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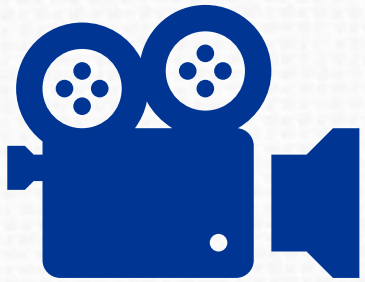

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- Everyone on every Learning Network webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on these webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.

# Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
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# Acknowledgements


- The COE project is a partnership of the University of Pittsburgh and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.


- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.

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MOBILIZE
EDUCATE
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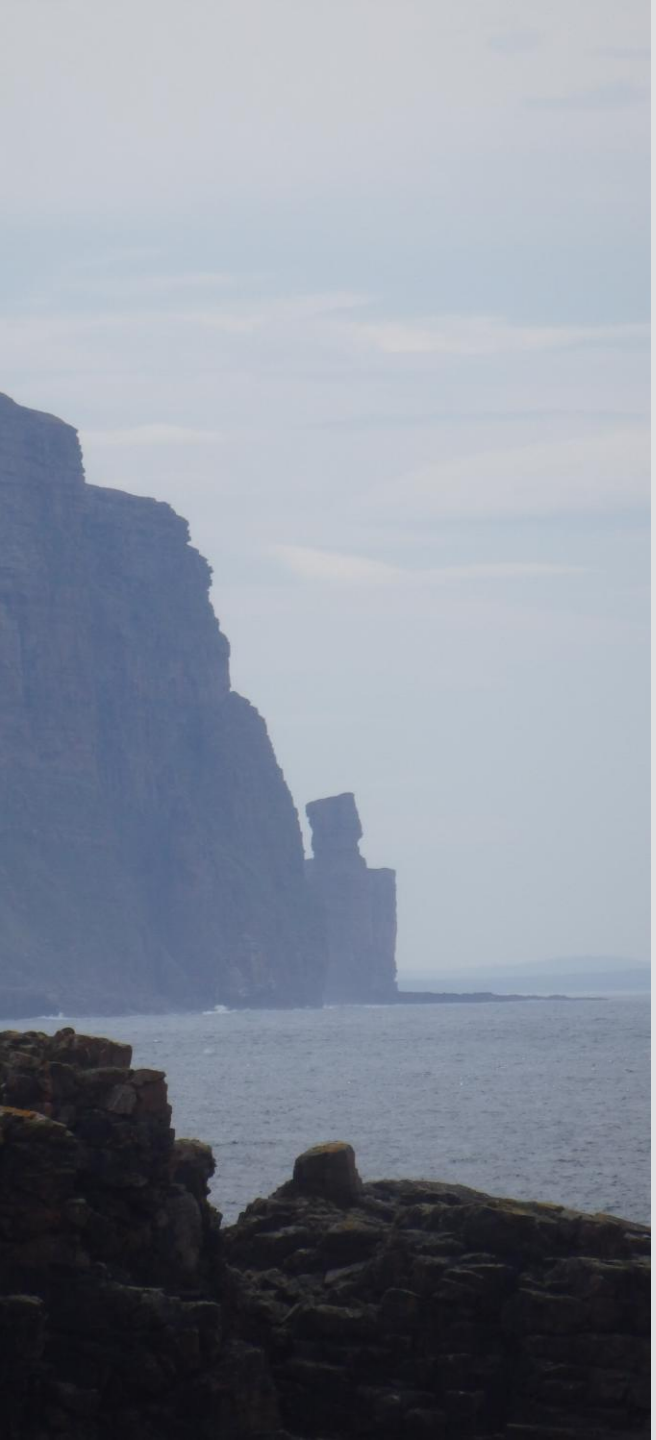
*Together we can!*



# Supporting Recovery Across the Four Pillars: Health, Home, Purpose, and Community

William Stauffer, LSW, PMAC, PECS
Executive Director
The Pennsylvania Recovery Organizations Alliance

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# How We Fit In

**The Statewide Recovery Community Organization**

*networking and strengthening recovery statewide*

- **PRO-A** is the only statewide non-profit, 501(c)(3) grassroots advocacy organization dedicated to supporting individuals in recovery and educating the public on addiction and recovery.

- We have led the way on the development of peer service training, educating the public about recovery and strengthening recovery community engagement across the state.

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# Recovery & the Four Pillars: Health, Home, Purpose, and Community

**Objectives**:

- Attendees will consider methods of **collaborative recovery planning** across the four pillars of **health**, **home**, **purpose** and **community**.
- Attendees will explore how the **BARC-10** can be utilized to orient **recovery goals** on the individualized goals of the person in care.
- Attendees will identify strategies to **support recovery** across the four pillars of health, home, purpose, and community while recognizing the role of **individual**, **family**, and **community** recovery capital in sustaining long-term recovery.

