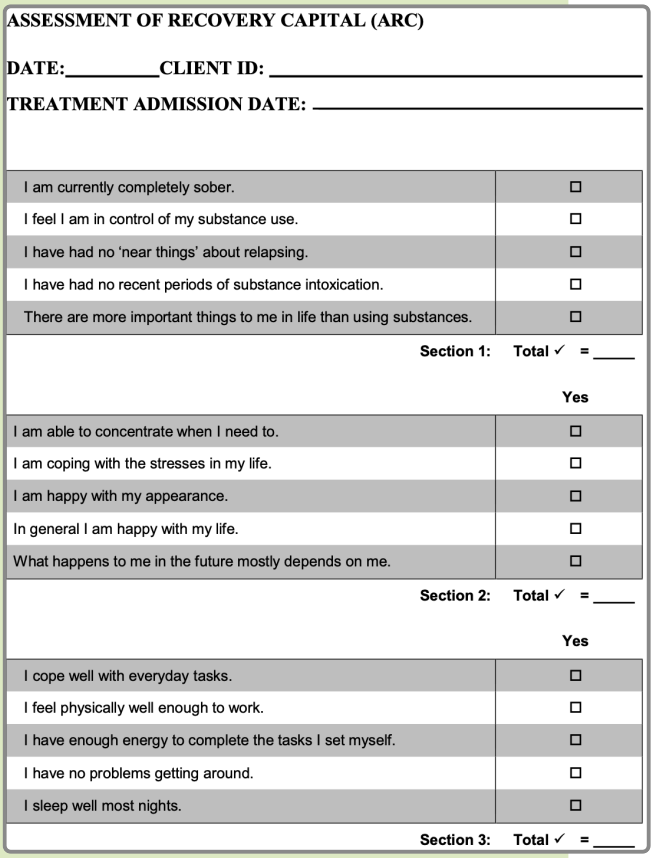
Monitoring What Matters: Recovery Capital Measurement

Recovery capital refers to the support systems and resources that enable individuals to initiate and sustain recovery from substance use[1,2], defined by Cloud and Granfield (2008) as "the quantity and quality of internal and external resources that one can bring to bear to initiate and sustain recovery from addiction." Laudet and White (2008) subsequently demonstrated that higher recovery capital prospectively predicts sustained recovery, life satisfaction, and reduced stress among people with histories of poly-substance use.

While the scientific community widely accepts that individuals with higher levels of recovery capital are more likely to sustain their recovery than those with lower levels, recovery capital is highly personalized[3]. Individuals may require different types and amounts of capital at different stages of their recovery journey. Broad domains include physical, social, cultural, and human capital, though domains vary depending on the context and assessment tool used.

The ARC assessment tool



ASSESSMENT OF RECOVERY CAPITAL (ARC)

DATE:_____ CLIENT ID: _____

TREATMENT ADMISSION DATE: _____

I am currently completely sober.	☐
I feel I am in control of my substance use.	☐
I have had no 'near things' about relapsing.	☐
I have had no recent periods of substance intoxication.	☐
There are more important things to me in life than using substances.	☐

Section 1: Total ✓ = ____

	Yes
I am able to concentrate when I need to.	☐
I am coping with the stresses in my life.	☐
I am happy with my appearance.	☐
In general I am happy with my life.	☐
What happens to me in the future mostly depends on me.	☐

Section 2: Total ✓ = ____

	Yes
I cope well with everyday tasks.	☐
I feel physically well enough to work.	☐
I have enough energy to complete the tasks I set myself.	☐
I have no problems getting around.	☐
I sleep well most nights.	☐

Section 3: Total ✓ = ____

To see additional assessment tools or to access these tools, please view the table on page 3.

We can't 'see' recovery capital any more than we can see a person's weight or temperature. But we know they exist, and scientists have developed clever ways to measure weight, temperature, and recovery capital[4]. For weight, we stand on a scale. For temperature, we use a thermometer. And for recovery capital, we use a survey. All three are instruments designed to measure something. To the extent that someone's weight puts them at risk of diabetes, or a low-grade fever poses the risk of getting much worse, so also declining or chronically low recovery capital are warning signs that often merit action. For this reason, measuring and monitoring personal recovery capital is important.

Two widely used approaches are the Assessment of Recovery Capital (ARC) and the Brief Assessment of Recovery Capital (BARC-10). The ARC is a 50-question scale covering ten domains of recovery capital[3]. Though widely used, it is time-intensive and can burden people in recovery and the staff or volunteers who administer it. For these reasons, ten items from the ARC were used to develop the much shorter BARC-10[3,]. While less comprehensive than its parent instrument, the BARC-10 is considered a reliable measure of recovery capital. It is also fast and simple to administer in the peer support settings, where many people have their first recovery capital measurement.

The Multidimensional Inventory of Recovery Capital (MIRC) was developed to measure recovery capital across the physical, human, social, and cultural domains in a diverse adult population[4]. The MIRC also has a notable advantage over the ARC and the BARC-10, which were developed on less diverse study populations[4].

White and Cloud's Recovery Capital Scale comprises 35 questions, scored on a five-point scale, that measure participants' social support, well-being, and overall access to recovery resources in their community[3]. Based on theories of how recovery capital works[5,6], this instrument is conceptually strong and freely available. It takes more time to complete, but it is a good fit for structured intake or program evaluation contexts.

