

# Recovery and Recovery Capital

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Easter 2025

Policy Press,  
Bristol, UK

THE  
RECOVERY  
CAPITAL  
HANDBOOK

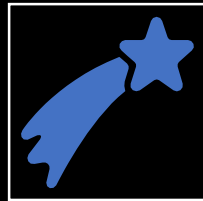
EDITED BY  
DAVID BEST AND  
EMILY HENNESSY



# Areas to be covered



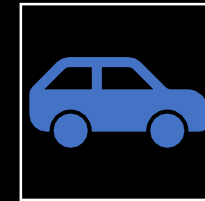
Theory of recovery  
and recovery capital



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??

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

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**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



# 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

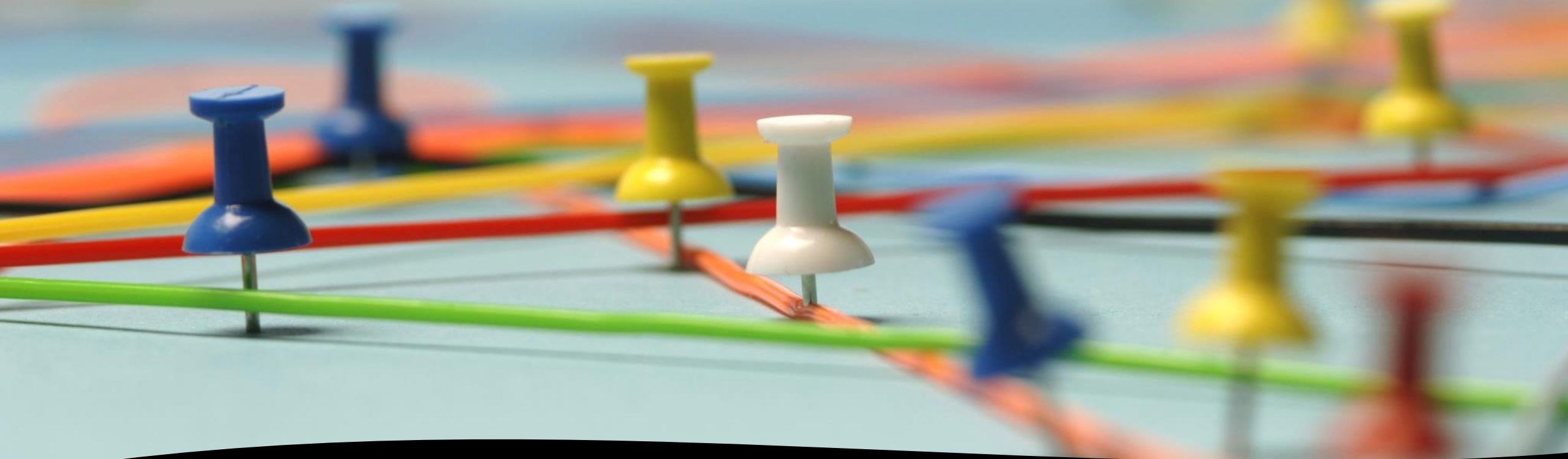


From replication to  
continuous  
innovation



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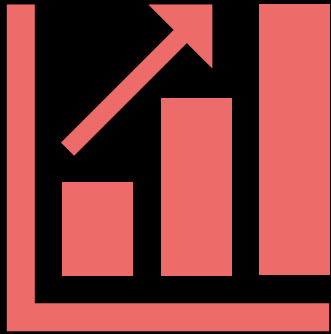
## 2. Measurement and achievements to date



## Logic of the model

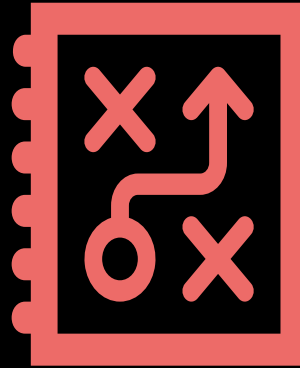
- Recovery Group Participation Scale published in 2011
- Assessment of Recovery Capital published in 2012
- Too research focused, not enough clarity on how to use the answers
- REC-CAP initial paper (Cano et al, 2017) created a model that combined assessment with care planning and the recovery evidence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

