LJMU Research Online

Gosling, HJ

 Recovery Capital. A framework for the contemporary Therapeutic Community?

http://researchonline.ljmu.ac.uk/id/eprint/9356/

Article

For more information please contact researchonline@ljmu.ac.uk

Recovery Capital. A framework for the contemporary Therapeutic Community?

<u>Abstract</u>

PURPOSE: This paper will critically assess the extent to which recovery capital can provide a theoretical and practical way in which to explore, explain and communicate TC processes and practices[1].

METHOD: A 31-month ethnographic study of one situated residential TC in England.

FINDINGS: The findings are usefully thought out as parallels, process and progress. *Parallels* can be drawn between the recovery capital literature and longstanding TC principles and prescriptions. The term *process* is significant as it illustrates how concepts proposed by the recovery capital literature can be employed, alongside traditional TC ideals, to create a practice-focused framework that is able to open up day-to-day processes and communicate (within and beyond the TC movement) how and why TCs provide an environment that is conducive to recovery. The ethos and application of the term *progress* illustrates the fundamental premise of this paper. Recovery capital provides a more contemporary way in which to understand and communicate the work that takes place in a TC.

IMPLICATIONS: Synthesising the concepts proposed by both the TC and recovery capital literature provides a contemporary, practice-focused framework for the TC. Thus, re-enforcing the modalities place within an increasingly competitive field.

KEY WORDS: Therapeutic Community, substance use, recovery capital, funding.

---

[1] This paper focuses on the residential, hierarchical (or concept-based) TC that predominately works alongside adults who seek help for issues in and around substance use.

Introduction

The notion of social capital has recently been developed by authors such as Robert Granfield and William Cloud who have applied the concept of capital to recovery-orientated scholarship. They devised the term recovery capital to describe the breadth and depth of internal and external resources that an individual can draw upon to initiate and sustain recovery from substance use (Granfield and Cloud, 1999). The term, first applied in the book *Coming Clean: overcoming addiction without treatment,* is based upon 46 semi-structured interviews with individuals who recovered from substance use without any professional help and/or support. A process known as natural recovery. The authors explored the social context of these individuals' natural recovery and the circumstances that facilitated their journey from substance use. Since then academics such as White (2008) have developed the concept to describe observed changes in substance user's resilience and robustness of social and emotional circumstances in long-term recovery. Best and Laudet (2010) have identified and developed three clusters of recovery capital – personal, social and community – as dynamic influences in the growth of well-being and recovery. With social capital seen as a critical determinant of building personal strengths and resources and for tapping into community supports and resources. Additionally, and more recently, Yates (2015) has illustrated how recovery capital can be used as a means of avoiding relapse, sustaining recovery and encouraging change.

Drawing upon the findings of a 31-month ethnographic study in a residential Therapeutic Community (TC), the following discussion will assess the extent to which recovery capital can provide a theoretical and practical way in which to explore, explain and communicate TC processes and practices. To do so, the paper consists of four parts. The first part critically engages with the concept of recovery capital. The second part outlines the methods of data collection and the third calls upon the voices of TC practitioners and residents to illustrate how recovery capital can inform a more complete appreciation of the interpretation and implementation of TC practices. The fourth and final part discusses the findings in light of current changes to the alcohol and other drug (AOD) treatment sector more broadly. Illustrating how TCs can utilise recovery capital (not in place of traditional ideologies, concepts and frameworks but alongside) to open up the design and delivery of treatment in a TC, and communicate more succinctly the work that takes place within such settings. Thus, reinforcing the modalities position within an increasingly competitive market.

Recovery Capital

Granfield and Cloud (1999) suggest that the concept of recovery capital can be refined as four individual, yet overlapping components: social, physical, human and cultural. Social capital is effected by the environmental context in which an individual is embedded and comes about through changes in relations among persons that facilitate action. Cloud and Granfield (2008) suggest that membership in a social group confers resources and reciprocal obligations, which an individual can use to improve their life. Social capital is an important component of the recovery process as it affects an individual's options, resources and available support. Physical capital includes savings, property investment and other financial assets. Individuals who are considered to be financially stable possess physical capital (Granfield and Cloud, 2001). Those who have a moderate level of physical capital have more recovery options than those without

financial resources (Granfield and Cloud, 1999) as they may be able to take a leave of abstinence from their job or take an extended holiday to address their substance use. They may also have the ability to temporarily or permanently relocate if they decide that a geographical move is needed in order to recover from substance use.

