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The importance of measurement

DAVID BEST, Ph.D.

LEEDS TRINITY UNIVERSITY

PUBLIC HEALTH INSTITUTE

AUSTRALIAN NATIONAL UNIVERSITY

MONASH UNIVERSITY

What does a strengths-based process mean?



From expert-patient
to partnership



From deficits to
strengths



From clinic to
community



From the individual
to the social



From professional to
peer-based



From replication to
continuous
innovation

Easter 2025

Policy Press,
Bristol, UK

THE
RECOVERY
CAPITAL
HANDBOOK

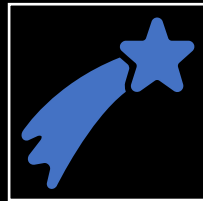
EDITED BY
DAVID BEST AND
EMILY HENNESSY



Areas to be covered



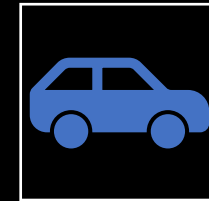
Theory of recovery
and recovery capital



Recovery capital
measurement



Community Recovery
Capital and IRC



Future / current
directions



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1. Recovery and recovery capital theory

A core summary of recovery research evidence

- Jobs
- Friends
- Houses
- Stable recovery is defined as 'stable' or 'self-sustaining' after 5 years of continuous sobriety (Dennis, 2007; Betty Ford Institute Consensus Group, 2008)
- Somewhere to live
- Someone to love
- Something to do
- 58% of people with a lifetime substance use disorder eventually achieve stable recovery (Sheedy and Whitter, 2009)

What enables recovery change?

- Strength-based approaches
- Leamy et al (2011), British Journal of Psychiatry
- **CHIME**
 - **Connectedness**
 - **Hope**
 - **Identity**
 - **Meaning**
 - **Empowerment**

What is Recovery Capital?

Granfield and Cloud (2008) define recovery capital as

“The breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems.”

- White and Cloud (2008):

“Stable recovery best predicted on the basis of recovery assets not pathologies.”

Best and Laudet (2010)





This is an early
version of a prom
photo: David Best
or Francisco Goya??

Recovery studies in Birmingham and Glasgow – GOYA (Best et al, 2011a; Best et al, 2011b)

**UK Study of recovery wellbeing –better
recovery wellbeing predicted by:**

- **1. More time spent with other people
in recovery**
- **2. More time in the last week spent:**
 - **Childcare**
 - **Engaging in community groups**
 - **Volunteering**
 - **Education or training**
 - **Employment**

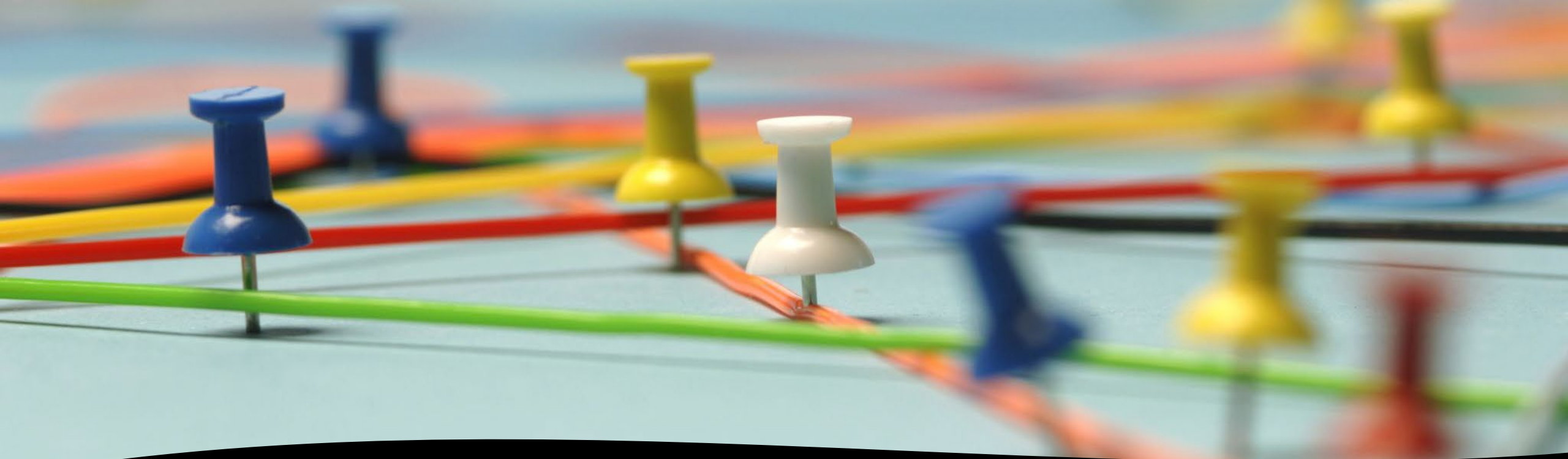
Saturn devouring
his son....what
happens to you if
you don't Goya





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2. Measurement and achievements to date



Logic of the model

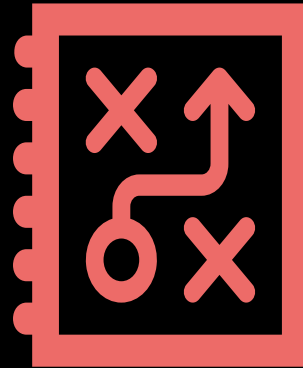
- Recovery Group Participation Scale published in 2011
- Assessment of Recovery Capital published in 2012
- Too research focused, not enough clarity on how to use the answers
- REC-CAP initial paper (Cano et al, 2017) created a model that combined assessment with care planning and the recovery evidence base
- ARMS provided the platform that allowed this to be embedded in services and systems

Measure, Plan & Engage (MPE)



REC-CAP EVALUATION

Measures seven (7) domains of Recovery Capital at 45/90-day intervals, reporting longitudinal growth over time



RECOVERY PLANNING

Utilizes REC-CAP Results to suggest a Recovery Plan focused on resolving Barriers & Unmet Service Needs and building Recovery Strengths



NAVIGATIONAL SUPPORT

Delivers a structured RSS where-in a Navigator mentors, monitors & measures Client's engagement in their Recovery Plan

REC-CAP Publications

Groshkova, T., Best, D. & White, W. (2011) Recovery Group Participation Scale (RGPS): factor structure in alcohol and heroin recovery populations. *Journal of Groups in Addiction and Recovery*, 6, 76-92.