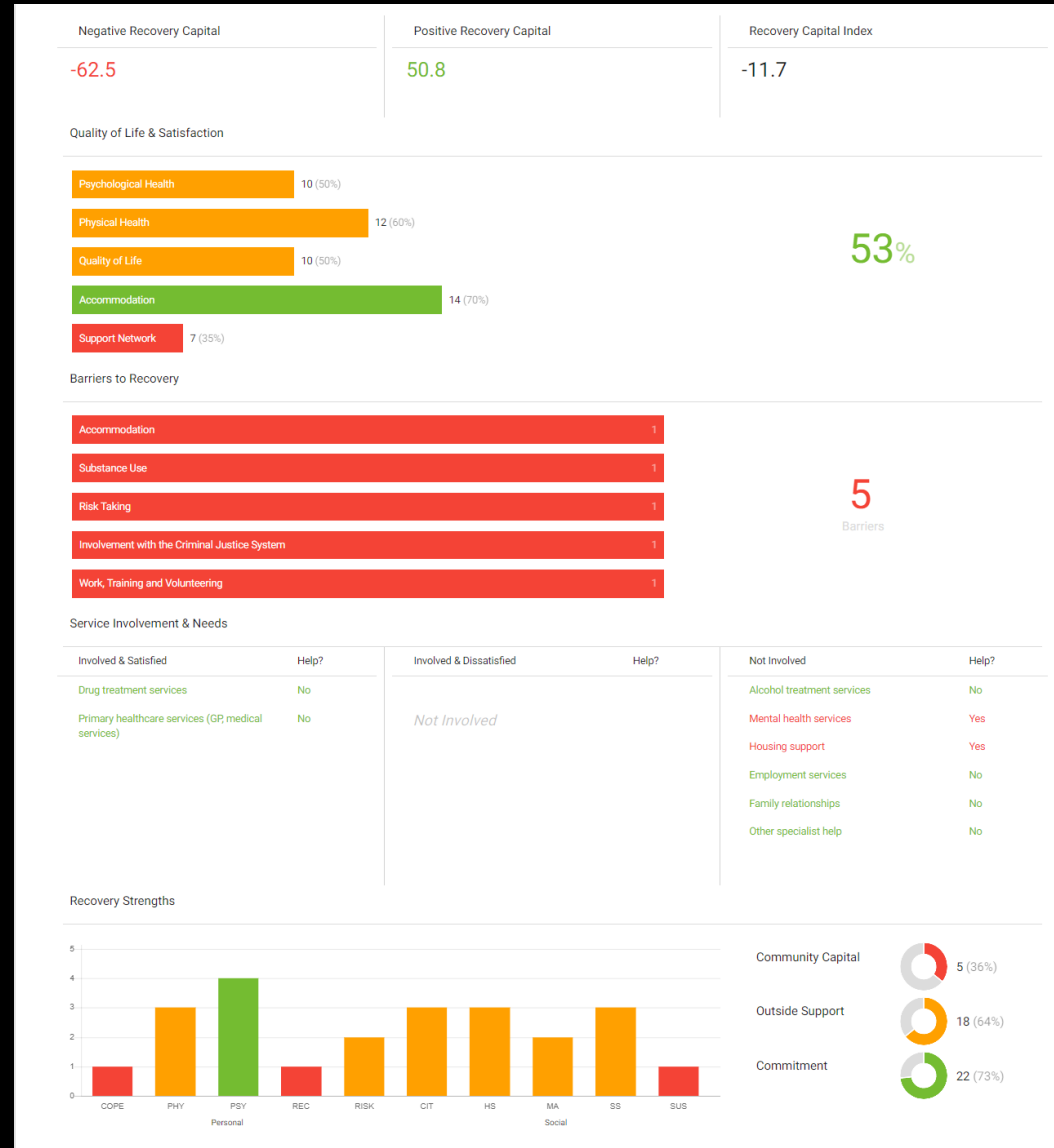
Belanger, M., Sondhi, A., Mericle, A., Leidl, A., Klein, M., Collinson, B., Patton, D., White, W., Chen, H., Grimes, A., Connor, M., DeTriquet, R. & Best, D. (2024) Assessing a pilot scheme of intensive support and assertive linkage in levels of engagement, retention, and recovery capital for people 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**

 Check for updates

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 Härd<sup>1</sup>, David Best<sup>2\*</sup>, Arun Sondhi<sup>3\*</sup>, John Lehman<sup>4</sup> and Richard Riccardi<sup>5</sup>



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](http://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<sup>a,\*</sup>, Arun Sondhi<sup>b</sup>, Amy A. Mericle<sup>c</sup>, Alessandro Leidi<sup>d</sup>, Maike Klein<sup>e</sup>,  
Beth Collinson<sup>f</sup>, David Patton<sup>g</sup>, William White<sup>h</sup>, Hao Chen<sup>i</sup>, Anthony Grimes<sup>j</sup>,  
Matthew Conner<sup>j</sup>, Bob De Triquet<sup>j</sup>, David Best<sup>k</sup>

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Identifying people with low recovery capital at admission

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

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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*



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Based on the HARP Therapeutic  
Community Model at Chesterfield  
County Jail