Human capital covers a wide range of human attributes that provide an individual with the means to function in society (Granfield and Cloud, 1999). It is created by changes in persons that bring about skills and capabilities that make them able to act in new ways (Coleman, 1988). Human capital includes skills such as problem solving, self-esteem and interpersonal skills, educational achievements, physical, emotional and mental health and aspirations; as well as personal resources such as commitment and responsibility that will help an individual to manage everyday life (Daddow and Broome, 2010). Cultural capital refers to an individual's attitudes, values, beliefs, dispositions, perceptions and appreciations that derive from membership in a particular social or cultural group. It refers to an individual's ability to act in accordance with culturally defined norms, values and expectations. Individuals who use substances but have a stake in societal conformity are said to have a distinct advantage over those who have been socialized to reject them (Granfield and Cloud, 2001). The quality and quantity of recovery capital that an individual has is both a cause and a consequence of recovery from substance use as it can hold substantial implications for the options available to the individual when attempts to recover from substance use are made (Granfield and Cloud, 2008; Lyons and Lurigio, 2010).

Cloud and Granfield (2008) describe recovery capital as an interval-level variable. Zero is not the beginning; it is a point along a positive and negative continuum. An individual's level of recovery capital rests on the negative side of the zero when their personal circumstances, attributes, values, cognitive processes and behaviour impede upon their ability to recover from substance use (negative recovery capital). There are a variety of factors such as mental health, physical health and involvement with the criminal justice system that can influence the level of positive and negative recovery capital that one has. For instance, if an individual's mental health is compromised, many of the personal resources that constitute human recovery capital, such as problem solving skills, self-esteem, interpersonal and social skills are difficult to develop for a variety of reasons (Cloud and Granfield, 2008). Additionally, Terry (2003) suggests that involvement with the criminal justice system can provide a direct assault on an individual's quality and quantity of recovery capital. Increasing levels of negative recovery capital through a general reduction in personal resources, social resources (family ties) and community resources (employment and housing opportunities).

Although recovery capital has been introduced to capture key personal and social resources individuals are able to access in their efforts to overcome substance use (Cloud and Granfield, 2008), the construct requires further clarification and precision. As it stands, recovery capital raises a number of fundamental questions in relation to its meaning and intention. Cloud and Granfield (2008) suggest that the four forms of capital represent a comprehensive framework for understanding the wide range of resources that can be drawn upon in an effort to overcome substance use. However, there are conditions, human qualities and social issues that do not fall neatly into one category of capital. This therefore means that the recovery capital framework is subject to speculation, interpretation and discretion in relation to what recovery capital actually means in theory and practice. Furthermore, Winship (2016) suggests

that the concept of capital evokes a market-based ideology that draws academics, practitioners and policy makers into a consumerist, almost financial debate, about recovery. A fiscal rendering of what should otherwise be a humanistic approach to care and compassion that holds the ability to turn people with complex issues into recovery capitalists.

Methodology

Before embarking upon fieldwork, the author conducted a review of the literature in and around the hierarchical TC. Findings suggest that there are varying understanding and application of longstanding TC principles and prescriptions amongst practitioners (Melnick and DeLeon, 1999). Which, combined with a general omission of process-based research, has left the organisation and operation of TCs subject to debate and interpretation (Kaplan and Broekaert, 2003; AUTHOR, 2015). Vanderplasschen et al., (2013) suggest broader perspectives are required to allow a more helpful insight and accurate evaluation of TC practices. Thus, the purpose of the study is to assess whether recovery capital can be employed, alongside traditional TC ideals, to create a practice-focused framework that is more able to open up day-to-day processes and communicate (within and beyond the TC movement) how and why TCs provide an environment that is conducive to recovery.

The research design is guided by the principles and prescriptions of grounded theory and ethnography. Grounded theory and ethnography are highly compatible approaches to research and theory development (Glaser and Strauss, 1967). Ethnography places a strong emphasis on observing and analysing behaviour in natural settings (Kurz, 1984) and grounded theory performs best with data generated in natural settings (Robrecht, 1995). Grounded theory and ethnography attempt to obtain emic descriptions of behaviour that are considered to be meaningful by members of the culture and/or setting whose beliefs and behaviours are being studied (Wells, 1995). Thus, the application of grounded theory and ethnography provides a means whereby a researcher, having identified a problem or issue worthy of further investigation, can begin to collect data that is organised into various concepts, which then provides the foundations for further data collection (Battersby, 1979). The definition of the term ethnography has been subject to controversy. For some it refers to a philosophical paradigm to which one makes a total commitment and for others it is a term used to designate a particular set of research methods (Hammersley and Atkinson, 1995). The definition of ethnography that has been adopted for this study is the study of social interactions, behaviours and perceptions, which create a complete description of a particular group of people (Reeves et al., 2008).

