## Recovery Capital Assessment Plan and Scale (ReCAPS) 160717

Robert Granfield and William Cloud introduced "recovery capital" and defined it as the volume of <u>internal and external assets</u> 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 within the same individual at multiple points in time consisting <u>four components</u>.

Social capital is the sum of resources that each person has as a result of relationships, and includes both support from and obligations to groups to which they belong; thus, family membership provides supports but also entail commitments and obligations to the other family members. Physical capital is the tangible assets such as property and money that may increase recovery options (e.g., being able to move away from existing friends/networks or to afford an expensive detox service). Human capital includes skills, positive health, aspirations and hopes, and personal resources that enable the individual to prosper. Traditionally, high educational attainment and high intelligence have been regarded as key aspects of human capital that may help with some of the problem solving that is required on a recovery journey. Cultural capital includes the values, beliefs and attitudes and rituals that link prosocial identity to social conformity and the ability to accommodate dominant social behaviors

White and Cloud (2008) proposed that <u>recovery capital interacts with problem severity</u> to shape the intensity and duration of supports needed to achieve and sustain recovery. This interaction informs the intensity or level of care one needs in terms of professional treatment and the intensity and duration of post-treatment recovery support. The figure below suggests how combinations of problem severity and recovery capital could differ.

High Recovery Capital	High Problem Severity /Complexity		
Low			
<b>Problem Severity</b>	Low		
/Complexity	Recovery Capital		

People with high problem severity but very high recovery capital may require fewer 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 support groups and a moderate level of ongoing supervision, the latter may require a higher intensity

of treatment, greater enmeshment in one or more recovery cultures (e.g., placement in a recovery home, greater intensity of mutual support involvement, involvement in recovery-based social activities), and a more rigorous level of ongoing monitoring and supervision.

Clinical addiction assessment instruments do a reasonably good job of evaluating problem severity and complexity (e.g., co-occurring medical/psychiatric problems) while few instruments measure recovery capital. The scale on the following pages is intended as a <u>self-assessment instrument</u> to help an individual measure her or his recovery capital. The scale can be completed and discussed in an interaction and/or it can be completed by the individual and then discussed with a professional or peer helper. Subsequent reviews and modifications of the assessment and plan can be used to track progress.

Modified and distributed with the permission of William L. White to George S. Braucht, LPC & CPCS: <u>brauchtworks.com/toolkit</u> **References and**Additional Resources

Best, D., Edwards, M., Mama-Rudd, A, Cano, I., & Lehman, J. (2016, November 1). Measuring an individual's recovery barriers and strengths. *Addiction Professional* 

- *Magazine*, <a href="http://www.addictionpro.com/article/special-populations/measuringindividuals-recovery-barriers-and-strengths">http://www.addictionpro.com/article/special-populations/measuringindividuals-recovery-barriers-and-strengths</a>.
- Best, D., & Laudet, A. D. (2010, July 1.) *The potential of recovery capital*. RSA Projects. <a href="https://www.thersa.org/discover/publications-and-articles/reports/thepotential-of-recovery-capital">https://www.thersa.org/discover/publications-and-articles/reports/thepotential-of-recovery-capital</a>
- 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.
- Groshkova, T. Best, D, & White, W. (2012). The assessment of recovery capital: Properties and psychometrics of a measure of addiction recovery strengths. *Drug and Alcohol Review*, 32 (2), 187-194.
- Kelly, J. F., & Claire Greene, M. Beyond motivation: Initial validation of the Commitment to Sobriety Scale. *Journal of Substance Abuse Treatment*, 46 (2), 257-263.
- Salzer, M. S., & Brusilovskiy, E. (2014). Advancing recovery science: Reliability and validity properties of the Recovery Assessment Scale. *Psychiatric Services*, 65 (4), 442-453.
- White, W., & Cloud, W. (2008). Recovery capital: A primer for addiction professionals. *Counselor*, 9 (5), 22-27.
- Yates. R. (2014). Recovery capital, addiction theory and the development of recovery communities. *Addicta: The Turkish Journal on the Addictions*, *I* (2), 96-112.