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# Overview of Peer Role

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# Origins of Peer Recovery Support Specialist (PRSS)

*PRSS emerges from:*

- Research on the **limitations** of treatment models to sustain recovery in community
- Calls to **reconnect treatment** enduring process of addiction recovery
- A shift from pathology and treatment paradigms to **a recovery paradigm**
- A shift to models of **sustained recovery management**
- The significant research that has been conducted that highlights **the role of families and communities in recovery**

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# Overview of Peer Role

*Walking Along Side Through the Recovery Process*

- **Advocating** for people in recovery
- Sharing resources and **building recovery capital**/skills
- Building **community network** and supporting relationships
- Facilitating recovery **groups**
- **Mentoring** and setting individualized **goals**

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# Peer Recovery Support

*Broad Stroke Roles and Functions*

**Emotional -** demonstrations of empathy, love, caring, and concern in such activities as peer mentoring and recovery support groups.

**Affiliational** – getting people connected in drug-free environments. Important in early recovery, when little about abstaining from drugs is reinforcing.

**Informational** - provision of health / wellness information, educational assistance, help in employment readiness and citizenship restoration.

**Instrumental** - concrete assistance in task accomplishment, especially with stressful or unpleasant tasks.

Shifting from an acute care to a Recovery Orientation

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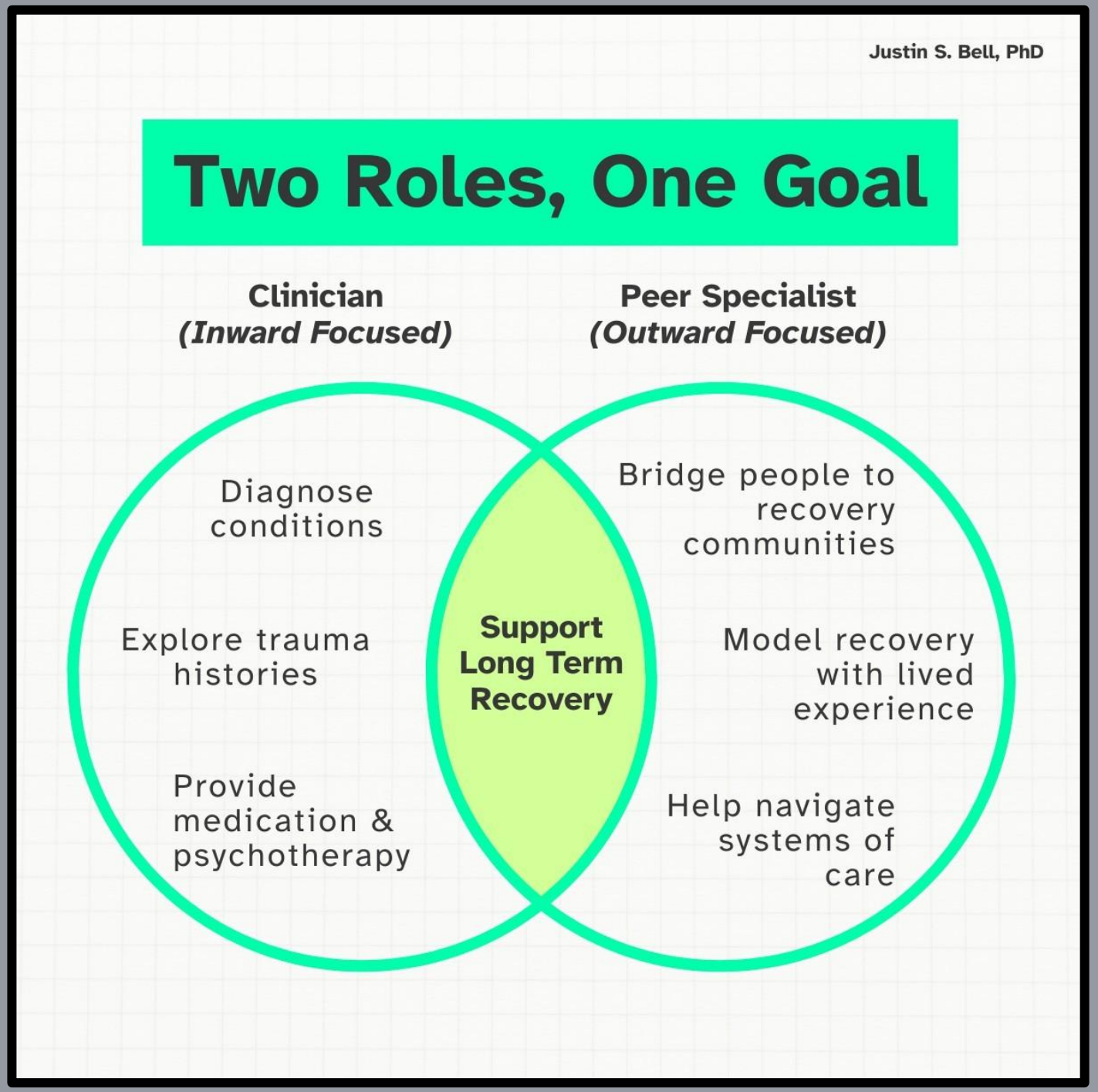