Fieldwork took place over 31 months. Given the inductive, longitudinal nature of the study fieldwork consisted of two stages: an explorative stage and a main fieldwork stage. The explorative stage lasted approximately 10 months. During which observations and informal discussions with staff and residents were utilised to open up the subject area and explore avenues for further research. After approximately ten months of explorative fieldwork, the researcher had developed an understanding of the programme, established rapport with the community and the novelty of an outsider's presence had diminished. During the second stage of fieldwork, a number of residents volunteered to be traced during and after programme involvement. A series of semi-structured interviews were conducted with 18

residents; 12 males and 6 females (see AUTHOR, 2015 for further details). In addition to the follow-up process, a number of one-off interviews were conducted with residents, ex-residents and staff members. In total 81 semi-structured interviews were conducted, transcribed and subject to conventional content analysis. Longitudinal fieldwork allowed the author to explore the organisation, structure and operation of the host TC and contextualise day-to-day practices within a broader socio-political landscape. It is important to note, that the assertions made here, primarily focus upon the work that takes place in residential TCs for substance use, that, (generally speaking) are influenced by the work of DeLeon (2000). The author recognises the work of both Haigh (2013) and Rapport (1960). However, given that such frameworks are dedicated to the work that takes place in democratic TCs, special hospitals and/or mental health sector, the author made a conscious decision to develop a framework for the contemporary residential TC for substance use.

Voices of recovery capital

The longitudinal nature of fieldwork allowed the author to refine emerging themes and build ideas based upon empirical evidence. In an attempt to synthesis the recovery capital and TC literature and create a practice-focused framework able to explore, explain and communicate TC process and practice, a series of recovery capital indicators have been developed by the author. The indicators are *realisation, practice* and *orientation.* Realisation is the act of becoming aware of something. Practice is the actual application or use of an idea, belief or method, and orientation is the ability to locate oneself within an environment with reference to time, place and people (if and when necessary). Although grounded within the recovery capital literature, the aforementioned indicators move discussions away from how, why and where resources (indicative of recovery capital) fit into established categories (human, physical, social and cultural). Towards a more grounded, practice-orientated discussion about how people can identify and develop what resources, they have to sustain personal change post-TC experience. The recovery capital indicators blur the divide between such categories and provide an 'empirically-informed hook' that is able to ground discussions about TC practices as and when they unfold, offering a rationale as to why they are important components of the recovery process. The following discussion will draw upon empirical data to illustrate how and why recovery capital indicators provide a way in which recovery capital can be utilised as a vehicle to understand and communicate the intricate process at work in a TC, both within and beyond the TC movement.

Realisation is the act or process of becoming aware of something. The process of realisation can take place at any point during ones time in a TC. The quotation below illustrates how TC residents verbalise and/or make sense of the process of realisation, and reflect upon what this 'new' understanding means in relation to their recovery, the resources that they have to initiate and/or sustain recovery, and, how they will subsequently utilise their time in the TC to develop recovery capital. This is a significant process as it enables individuals to identify what components of recovery capital (positive and/or negative) they possess, and, how they can use TC processes and practices to build positive capital whilst simultaneously reducing components negative recovery capital.

> It's only through being in here that I have started to look at my health problems. There is no way I would have gone the doctor's when I was on the streets. There's no way

you would find someone like me sat in a doctor's waiting room, everyone looking at me thinking she's only here to get drugs. No thanks. I'd rather score. I've only been here for a few weeks and already I am starting to realise that my health is important, and if I don't start sorting my shit out I'm going to end up in a box 10 feet under (Participant 1).

Practice is the application and/or use of an idea, belief or method in order to acquire, improve and/or maintain proficiency. It is an event that takes place every day in a TC and is purposively built into the treatment milieu. The process of practice is a conscious event that individuals actively embark upon in an attempt to build positive recovery capital and/or challenge components of negative recovery capital. The multi-dimensional (re)learning process that takes place in a TC (see DeLeon, 2000) provides numerous opportunities for individuals to engage in the process of realisation (identifying what resources they need) and apply ideas, beliefs and ways of being during day-to-day activities that will subsequently allow components of positive recovery capital to flourish.

