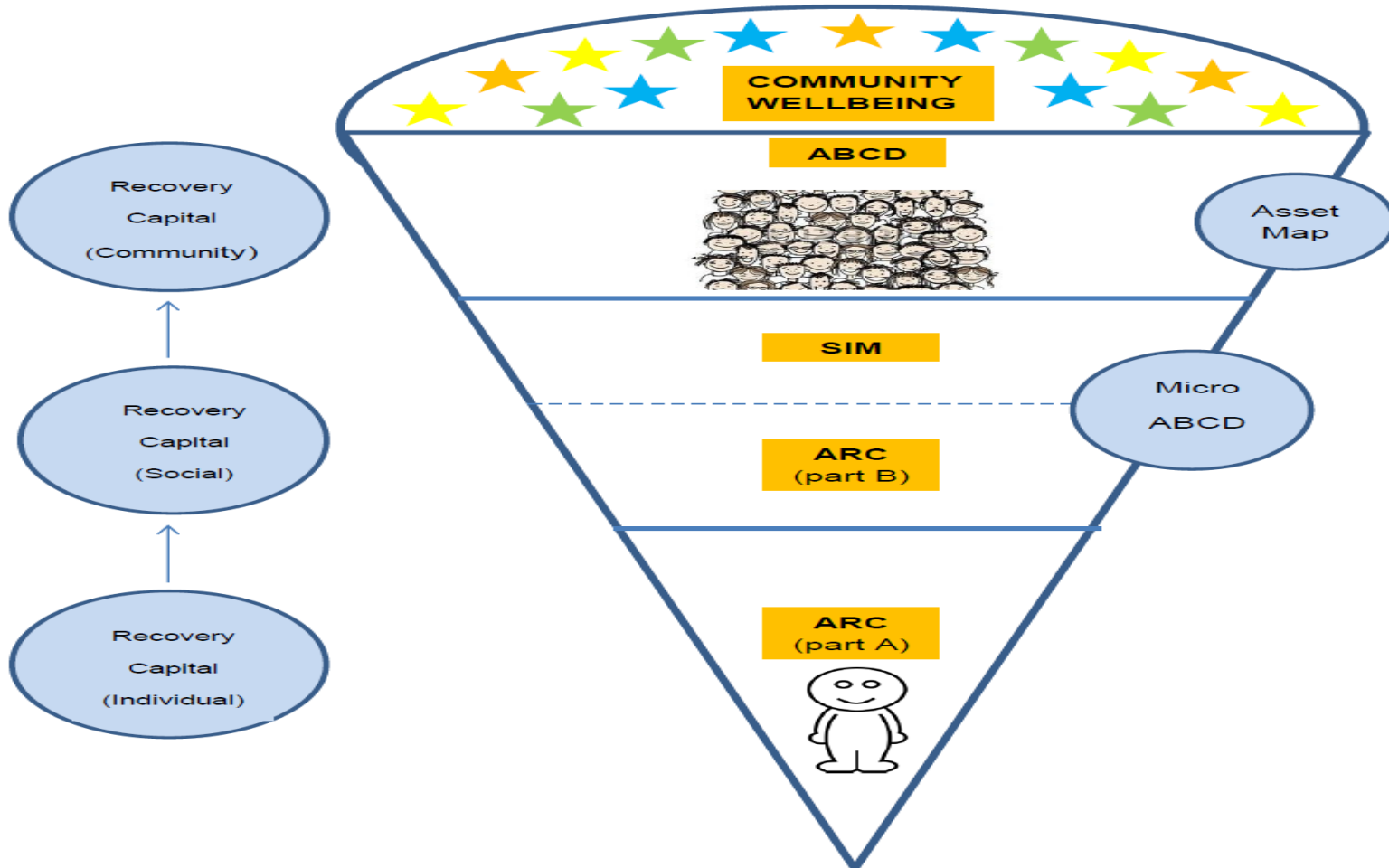- The key question is do you have enough indigenous resources