**The role and function of peer services from their inception has been community oriented and outwardly focused**

*Two Roles One Goal. [JPG Image]. Justin S Bell, 2025, Chestnut Health Systems. Reprinted with permission*

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# Peer Services in the Context of the Social Model of Recovery

**Ways of Working**
1. Helping style
2. Use of self
3. Extent of relationship

**Social Model**
1. Holistic; include existential (why me?) & spiritual/religious
2. Long term sustained recovery
3. Varies but can be 24/7/365

**Clinical / Medical Model**
1.Technical, diagnoses
2. Limited biopsychosocial functionality
3. Limited; scheduled

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# 10 GUIDING PRINCIPLES OF RECOVERY

1. **Hope**: Recovery is possible and people can and do recover.
2. **Person-Driven**: Individuals direct their recovery, setting goals / monitoring progress.
3. **Many Pathways**: Diverse ways to recover, unique to each person.
4. **Holistic**: Addresses the whole person—mind, body, spirit, and community.
5. **Peer Support**: Peers offer mutual support, shared understanding, and hope.
6. **Relational**: Strong social networks, friendships, love, and community.
7. **Culture**: Recovery is shaped by culture, values, traditions, and beliefs.
8. **Addresses Trauma**: Services responsive to trauma, promoting safety and trust.
9. **Strengths/Responsibility**: Build on strengths, responsibility for self-care.
10. **Respect**: Dignity, acceptance, appreciation from systems and society are crucial.

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# The Four Pillars & the BARC 10

*Lived Integration of health, stability, meaning and connection*

Each item typically reflects **multiple pillars simultaneously**, mirroring real recovery processes:

- Emotional regulation (**Health**) supports employment (**Purpose**)
- Housing stability (**Home**) enables social connection (**Community**)
- Community support social capital development, which support psychological (**Health**) and often (**Purpose**)

Frames recovery as a **complex** and **adaptive process.**

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**Clinical Care and Recovery Support Services are:**

A. Fundamentally identical
B. Two roles with one goal
C. Incompatible with each other

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# The Four Pillars of Recovery

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# Origins of the Four Pillars

*The SAMHSA Recovery Support Strategic Initiative*

One of eight major strategies launched by SAMHSA around its 20th anniversary (2012). Its primary purpose was to **transform recovery** from a vague clinical concept into a **practical framework** supported by policy and community resources.

The initiative focused on:

- **Defining Recovery**: Establishing unified "Working Definition of Recovery" inclusive of Mental Health and Substance Use Recovery and the four dimensions (Health, Home, Purpose, Community) to guide national standards.
- **Expanding Peer Support**: Promoting use of individuals with "lived experience" to provide non-clinical support that extends into community.
- **Social Inclusion**: Aiming to reduce discrimination and foster a society where individuals in recovery can live without fear or prejudice and have their worth recognized.
- **Integrating Services**: Encouraging collaboration between primary care, mental health services, and addiction treatment.

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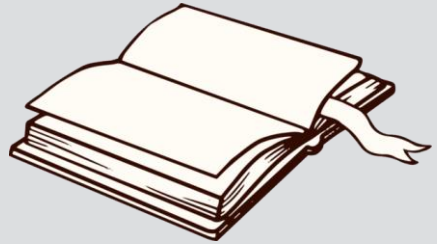
# Key Stakeholders

*Leaders, Advocates and Organizations*



## Key Leaders

- Joe Powell- Association of Persons Affected by Addiction (APAA) in Dallas
- William (Bill) White- Prolific author and historian of the recovery movement
- Tom Hill- Served as a senior advisor at SAMHSA
- Andre Johnson- Detroit Recovery Project
- Walter Ginter- Medication-Assisted Recovery (MAR)

## National Organizations

- Faces & Voices of Recovery
- National Council on Alcoholism and Drug Dependence (NCADD)
- JBS International
- Center for Social Innovation Young People in Recovery (YPR)
- National Association of Recovery Residences (NARR).

