

# Recovery Residences and the Social Model of Recovery

## Across History Across Levels of Support

Jason Howell, Board President  
National Alliance for Recovery Residence



# Objectives

170 Year Rise of Recovery  
Residences and the Social Model

NARR/Affiliates' Role in  
Promoting Addiction Recovery

Closer Look at Recovery  
Residences and the Social Model

- Determining Your Level of Support
- Reflecting Social Model Recovery Philosophy

# History of Recovery Residences and the Social Model of Recovery

Honor leaders across a 170 year legacy  
Learn from wisdom, collective knowledge  
Gain perspective and reflection  
Avoid mistakes of the past

# Mid-1800s

## Washingtonians:

- 1841 - “a room”
- 1857 - “home for the fallen”
- 1863 - House of Boston

# Mid-1900s

## 1938: Hospital + AA

**e.g. St. Thomas Hospital, Dr Bob & Sister Ignatia**

- AA Sponsor, Step work, literature and culture
- Admissions based on “sincerity to remove alcohol out of one’s life”
- First to use “treatment”, distinguishing from “cure”
- Expanded into private/public hospitals, sanitarium and institutions

# Mid-1900s

## 1940: AA Retreats/Farms

### e.g. High Watch Farms

- Lecture series on disease, thought patterns, self inventory, spirituality
- Workshops on affirmation, meditation, relaxation
- Vitamins, exercise
- AA literature, meetings, fellowship
- Struggle between: AA staff and lay psychologist

# Mid-1900s

## 1947/8: Minnesota Model

**e.g. Pioneer House, Hazelden, Willmar Hospital**

- AA literature and foundation
- “Treatment”: Knowledge of science and wisdom of experience
- Multidisciplinary teams including recovered peers as “counselors”, codification
- Evolved towards more professionalism

# Mid-1900s

## 1950s: Halfway Houses

- Institution diversion & reintegration
- AA literature and culture
- Social support focus over treatment
- Vocational/employment services
- 1958: Association of Halfway House and Alcoholism Programs (**AHHAP**)

# Late-1900s

## 1960s

### **Therapeutic Communities**

- Numerous iterations
- Complex peer-driven culture
- Distinctive treatment modalities

### **California Social Model**

- 1965 McAtter Act – funding encouraged alcoholism services in non-medical environments

# Late-1900s

## **Recovery Residences Organize**

- Oxford House, Inc. ('75), California Association of Addiction Recovery Resources ('78), Georgia Association of Recovery Residences (87), Sober Living Network ('95)

## **Treatment Explosion, Professionalization**

- Insurance and managed care
- Professionalization, social model corruption

# Late-1900s

## Fair Housing Rights

**1988:** Fair Housing Act Amendment

- “Disabled” added as a “protected class”

**1999:** Olmstead, Supreme Court decision

- ADA prohibits segregation
- Disability rights - most integrated setting appropriate to individual’s needs

# Early 2000s

## Growing body of research

### Evidenced-based programs and practices

- Oxford House Model (2011)
- Modified Therapeutic Community (2008, 2014)
- Correctional Therapeutic Communities (2013)

### Promising practices

# Early 2000s

## Healthcare Reform

- Parity Act (2008)
- Affordable Care Act (2010)
- Block Grant reallocation

# Early 2000s

**2014:** Recovery in the  
White House

[www.whitehouse.gov/ondcp](http://www.whitehouse.gov/ondcp)

**2014:** State of Ohio passes historic  
legislation supporting recovery  
residences

# Early 2000s

## National Alliance for Recovery Residences (NARR)

2010: Thought leaders discussions (15 states)

2011: NARR founded

- Nomenclature, framework, standard and certification program

2012: Rapid growth, publications

2013: Merge with AHHAP, further growth, publications, website...