to support the changes you want to make?
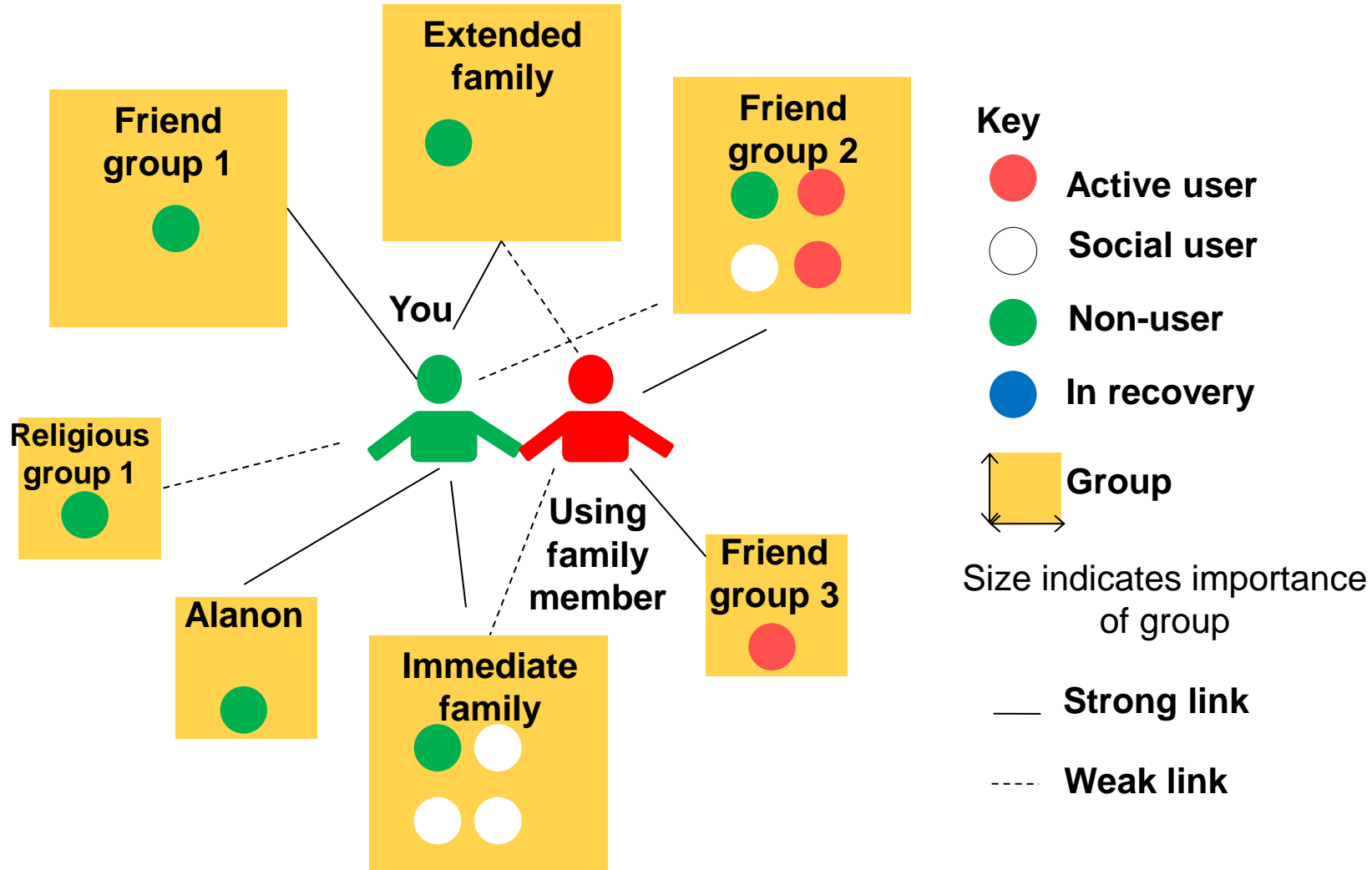
Young person in supported