When you come in here, it's as if you have an empty tool box. It is up to you to do the programme and make it work for you, taking what you need from it so that you get all the tools that you need ready for when you go out there. Tools are things like confidence, self-esteem, assertiveness, and all the things that can help keep you safe when you leave here (Participant 2).

It's like being in a dress rehearsal before a show; its practice for the main event, the main event being our lives back in society. When we first start rehearsing we try on all our different outfits and masks to try and fit in, be accepted, stand out from the crowd, mask our emotions or try and impress other actors in the play (Participant 3).

Similes, metaphors, allegories and short stories were utilised on a daily basis, by staff and residents to explain how and why the TC processes and practices 'worked' on a day-to-day basis. The importance of storytelling in TCs has been discussed elsewhere (see Stevens, 2012; Clarke, 2016). Although insightful, a more robust, theoretically-informed and empirically driven explanation is required. The aforementioned toolbox simile is a fitting example. Hypothetically speaking, the toolbox is representative of one's general level of recovery capital, and the tools (or lack of) are indicative of the resources that one has, or needs to develop in order to initiate and/or sustain recovery from substance use. This is just one of many examples that suggest a more outward-looking framework, steeped in TC principles and prescriptions (to inform and direct practice) alongside the application of recovery capital to render explanation, clarify process-ambiguity and communicate effectiveness may be useful. Recovery capital may not only provide a more grounded representation of the processes that take place in a TC, but a more accurate reflection of the outcomes that are achieved as a result of programme involvement. Outcomes may include tools such as an improved ability to function autonomously without the use of substances (human recovery capital), the erosion of criminal values, attitudes and beliefs (cultural recovery capital), an improved ability to manage money (physical recovery capital) and a more positive relationship with family and friends (social recovery capital). Such outcomes are already recognised and embedded within TC principles and prioritized by TC practice. Thus, streamlining contemporary TC practice with the recovery capital literature (focusing upon the aforementioned indicators to bring

theoretical ideas and concepts to frontline practice) would provide a much more realistic representation of the work that takes place within and around such settings. It is also important to recognise participation in a TC is the beginning of an end, not a standalone end of study event (AUTHOR, 2015). One's ability to accumulate components of recovery capital (such as those previously mentioned) are heavily influenced by the society to which one belongs, available opportunities and influence of negative stereotypes and stigma. Thus, recovery capital holds the potential to help (re)engage people within society, in a way that is meaningful and purposeful to them.

Orientation refers to a person's attitude, beliefs or feelings in relation to a particular subject or issue. Social and structural issues such as limited social support (alongside the feeling that one does not belong in 'mainstream' society) not only blocks the accumulation of resources outlined by the recovery capital literature but erodes attempts to retain and build levels of recovery capital that one may have (see Tew, 2011 for further discussion). The inter-related components of recovery capital bring into sharp focus the role of agency (the ability of an individual to act of their own free will) and structure (the social, legal, economic institutions, arrangements and practices which can facilitate or constrain agents capacity to do so) within and around the process of recovery. With the amount of recovery capital, that one has to initiate and/or sustain recovery from substance use, dependent upon their relationship with the community to which they belong. The above quotations illustrate how the accumulation of recovery capital is influenced by wider structural opportunities such as employment and validation as a 'proper member' of society. This illustrates how recovery from substance use is not a process that takes place behind closed doors in a residential setting away from the public eye. The processes that take place within a TC can therefore, require (and indeed depend upon) individual and social orientation.

> Being in here has taught me that I'm not just a smack head. I'm actually an alright geezer. I have to leave my past behind me now because if I keep looking back I will get distracted and lose sight of what I want and need to do with my new life. I have to remember that the person from my past isn't me anymore so I have to stop associating myself with who I was and be the person that I have always wanted to be (Participant 4).

> Don't get me wrong when I first got out of jail I loved doing all the promotion stuff, talking about my past and that, but now I'm less forthcoming with it all. I have completely moved on. I have kids and a wife to think about now. It would be unfair of me to keep dragging up my past. I'd be mortified if my kids went into school and all their mates knew their dad used to be on smack. It's my past and I'm at a point in my life now where I want to leave it alone because it was so long ago. I just don't see all of that as a part of who I am today. I am a professional drugs worker and that is all people need to know, because that's who I am (Participant 5).