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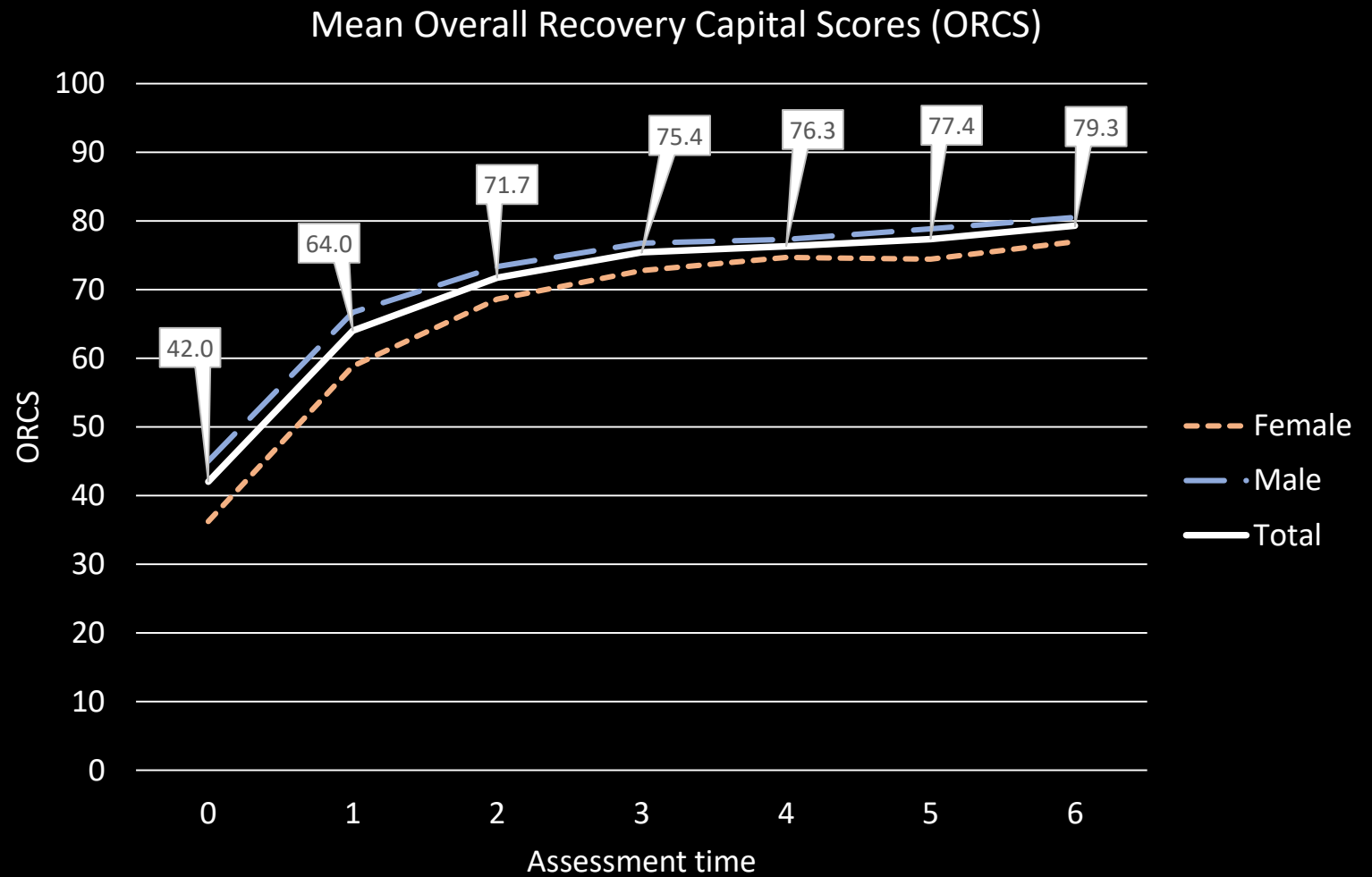
Clear evidence of recovery capital  
building in jail

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

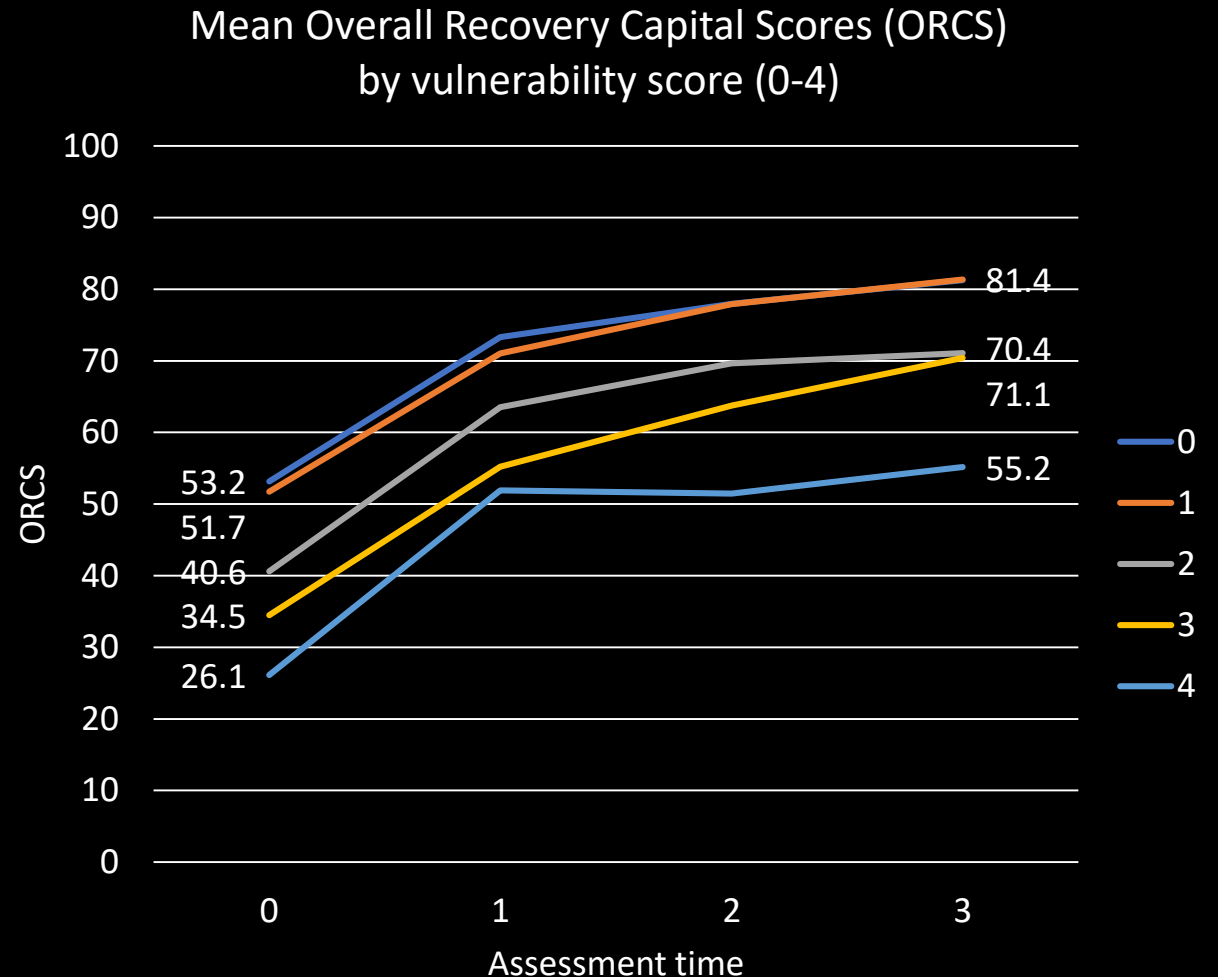
# Overall Recovery Capital Score (ORCS)