accommodation #1
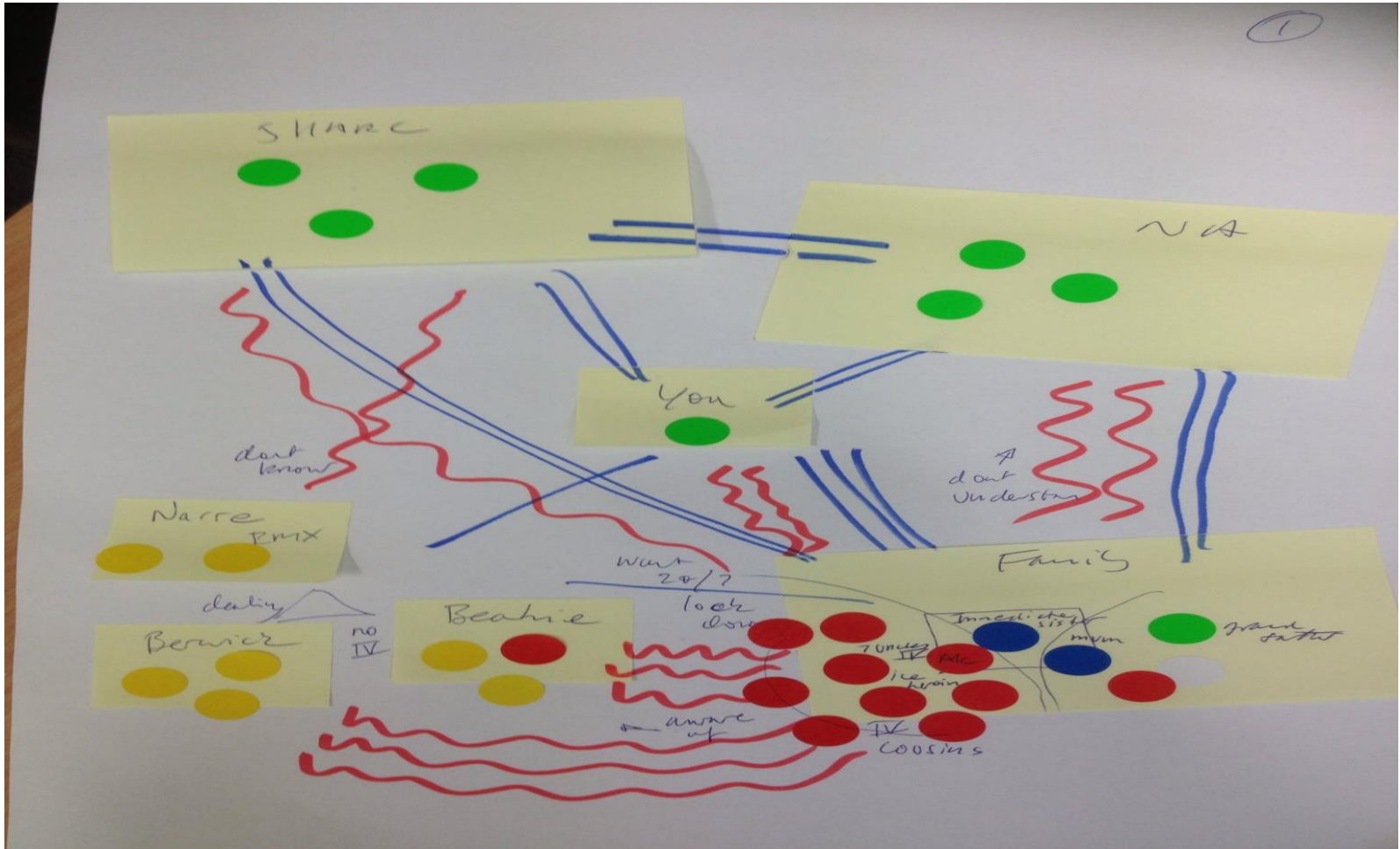
Recovery capital: A cone with sprinkles

