

The Evolution of Recovery Residences: Theory & Practice For Operators



Introduction

- Name
- Organization
- What is one thing you would like to learn today?



What is a recovery residence?

Recovery residence is a broad term describing a sober, safe, and healthy living environment that promotes recovery from alcohol and other drug use and associated problems.

- Vary in size, organization, and target population.
- At a minimum ,they offer peer-to-peer recovery support
- Some provide professionally delivered clinical services all aimed at promoting abstinence- based, long-term recovery.
- Residents are expected to abstain from alcohol and illegal drug use.



The History of Recovery Residences

- 1940's- Drying out places
- 1950's and 1960's- 12 Step Houses
- Early 1970's- Sober Living Houses
- Late 1970's- Social Model Emerges
- Early 1980's- Recovery Residences
- 1986- GARR
- 2010- NARR
- 2021- AARR



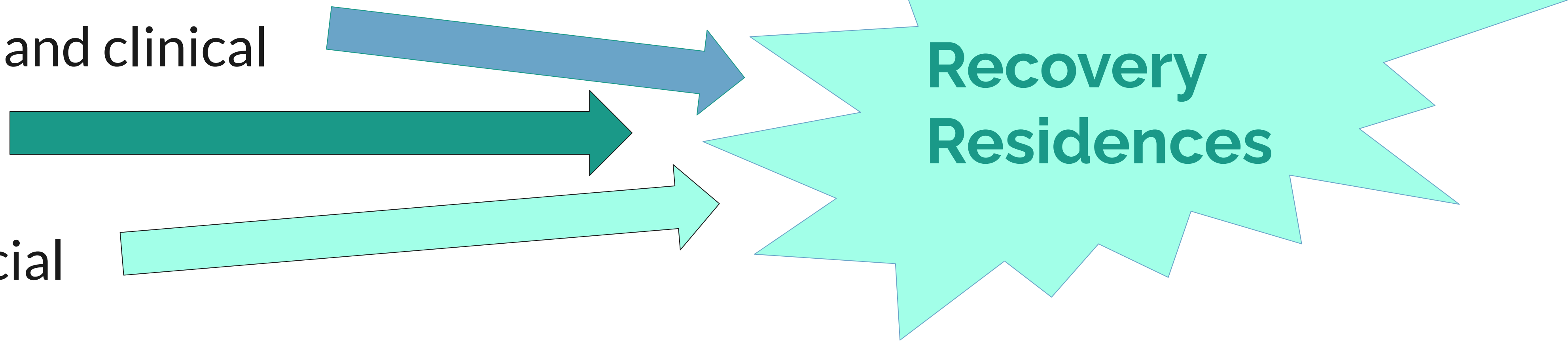
What is the primary purpose of a Recovery Residence?

The purpose of a recovery residence is to provide a safe and healthy living environment to initiate and sustain recovery—defined as abstinence from alcohol and other non-prescribed drug use and improvement in one’s physical, mental, spiritual, and social wellbeing. Individuals build resources while living in a recovery residence that will continue to support their recovery as they transition to living independently and productively in the community.



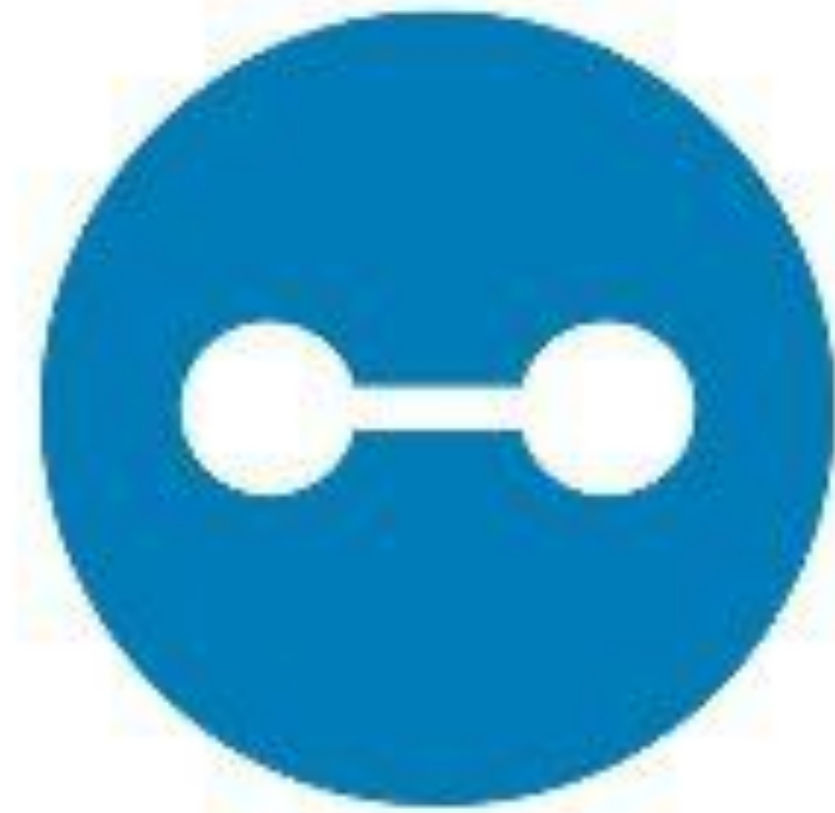
Where does it fit into the continuum of care?