- 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**.



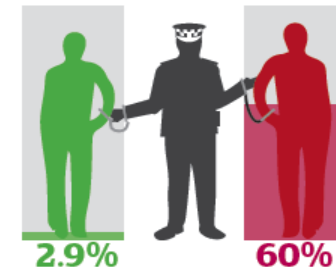
**79.4% of people in long-term recovery** have volunteered since beginning their recovery journey.



**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.







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



# RECOVERY DUBLIN



**Recovery Academy Ireland**  
Making change happen

Recovery Academy of Ireland pop-up cafe - Drug and Alcohol Information...

Images may be subject to copyright. [Learn More](#)



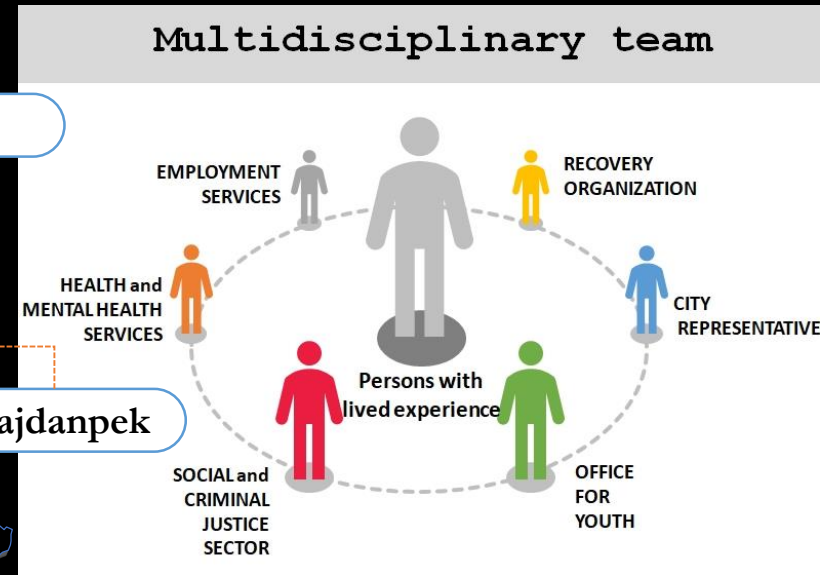
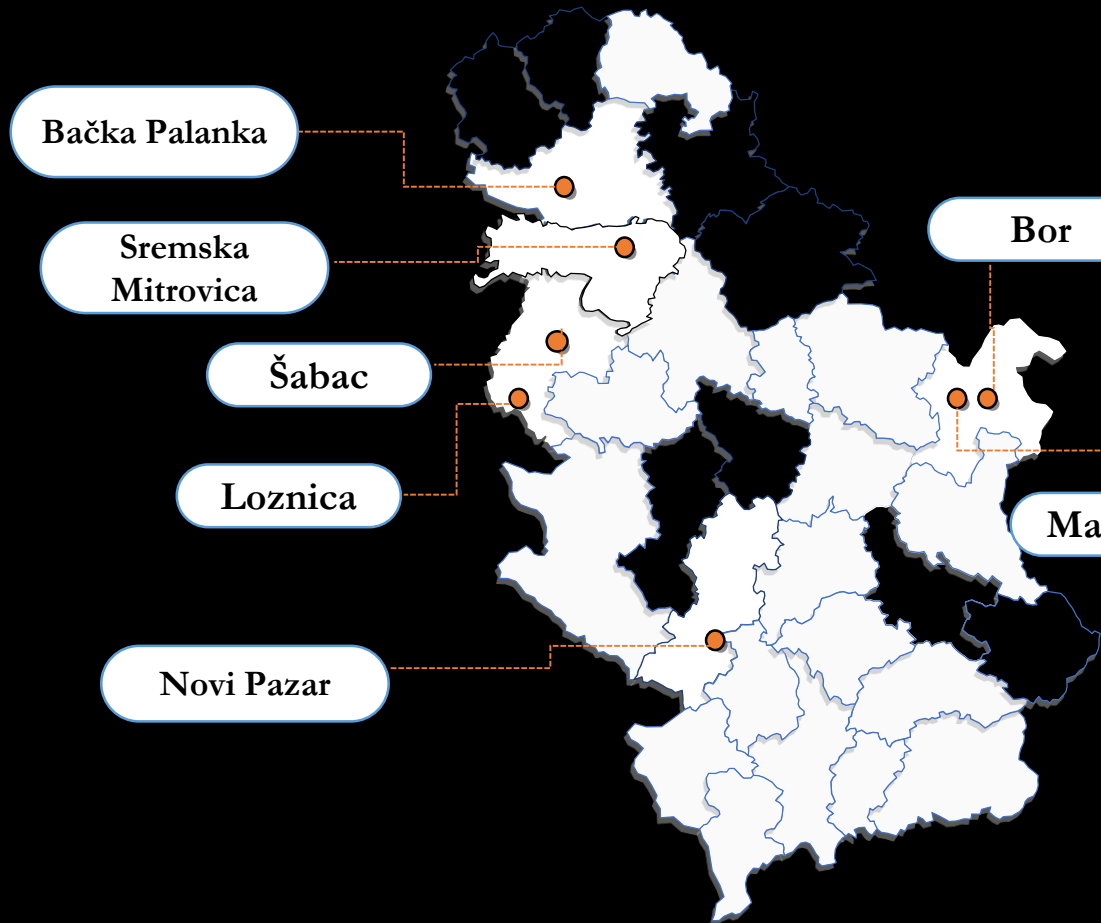
- Newcastle upon Tyne
- Nottingham
- Nottinghamshire
- Leeds
- Sheffield
- Middlesbrough
- Portsmouth