## Statewide Recovery Community Organizations

- The Connecticut Community for Addiction Recovery (CCAR)
- PRO-A (Pennsylvania Recovery Organizations Alliance)
- Rhode Island Communities for Addiction Recovery Efforts (RICARES)
- Many others

*There was a commitment to **"ground up"** engagement that was as critical to the lasting value as the concepts they developed.*

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# Radical Reconceptualization

*Shifting  Our Focus Beyond Pathology*

The focus of clinical care was historically on the **removal of pathology**

- **Stopping** drug use
- **Ceasing** destructive behavior
- **Avoiding** use cues (people places & things)

The revelation was that recovery **was additive**, not subtractive

- Recovery as a **transformative** process
- Recovery about being an **improved** version of self
- A **strength-oriented** process

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# The Pillar of Health

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# Pillar of Health

*In the context of additive not subtractive*

*"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"* - World Health Organization 1948

**Management of Conditions**: Overcoming or managing one's condition or symptoms.
**Informed, Healthy Choices**: Actively making decisions that support both physical and emotional well-being.

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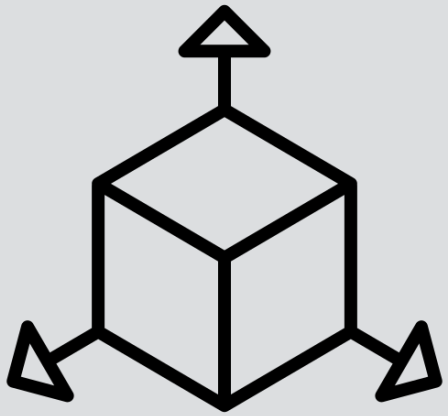
# Eight Dimensions of Wellness

*“Health" is holistic and interconnected*

1. **Physical**: The need for physical activity, healthy foods, and sleep.
2. **Emotional**: Coping effectively with life and creating satisfying relationships.
3. **Social**: Developing a sense of connection, belonging, and a well-developed support system.
4. **Spiritual**: Expanding a sense of purpose and meaning in life.
5. **Intellectual**: Recognizing creative abilities and finding ways to expand knowledge and skills.
6. **Occupational**: Personal satisfaction/ enrichment derived from one’s work.
7. **Environmental**: Good health by occupying pleasant, stimulating environments that support well-being.
8. **Financial**: Satisfaction with current / future financial situations



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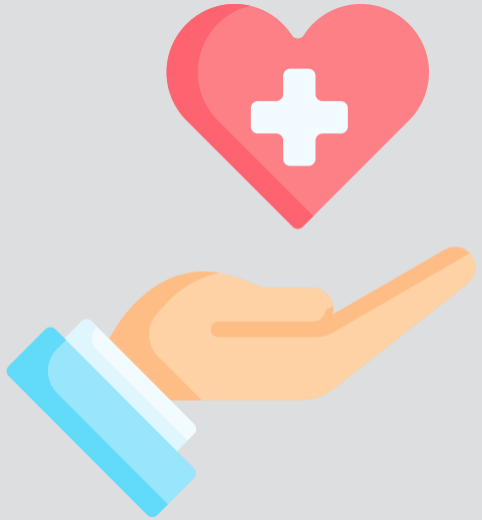
# Health Pillar & the BARC 10

*Functional Health & Recovery*

BARC-10 Questions reflect **Health** through:
- **Psychological stability** and **emotional coping**
- Ability to **manage stress** and setbacks
- Confidence in **sustaining recovery**
- **Freedom** from overwhelming cravings or chaos
- Sense of **control over one's life**



The BARC-10 captures functional health—the lived capacity to regulate emotions, tolerate distress, and sustain recovery reinforcing behaviors. This aligns well with recovery-oriented definitions of health as self-management capacity, not symptom absence.

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# Stages of Recovery: Early Recovery and Stabilization

## 1.) Early Recovery: Health as Survival and Symptom Control *(generally measured in weeks and months)*

- Not being sick / not withdrawing / not overdosing
- Relief from acute physical and psychological distress
- Stability is experienced as *fragile* and conditional

**Health** = **absence of crisis /** Wellness is largely **externally regulated** (meds, programs, structure)

- "If I can just get through today, I'm okay."
- "Feeling normal is extraordinary."

*In BARC-10 terms:* early gains show up in decreased **psychological distress**, **substance use control**, and **hope**.

## 2.) Stabilization: Health as Functional Capacity (generally measured in months or years up to 2)

- Ability to meet basic life demands
- Improved sleep, appetite, emotional regulation
- Reduced chaos and cognitive fog

**Health** = **functioning /** Wellness includes **routines, appointments**, and **self-care** growing awareness of long-term damage (physical, social) surface / begin to be considered for improvement from a strengths orientation.

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# Stages of Recovery: Recovery Growth and Long-Term Recovery

## 3.) Recovery Growth: Health as Balance and Self-Efficacy (generally measured in years 1 to 5)

- A dynamic balance between body, mind, and relationships
- Health is something one **actively participates in**, not static
- Setbacks are interpreted as signals, not failures

**Health =** Increased **interoceptive awareness** "I know what I need" / Emotional health becomes as important as physical health / Wellness is contextual (sleep, stress, connection, meaning)

- "My recovery works because I work with it."
- "I know how to course-correct."

