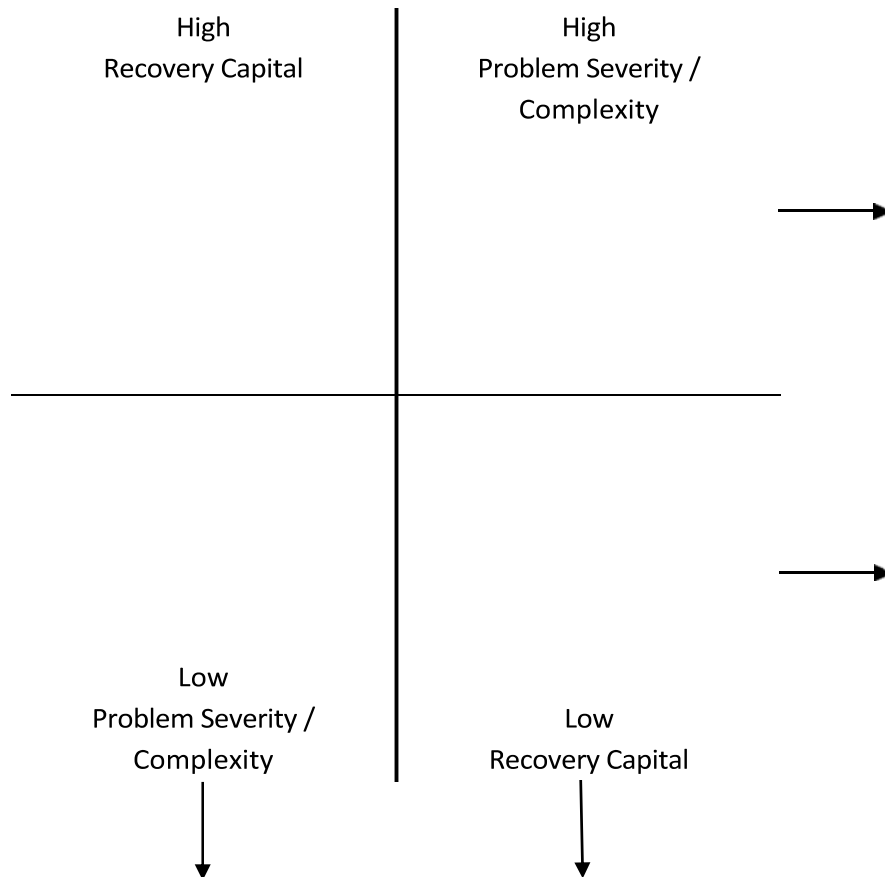


Recovery Capital Scale & Plan 121220

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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.



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 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.

References

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Recovery Capital Scale

Name: _____ Date: _____

Place a number, 1 to 5 according to the below scale, by each statement that best summarizes your situation.

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

1. I have the financial resources to provide for myself and my family..... _____
2. I have personal transportation or access to public transportation._____
3. I live in a home and neighborhood that is safe and secure....._____
4. I live in an environment free from alcohol and other drugs....._____
5. I have an intimate partner supportive of my recovery process..... _____
6. I have family members who are supportive of my recovery process._____
7. I have friends who are supportive of my recovery process._____
8. I have people close to me (intimate partner, family members, or friends) who are also in recovery._____
9. I have a stable job that I enjoy and that provides for my basic necessities. _____
10. I have an education or work environment that is conducive to my long-term recovery _____
11. I continue to participate in a continuing care program of an addiction treatment program, (e.g., groups, alumni association meetings, etc.)_____
12. I have a professional assistance program that is monitoring and supporting my recovery.._____
13. I have a primary care physician who attends to my health problems..... _____
14. I am now in reasonably good health._____
15. I have an active plan to manage any lingering or potential health problems._____
16. I am on prescribed medication(s) that minimizes my cravings for alcohol & other drugs....._____
17. I have insurance that will allow me to receive help for major health problems._____
18. I have access to regular, nutritious meals....._____

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

1 = Strongly Disagree; 2 = Disagree; 3 = Sometimes; 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 affiliations with one or more local recovery support groups....._____
- 22. I have a sponsor or a special 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. There are other people who rely on me to support their own recoveries._____
- 26. My immediate physical environment contains literature, tokens, posters or other symbols of my commitment to recovery....._____
- 27. I have recovery rituals that are now part of my daily life._____
- 28. I had a profound experience that marked the beginning or deepening of my commitment to recovery._____
- 29. I now have goals and great hopes for my future..... _____
- 30. I have problem solving skills and resources that I lacked during my active addiction._____
- 31. I feel like I have meaningful, positive participation in my family and community._____
- 32. Today I have a clear sense of who I am..... _____
- 33. I know that my life has a purpose..... _____
- 34. Service to others is now an important part of my life._____
- 35. My personal values and sense of right and wrong have become clearer and stronger in recent years._____

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

Possible Score: 175 My Total Score: _____
The items on which I scored lowest: _____
The items on which I scored highest: _____

Recovery Capital Plan

Name: _____ Date: _____

After completing and reviewing the Recovery Capital Scale, below are my recovery goals and activities for the next month. To move closer to each goal, I will increase my recovery capital by doing the following activities in the next week:

Goal # 1: _____

Activity #1: _____

Activity #2: _____

Activity #3: _____

Goal # 2: _____

Activity #1: _____

Activity #2: _____

Activity #3: _____

Goal # 3: _____

Activity #1: _____

Activity #2: _____

Activity #3: _____

Goal # 4: _____

Activity #1: _____

Activity #2: _____

Activity #3: _____