



Selected Papers of William L. White

www.williamwhitepapers.com

Collected papers, interviews, video presentations, photos, and archival documents on the history of addiction treatment and recovery in America.

Citation: White, W. (2009). Recovery capital scale. Posted at www.williamwhitepapers.com

Recovery Capital Scale

William L. White

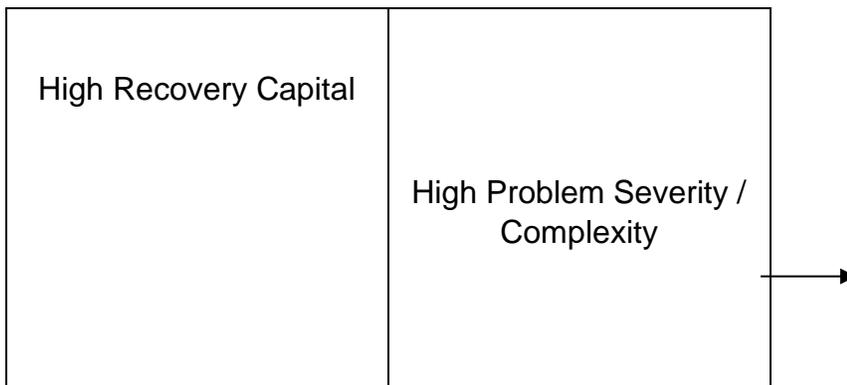
Emeritus Senior Research Consultant

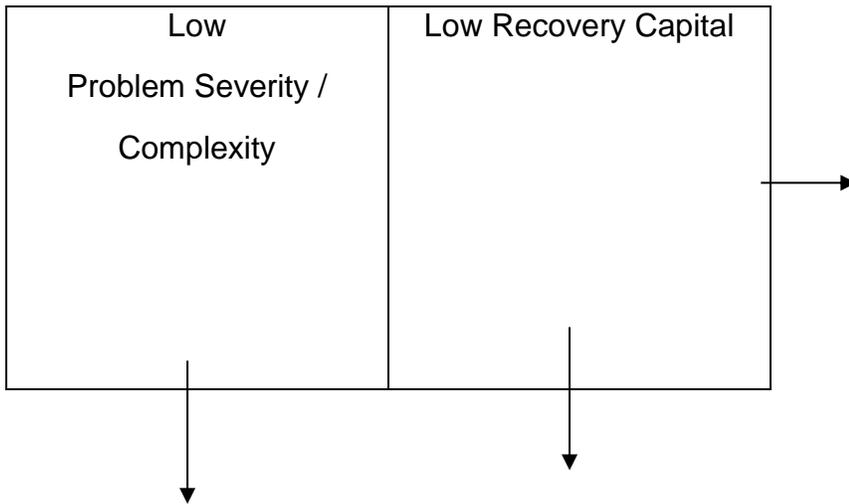
Chestnut Health Systems

bwhite@chestnut.org

Recovery Capital Scale

Robert Granfield and William Cloud introduced and elaborated on the concept of “recovery capital” in a series of articles and a 1999 book, *Coming Clean: Overcoming Addiction without Treatment*. They define recovery capital as the volume of internal and external assets that can be brought to bear to initiate and sustain recovery from alcohol and other drug problems. Recovery capital, or recovery capacity, differs from individual to individual and differs within the same individual at multiple points in time. Recovery capital also interacts with problem severity to shape the intensity and duration of supports needed to achieve recovery. This interaction dictates the intensity or level of care one needs in terms of professional treatment and the intensity and duration of post-treatment recovery support services. The figure below indicates how these combinations of problem severity and recovery capital could differ.





Clients with high problem severity but very high recovery capital may require few resources to initiate and sustain recovery than an individual with moderate problem severity but very low recovery capital. Where the former may respond very well to outpatient counseling, linkage to recovery mutual aid groups and a moderate level of ongoing supervision, the latter may require a higher intensity of treatment, greater enmeshment in a culture of recovery (e.g., placement in a recovery home, greater intensity of mutual aid involvement, involvement in recovery-based social activities), and a more rigorous level of ongoing monitoring and supervision.

Traditional addiction assessment instruments do a reasonably good job of evaluating problem severity and some of the newer instruments improve the assessment of problem complexity (e.g., co-occurring medical/psychiatric problems), but few instruments measure recovery capital. The scale on the following page is intended as a self-assessment instrument to help a client measure his or her degree of recovery capital.

The scale can be completed and discussed in an interview format, or it can be completed by the client and then discussed with the professional helper.

Recovery Capital Scale

Place a number by each statement that best summarizes your situation.