**BARC-10***:* confidence, coping, and identity coherence increase; scores often plateau at higher levels rather than fluctuate dramatically.

## 4.) Long-Term Recovery: Health as Identity and Meaning (measured with significant variation five and over)

- Integration of past illness into a coherent life narrative
- Increased tolerance for discomfort without threat to self
- Health includes *social and civic well-being*

**Health – Part of who I am**, not what I manage / Wellness includes contribution, legacy, and spiritual well-being / Illness or stress no longer threatens recovery identity

"My recovery made me healthier than I ever was." / "Wellness includes how I show up for others."

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# The Pillar of Home

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# Pillar of Home

*In the context of additive not subtractive*

*"In recovery, home is not simply where one lives, but where one is safe, known, and able to grow."* – Anonymous

- Having a stable and safe living environment.
- More than a structure to reside in "home" encompassing psychological, sociological, and philosophical meanings.
- How a person views home has a lot to do with their experiences in life.

Home includes safety and a sense of belonging

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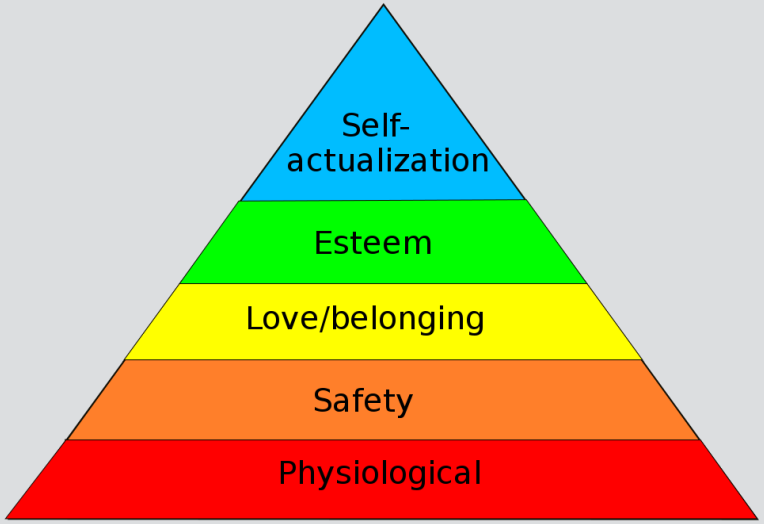
# Maslow and the Pillar of Home




*"While managing the immediate physical distress of addiction is paramount, the hierarchy of needs would suggest that any further gains in treatment are predicated on a care planning approach that is not 'addiction-specific' but is trans-disciplinary and grounded on the client's pattern of needs. It would suggest that for many clients what is needed initially is case support rather than 'psychological change' and clients will be skeptical about the benefits of counselling if their needs are not compatible with the middle and higher order levels of the pyramid." -* ***The Hierarchy of Needs and care planning in addiction services***

Best, D., Day, E., McCarthy, T., Darlington, I., & Pinchbeck, K. (2008). Editorial: The Hierarchy of Needs and care planning in addiction services: What Maslow can tell us about addressing competing priorities? Addiction Research & Theory, 16(4), 305–307.

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# Home Pillar & the BARC 10

*Perceived Housing stability, safety, and material security*

**The BARC-10 reflects subjective housing security, *not simply if you have a Home***

- Feeling safe and stable in one's living situation
- Confidence in meeting basic needs
- Perception of life being "manageable"
- Reduced chaos and instability

Someone in marginal housing may still score moderately if they experience stability and have a sense of control over their conditions, while someone housed but unsafe or precarious may score low.

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# Stages of Recovery: Active use / Early Recovery and Stabilization

1. **Stage 1: Active Use / Pre-Recovery** – In respect to Maslow, survival / some level of physical safety is the focus.

   Housing is often unstable, unsafe, or transient often with high exposure to violence, overcrowding, exploitation or coercion. “Home” may be a couch, encampment, car, institution, or unsafe household with little to no sense of ownership or future orientation

   At this stage, home does not function as a recovery asset;  lack thereof may actively undermine health and agency.

2. **Stage 2: Early Recovery / Stabilization** – In respect to Maslow developing sense of safety and considering belonging

   Housing can remain impermanent with an emphasis on basic safety and predictability. Some may require additional structure to support the recovery process as one may see in treatment facilities, recovery housing / temporary placements

   At this stage, people are often developing a sense of safety and belonging even if they may live in places with externalized structure. Safety and a sense of agency over ones physical environment can be critical to progress in recovery.