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*,

Vilsaint, C. L., Kelly, J.F., Bergman, B., Gorchakov, T., Best, D. & White, W. (2017). Drug and Alcohol Dependence. Development and validation of a brief assessment of recovery capital (BARC-10) for alcohol and drug use disorder

Cano, I., Best, Edwards, M. & Lehman, J. (2017) Recovery capital pathways: Mapping the components of recovery wellbeing, *Drug and Alcohol Dependence*, 181, 11-19.

Hard, S., Best, D., Sondhi, A., Lehman, J. & Riccardi, R. (2022) The growth of recovery capital in clients in recovery residences in Florida, USA: A quantitative pilot study of changes in REC-CAP profile scores, *Substance Abuse, Treatment, Prevention and Policy*. DOI: <https://doi.org/10.21203/rs.3.rs-1497685/v1>

Best, D., Sondhi, A., Best, J., Lehmann, J. Grimes, A., Connor, M. & De Triquet, B. (2023) Using Recovery Capital to Predict Retention and Change in Recovery Residences in Virginia, USA, *Alcoholism Treatment Quarterly*, 41:2, 250-262

Best, D., Sondhi, A., Hoffman, L., Best, J., Leidl, A., Grimes, A., Conner, M., DeTriquet, R., White, W., Hilliard, B., Leonard, K. & Hutchinson, A. (2023) Bridging the gap: Building and sustaining recovery capital in the transition from prison to recovery residences, *Journal of Offender Rehabilitation*, DOI: 1080/10509674.2023.228648

Hennessy, E., Krasnoff, P. & Best, C. (2023), Implementing a recovery capital model into therapeutic courts: Case study and lessons learned, *International Journal of Offender Therapy and Comparative Criminology*, 1-16, DOI: 10.1177/0306624X23119810

Bunaciu, A., Bliuc, A-M., Best, D., Hennessy, E., Belanger, M. & Benwell, C. (2023) Measuring recovery capital for people recovering from alcohol and drug addiction: a systematic review, *Addiction Research & Theory*, DOI: [10.1080/16066359.2023.2245323](https://doi.org/10.1080/16066359.2023.2245323)

Belanger, M., Sondhi, A., Mericle, A., Leidl, A., Klein, M., Collinson, B., Patton, D., White, W., Chen, H., Grimes, A., Connor, M., DeTriquet, R. & Best, D. (2024) Assessing a pilot scheme of intensive support and assertive linkage in levels of engagement, retention, and recovery capital for people in recovery housing using quasi-experimental methods, *Journal of Substance Use and Addiction Treatment* (early online)

Shahid, S. & Best, D. (2024) Exploring Cultural Dynamics of Black Asian Minority Ethnic (BAME) Women in Addiction Recovery: A comparison of three women from different ethnic backgrounds, *Drugs: Education, Prevention and Policy*, DOI: 10.1080/09687637.2024.2349077

Sondhi, A., Bunaciu, A., Best, D., Hennessy, E., Best, J., Leidl, A., Grimes, A., Conner, M., DeTriquet, R. & White, W. (2024) Modeling recovery housing retention and program outcomes by justice involvement among residents in Virginia, USA: An observational study, *International Journal of Offender Therapy and Comparative Criminology*, 1-19. DOI: 10.11177/0306624X241254691.

REC-CAP Scales



Mapping retention and changes in recovery capital

Härd *et al.*
Substance Abuse Treatment, Prevention, and Policy (2022) 17:58
<https://doi.org/10.1186/s13011-022-00488-w>

Substance Abuse Treatment,
Prevention, and Policy

RESEARCH

Open Access

The growth of recovery capital in clients of recovery residences in Florida, USA: a quantitative pilot study of changes in REC-CAP profile scores



Sofia Härd¹, David Best^{2*}, Arun Sondhi^{3*}, John Lehman⁴ and Richard Riccardi⁵



ELSEVIER

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Journal of Substance Use and Addiction Treatment

journal homepage: www.journals.elsevier.com/journal-of-substance-use-and-addiction-treatment



Assessing a pilot scheme of intensive support and assertive linkage in levels of engagement, retention, and recovery capital for people in recovery housing using quasi-experimental methods

Matthew J. Belanger^{a,*}, Arun Sondhi^b, Amy A. Mericle^c, Alessandro Leidi^d, Maike Klein^e,
Beth Collinson^f, David Patton^g, William White^h, Hao Chenⁱ, Anthony Grimes^j,
Matthew Conner^j, Bob De Triquet^j, David Best^k

Identifying people with low recovery capital at admission

Provide them with intensive support – coaching, transport, financial support

Within 6 months they had caught up with the other residents in terms of RC and no greater dropout

Best et al (2023) –
“Bridging the gap:
Building and sustaining
recovery capital in the
transition from prison to
recovery residences

*Journal of Offender
Rehabilitation*



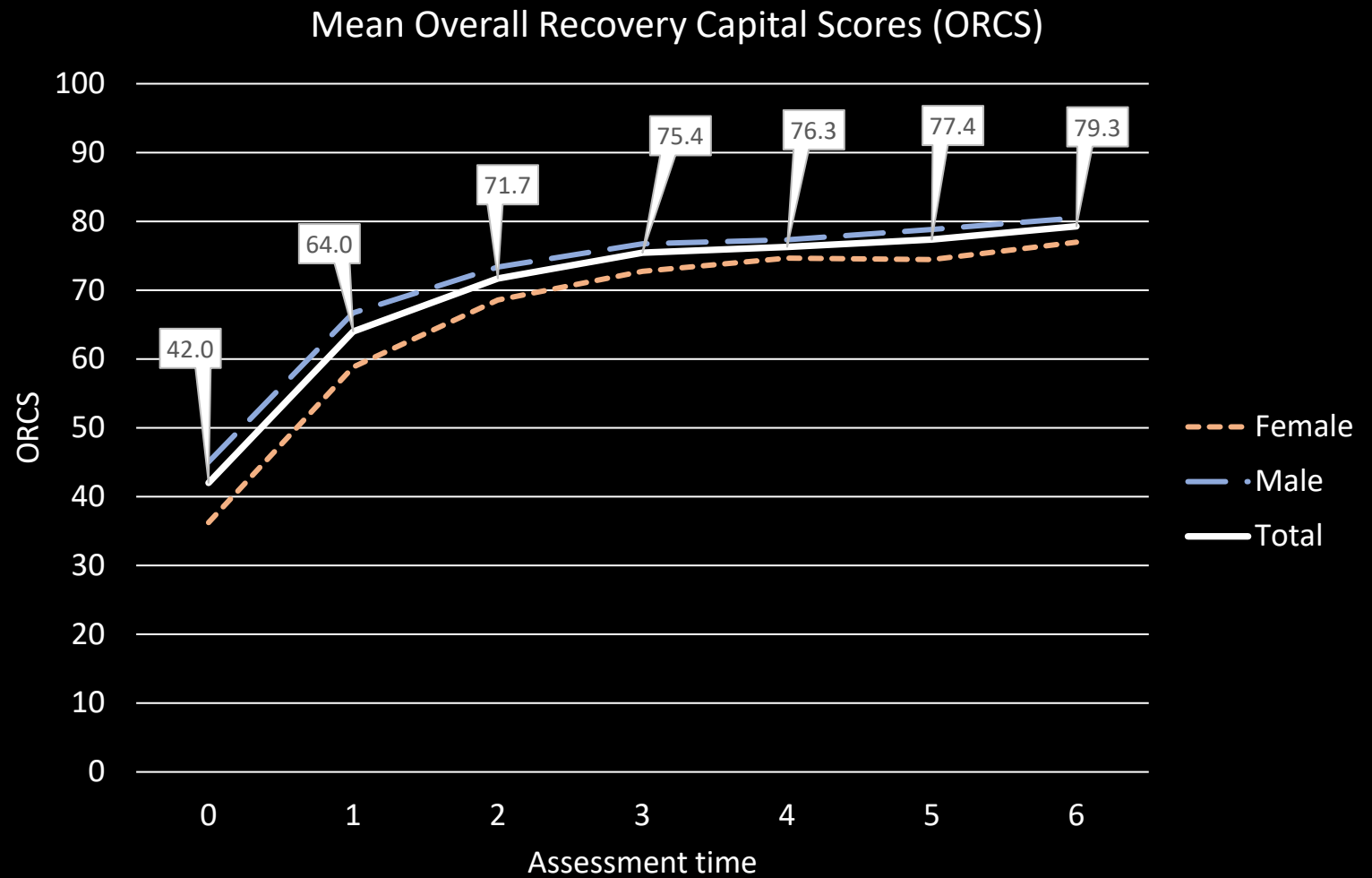
Based on the HARP Therapeutic
Community Model at Chesterfield
County Jail