Other options include the Recovery Capital Index (RCI) and the Recovery Capital Screener (RCS-36), both of which are licensed, proprietary instruments[3]. The RCI was developed for clinical settings and measures personal, social, and cultural recovery capital by using questions from validated survey instruments, including the Behavioral Risk Factor Surveillance System[3]. The RCS-36 identifies barriers and unmet needs, informs strength-based, individualized recovery planning, and is designed for use by clinicians and peer recovery coaches[3]. Practitioners considering these tools should be aware that item counts and scoring procedures may vary across editions, so it is recommended to always consult current licensing documentation before implementation.

Recently emerging methodologies for deploying the assessments listed above, such as daily diaries and ecological momentary assessments (EMAs), aim to more effectively measure variability in recovery capital. Daily diaries allow individuals to record social interactions, thoughts, and life events when it is convenient for their daily lives, which creates detailed insights into changing recovery capital and recurring deficits[3]. Ecological momentary assessments leverage smartphones to prompt brief, real-time responses from the recovery community. This enables the analysis of how recovery capital shifts within and across days in response to stressors or community events. While these approaches yield rich insights, significant barriers, such as digital literacy and participant burden, should be considered, especially in rural or under-resourced settings.

Recovery capital is unique to each individual, shaped by personal history, community context, and the stage of one's recovery journey[7]. Measuring and documenting recovery capital provides insight into a person's strengths and identifies gaps that may affect their ability to sustain recovery[3,7]. A growing number of instruments have been developed to support this work, and recovery service providers are encouraged to select assessment tools that best align with the needs, cultural contexts, and practical capacities of the populations they serve. No single instrument is optimal for every setting, so the decision about which instrument to use should reflect the available workforce, the clinical or peer support context, and whether the goal is individual care planning, program evaluation, or research.

Key Takeaway: Recovery capital is the resources and support an individual relies on to sustain their recovery. By regularly measuring and documenting recovery capital, recovery professionals can gain valuable insights into how best to support the individual throughout their recovery journey.

To read more on recovery capital please view the Recovery-Iowa.org Resource Library or view this brief!

Table: Major Recovery Capital Measurement Instruments
Recovery Capital Measurement Instruments[3,4,6,8]

Instrument	Description / Domains	Length	Quality & Psychometrics	Ease of Use	Public Access	Administration
Assessment of Recovery Capital (ARC)	Measures recovery strengths across 10 domains.	50 items	Validated; moderate test-retest reliability.	Moderate; clear items	Free	Coach/clinician administered
Brief Assessment of Recovery Capital (BARC-10)	Short form covering all ARC domains.	10 items	Validated; good reliability.	Very easy	Publicly accessible	Coach/clinician administered
Recovery Capital Scale (White & Cloud)	Self-assessment of resources.	35 items	Conceptually strong; less formal validation.	Very easy	Free	Clinician administered
Recovery Capital Assessment Plan & Scale (ReCAPS)	Self-assessment for treatment planning.	35 items	Practice-based; limited formal validation.	Very user-friendly	Free	Self-administered
Recovery Capital Index (RCI)	Measures personal, social, cultural capital.	60+ items	Externally validated multi-domain tool.	Easy digitally	Proprietary	Coach administered
Multidimensional Inventory of Recovery Capital (MIRC)	Assesses human, social, physical, cultural capital.	28 items	Reliable & valid; NIH-funded development.	Moderate; reverse scoring needed	Free	Coach administered
R1 Recovery Capital Screener (RCS-36)	36-item assessment of personal, social, community capital.	36 items	Evidence-based and validated.	Easy digitally	Licensed	Coach administered

Practitioner guidance: Selecting an instrument

Disclaimer: The following recommendations represent editorial synthesis based on the reviewed literature, primarily Bunaciu et al. (2024). They are not consensus findings and should be interpreted in light of local context, population characteristics, and available resources.

Strongest psychometric evidence (research-grade use)
The ARC (50 items) is the gold standard in the scientific literature because it is comprehensive and well-validated across multiple domains. The BARC-10 (10 items) is validated, highly efficient, and a good fit for repeated use among the same individuals (e.g., tracking changes in recovery capital). The MIRC (28 items) is a newcomer to recovery capital measurement, bringing strong psychometrics, public access, and the broadest attention to population diversity.

Strong practice-based and care management tools
The Recovery Capital Index (RCI) is externally validated and widely used in clinical settings, though its proprietary status limits access. The RCS-36 is evidence-based and integrates well with individualized care planning, but requires licensing. The ReCAPS supports clinical conversation effectively but lacks formal psychometric validation.

Best for fast clinical or peer support workflow
The BARC-10 is the fastest fully validated instrument and the most practical choice for repeated administration by peer recovery coaches. The White and Cloud Recovery Capital Scale is easy and conversational, making it well-suited to intake settings where relationship-building matters as much as scoring.

Best free, publicly accessible tools
The MIRC, ARC, White and Cloud Recovery Capital Scale, and ReCAPS are all freely available through university repositories or William White's published archive.

Most comprehensive multi-domain assessment
The RCI offers the richest data across personal, social, and cultural domains, though its proprietary status and item length make it better suited to clinical than peer support contexts.

A note on cultural validity
Practitioners serving communities of color, immigrant populations, or non-English-speaking communities are advised to review current validation literature *before* choosing an instrument. Because the MIRC was explicitly developed for diverse populations, it likely represents the best starting point for use within these communities. Instrument translations, where available, should be evaluated for conceptual equivalence rather than literal translation alone.

Other considerations
Be sure to consult with your funders to ensure that the instruments you use to measure recovery capital are supported. It is also advisable to talk with others in your professional recovery networks for advice and alignment when making these decisions. Using the same instrument as adjacent organizations enables direct comparisons of levels and trends in recovery capital.

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