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# Stages of Recovery: Remission & Early Growth / Stable Growth

3. **Stage 3: Remission / Early Growth** - In respect to Maslow developing the pillar of home is a function of stability and identity rebuilding

   Home in the broad sense can include more independence and autonomy with deeper association with a sense of belonging with healthier boundaries as people explore and redefine boundaries with former using networks, selective reconnection with family or pro-social peers

   At this stage, *home becomes part of identity reconstruction*, not just risk management.

4. **Stage 4: Stable Recovery / Sustained Remission –** In this stage people are often developing permanence, purpose and connection

   Home in all facets is about physical and psychological safety with stability that is individualized, secure, reflects self-respect and dignity - “I belong here” replaces “I am allowed to stay”

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# The Pillar of Purpose

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# The Pillar of Purpose

*In the context of additive not subtractive*

*"Meaningful roles and purpose—such as work, study, and helping others—strengthen recovery by expanding social identity beyond that of a person with addiction."* — Best & Laudet

- Engaging in meaningful activities like work, school, or volunteering
- Having the resources to participate in society.
- Being a part of something beyond self

This is a highly individualized Pillar quite vital to the recovery process

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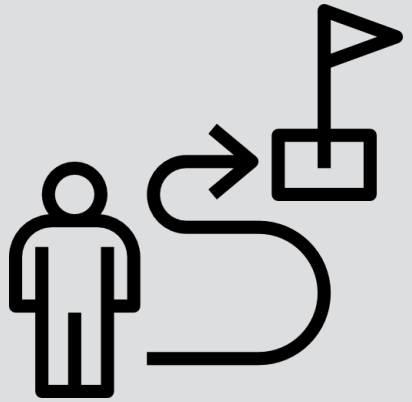
# Purpose Pillar & the BARC 10

*Meaning in life, productive roles, positive identity,  ability to contribute*

The BARC-10 considers purpose more broadly than employment, but as an existential orientation including goals and a sense of direction in one's own life.

- Belief in a meaningful future
- Sense of personal value and agency
- Confidence in one’s ability to contribute
- Feeling that life has purpose beyond substance use



There is strong pillar alignment between the pillar of purpose and the BARC-10 including the fostering of hope, positive identity and future orientation. In short, a focus on recovery as positive identity transformation.

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# Stages of Recovery: Early Recovery and Role Reentry

1. **Early Recovery (Stabilization & Survival) lower on the Maslow Hierarchy**

Purpose centered on day-to-day routines to reduce chaos. Often externally scaffolded. Attending treatment, meetings, complying with legal/clinical requirements, rebuilding basic roles (showing up to appointments, caring for children, holding a job), using structure as borrowed purpose (routines).

- Purpose functions as behavioral anchoring / Identity is still fragile; meaning is secondary to stability
- Hope is often conditional ("If I can just get through this…")

At this stage, people are beginning to explore their own capacities / strengths and individualized purpose.

**2. Early–Middle Recovery (Identity Repair & Role Re-entry) Strengthening foundations for higher attainment**

Purpose shifts from external compliance and routines to more internal motivations. It can include returning to / discovering meaningful work or education, a focus on parenting, caregiving, or repairing family roles, setting short- and medium-term goals and beginning to articulate prosocial values (honesty, reliability, service).

- Purpose here supports identity reconstruction / Individuals move from "I don't use" to "I am someone who…"
- Hope becomes more durable and self-generated

At this stage, purpose functions as a bridge between externalized expectations / individualized recovery identity

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# Stages of Recovery: From Contribution to Generativity

**3. Middle Recovery (Meaning-Making & Contribution) A life worth sustaining / Moving up the Maslow Pyramid**

Purpose associated with the formation of a recovery identity consistent with individual values, actions and internal narrative coherence. It can include a commitment to service (sponsorship, peer support, volunteering), career development aligned with internalized goals or other pursuits.

- Purpose generates psychological recovery capital.
- Service functions as a stabilizing feedback loop / Recovery identity becomes relational rather than defensive.

Recovery becomes more internalized and durable.

**4. Long-Term Recovery (Generativity & Legacy) Higher levels on the Maslow Pyramid**

Purpose here is to give back / pay things forward. It is about both life purpose and recovery identity. Focus shifts to legacy, stewardship, and generativity.

- Sustained mentorship and community building
- Meaning-making narratives that help others / commitment to causes larger than self or recovery.

Purpose becomes existential and relational / Identity is stable enough to absorb stress and loss / Recovery capital is reinvested rather than merely maintained. It is regenerative.

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# The Pillar of Community

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# The Pillar of Community

In the context of additive not subtractive

"*the individual, family and community are not separate; they are one. To injure one is to injure all; to heal one is to heal all*" – Red Road to Wellbriety – Don Coyhis

- Developing supportive relationships and social networks.
- Finding where one feels like they belong and can contribute.

The historic mantra of the recovery movement is "recovery happens in community" to reflect that sustained wellness is about much more than personal reduction of problems.