Clear evidence of recovery capital
building in jail

But this continued to recovery
residences and clear evidence of
continuing and linear evidence of growth

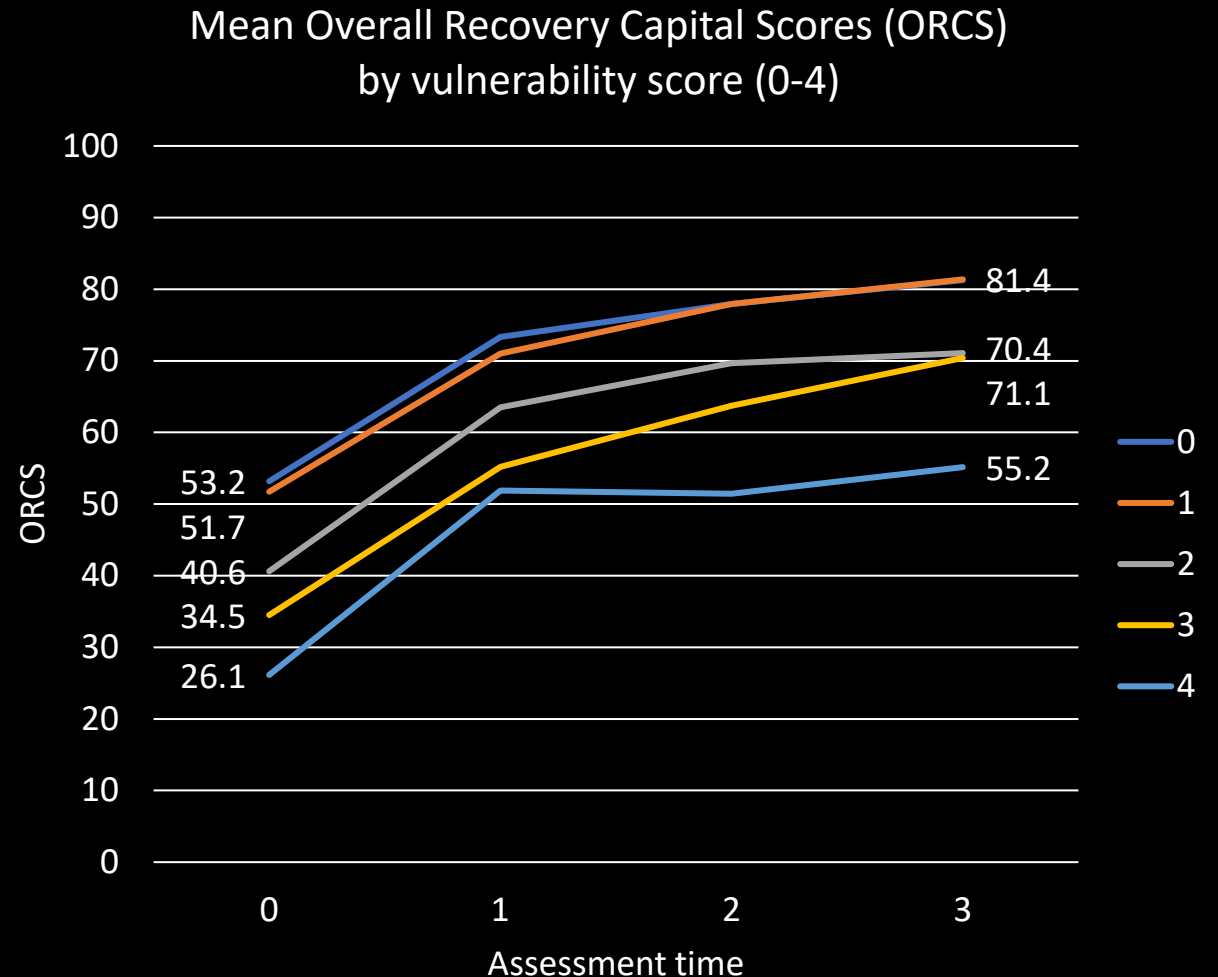
Overall Recovery Capital Score (ORCS)

- The ORCS = recovery strengths minus recovery barriers.
- The ORCS increased over time.
- Males tend to report higher mean ORCS over time, compared to females.



Pilot vulnerability score

- A pilot vulnerability score was created based on Cloud & Granfield's (2008) conceptualisation of four factors that may impose challenges to recovery:
 - Having mental health difficulties
 - Experience of incarceration
 - Female gender
 - Being older
- The pilot score could range from 0 to 4 vulnerabilities.
- Individuals with more vulnerabilities reported less recovery capital.





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3. Community Recovery Capital and Inclusive Recovery Cities

UK Life In Recovery Survey (2015)

Hibbert et al (2011):
WHO QoL-BREF
“Better than well”

Women spend an average of **17.7 years addicted** to drugs or alcohol.