Increasing Levels of Recovery Capital through Asset-Based Community Development

Best and Laudet (2010)

Recovery capital: Linking personal, social and community assets

- The assumption here is that only the person can recover (CHIME) but that the person cannot do it alone, and that recovery is an intrinsically social process

- Personal capital grows through the support of the groups we belong to and the nurturance of the context and environment

- Supporting recovery growth requires engaging the positive components of the social networks and the broader community
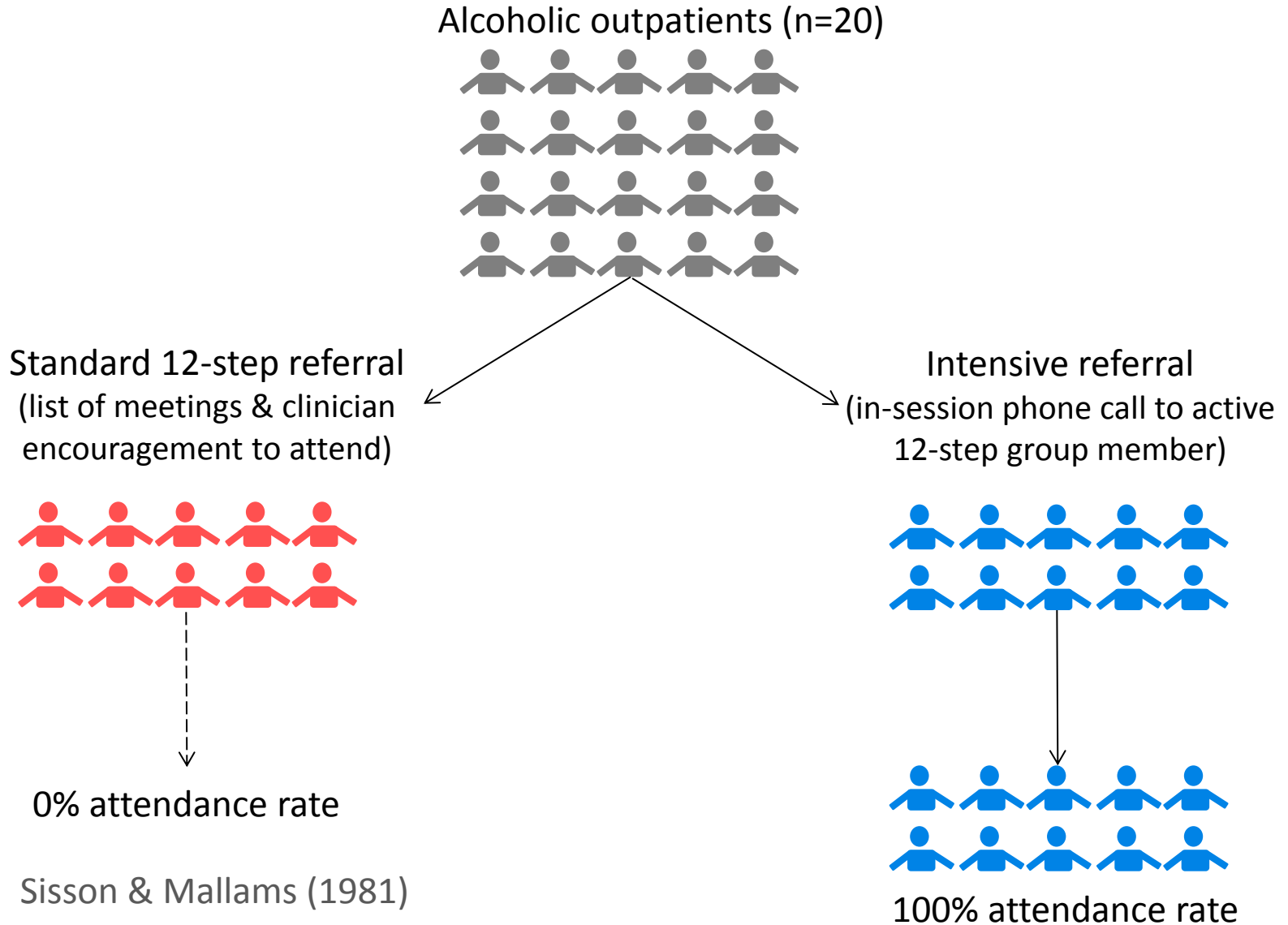
ABCD: Asset Based Community Development