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# Community Pillar & the BARC 10

*Stronger Relationships, Sense of Belonging, Deepening Social Capital*

The BARC-10 items considers community through questions oriented to:

- Feeling supported by others
- Sense of belonging
- Trust in people around you
- Ability to ask for help
- Feeling connected rather than isolated

The BARC-10 operationalizes community as relational recovery capital, not just service engagement. It reflects bonding and bridging social capital—key predictors of sustained remission. It captures *felt connectedness*, which is more predictive of long-term outcomes than simple service utilization.

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# Stages of Recovery: From Safety to Social Identity Repair

1. **Early Recovery (Safety, Containment, and Borrowed Belonging) Base of the Maslow Pyramid focused on protection and stabilization**

Community may not yet be chosen, belonging is tentative and conditional, trust is fragile. Experimenting with community in Treatment programs, Mutual aid meetings, structured peer support with clear norms and boundaries

- Community can provide social containment / reduces exposure to high-risk networks
- Offers borrowed hope ("If it worked for them…it may work for me")

At this stage, community functions as a protective space even if people may not have formed deep connection.

**2. Early–Middle Recovery (Belonging and Social Identity Repair) Strengthening foundational elements of community**

Community can be about finding and learning to belong. Shifts from attendance to active participation, belonging becomes more voluntary and meaningful, recovery identity begins to form socially / engagement with recovery community organizations / forming or rebuilding ties with family and community.

- Community supports identity reconstruction / Social norms reinforce recovery behaviors
- Language, rituals, and shared stories reduce shame

At this stage, people can begin to feel a deeper sense of community

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# Stages of Recovery: Role Taking Reciprocity to Generativity

**3. Middle Recovery (Reciprocity, Role Taking, increased Social Capital) deepening mutuality and contribution**

Sense of community / belonging strengthens. Relationships become reciprocal, individuals feel valued, community can extend beyond recovery-only spaces. It can include sponsorship or peer mentorship, volunteering, employment and civic engagement with supportive networks.

- Community generates social recovery capital / role-taking increases accountability and self-efficacy
- Social networks diversify, reducing reliance on a single group or social sturcture

At this stage, community and belonging can shift from being protective to being productive.

**4. Long-Term Recovery (Integration, Bridging, and Generativity**

Recovery identity becomes integrated, not dominant, Individuals move fluidly across multiple communities. There is an emphasis on inclusion, bridging, and legacy. It can include leadership in community or policy spaces, mentorship across recovery stages, advocacy and systems.

- Community supports resilience and meaning / bridging social capital reduces stigma and marginalization
- Individuals become community builders, not just members / sense of responsibility to the chosen community.

Community here can be about more than something one needs to access—it's something one helps create.

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# Recovery across the Four Pillars of Health is

A. Predictable with little difference from person to person.
B. Short term with all gains happening in the early stages.
C. Highly individualized across long spans in ways that develop higher order human needs.

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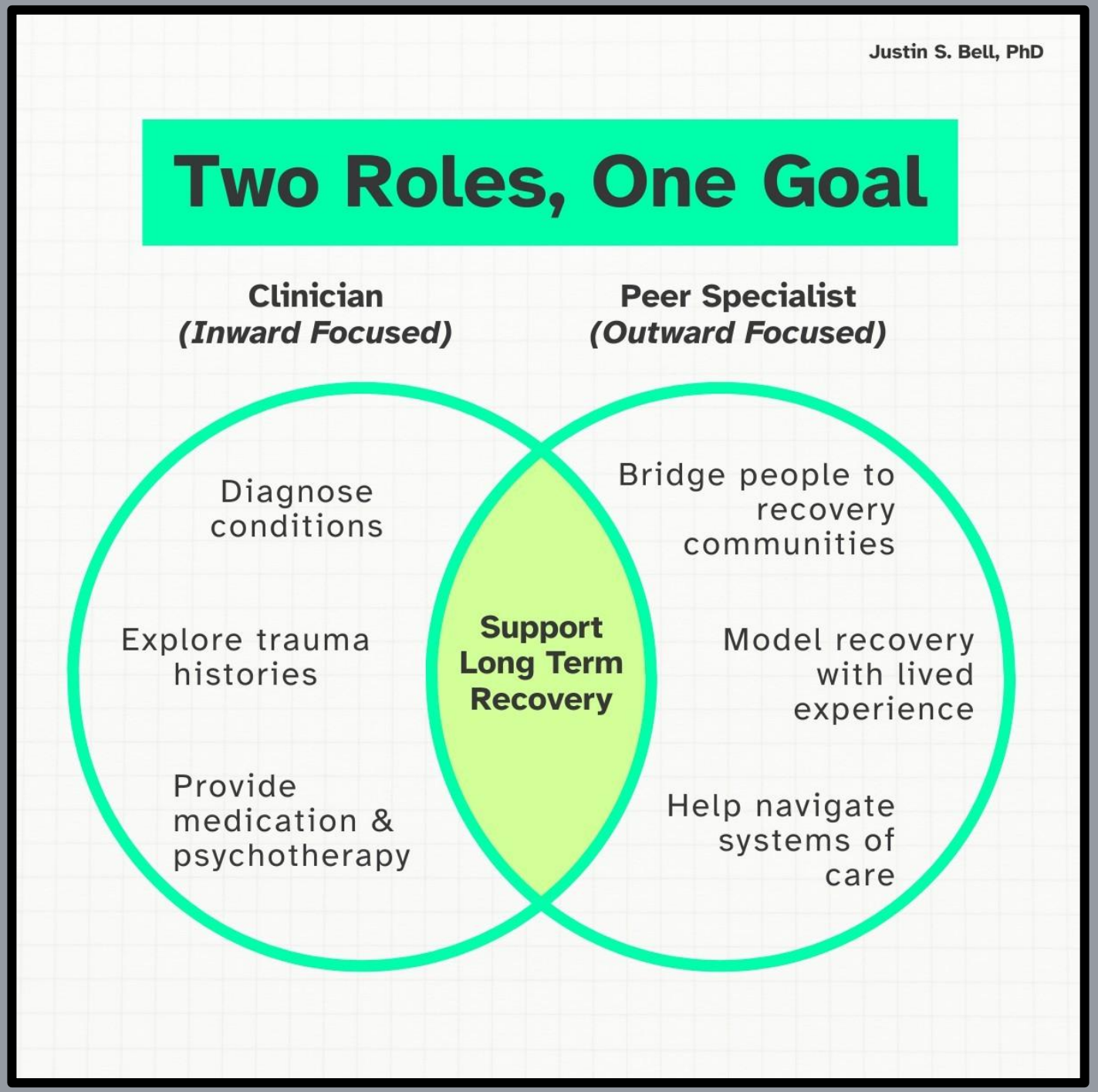