Men spend **22.4 years addicted**.



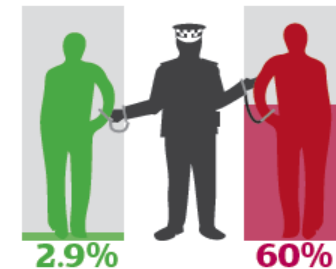
79.4% of people in long-term recovery have volunteered since beginning their recovery journey.



74% of people in long-term recovery have remained steadily employed during their recovery, compared to **40.3% in active addiction**.



60% in active addiction reported getting arrested during this time. **2.9% of those in long-term recovery** reported being arrested.





Why is this an 'outside in' model?

- The overall aim and philosophy is to create the conditions that maximise the chances of individuals initiating and sustaining recovery journeys
- Community capital builds social connections builds 'self-sustaining' recovery
- This is not recovery as aftercare!!
- Recovery should precede treatment (White, 2008)
- Recovery as prevention and early intervention

So what is a
recovery-
oriented
system of
care?

- White (2008): “the complete network of indigenous and professional services and relationships that can support the long-term recovery of individuals and families and the creation of values and policies in the larger cultural and policy environment that are supportive of these recovery processes” (page 28)

- They are ROSCs ++
- The key additional elements are about:
 - Coordination and integration
 - Innovation
 - Social enterprise
 - Giving back

An Inclusive Recovery City is a city where the implementation of recovery models and principles makes the city a better place to live for everyone, and which implements an ROSC at a city level



The requirements to be an IRC are:

- Led by Lived Experience Recovery Organisations (LEROs)
- Increased visibility and awareness of recovery
- Improved access to community resources for people at all stages of recovery
- Reduced stigma and exclusion
- Positive and inclusive social events - a minimum of four a year that actively engage the community
- Contributing to citizenship, volunteering and community participation
- Participation in national (and international) forums

What to connect to?

Undertaking ABCD

What assets?

- People
- Informal groups and associations
- Institutions and organisations

What kind of areas?

- Sport, art and recreation
- Mutual aid
- Peer support
- Education, training and employment

Building an inclusive Recovery City

YOUR RECOVERY COMMUNITY

A safe space to learn, share & grow

Inside our community building you'll find the help and support of people who want to see you thrive. Guided by our great team of staff you and managers, you'll have access to everything from one-to-one meetings, to team building activities, to employment support.

Groups We know that the best people to learn from, are people just like you, and we know this because many of our staff have by the same path. By learning from each other, we grow together.

Skills Our community building contains a fully fitted kitchen, IT systems, and plenty of dedicated space for developing essential skills. It's also a great place to stop in, talk, and catch up as where you are in your recovery.

Events There's always something happening here! From celebrating recovery, to supporting other changes, to amazing musical events - and you're welcome to get involved as you live.

RECOVERY HOUSE
131-133 THE ROAD
151 133

WWW.BRIMCONNECTIONS.CO.UK

01422 221976



SOUTH TEES EMPLOYMENT CONNECTIONS

IPS STORIES OF SUCCESS

STEVEN - HOSPITALITY

"I was starting to look into work, to help my recovery and progress my life. Trina and Lisa were so welcoming, and helpful for me. I had a lot of anxiety about going back into work, but they talked me through the process, which really helped in releasing that anxiety and taking the next steps. They're constantly asking how it's going, checking to see if there's anything else they can do at their end. They're helping me with it. I've never had support like this."

Recovery connections

Professional Recovery Coach Training

Support people to develop of recovery and well-being with 150 hours of training

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Recovery Ally Training

A workshop that guides anyone towards a deeper understanding of what recovery means, and how to champion it.