- Kretzmann and McKnight (1993): Professionals provide some resources but the wellbeing of communities rests on its indigenous resources and how they are mobilised

- McKnight and Block (2010): At the heart of this model are a group of people called 'community connectors' who are natural leaders of lived communities

Underlying model

- Poor social support or low social engagement

- REQUIRES

- Effective engagement with pro-social community assets

- WHICH IN TURN NECESSITATES

- ABCD and assertive linkage

"We do that already": Normal referral processes are ineffective

Alcoholic outpatients (n=20)

Standard 12-step referral
(list of meetings & clinician
encouragement to attend)

Intensive referral
(in-session phone call to active
12-step group member)

0% attendance rate

Sisson & Mallams (1981)

100% attendance rate

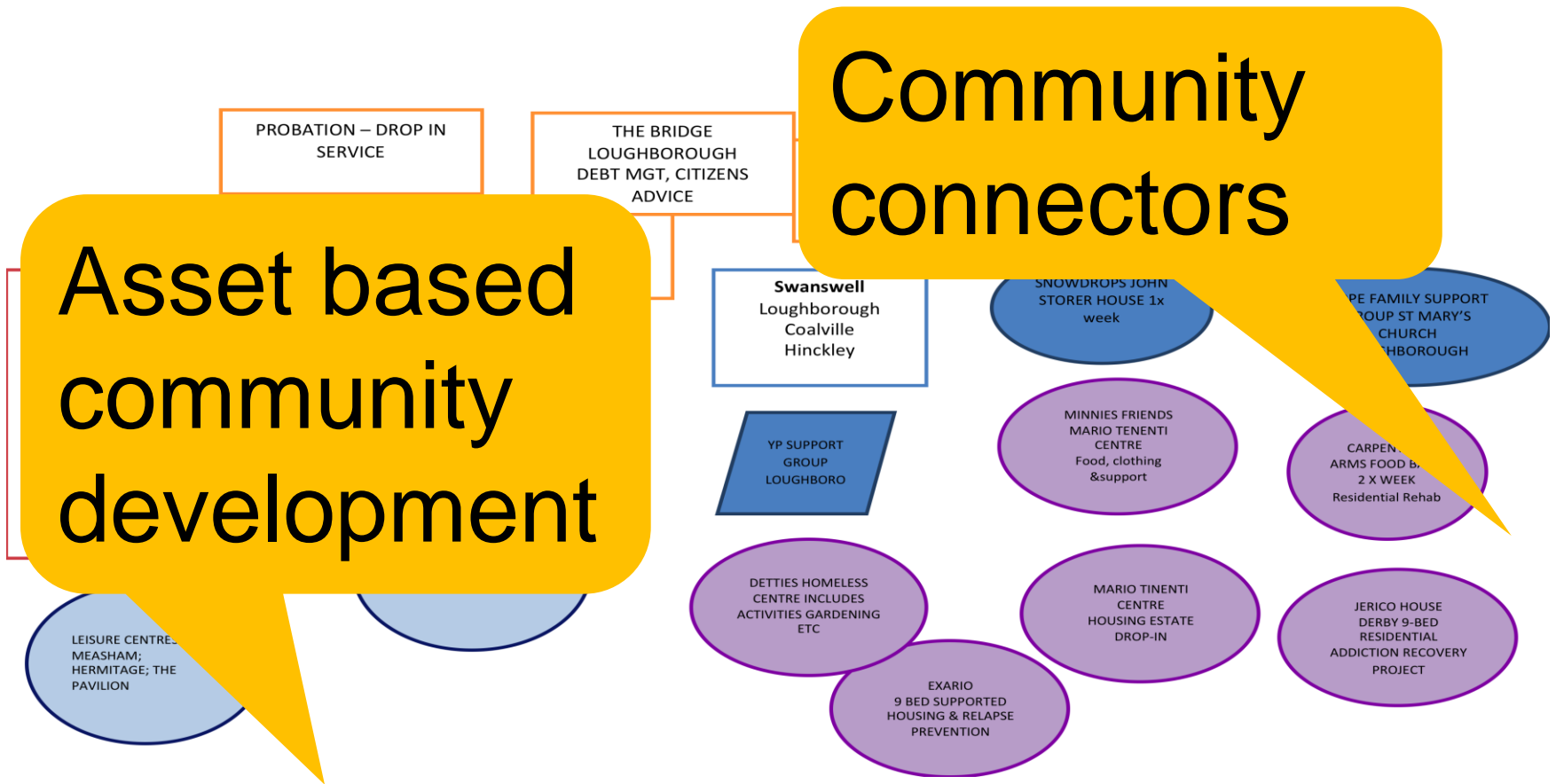# Manning et al (2012) – rationale and setting