2014: National conference, best practices Summit, social model publications

Home

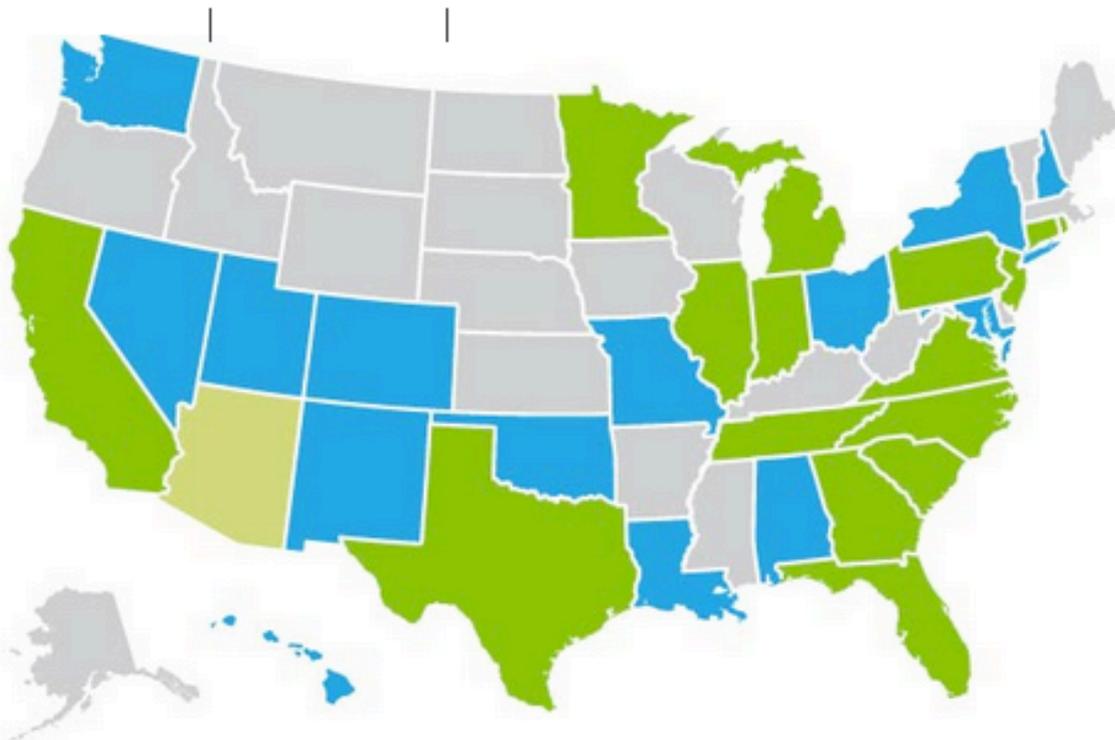
About us

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Affiliate

State

CA

LET'S GO

NARR Affiliate Map Key



Affiliates



Emerging



Established/Unaffiliated

# NARR/Affiliates' Role in Promoting Recovery

Empowering consumer choices  
Offering legal, cost effective oversight  
Curating and promoting best practices

# Nomenclature: Power of Language

## Misleading Language

- “Transitional Housing”
- “Halfway House”

## Broad Language

- “Sober House”
- “Supportive Housing”

## Specific Language

- Therapeutic Community
- Extended Aftercare
- Oxford House <sup>TM</sup>

**Need for  
Comprehensive,  
Standardized Language**

# Recovery Residences

## re·cov·er·y

- process of change through which individuals improve their health and wellness, live a self directed life, and strive to reach their full potential (SAMSHA)