Recovery connections

Alcohol-Free Socials this September

Thursday 1st Thursday 15th Thursday 29th

Brought to you by

Food available for £3
Drinks priced at £1 each
Live entertainment at every event

7:00-9:00pm
Fork in the Road Cafe, 131-133 Linthorpe Road, Mboro, TS1 5DE



RECOVERY DUBLIN

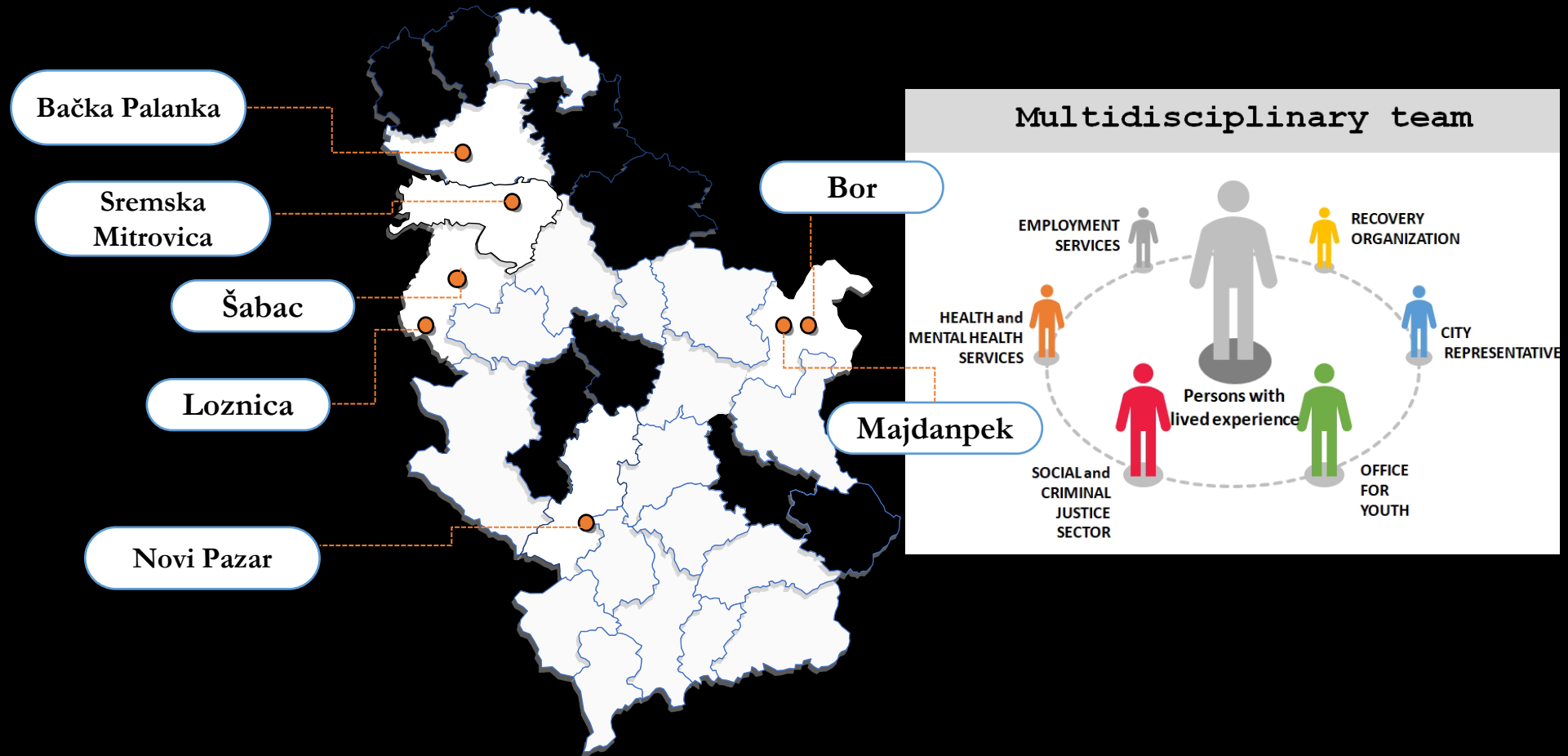


- Newcastle upon Tyne
- Nottingham
- Nottinghamshire
- Leeds
- Sheffield
- Middlesbrough
- Portsmouth
- York
- Blackpool
- Birmingham



Serbia

2023.



Channel 4 News

- <https://youtu.be/b4eNZBQ5wdY?si=VkmaH9bBp92aAIWe>

Richmond, Virginia – October 2024

- NBC12 News Coverage - <https://www.12onyourside.com/2024/10/08/not-forgotten-richmond-becomes-first-city-us-become-an-inclusive-recovery-community/>

**Building
Inclusive
Recovery
Cities from the
outside in**

**Phase One:
Community level
interventions**

- 1) ABCD
- 2) Community Connectors Training
- 3) Public Events (12 C's) The fundamental model within the IRC approach is to achieve two things: a) Reduce the stigma and barriers for people in recovery to access resources within the community b) Increase and strengthen pathways to allow individuals in recovery to build their immersion in positive community resources

**Phase Two:
Social networks
and social identity**

- 4) Social Identity Mapping
- 5) Initiating the processes of CHIME – creating the Connections that generate the Hope is possible through processes of social learning and social control (Moos, 2011)

**Phase Three:
Individual Level
supporting recovery**

- 6) Individual assessment of recovery capital - REC-CAP/RCS-36
- 7) From CHIME: Creating a recovery care plan that is based on: a) Giving Back, b) Spirituality, c) Purpose and Meaning in Life, d) Aspirations and goals (short and long-term), and e) Meaningful activities including education & employment

**Phase Four:
Benefits to the wider
community (SeRaCe)**

- 8) Social enterprise -generating economic wellbeing in communities through harnessing entrepreneurship
- 9) Reciprocal altruism – recognition of the innate skills and values of people in recovery
- 10) Collective efficacy – resulting in increased levels of social cohesion and shared expectations about community wellbeing



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4. Current plans and future directions

New version of the REC-CAP

Reduced number of items and removal of one complete scale

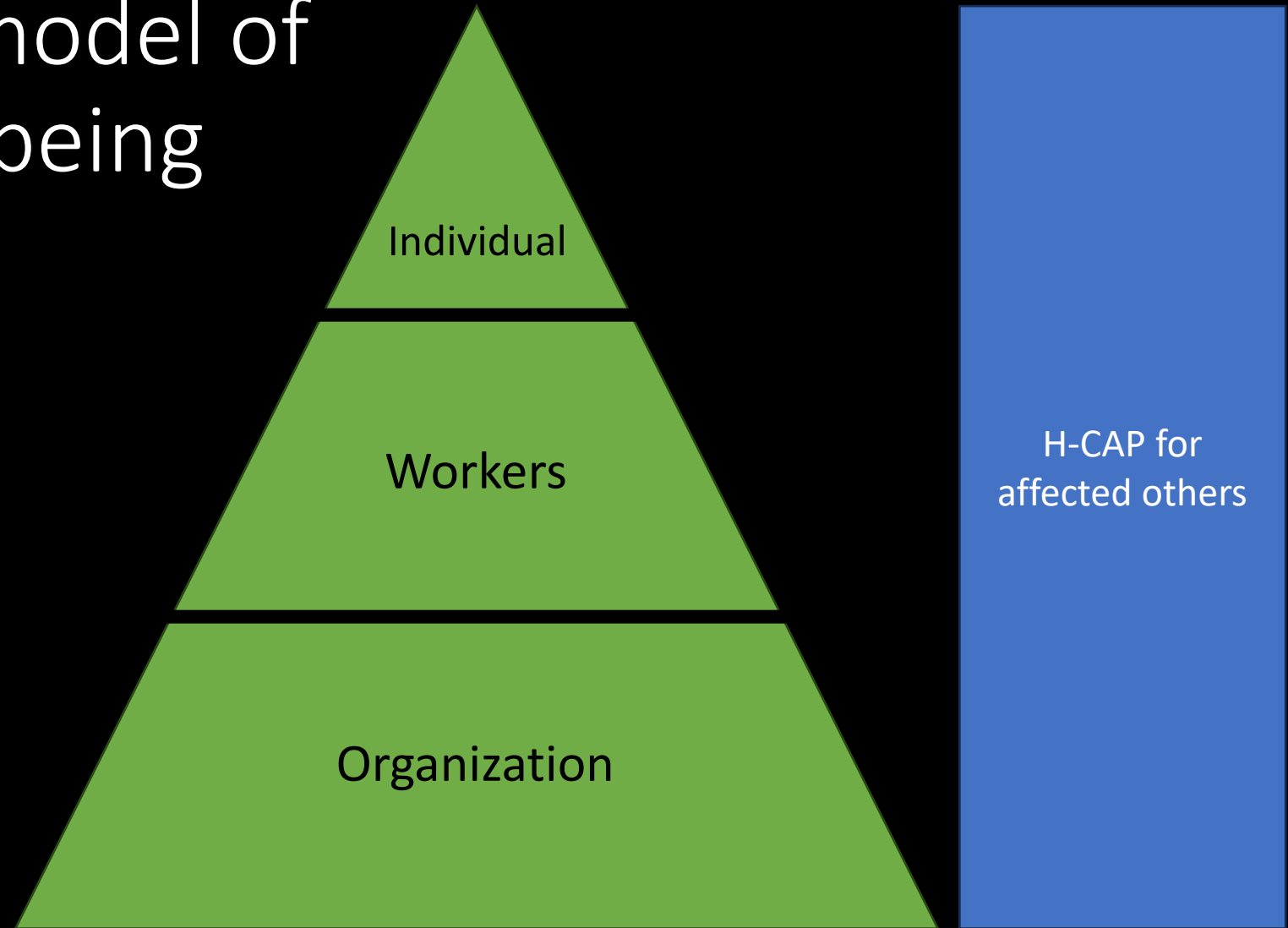
Change in the open ended questions

Re-weighting both strengths and deficits scales

Including the goals questions in the overall scoring matrix

GB-SPAM

A predictive model of recovery wellbeing





Recovery Capital Screener (RCS-36)



Recovery Capital Screener (RCS-36) ID: _____ DATE: _____

Answer the 36 questions by placing a "1" in the AGREE column if your answer is "YES".