5. Strongly Agree

4. Agree

3. Sometimes

2. Disagree

1. Strongly Disagree

___ I have the financial resources to provide for myself and my family.

___ I have personal transportation or access to public transportation.

___ I live in a home and neighborhood that is safe and secure.

___ I live in an environment free from alcohol and other drugs.

___ I have an intimate partner supportive of my recovery process.

___ I have family members who are supportive of my recovery process.

___ I have friends who are supportive of my recovery process.

___ I have people close to me (intimate partner, family members, or friends) who are also in recovery.

___ I have a stable job that I enjoy and that provides for my basic necessities.

___ I have an education or work environment that is conducive to my long-term recovery.

___ I continue to participate in a continuing care program of an addiction treatment program, (e.g., groups, alumni association meetings, etc.)

___ I have a professional assistance program that is monitoring and supporting my recovery process.

___ I have a primary care physician who attends to my health problems.

___ I am now in reasonably good health.

___ I have an active plan to manage any lingering or potential health problems.

___ I am on prescribed medication that minimizes my cravings for alcohol and other drugs.

___ I have insurance that will allow me to receive help for major health problems.

- ___ I have access to regular, nutritious meals.
- ___ I have clothes that are comfortable, clean and conducive to my recovery activities.
- ___ I have access to recovery support groups in my local community.
- ___ I have established close affiliation with a local recovery support group.
- ___ I have a sponsor (or equivalent) who serves as a special mentor related to my recovery.
- ___ I have access to Online recovery support groups.
- ___ I have completed or am complying with all legal requirements related to my past.
- ___ There are other people who rely on me to support their own recoveries.
- ___ My immediate physical environment contains literature, tokens, posters or other symbols of my commitment to recovery.
- ___ I have recovery rituals that are now part of my daily life.
- ___ I had a profound experience that marked the beginning or deepening of my commitment to recovery.
- ___ I now have goals and great hopes for my future.
- ___ I have problem solving skills and resources that I lacked during my years of active addiction.
- ___ I feel like I have meaningful, positive participation in my family and community.
- ___ Today I have a clear sense of who I am.
- ___ I know that my life has a purpose.
- ___ Service to others is now an important part of my life.
- ___ My personal values and sense of right and wrong have become clearer and stronger in recent years.

Possible Score: 175

My Score: _____

The areas in which I scored lowest were the following:

1. _____

2. _____

3. _____

4. _____

5. _____

Recovery Capital Plan

After completing and reviewing the Recovery Capital Scale, complete the following.

In the next year, I will increase my recovery capital by doing the following:

Goal # 1: _____

Goal # 2: _____

Goal # 3: _____

Goal # 4: _____

My Recovery Capital “To Do” List

In the next week, I will do the following activities to move closer to achieving the above goals:

1.

2.

3.

4.

5.

References

- Cloud, W. (1987). From down under: A qualitative study on heroin addiction recovery. Ann Arbor, MI: Dissertation Abstracts.
- Cloud, W. & Granfield, R. (1994). Natural recovery from addictions: Treatment implications. *Addictions Nursing*, 6, 112-116.
- Cloud, W. & Granfield, R. (1994). Terminating addiction naturally: Post-addict identity and the avoidance of treatment. *Clinical Sociology Review*, 12, 159-174.
- Cloud, W. & Granfield, R. (2001). Natural recovery from substance dependency: Lessons for treatment providers. *Journal of Social Work Practice in the Addictions*, 1(1), 83-104.
- Granfield, R. & Cloud, W. (1996). The elephant that no one sees: Natural recovery among middle-class addicts. *Journal of Drug Issues*, 26(1), 45-61.
- Granfield, R. & Cloud, W. (1999). *Coming Clean: Overcoming Addiction Without Treatment*. New York: New York University Press.

2018 Note to Clinicians and Researchers: Further research and refinement has been done on the Recovery Capital Scale. There are now two research-based instruments: The Assessment of Recovery Capital and the Brief Assessment of Recovery Capital. For those wishing to use this instrument as a clinical or recovery support tool or as a research instrument, these updated instruments and their psychometrics have been published in the following articles:

- Groshkova, T, Best, D., & White, W. (2012). Assessment of Recovery Capital, The (SARC): Properties and psychometrics of a measure of addiction recovery strengths. *Drug and Alcohol Review*, 32(2), 187-194.
- Vilsaint, C.L., Kelly, J.F., Bergman, B.G., Groshkova, T., Best, D., & White, W.L. (2017). Development and validation of a brief assessment of recovery capital (BARC-10) for alcohol and drug use disorder. *Drug & Alcohol Dependence*, 177 (1), 71-76