- York
- Blackpool
- Birmingham





# Serbia

2023.



# Channel 4 News

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



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## 4. Current plans and future directions

# New version of the REC-CAP

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Reduced number of items and removal of one complete scale

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Change in the open ended questions

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Re-weighting both strengths and deficits scales

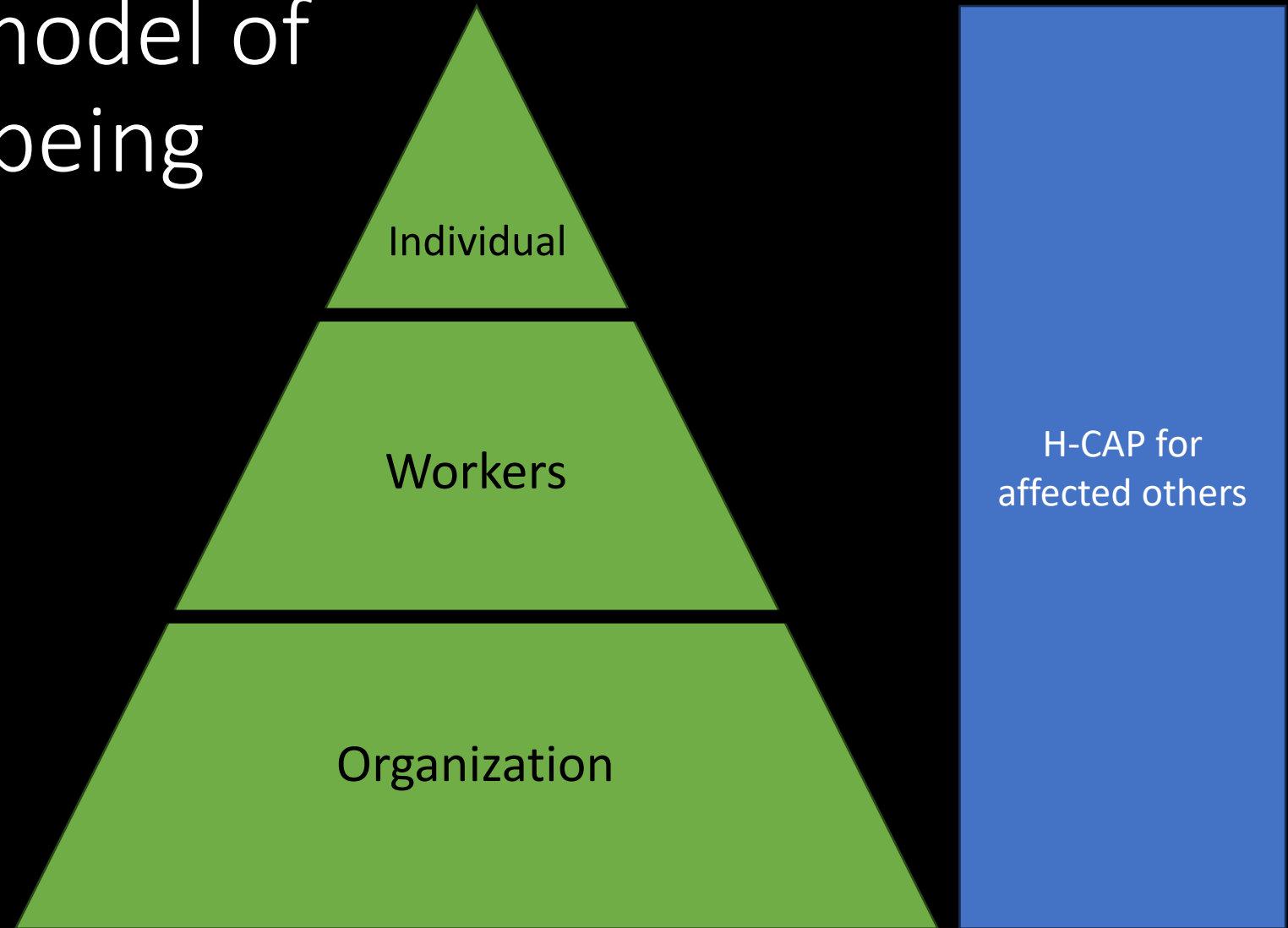
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Including the goals questions in the overall scoring matrix