	AGREE	Subtotal	TOTAL
Personal Capital			
Global Health & Wellness			
1			
2			
3			
4			P1
5			
6			
7			
8			P2
9			
10			
11			
12			P3
			Personal Capital Total
			PT
Social Capital			
Intimate Relationships			
13			
14			
15			
16			S1
17			
18			
19			
20			S2
21			
22			
23			
24			S3
			Social Capital Total
			ST

*BARC-10 Question

Recovery Capital Screener (RCS-36) ID: _____ DATE: _____

Answer the 36 questions by placing a "1" in the AGREE column if your answer is "YES".

	AGREE	Subtotal	TOTAL
Community Capital			
Recovery Community			
25			
26			
27			
28			C1
29			
30			
31			
32			
33			
34			
35			
36			G3
			Community Capital Total
			CT

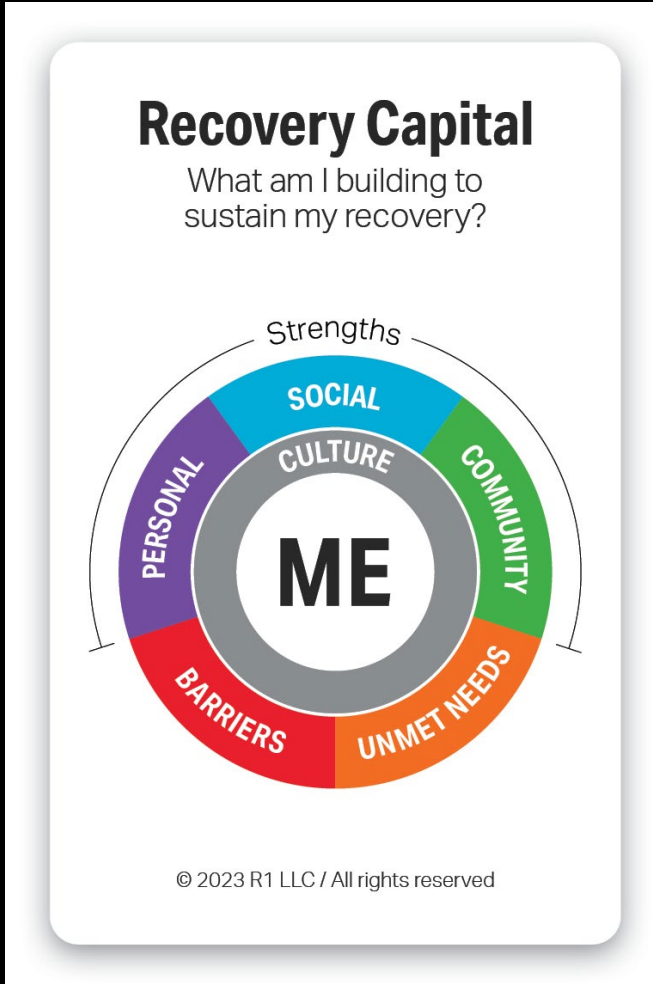
*BARC-10 Question

R1 Score: Transfer your scores to the table below and calculate your final R1 Score. Use the QR Code to link to R1 to interpret your score.

Recovery Capital Dimensions	Sub-Dimensions	Sub-Totals	Dimension Totals	R1 SCORE
Personal Capital My personal internal resources such as my skills, values, health, and aspirations, and my external resources such as property and money.	Global Health & Wellness	P1	PT	PT+ST+CT
	Citizenship	P2		
	Sobriety	P3		
Social Capital My social resources and support from relationships with my social networks that require commitment or obligations (such as intimate relationships, family, friends, co-workers, and other social groups).	Intimate Relationships	S1	ST	
	Family Relationships	S2		
	Friendships	S3		
Community Capital My access to local community resources such as housing, training, employment opportunities, transportation, and recovery community organizations.	Recovery Community	C1	CT	
	Wider Community	C2		
	Professionals	C3		
				R1 RCS-36 SCAN TO INTERPRET YOUR R1 SCORE

RCS-36 Page 1 of 2

Recovery Capital Dimensions



Recovery Capital

PERSONAL CAPITAL

My **personal** internal resources such as my skills, values, health, and aspirations; and my external resources such as property and money

Recovery Capital

SOCIAL CAPITAL

My **social** resources and support from relationships with my social networks that require commitment or obligations (such as intimate relationships, family, friends, co-workers, and other social groups)

Recovery Capital

COMMUNITY CAPITAL

My access to local **community** resources such as housing, training, employment opportunities, transportation, and recovery community organizations

Recovery Capital

BARRIERS

The obstacles or **barriers** that prevent my access to or progress in building recovery strengths — such as ongoing substance use, risk around injecting practices, involvement with crime or the justice system, homelessness or insecure housing, and lack of meaningful activities

Recovery Capital

UNMET NEEDS

My perception of shortfalls or **unmet needs** in the professional support and help I receive in areas such as housing, substance use, employment, relationships, and primary and mental health

Psychometric properties of the RCS-36

- This research will follow Boateng and colleagues' (2018) 9-step framework for developing and validating scales for health, social, and behavioural research.
- The overall goal is to ensure that the RCS-36 is as accurate and reliable a measure of recovery capital as possible.
- The plan is to assess the following:
 - Content validity
 - Internal consistency
 - Test-retest reliability
 - Inter-rater reliability (self-completed vs. assisted completion)
 - Predictive validity (recovery stage: the 1st year vs. more)
 - Concurrent validity (other recovery capital and QoL questionnaires)
 - Discriminant validity (severity of dependence questionnaire)
 - Measurement invariance (gender)
 - Factor structure

