Utility of Recovery Capital In Peer Support Service Delivery and Evaluation

Background on recovery capital

Recovery capital, originally conceptualized and outlined by Cloud and Granfield in 2008, is the measure of internal and external assets that can be accessed and utilized by recoverees to initiate and sustain recovery. The first standardized measure of recovery capital, the Assessment of Recovery Capital (ARC; Groshkova, Best, & White, 2013) identified 10 primary domains within the recovery capital construct, and were answered either with a "yes" or "no", for a recovery capital score of 0-50. These 10 domains included:

- Substance use and sobriety (Social)
- Global psychological health (Personal)
- Global physical health (Personal)
- Citizenship and community involvement (Social)
- Social support (Social)
- Meaningful activities (Social)
- Housing and safety (Social)
- Risk-taking (Personal)
- Coping and life functioning (Personal)
- Recovery experience (Personal)

The original assessment, being 50 questions, took on average 45 minutes to complete and found to be difficult to use in community-based and recovery support provider settings. As such, a research team from the recovery research institute, led by Dr. Corrie Vilsaint, developed a shorter version of the assessment with an intent to capture the same useful information for both recovery support providers and recoverees.

The BARC-10

The Brief Assessment of Recovery Capital (BARC-10; Vilsaint et al., 2017) is a short, 10-item measure that examines recovery capital globally. Items were selected from the ARC for the BARC-10 using item response theory. The BARC-10 measures a unidimensional (i.e., global) construct of recovery capital across all of the original 10 domains of the ARC. On average, it takes 2-5 minutes to complete.

How the BARC-10 is used

The goal of using an assessment of recovery capital (ARC, BARC-10, etc.) is to move away from deficits-based assessment, and to strengths based identification in the service of recovery planning. The BARC-10 may be used in three primary ways:

1. Evaluating recovery support services and their effect on recovery-related outcomes
2. Informing the recovery support providers' service delivery and recoveree engagements
3. Providing a measure of progress in recovery for the recoveree

The BARC-10 questions align with the domains of recovery capital indicated from the original ARC:

1. **There are more important things to me in life than using substances**
   Domain: Substance Use and Sobriety
2. **In general I am happy with my life**
   Domain: Global Psychological Health
3. **I have enough energy to complete the tasks I set for myself**
   Domain:Global Physical Health
4. **I am proud of the community I live in and feel a part of it**
   Domain: Citizenship and Community Involvement
5. **I get lots of support from friends**
   Domain: Social Support
6. **I regard my life as challenging and fulfilling without the need for using drugs or alcohol**
   Domain: Meaningful activities
7. **My living space has helped to drive my recovery journey**
   Domain: Housing and Safety
8. **I take full responsibility for my actions**
   Domain: Risk Taking
9. **I am happy dealing with a range of professional people**
   Domain: Coping and life functioning
10. **I am making good progress on my recovery journey**
    Domain: Recovery Experience

BARC-10 Scoring

As the BARC-10 is a unidimensional measure of recovery capital, scores may range from 6-60 at any given time. Evaluation of the measure suggests that individuals who have a recovery capital score of 47 or higher are likely to reach or sustain a year or longer of recovery from substance use disorder. However, for service delivery, this may mean very little. It does provide the context though that recovery support services are intended to increase recovery capital over time.

Utility in recovery planning & long-term engagement

The open-ended service relationship that is a hallmark of peer recovery support services allows both the peer specialist and recoveree to observe documented trends in recovery capital over a potentially long period of time relative to many other service relationships within the recoverees' system of care. These week-to-week and/or month-to-month trends in measured recovery capital, and the recoverees' unique answers to the assessment, are more useful perhaps than using a single score as a predictor of recovery success probability.

For example, identifying sustained increases or decreases in recovery capital over the last three months suggests that a recoveree may benefit from more frequent peer engagement (when decrease trends are identified) or may be best served by less frequent peer engagement (when increase trends are identified). However, recoverees are the driver of how and when they engage with recovery support services, so this is merely a helpful discussion tool that the peer has at any given time.