Although the environment to which one belongs can provide a scaffold that makes possible the construction of significant life changes, it is the individual themselves who must attend to these new possibilities and discard old habits that are not conducive to recovery (Knight, 2014). Crafting a different way of life and replacement self, begins with a process of self-reflection / *realisation*, which requires an individual to work through past and present

problems, deal with suppressed or surfacing emotions and *practice* self-awareness as they begin to (re)orientate their sense of self and belonging in wider the community.

> You can find yourself again when you come in here. I didn't know who I was when I first come here. The only thing I knew was that I didn't like what I'd become. I still don't really know who I am but I'm slowly getting there. Honesty is one of the best tools you learn from being here because you spend years lying to yourself when you're in the madness. If you are not honest you will just find yourself in high risk situations all the time and before you know it you will be back to square one (Participant 5).

Conclusion

This paper critically engages with the concept of recovery capital and its ability to explore, explain and communicate TC processes and practices. Rather than relying upon metaphors, similes and allegories to describe the processes associated with TCs, recovery capital could provide a grounded, practice-focused framework that is more aligned with the processes and practices that take place on a day-to-day basis in a TC. Recovery capital indicators (realisation, practice and orientation) are a significant development as they may go some way to advance ongoing discussions and understanding of therapeutic practices and personal outcomes in residential TCs. It is important to note here, that the author is not suggesting that we should simply disregard traditional TC traditions and concepts. Rather, the aforementioned discussion is intended to further contribute to the longstanding debate, which surrounds the 'black-box' of treatment in a TC. With this in mind, it is proposed that the findings may go some way in contributing to the age-old debate which surrounds the organisation, operation and effectiveness of the residential TC: how do they work and why.

Drawing upon the recovery capital and TC literature to create a grounded, practice-focused framework, not only goes some way to open up the organisation, operation and effectiveness of residential TC practices but, provides a contemporary way in which to align traditional, longstanding philosophies with day-to-day frontline practices. Indeed, the aforementioned framework is a significant development for the residential TC movement more broadly given its potential to influence and shape how practitioners and residents make sense of the TC milieu. Rather than drawing upon idealised (and often romanticised) versions of treatment in a TC, recovery capital indicators provide an accessible, tangible way in which people can understand frontline practices in a TC and communicate, more effectively, both within and beyond the TC community, why and how treatment 'works.' Recovery capital indicators are practice-informed, grounded in experience of people at the coalface of service delivery in a residential TC, as opposed to hypothetical assertions about what 'should' happen in a TC. This therefore provides a more familiar, almost *au fait* way in which both practitioners and resident can begin to engage in meaningful discussions about TC practices.

Creating a framework that is more meaningful to those at the frontline of service delivery enhances ones insight into their place of work and/or treatment experience. This therefore, may have a subsequent impact upon how practitioners and residents communicate the work that takes place within TC. Enhancing and developing communication strategies between the TC community, care managers, commissioners and policy makers more broadly. The aforementioned framework is a timely development, as the ability to effectively communicate how treatment 'works' is of growing

importance given the increasing gravitas of austerity agendas in and around the alcohol and drug treatment sector.

Bibliography

Battersby, D. (1979). "Ethnography and Grounded Theory: An Approach to Educational Research". A paper presented at the Australian Anthropological Conference Sydney. In: Battersby, D. (1981). The Use of Ethnography and Grounded Theory in Educational Research. *Journal of Education*. **16**(1). Pp. 91-98.

Best, D. and Laudet, A. (2010) The potential of Recovery Capital. RSA Projects. Royal Society for the Arts: London

Clarke, J. (2016) Understanding personal change through storytelling in a therapeutic community. Therapeutic Communities: The International Journal of Therapeutic Communities. **37**. (4) Pp. 184 - 193

Cloud, W. and Granfield, R. (2008). Conceptualizing Recovery Capital: Expansion of a Theoretical Framework. *Substance Use and Misuse*. **43**. Pp. 1971–1986

Coleman, J. (1988). Social Capital in the Creation of Human Capital. *The American Journal of Sociology.* **94**. Pp. 95-120.