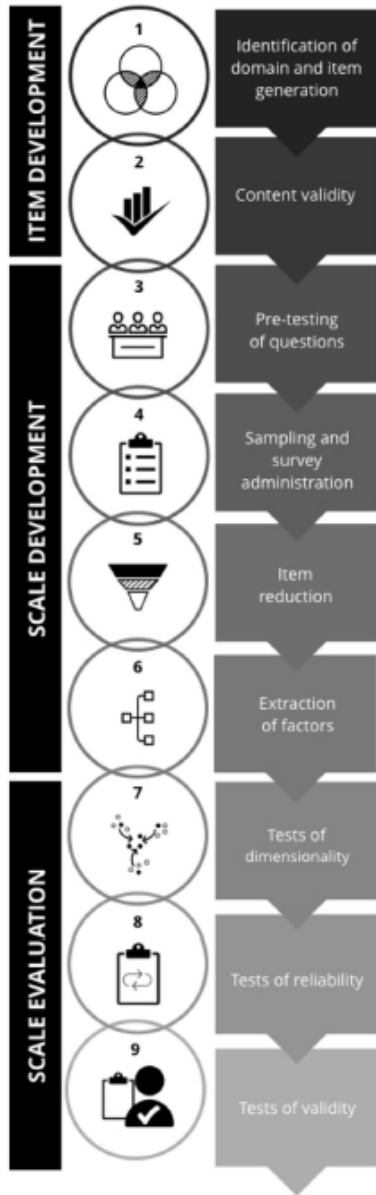
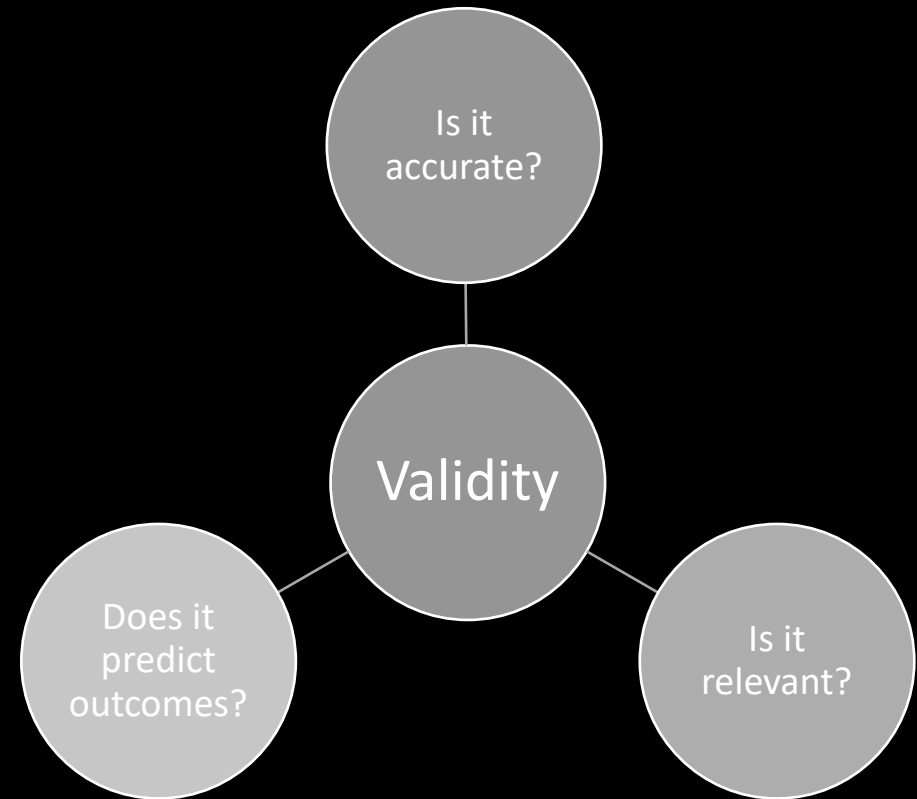
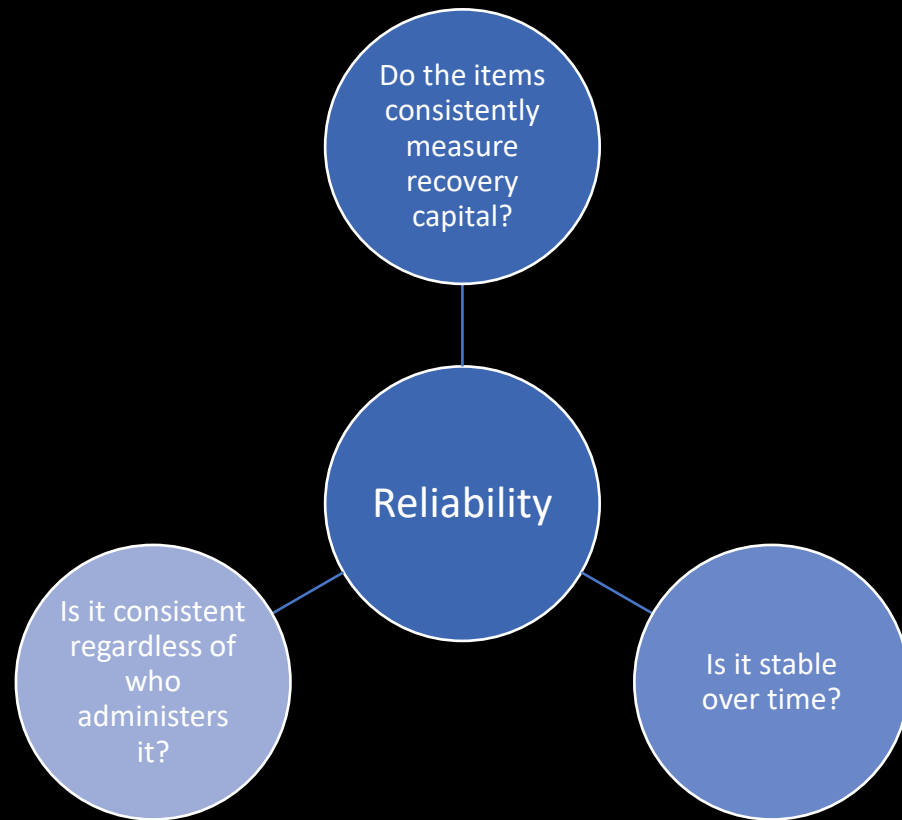


FIGURE 1 | An overview of the three phases and nine steps of scale development and validation.

Source: Boateng et al. (2018)

Reliability and validity



For example, reliability:

Weight is measured once a week for a month.

If the weight does not truly change, a reliable scale would always show the same numbers.

For example, validity:

Measuring outdoor temperature.

A valid thermometer would capture temperature and not humidity.

