CODE RECOVER

MI, Social Determinants of Health, and Recovery Capital — Quick Reference

Motivational Interviewing

The Spirit of MI: PACE

- **Partnership** — work with the patient, not on them
- **Acceptance** — respect their autonomy
- **Compassion** — act in their best interest
- **Evocation** — draw out their own ideas

OARS

- **Open-ended questions** — not yes/no
- **Affirmations** — recognize strengths/effort
- **Reflective listening** — mirror back what you hear
- **Summarizing** — recap to transition forward

Change Talk: listen for statements hinting at a desire for change ("I'm tired of being sick") and reflect them back.

Stages of Change: Precontemplation → Contemplation → Preparation → Action → Maintenance → Termination

Social Determinants of Health & Recovery Capital

SDoH — non-medical drivers of relapse risk:

- **Housing** stability
- **Transportation** (a major driver of no-shows)
- **Food** security
- **Economic stability** (phone, insurance)
- **Social support**

Recovery Capital — the patient's "recovery bank account":

- **Personal** — physical + human resources (health, shelter, skills, self-esteem)
- **Family & Social** — sober support network, community ties
- **Community & Cultural** — treatment access, RCOs, culturally-specific pathways

Your job: Identify SDoH barriers before discharge — solving one directly builds recovery capital.