- Acute Assessment Unit at the Maudsley Hospital

- Low rates of meeting attendance while on ward

- RCT with three conditions:
  - Information only
  - Doctor referral
  - Peer support
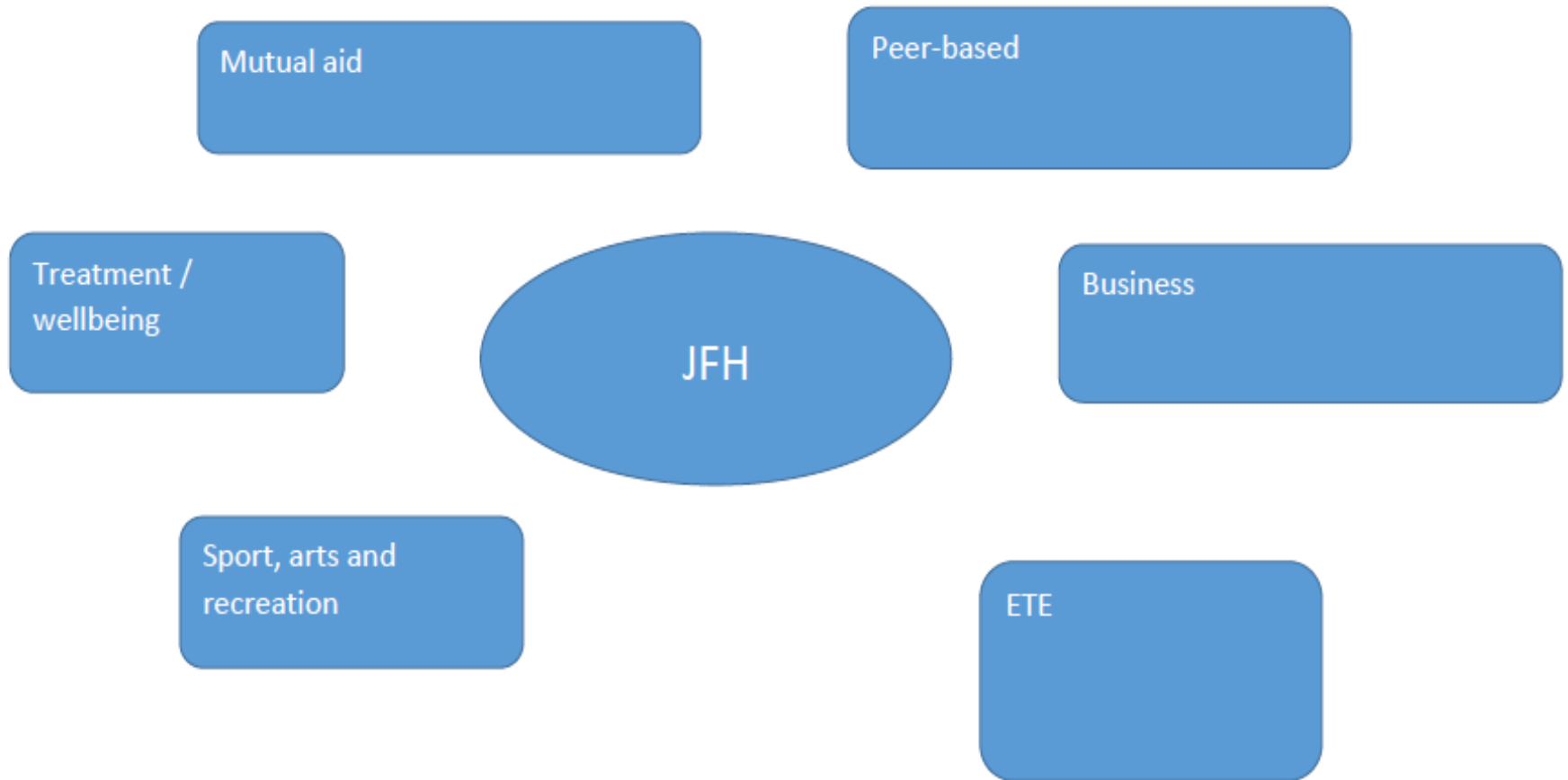
Manning et al (2012) – findings