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

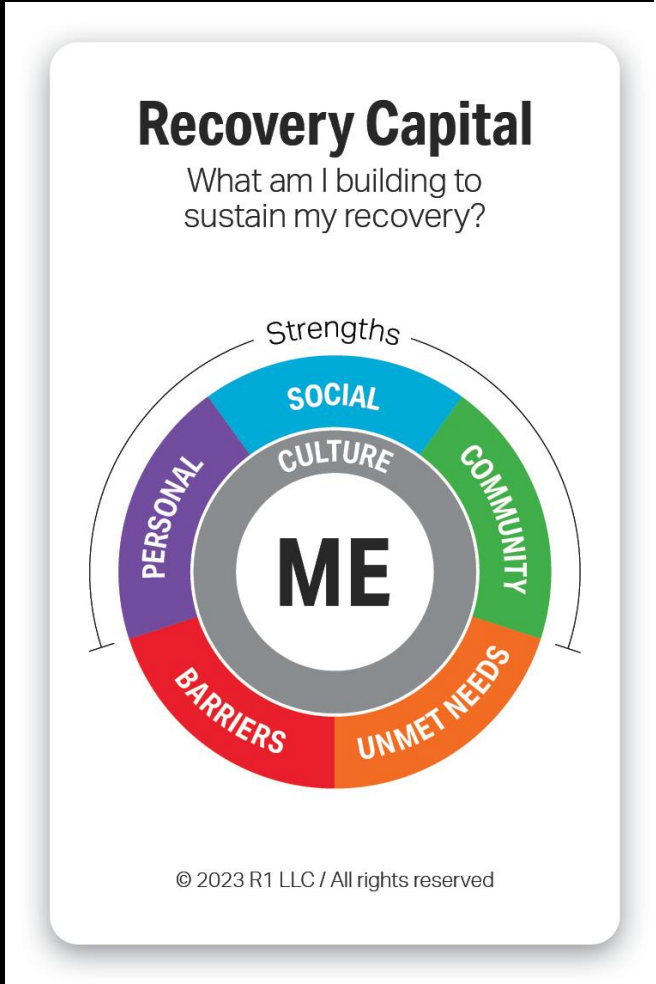
\*BARC-10 Question

**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
<b>Community Capital</b>			
Recovery Community			
25			
26			
27			
28			C1
29			
30			
31			
32			
33			
34			
35			
36			C3
			<b>Community Capital Total</b>
			CT
<b>Professionals</b>			
37			
38			
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41			
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44			
45			
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# 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 1<sup>st</sup> year vs. more)
  - Concurrent validity (other recovery capital and QoL questionnaires)
  - Discriminant validity (severity of dependence questionnaire)
  - Measurement invariance (gender)
  - Factor structure