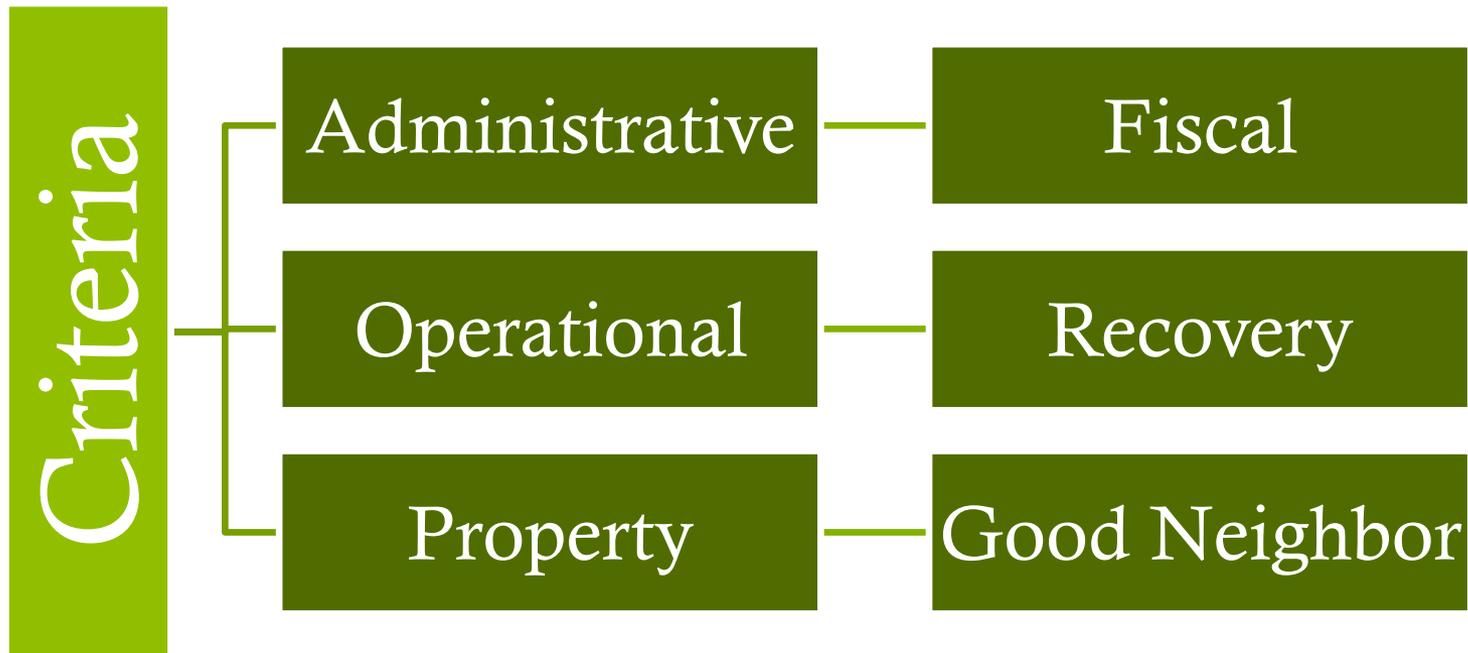
## res·i·dence

- the place in which one lives (Webster)

*Where peers learn to live recovery*

# National Standard

- ✓ Minimum required elements
- ✓ Standardized across states
- ✓ Frames the spectrum choices



# NARR's Certification Program

Offered to and administered by  
NARR State Affiliates



This residence meets  
minimum standards  
(by Level of Support)