Modified and distributed with the permission of William L. White to George S. Braucht, LPC & CPCS: brauchtworks.com/toolkit

## **Recovery Capital Assessment Plan and Scale (ReCAPS)** 160716

	Name:	Date:						
	Place a number at the end of	f each statement	reflecting yo	our <u>cur</u>	rent situat	ion acc	ording	to:
	1 = Strongly Disagree; 2 = D	Disagree; 3 = Son	netimes Agr	ee; 4 =	Agree; 5	= Stron	gly Ag	ŗree
1.	I have the financial		provide	for	myself	and	my	family.
2.	I have personal transportation of	or access to publi	c transporta	ition		•••••		
3.	I live in a home and neighborho	ood that is safe an	d secure	•••••				
4.	I live in an environment that is	free from alcoho	l and other	drugs.				
5.	I have an intimate partner who	supports my reco	very proces	s				
6.	I have family members who su	pport my recover	y process					
	I have friends who support my I have people close to me (partr							
9.	I have a stable job that I enjoy	and that provides	s for my bas	ic nece	essities			····
10.	I have an education or work en	vironment that is	conducive t	o my l	ong-term	recover	y	
11.	I participate in continuing car groups, alumni association mee	<del>-</del>			-	-	_	-
12.	I have a professional assistance	program that mo	nitors and su	upport	s my recov	ery pro	cess	
13.	I have a primary care physician	who attends to n	ny health co	nditio	1	•••••	•••••	
14. 15.	I am now in reasonably good he I have an active plan to manage	ealthe any lingering or	potential h	ealth p	oroblems			
16.	I am on prescribed medication(	s) that minimizes	my craving	S				
17.	I have insurance that allows me	to receive help f	or major hea	alth pro	oblems			
18.	I have access to regular, nutrition	ous meals		•••••				

1 = Strongly Disagree; 2 = Disagree; 3 = Sometimes Agree; 4 = Agree; 5 = Strongly Agree

Modified and distributed with the permission of William L. White to George
S. Braucht, LPC & CPCS: brauchtworks.com/toolkit

1 = Strongly Disagree; 2 = Disagree; 3 = Sometimes Agree; 4 = Agree; 5 = Strongly Agree
19. I have clothes that are comfortable, clean and conducive to my recovery activities
20. I have access to recovery support groups in my local community.
21. I have close and regular affiliations with members of local recovery support groups
22. I have a sponsor or mentor related to my recovery.
23. I have access to online recovery support groups.
24. I have completed or am complying with all legal requirements related to my past
25. Other people rely on me to support their recoveries
27. I have recovery rituals that are now part of my daily life
29. I have a vision and associated goals and great hopes for my future.
30. I have new problem solving skills and resources.
31. I have meaningful, positive participation in my family and community
32. Today I have a clear sense of who I am.
33. I know my life's purpose
34. Service to others is an important part of my life.
35. My personal values and sense of right and wrong are clear and strong
Possible Score: 175

## **Recovery Capital Assessment Plan and Scale (ReCAPS)** 160717

Name:	Date:					
ReCAPS: Date	: Score	; Date:	Score; Date	: Score		
	o move closer	to each goal, I wi	pital Scale, below are i Il increase my recover			
Goal # 1:						
	What	When	How Often	With Whom		
Activity #1:						
Activity #2:						
Activity #3: _						
Goal # 2:						
	<u>What</u>	When	How Often	With Whom		
Activity #1: _						
Activity #2: _						
Activity #3: _						
Goal # 3:						
	What	When	How Often	With Whom		
Activity #1:						
Activity #2:						
Activity #3:						

Modified and distributed with the permission of William L. White to George S. Braucht, LPC & CPCS: <u>brauchtworks.com/toolkit</u>