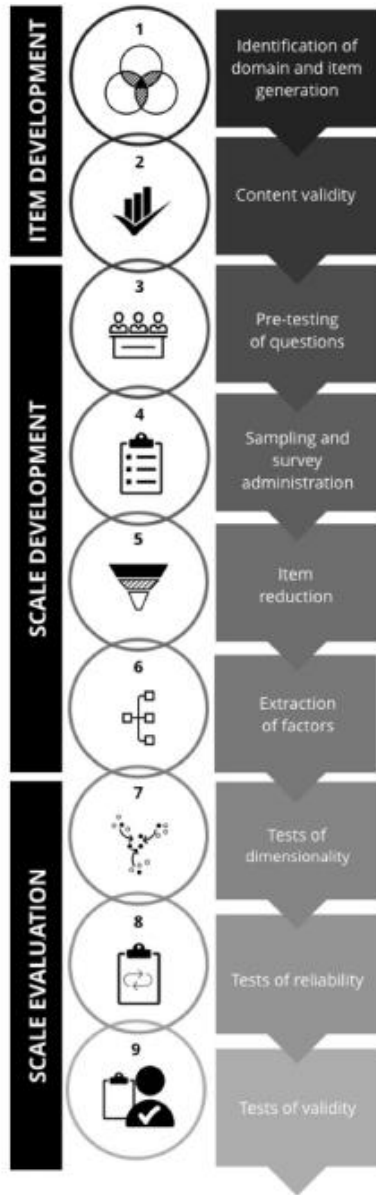
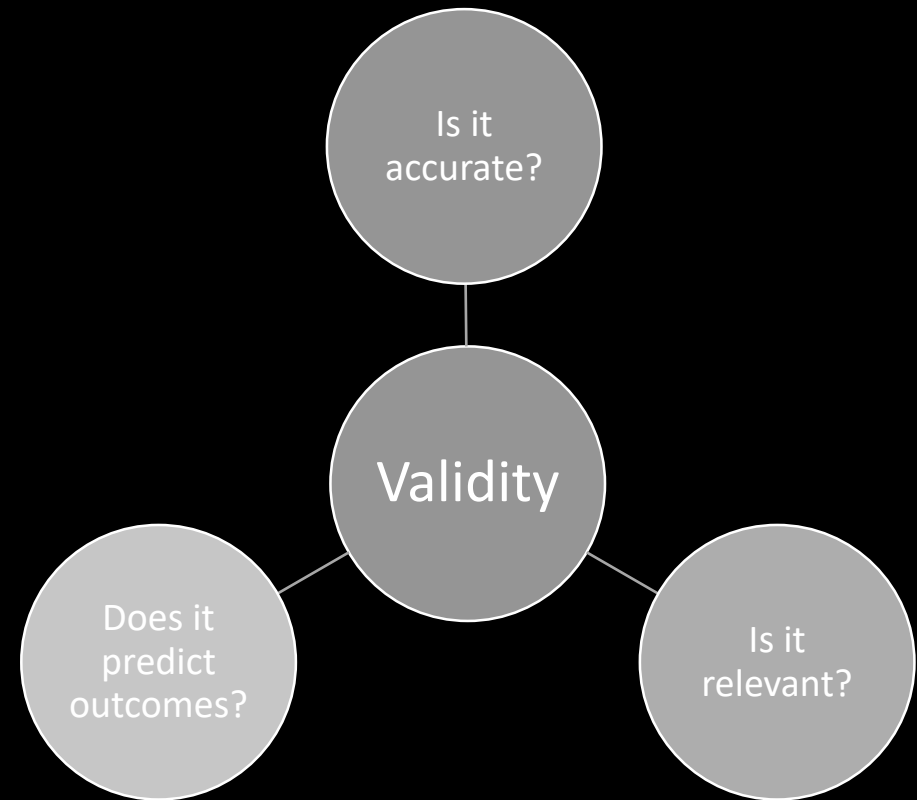
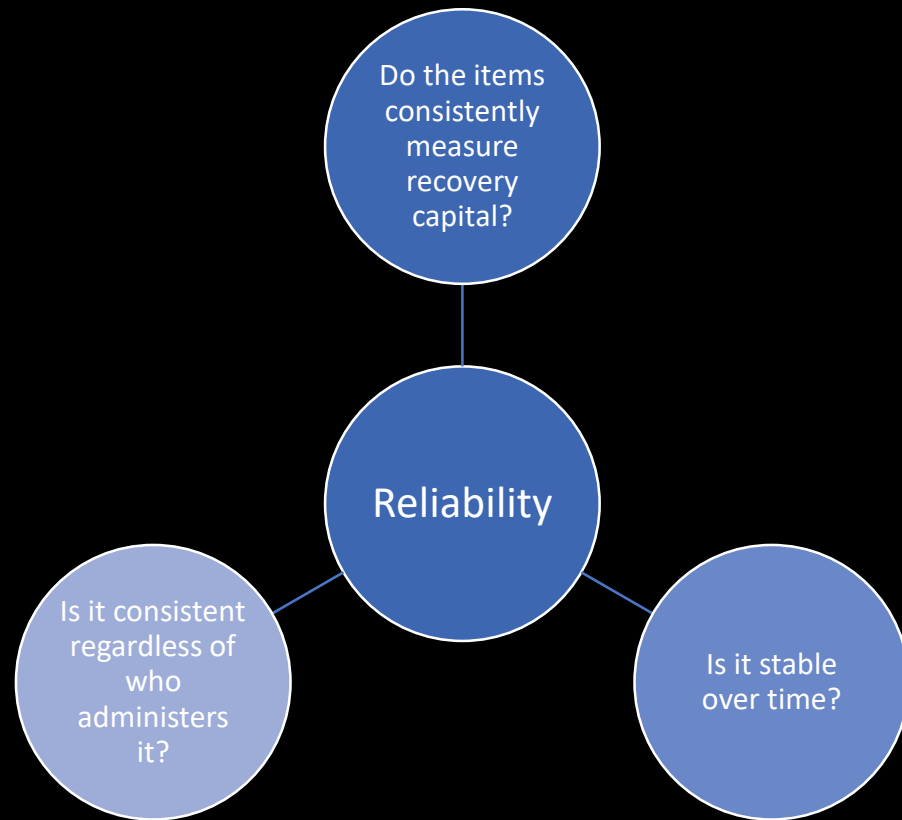


FIGURE 1 | An overview of the three phases and nine steps of scale development and validation.

