The Social Model of Recovery

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- Former president of the Ohio Recovery Housing (ORH) organization
- Serves on the board for The National Alliance for Recovery Residences (NARR)
- Ohio Peer Supporter trainer
- Trauma-Informed Care (TIC) trainer
- Old guy!
What is this “Social Model of Recovery” thing you are talking about, Luce?

Well . . .
Change does not happen in a vacuum. The Social Model proposes that learning happens when people interact with other people and is influenced by the environments in which we interact.

- The people with whom we interact and with whom we identify is of critical importance to our development.
  - We may “identify” with people based on our own sense of self worth (or lack thereof)
- The experiences we have and with whom we have them plays a role in how we progress in our life’s journey.
- The social and physical environments in which we interact with people (particularly in our early development) often play key roles in our development as well.

A philosophy!

The Social Model of Recovery is based on a philosophy that says, essentially, people recover through meaningful interactions with others and through the process of becoming part of a community—a supportive functional family of peers.
Recovery is best understood as a personal journey of socially negotiated identity transition that occurs through changes in social networks and related meaningful activities.

(a) identity change in recovery is socially negotiated
(b) recovery emerges through socially mediated processes of social learning and social control
(c) recovery can be transmitted in social networks through a process of social influence.

Best, David, et al.

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**Something we need to know!**

We know that a person’s behavioral and brain responses to social information can be importantly altered if social brain development and skill acquisition do not occur in a protected setting.

Pascal Vrticka, Social Neuroscientist

People need family, friends and Community to thrive!
The Social Model

- Emphasizes interpersonal aspects of recovery.
- Emphasizes experiential knowledge (lived experience of peers) and mutual support.
- Supports recovery as a person-driven, lifelong, and holistic process.
  - Encourages people to reclaim power to make decisions about their own lives and have significant control over their recovery process.

Where does the Social Model come from?

- AA and concept of helping the sick and suffering.
- Acquired name “Social Model of Recovery” in 1970’s.
- Influenced by research and awareness of “best practices.”
It is this philosophy that is at the heart of each of the NARR standards and at the core of NARR leadership’s vision.

All NARR/ORH Certified residences are expected to adhere to the tenets of the Social Model of Recovery

(ORH is the state affiliate of NARR)

All of the NARR “standards” and the NARR Code of Ethics are built upon the Social Model of Recovery philosophy.
How does this philosophy translate into practice?

Everything we do in a recovery residence can promote positive social interactions:

**ADMINISTRATIVE:** Our policies, procedures, rules, activities . . . Communally-agreed upon to the extent possible.

**PHYSICAL ENVIRONMENTS:** Creation of a “home” that the person is proud to come home to.

Translating into practice . . .

**RECOVERY SUPPORT:**
- Our interactions with the residents
- Providing unconditional positive regard
- Understanding that we are dealing with people who are--or at least feel they are--alienated from the larger community
- Building community
- Promoting health
- Providing a home
- Promoting a sense of purpose

**GOOD NEIGHBOR:** Promoting a sense of appreciation and respect for others.
We accept that people carry baggage with them.

- Life experiences including upbringing, cultures and communities
- Co-occurring disorders.
- Sense of self: self-esteem
- Sense of worth: shame/guilt
- Traumas
- Health (or lack thereof): intellectual, emotional, physical, spiritual
- Consequences of the decisions they have made

Ideally, we are also aware that people carry at least remnants of hopes and dreams and lots of skills, knowledge, life experiences, and personal strengths with them when they arrive at our doorsteps.

Translating into practice . . .

We embrace the whole human being

And we support the person as s/he becomes what s/he wishes to be!
Definition of recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

Substance Abuse and Mental Health Services Administration (SAMHSA)
We engage people in a process of change

What do we know about change?
- Change requires a desire to be different and a belief that change is possible (HOPE)
- Change = fear
- Change requires courage
- Change requires time
- Change requires constant reinforcement to make new thoughts and behaviors habitual

NARR’s definition of recovery residences

*Recovery residences are sober, safe, and healthy living environments where residents are most likely to achieve recovery from alcohol, drugs, and other associated problems.*

*We believe that recovery residences should foster the development of a sense of community where individuals improve their physical, mental, spiritual, and social well-being.*

*The goal of recovery residences should be to assist people they serve to make transitions to independent, productive and meaningful lives of their own choosing.*
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**Domains, Core Principles and Standards**

**FOUR DOMAINS**
1. Administrative and Operational Domain
2. Recovery Support Domain
3. Property and Architecture Domain
4. Good Neighbor Domain

**ELEVEN CORE PRINCIPLES**
1. Operate with Integrity
2. Uphold Residents’ Rights
3. Be Recovery Oriented
4. Use Peers to Staff and Govern
5. Create a Healthy Recovery Environment
6. Provide a Home-like Experience
7. Inspire Purpose
8. Cultivate Community
9. Provide a Home-like Space
10. Promote Health and Safety
11. Be a Good Neighbor

**STANDARDS**

Which demonstrate compliance with the Social Model of Recovery
If we accept the social model, then recovery residence professionals must serve as

- Caretakers
- Models of effective behavior, controlled emotions, and rational thought
- Teachers/Guides/Mentors/Parents
- Motivators
- Confidants
- Peers
- Advisors
- Monitors/Gatekeepers
- Planners
  - Family Members (Functional Family)
  - Continual learners . . . any one of us can learn from any other and none of us knows “it all”.