Daddow, R. and Broome, S. (2010). *Whole Person Recovery: A User Centred Systems Approach to Problem Drug use*. RSA Projects. Available online at: http://www.thersa.org/__data/assets/pdf_file/0011/362099/RSA-Whole-Person-Recovery-report.pdf [accessed 25.11.2013].

DeLeon, G. (2000). *The Therapeutic Community. Theory, Model and Method*. New York: Springer.

AUTHOR (2015) An Invitation to change? An Ethnographic Study of a Residential Therapeutic Community for Substance use. Unpublished PhD Thesis. Liverpool John Moores University

Glaser, B. and Strauss, A. (1967). *The Discovery of Grounded Theory*. Chicago: Aldine Publishing Company.

Granfield, R. and Cloud, W. (1999). *Coming Clean. Overcoming Addiction without Treatment*. London: New York University Press.

Granfield, R. and Cloud, W. (2001). Social Context and Natural Recovery: The Role of Social Capital in the Resolution of Drug-Associated Problems. *Journal of Substance Use and Misuse*. **36**(11). Pp. 1543–1570.

Haigh, R. (2013) The Quintessence of a therapeutic environment. *Therapeutic Communities: The International Journal of Therapeutic Communities*. 34 **(1)** Pp. 6-15. Available on-

line at: https://www.emeraldinsight.com/doi/full/10.1108/09641861311330464 [available on-line at 16.07.2018]

Hammersley, M. and Atkinson, P. (1995). *Ethnography. Principles in Practice*. 2nd Edn. London: Routledge.

Kaplan, C. and Broekaert, E. (2003). An Introduction to Research on the Social Impact of the Therapeutic Community for Addiction. *International Journal of Social Welfare*. **12**. Pp. 204 -210.

Knight, C. (2014). *Emotional Literacy in Criminal Justice. Professional Practice with Offenders.* Basingstoke: Palgrave Macmillan.

Kurz, D. (1984). The Use of Participant Observation in Evaluation Research. *Evaluation and Programme Planning*. **6**. Pp. 93–102.

Lyons, T. and Lurigio, A. (2010). The Role of Recovery Capital in the Community Re-entry of Prisoners with Substance Use Disorders. *Journal of Offender Rehabilitation*. **49**. Pp. 445–455.

Melnick, G. and DeLeon, G. (1999). Clarifying the Nature of Therapeutic Community Treatment. *Journal of Substance Abuse Treatment*. **16**(4). Pp. 307–313.

Reeves, S., Kuper, A. and Hodges, B. (2008a). Qualitative Research Methodologies: Ethnography. *British Medical Journal*. **337**. Pp. 512-514.

Rapoport, R., N. (1960) Community as Doctor. London: Tavistock

Robrecht, K. (1995). Grounded Theory. Evolving Methods. *Qualitative Health Research*. **5**(2). Pp. 169–177.

Stevens, A. (2013). *Offender Rehabilitation and Therapeutic Communities. Enabling Change The TC Way*. United Kingdom: Routledge

Terry, C. (2003). *The Fellas: Overcoming Prison and Addiction*. Belmont: The Wadsworth Contemporary Issues in Crime and Justice Series.

Tew, J. (2011) Recovery capital: what enables sustainable recovery from mental health difficulties. *European Journal of Social Work.* 16 **(3)**. Available on-line at: https://www.tandfonline.com/doi/abs/10.1080/13691457.2012.687713 [accessed on 16.07.2018]

Vanderplasschen, W., Colpaert, K., Autrique, M., Rappy, M., Pearce, S., Broekaert, E. and Vandevelde, S. (2013). Therapeutic Communities for Addictions: A Review of their Effectiveness from a Recovery-Orientated Perspective. *The Scientific World Journal*. Hindawi Publishing Corporation.

Wells, K. (1995). The Strategy of Grounded Theory: Possibilities and Problems. *Social Work Research*. **19**(1). Pp. 33–37.

White, W. (2008). The Mobilization of Community Resources to Support Long Term Addiction Recovery. *Journal of Substance Abuse Treatment*. **36**. Pp. 146–158.

Winship, G. (2016) A meta-recovery framework: positioning the 'new recovery' movement and other recovery approaches. *Journal of Psychiatric and Mental Health Nursing.* **23** (1). Pp. 66-73.

Yates, R. (2015). Recovery capital, addiction theory and the development of recovery communities. *Addicta,* 1(2), pp. 96- 112. (http://addicta.com.tr/wp-content/uploads/2015/01/AddictaAtumun2014_96_112_en.pdf