- Detox- medical
- Residential/Inpatient-medical and clinical
- PHP-medical and clinical
- IOP-clinical
- Aftercare-social



Phases of Recovery

- Physical
- Emotional
- Social
- Spiritual

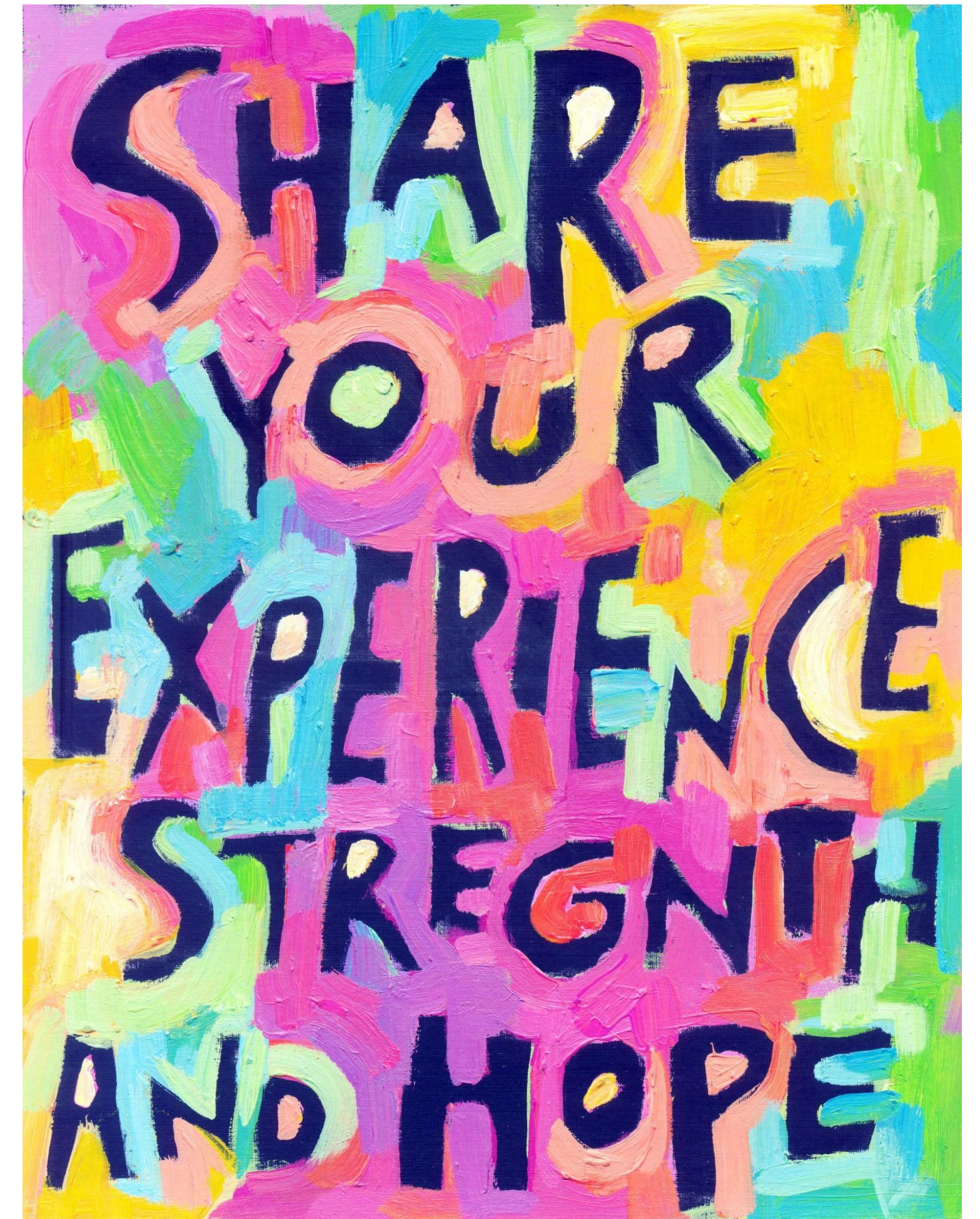


Rat Park



Key Components of the Social Model

- There is an emphasis on experiential knowledge gained through one's recovery experience. Residents draw on that experience as a way to help others.
- Recovery residences operate via connections between residents, not between an individual resident and a professional caregiver.
- All residents are consumers and providers, both giving and receiving help.