Recovery and Employment – the RCS-60

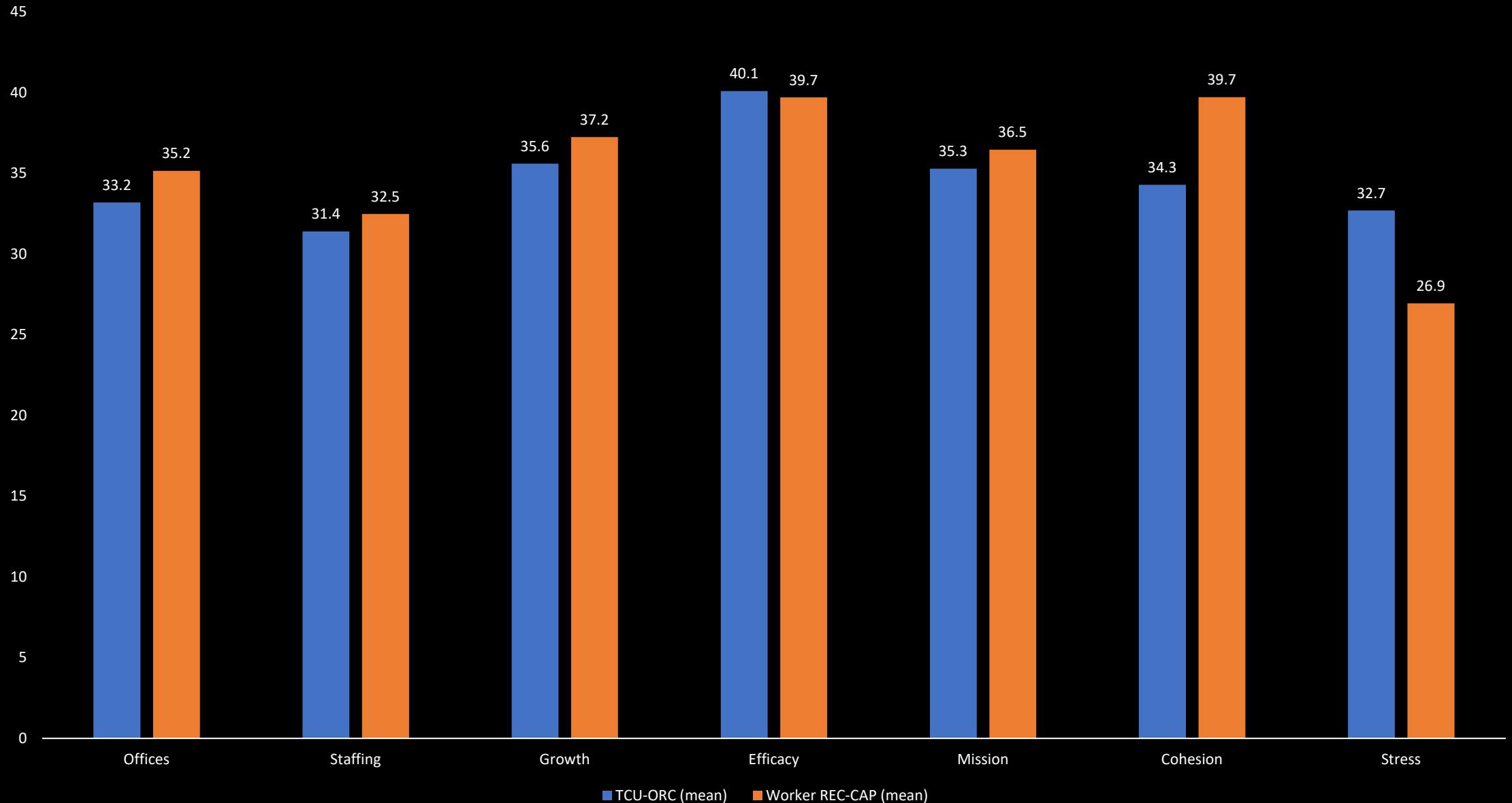
- Five domains each of 12 questions
- Each domain consists of 3 sub-domains
- Each sub-domain consists of 2 strengths questions, 1 barrier and 1 unmet need
- The five domains are:
 - Personal recovery capital
 - Social recovery capital
 - Community recovery capital
 - Employment recovery capital
 - Workplace climate and culture

Worker REC-CAP

- Based on the TCU-IBR logic and model
- Engagement of Pat Flynn and Kevin Knight
- Data collected in England, New Zealand and Minnesota

- Measures of:
 - Worker recovery capital
 - Perceived ability to build recovery capital in others
 - Organisational functioning (resources, staff attributes, organisational climate)

Comparisons to TCU Organisational Readiness for Change



Why does this matter?



Our peer recovery workforce is our most precious resource



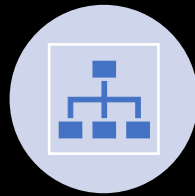
We can use this to map their needs and aspirations



Their role is critical in supporting recovery



It will predict recovery outcomes



This scale includes measures of organisational functioning that are supplemented by measures from the manager

Family work – what does family recovery capital mean?

- The H-CAP is designed as a tool to measure:
 - A. the impact of engaging with family support services
 - B. the impact on family members of individual recovery journeys
- Based on the concepts of:
 - CHIME
 - Recovery Capital
 - Maslow's hierarchy of needs
 - Social identity theory



What is a recovery capital approach to family recovery

- Recovery capital has provided an evaluation metric and model for recovery science and practice
- It can do the same for families
- The unit of analysis is the family not the individual
- Addiction seen as family trauma and recovery as post-traumatic growth
- Create a metric for outcomes and for evaluation of programmes

Implications and Future

- Importance of addressing unmet needs and barriers early
- Focus on increasing recovery group participation and meaningful activities
- Potential for predictive analytics to identify high-risk individuals at intake

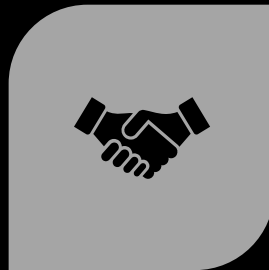
Next Steps

- Explore incorporating medication data (e.g. Vivitrol use) into cluster analysis
- Examine changes in recovery capital over time within clusters
- Develop more robust predictive model for implementation within recovery h

Where are we up to?



TIME OF SIGNIFICANT
OPPORTUNITY



NEW MODEL, NEW MEASURES,
NEW PARTNERSHIP



BUT THE AIM IS STILL CO-
PRODUCED INNOVATION AND
EVIDENCE



THIS IS APPLIED RESEARCH THAT
WILL IMPROVE THE CREDIBILITY OF
THE SECTOR AND IMPROVE YOUR
CAPACITY TO RETAIN RESIDENTS
AND IMPROVE THEIR OUTCOMES