- Those in the assertive linkage condition:
  - More meeting attendance (AA, NA, CA) on ward
  - More meeting attendance in the 3 months after departure
  - Reduced substance use in the three months after departure

COMMUNITY ASSET MAPPING

Sheffield Hallam University | Helena Kennedy Centre for International Justice

ANNEX B: LEICESTERSHIRE MAP OF COMMUNITY ASSETS (30 May 2013)

Community connectors

Asset based community development

Assets and linkages

Undertaking ABCD

What assets?

- People
- Informal groups and associations
- Institutions and organisations

What kind of areas?

- Sport, art and recreation
- Mutual aid
- Peer support
- Education, training and employment
- Professionals?????

Mapping the social identity and social resources of a client

1. Split into pairs
2. Agree on role play roles of worker and client
3. If you are the client, think about someone you know well who has an alcohol, drug or mental health problem
4. If you are the worker, you are going to map their social world and look at what the level of social capital is to support their recovery journey

5. Repeat the process of task 1 but as a participative and share activity whether the worker takes on the role of guide

6. Write client's name in the centre of the page

7. Each group they feel they belong to on a post-it note

8. Transfer the post-it notes onto the page

mapping the social identity and social resources of a client

9. For each note, note:

- whether the group actively engages in the behaviour

- Secondly note whether the group is on the whole hostile to, supportive of or neutral to your planned changes

- Next note whether there are some members of the group who will support or undermine your attempted behaviour change

mapping the social identity and social resources of a client

10. Now deal with issues about inter-group relationships:

- Are they coherent or in conflict?

- Draw straight line between the groups if they are positive about each other and squiggly lines if they are in conflict with each other

- And you need to discuss with the 'client' whether there are enough resources within the existing social network to support the behaviour change or if external supports are needed

Families, assertive linkage and ABCD: Case study from HMP Kirkham

- Engaging family members in the transition from prison to the community

- 4-session pilot project

- Both family member and prisoner involved in sessions 1 and 4

- Family member only sessions 2 and 3

- Aim is to provide a set of pro-social activities and groups for people coming out of prison

- Suited to personal needs and resources

- Combines existing networks and community resources

- Outcomes are recidivism and relapse

Reflection?

- Spend 10 minutes in your pairs discussing what use you could make of SIM and ABCD and what you see as the strengths and limits of this sociogenic model

- Overall discussion and consideration of implementation

- Next steps?