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.

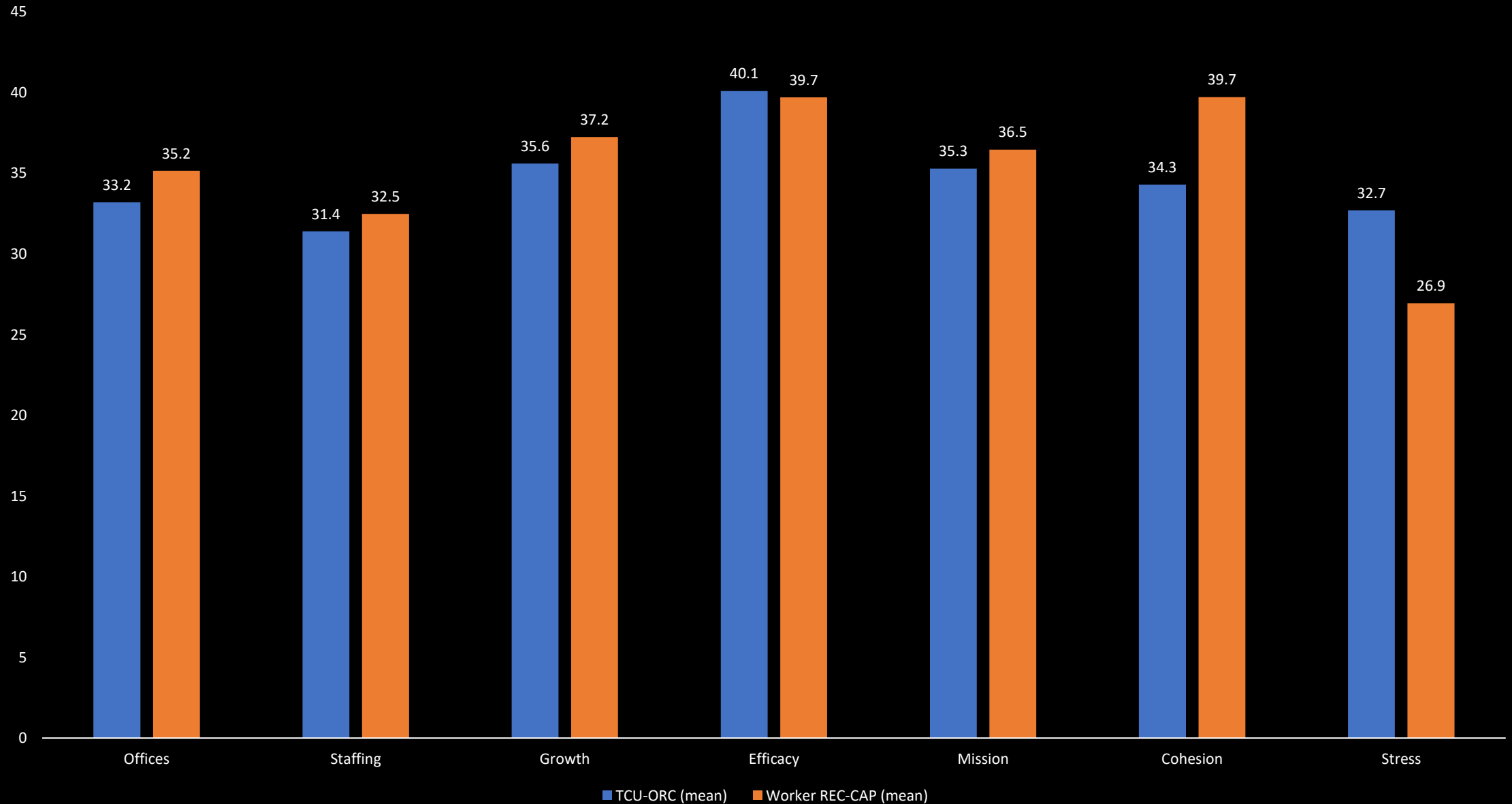
# Recovery and Employment – the RCS-60

- 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



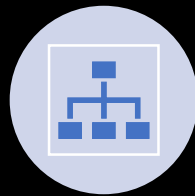
We can use this to map their needs and aspirations



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

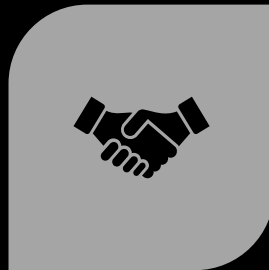


# Where are we up to?

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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