# How the system *really* works



Regional Certifying Organizations  
Nationwide

National Standards  
Based on  
**Best Practices**



**Certifying Organizations Implement, Monitor Compliance**

# Recovery Residences and the Social Model

Determining your Level of Support  
Reflecting Social Model Recovery Philosophy

# What type and level of support does an individual need?

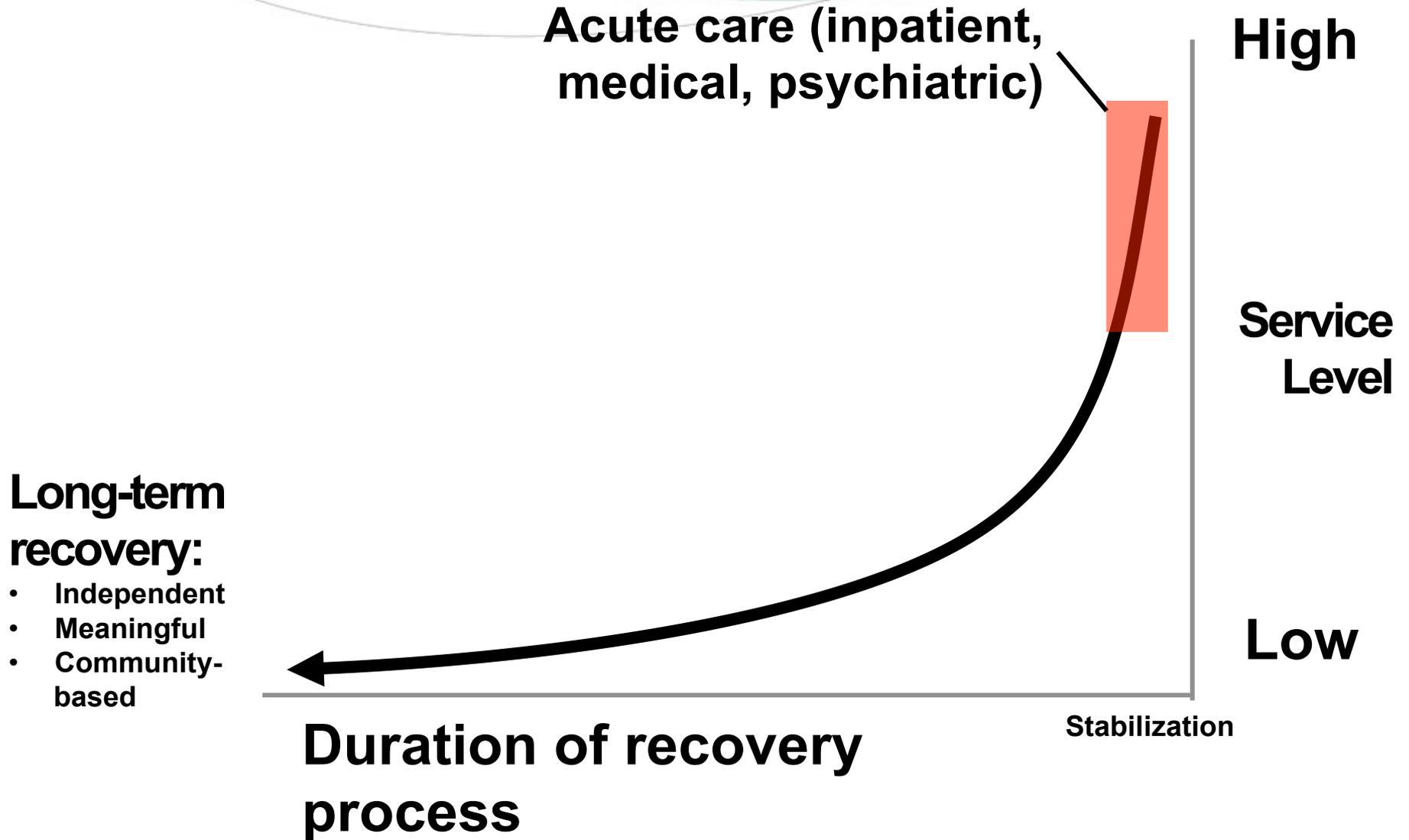
Stage of Change, Recovery, Development

Disease Severity, Complexity

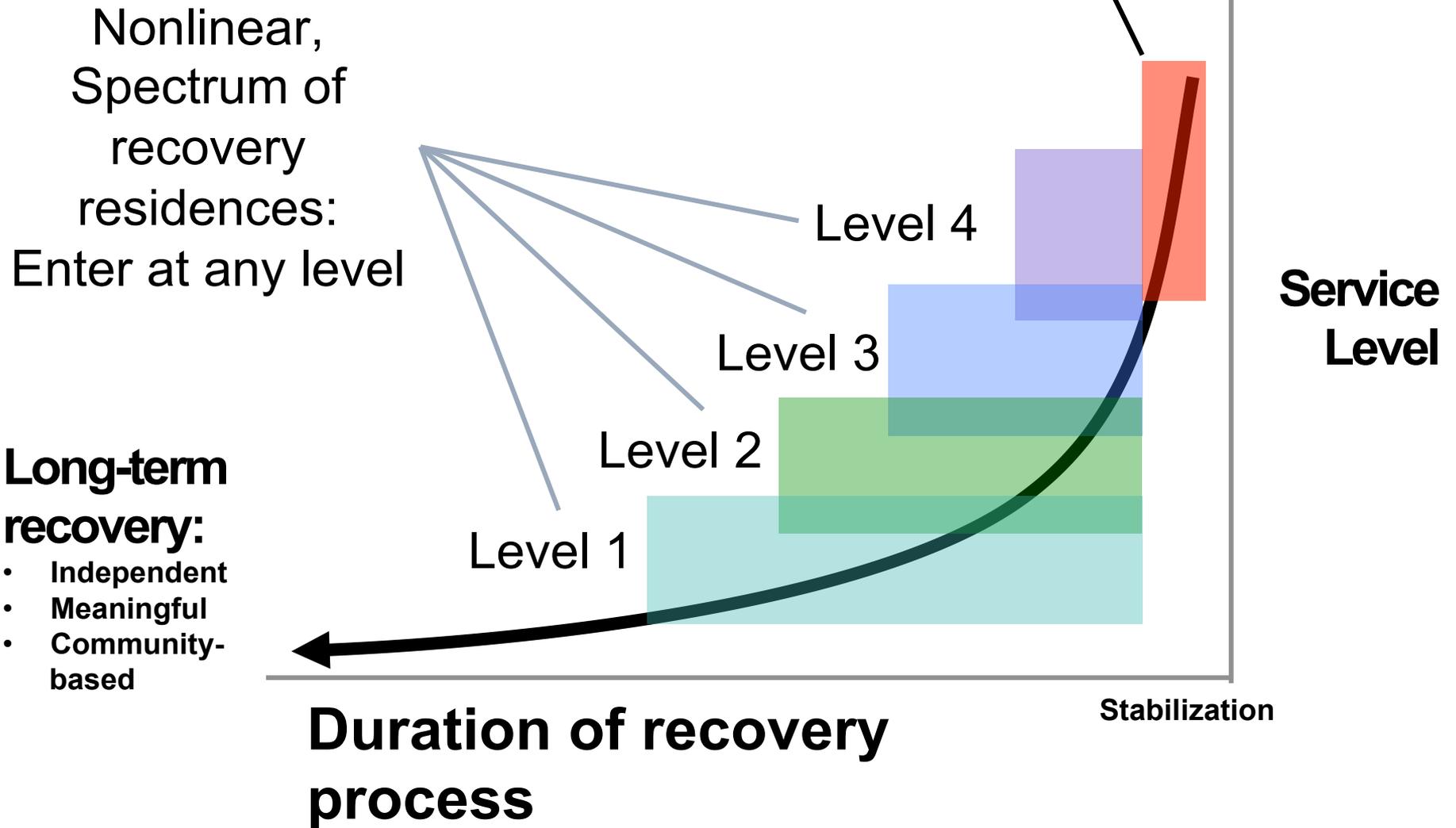
Recovery Capital

Other?