**We should consider how to best collaborate on planning strategies that support long term recovery across Clinical and Peer Roles.**

*Two Roles One Goal. [JPG Image]. Justin S Bell, 2025, Chestnut Health Systems. Reprinted with permission*

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# Paperwork or Useful Tool?

*The BARC 10 and Treatment / Recovery Plans*

One of the challenges we face with both the BARC 10 and Recovery Planning tools that staff can rush through them to check off that they were done.

They are invaluable resources, but only if they are understood and used as valuable tools rather than just another document that needs to get filled out.

It can be an ongoing challenge for staff with time pressures; particularly newer staff who may not even be aware of their utility.

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# Addressing the Needs of Those We Serve

**Goals need to be realistic and relevant -** Overly ambitious goals too early can lead to frustration or demotivation. Individualized, time-specific, realistic, and relevant goals should be prioritized to avoid demotivation from non-linear progress.

**Some clients may change their goals over time -** What they want early in treatment may differ from later stages. This requires goal review and flexibility. Memory, co-occurring mental illness, or cognitive challenges can make remembering or tracking goals difficult, so these factors need to be attended to.

**There is variation in how goal setting is implemented -** Not all "individualized goals" are equally good. Some may lack specificity, measurable criteria, or be poorly integrated into the therapeutic process.

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# 10 Principles of Person-Directed Planning

- **Self-determination** and **community inclusion** are fundamental human rights.
- **Active participation** and **empowerment** are vital.
- All parties have **full access** to the same information.
- **Abilities** and **choices** define supports.
- **High expectations** for recovery are the norm.
- **Quality of life** and **promotion of recovery** are the focus of care and planning.
- Person **chooses** from a flexible array of supports and/or creates new support options with team.
- **Diverse supports**, including self-management, peer support, holistic medicine, and natural supports are valued along with professional services.
- Access to **inclusive community** setting is emphasized.
- **Responsible risk-taking** and **growth** are valued as part of recovery.

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We support the individualized recovery of those we serve:

A. Over the short term
B. Over the long term
C. Both A and B

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# We are
# The Change Agents!

1. The Four Pillars of Recovery rose out of recovery community grounded strategies.
2. Change is highly individualized.
3. Clinical care and peer support are two roles with one goal.
4. To be effective, we must consider what the persons we serve want in their lives.
5. Planning tools and the BARC 10 are vital if used properly to support individualized recovery processes for those we serve.

*"Recovery is not merely about abstinence from alcohol and other drugs; it is about the reconstruction of a full, meaningful, and socially connected life." — William White*

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# Follow Up

What points did we miss?

What additional points or perspectives would you like to add?

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# Questions

# Wrap up and Next Session

- Please complete the **session evaluation**
- Slides and recording available on Tomorrow's Healthcare
- **Next Session:** July 15, 2026- **Learning to be an Effective Compass Community Partner**

## Sources


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