Most importantly, from the perspective of the peer specialist, recoverees' answers to the BARC-10 questions can be used to drive more meaningful engagement and recovery planning in real-time. Sustained discussion about the multiple domains of recovery capital can serve to broaden a recoveree's conception of their recovery and the areas in their lives toward which they may want to either focus or shift attention, or which they may simply wish to not neglect. Each question of the BARC-10 (as identified above) is answered on a scale from Strongly Agree to Strongly Disagree. While not the sole source of truth, questions answered with Strongly Agree or Agree can be seen as strengths, those answered with somewhat agree or somewhat disagree as adequate, and those answered with disagree or strongly disagree as barriers.

As a numerical scale, the BARC-10 scores (ranged from 6-60) should be provided back to the recoveree each time it is taken as a measure of their progress in their recovery.

Peers should ensure that recoverees know that recovery capital is only one measure of progress, and is joined by their own feelings of progress, celebrations of goal completions of a recovery plan, recovery lengths, etc. as each is a self-defined measure of progress and success.

Maintain Assessment Fidelity

While peer specialists should seek to only minimally clarify questions while administering the assessment, answers to specific questions may be used to inform both initial recovery planning and to drive follow-up engagement conversations over time - especially when answers dramatically shift from a strength to a barrier or vice versa (i.e., discuss potential barriers, celebrate and reflect achievements).

In administering any assessment of recovery capital, peer specialists should seek to provide clear instructions prior to beginning the assessment. Instructions should outline what recovery capital is, how it may be useful as a helpful tool, the different types of questions and recovery capital domains that are included, and how to answer questions using the appropriate scale. It is important for authentic responses and data evaluation while administering the assessment, that a peer specialist is careful to avoid leading a recoveree to an answer by overexplaining any given question. It is reasonable to provide examples of what something might be, such as:

Recoveree: “What do you mean by professional people?”

Peer Specialist: “Professional people can include a range of professionals, from doctors to mechanics, and do not have to include or exclude any specific type as you think about your answer. It may be helpful to think of any professional people you interact with in your life as examples for this question ”

Recoveree: “Does taking responsibility mean I am accepting that things are my fault?”

Peer Specialist: “Oftentimes responsibility means the opportunity or ability to act independently, or acknowledging that when we do have choices, the choices we make are under our own umbrella of responsibility. For this question, you may use your own idea of what responsibility means to you.”

However guidance is offered, it should be kept brief and every attempt made to not bias the recoveree’s answers during the administration of the assessment. Following an assessment, more robust discussion is possible and encouraged.

Recovery Capital For All Individuals

As peer recovery support services continue to consistently expand in scope to serve recoverees with co-occurring disorders, primary mental health disorders, and quality of life concerns other than substance use disorders, the BARC-10 may appear at face value to be an inappropriate scale for the recovery processes for such recoverees. However, no matter what a recoveree may identify as in recovery from, 8 of the 10 questions are not concerned with substance use at all. Of the two questions which do mention the construct, neither are penalizing or otherwise implying that a recoveree has a substance use disorder. It is important in discussing the assessment that a peer specialist identifies why a question such as “I regard my life as challenging and fulfilling without the need for using drugs or alcohol” or “There are more important things to me in life than using substances” can be insightful no matter the pathway and type of recovery.

For example, a recoveree who identifies disordered eating as their primary concern and what they are in recovery from, who also answers that there is nothing more important than drugs or alcohol, is offering insight into a relationship with drugs or alcohol that may merit discussion. Additionally, as such an answer would decrease recovery capital, it is important to note - and perhaps message to the recoveree - the negative effects unhealthy relationships (i.e., irregular priorities on the use of substances as more important than anything else) with substances are likely to present as barriers to any form of behavioral health recovery.