# Continuum of Recovery

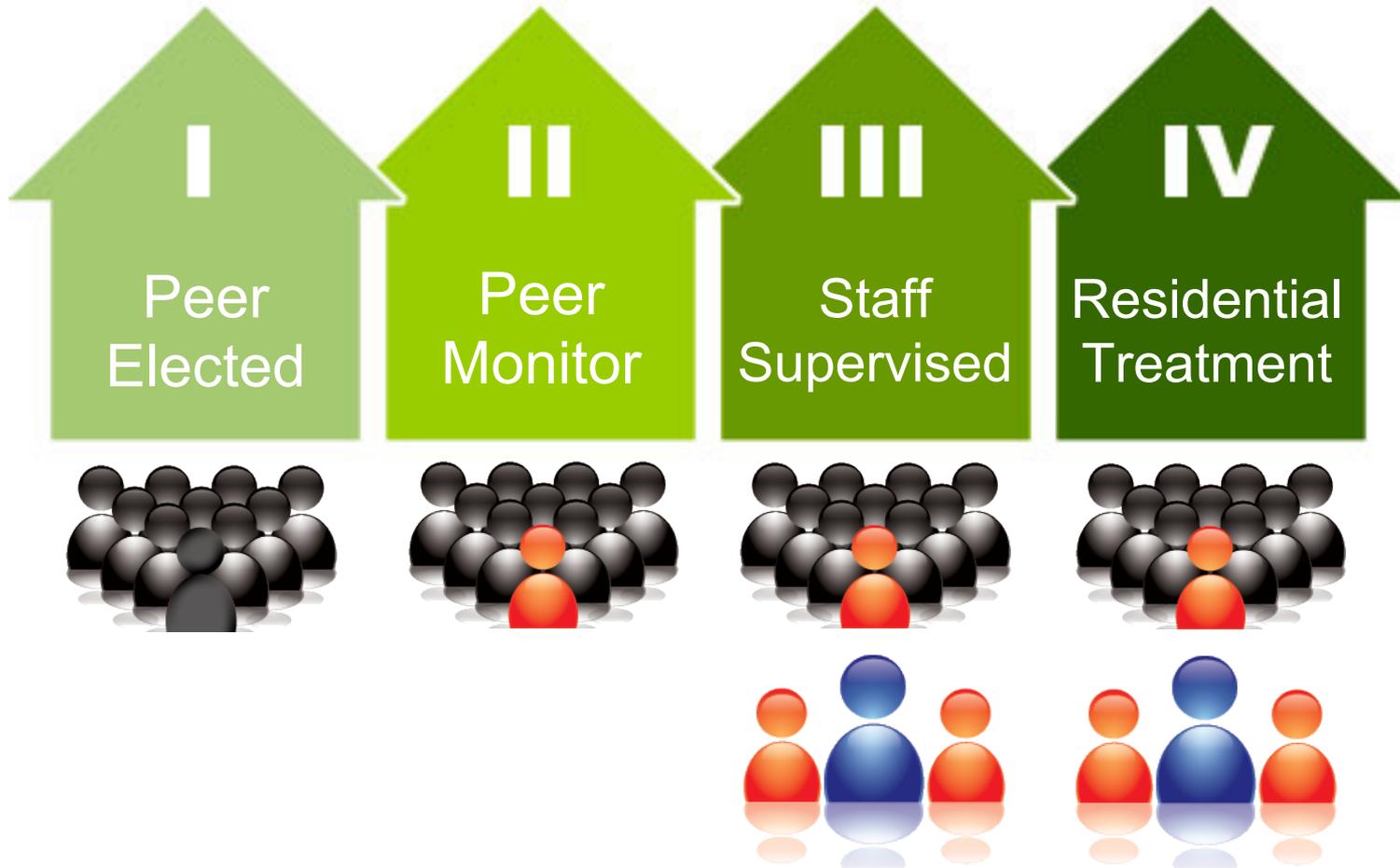


# Full Spectrum of Support



# Recovery Residences

## 4 Levels of Support



# Bundle of Services

## Social Model

- Social Model Philosophy Scale

## Recovery Services

- Recovery coaching, WRAP, Back-to-Basics, Book study...

## Life skills

- Job readiness, yoga, nutrition...

## Clinical

- Counseling: individual, group, family

## Other

- Transportation, medical...

## Non-inclusive

- Non-contracted 3<sup>rd</sup> party services (e.g. 12 Step meetings)

# Recovery Residences

## 4 Levels of Support



Housing

Social Model of Recovery

Recovery Services

Life skills

Clinical

# Social Model Philosophy Scale

## Based on Social Model Philosophy

- ✓ Borkman et. al. (1990)
- ✓ Social Model vs. Clinical Model

Measured industry change

33 items across 6 domain

# Social Model Recovery Philosophy Scale

## 1. Physical Environment – *to what degree does it feel like a home*

Homelike	Vs.	Hospital, Clinical
% Community space	Vs.	% Office space
Welcome mat	Vs.	Gatekeeper
Leave the property*	Vs.	Closed campus
Involved in food prep'	Vs.	Served meals

# Social Model Recovery Philosophy Scale

## 2. Staff role

*To what degree are staff respected peers vs. distant superiors*

Community meals	Vs.	Eat separately
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Community time	Vs.	Office time
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Peer empowered accountability	Vs.	Staff empower accountability
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Self scheduled 3 <sup>rd</sup> Party appointments	Vs.	Staff scheduled 3 <sup>rd</sup> Party appointments
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Progress rewarded w/ greater responsibility	Vs.	Static responsibility
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# Social Model Recovery Philosophy Scale

## 3. Authority based

*To what degree is authority based on experience*

Staff are alumni	Vs.	Staff aren't alumni
Staff in recovery	Vs.	Staff not in recovery
Roles don't require clinical credentials	Vs.	Job roles required clinical credentials
Staff-resident involved in mutual aid (e.g. 12 Step)	Vs.	Not engage along side residents in structured mutual aid recovery
Majority of residents have "over a month"	Vs.	Lack critical mass of peer leaders

# Social Model Recovery Philosophy Scale

## 4. Paradigm

*To what degree is it recovery-oriented*

Recovery program	Vs.	Treatment program
Recovery plan	Vs.	Case management file
Resident, participant	Vs.	Client, patient
Staff, advocates, mentors, coaches	Vs.	Counselors, therapists, technicians
Vocational, (life skills)	Vs.	None
Informal peer-to-peer encouraged	Vs.	Peer-to-peer not valued

# Social Model Recovery Philosophy Scale

## 5. Governance

*To what degree does accountability involve peers*

Resident rules,  
resident enforced

**Vs.**

Residents do not make or  
enforce rules

Residence council:  
evictions,  
demotions,  
consequences

**Vs.**

Residents have no say

# Social Model Recovery Philosophy Scale

## 6. Community orientation

*To what degree is the community viewed as a resource*

Recovery community is invited to residence for recovery events

**Vs.**

Surrounding recovery community is not invited to events

Help find mutual aid Sponsors, recovery mentors

**Vs.**

Does not help find mutual aid sponsor or mentors

% of residents that have a Sponsor before they leave

**Vs.**

% of residents that have a Sponsor before they leave

# Social Model Recovery Philosophy Scale

## 6. Community orientation (cont')

Formal linkage to community services	<i>Vs.</i>	No linkage to employment, education, family, health, housing
Residents engaged in recovery community or charity events	<i>Vs.</i>	Residents do not participate in recovery-oriented community events
Sober social events are “regularly schedule	<i>Vs.</i>	Sober social events are not scheduled

# Maximizing Social Model Principles in Residential Recovery Settings

Douglas L. Polcin, Ed.D., Amy Mericle, Ph.D.,  
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Journal of Psychoactive Drugs

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