A common saying in AA circles is that “All we are asking is that you [the person wanting recovery] change everything!”

The Social Model implies a holistic concept of dealing with individuals and their recovery

- ways they think and feel
- ways they behave
- ways they interact with others.

The Social Model implies empowering people to become who they want to be and how they want to get there.

It’s about a social process!
Philosophy and practices of the Social Model are different from medical/clinical-based treatment models.

We provide a functional family—structure, nurturing, kindness, guidance, and unconditional positive regard on a day-to-day basis over a significant period of time.
We believe that people can and do get better, particularly if they are supported by peers who are effectively prepared to assist them in the process of their recovery.

- We interact with our residents as peers, NOT patients.
- We use the vocabulary of peer support, NOT clinical talk.
  - “Residents” and “peers” vs. “clients”
  - “Homes” vs. “facilities” or “clinics”
  - “Process of change” vs. “cure”
We deal with the day-to-day realities of our residents’ lives as members of our “families” over a period of time and gain insights that clinicians might not pick up on for long periods of time.
Top 5 resilience factors

5. AUTONOMY (AGENCY):

- Feeling in control
- Understanding control
  - Is it power and control over others?
  - Is it power with others?
  - Is it power to make things happen?
- Understanding how power and control have been used against us
- Learning how to create power with others, so together we have the power to contribute to the greater good
4. SELF ESTEEM:

- Sense of Self: personal preferences; likes/dislikes.
  - Developing an understanding of one’s personal preferences through identifying likes and dislikes is the basis for the development of a sense of self, an inner core.

- Sense of self-worth: Feeling loved and valued

- Sense of self-efficacy: Self-direction.
  - How do I affect change?
  - How do I make things happen?

SELF ESTEEM (continued):

- It is the basic building block of our ability to function in the world

- Is a core value of Western cultures; a driving force in how children are socialized.

- High or positive self-esteem allows people to
  - Try new things
  - Set goals
  - Work toward those goals
  - Recover when setbacks are experienced
  - Feel independent, calm, and capable
3. EXTERNAL SUPPORT SYSTEMS:
- Friends
- Pets
- Extended family
- Neighbors
- People at church
- Positive fantasy
- Teammates

2. AFFILIATION:
- With a cohesive supportive group that works together toward a positive goal.
- Examples:
  - Scouts
  - Sports
  - Book club
  - Church group
1. YOU!

- Positive experiences with people outside the abusive environment, especially people in positions of authority

How is my house doing?

To what degree does it feel like a home?

- The physical space of a social model program is vital.
- It must promote interaction between staff and participants and each other.
- Social model environments feel more like homes rather than clinical settings.
To what degree are staff respected peers vs. distant superiors?
- Social model programs encourage staff to mingle with participants.
- Some of the best insight, feedback and interactions happen in an informal or community setting.

To what degree is authority based on lived experience?
- Social model programs by and large employ persons in recovery (often alumni).
- Believe recovery imparts experiential knowledge, an invaluable resource.
- Professional knowledge is not valued over experiential knowledge.
To what degree is the program recovery-oriented?

- Social models programs have a recovery-oriented view and approach, understanding that recovery is person-driven, lifelong, and a “whole-person” process.
- Understanding that alcohol and drugs are only a part of the problem.

To what degree does accountability involve peers?

- Social model programs utilize peers to establish and enforce program rules in a significant way.
- Participants will feel more invested in the program and their own recovery and get to develop skills.
To what degree is the community viewed as a resource?
  o Social model programs recognize that individuals must learn how to reach out and connect with a web of support in the community, including friends, mentors, social activities, employment.

How is my house doing?

Summary

People coming into recovery need far more than a safe place to live in a sober living environment
  o Time and support to make fundamental changes, gain skills, and become fully empowered.
  o Numerous wrap-around services that encompass the whole person’s needs.
  o Caring, committed people willing to work with them to sort out what has happened to them and help them find new ways of being that make sense to them.
  o Empowerment to move forward with their own lives as THEY want their lives to move forward.
Each human being has a right to determine his/her own destiny. We cannot determine in advance of getting to know that person what that destiny is.

It is only through the ongoing social interactions of getting to know a person as deeply as possible that we can begin to help that person get where s/he is wanting to go.

Crucial to this view is that healthy people may choose to go in directions different from where we think they “should” go . . . and that’s ok.

So, what does this mean to you and your recovery residence?

Q and A
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