Key Components of the Social Model




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- As with the early twelve step recovery houses, involvement in AA creates the basic framework for recovery.
- A positive sober environment that encourages support for abstinence is crucial.
- Alcoholism is viewed as being centered in the reciprocal relationship between the individual and his or her surrounding social unit.

The Social Model

1. Physical environment: the extent to which the program facility offers a homelike environment.
2. Staff role: the extent to which staff are seen as recovering peers
3. Authority base: the extent to which experiential knowledge about recovery is valued.
4. View of substance abuse problems: the extent to which residents view substance abuse as a disease and are involved in 12-step groups.
5. Governance: the extent to which the program empowers residents in decision making.
6. Community orientation: the extent to which the program interacts with the surrounding community in a mutually beneficial manner.

What services do recovery residences provide?

		RECOVERY RESIDENCE LEVELS OF SUPPORT			
		LEVEL I Peer-Run	LEVEL II Monitored	LEVEL III Supervised	LEVEL IV Service Provider
STANDARDS CRITERIA	ADMINISTRATION	<ul style="list-style-type: none"> • Democratically run • Manual or P&P 	<ul style="list-style-type: none"> • House manager or senior resident • Policy and Procedures 	<ul style="list-style-type: none"> • Organizational hierarchy • Administrative oversight for service providers • Policy and Procedures • Licensing varies from state to state 	<ul style="list-style-type: none"> • Overseen organizational hierarchy • Clinical and administrative supervision • Policy and Procedures • Licensing varies from state to state
	SERVICES	<ul style="list-style-type: none"> • Drug Screening • House meetings • Self help meetings encouraged 	<ul style="list-style-type: none"> • House rules provide structure • Peer run groups • Drug Screening • House meetings • Involvement in self help and/or treatment services 	<ul style="list-style-type: none"> • Life skill development emphasis • Clinical services utilized in outside community • Service hours provided in house 	<ul style="list-style-type: none"> • Clinical services and programming are provided in house • Life skill development
	RESIDENCE	<ul style="list-style-type: none"> • Generally single family residences 	<ul style="list-style-type: none"> • Primarily single family residences • Possibly apartments or other dwelling types 	<ul style="list-style-type: none"> • Varies – all types of residential settings 	<ul style="list-style-type: none"> • All types – often a step down phase within care continuum of a treatment center • May be a more institutional in environment
	STAFF	<ul style="list-style-type: none"> • No paid positions within the residence • Perhaps an overseeing officer 	<ul style="list-style-type: none"> • At least 1 compensated position 	<ul style="list-style-type: none"> • Facility manager • Certified staff or case managers 	<ul style="list-style-type: none"> • Credentialed staff

Therapeutic Value of the Social Model

Central to a social model perspective is maintaining a focus that emphasizes the quality of the household as a recovery environment rather than a focus primarily on individual residents. Although there are some differences that relate to understanding and addressing issues between NARR levels, much of what promotes social model is relevant to all four levels.



NARR Standards

Domain 1: Administrative Operations

- Operate with integrity
- Uphold residents' rights
- Create a culture of empowerment where residents engage in governance and leadership
- Develop staff abilities to apply the Social Model



Domain 2: Physical Environment

- Provide a home-like environment
- Promote a safe and healthy environment



NARR Standards

Domain 3: Recovery Support

- Facilitate active recovery and recovery community engagement
- Model prosocial behaviors and relationship enhancement skills
- Cultivate the resident's sense of belonging and responsibility for community



Domain 4: Good Neighbor

- Be a good neighbor



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The importance of ethics

- All operators, staff, and volunteers must sign a copy of the NARR Code of Ethics
- Must also follow your professional organization's code of ethics (if applicable)
- Professional ethics vs personal values



Collaboration is best practice

- It takes a village!
- Who are the stakeholders in the village?
- Communication is key
- ROSC- Recovery Oriented System of Care
 - Shifts the question from how do we get the client into treatment to how to we support the process of recovery within the person's life and environment.

