

## **Partners for Change Outcome Management System (PCOMS)-informed Peer Services 170721**

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Email: [george@brauchtworks.com](mailto:george@brauchtworks.com) Website: [brauchtworks.com](http://brauchtworks.com)

Goal: Upon completion of this session, participants will articulate the peer's view of: 1) the current situation and the last week's quality of life; 2) her/his recovery capital including what has worked in the past, even if for a little while, and associated allies; and 3) immediate plans. Under no circumstances should you switch to delivering clinical, non-peer services. Instead, focus on developing your relationship's quality and connecting the peer to her/his available allies and resources including re-connecting with you soon.

Learning objectives: Upon completing this session you will be able to:

1. Briefly introduce yourself and explain your peer support role.
2. Introduce the Outcome Rating Scale (ORS) and the Relationship Rating Scale (RRS) and describe their relevance to mutually-beneficial peer relationships before administering the ORS and RRS in paper and oral forms.
3. Catalogue information about the peer's life into the four domains of the ORS.
4. Participate in performance support that stimulates your immediately experienced and cumulative career growth.

Materials: Click on the link to download.

1. [Outcome Rating Scale \(ORS\), Relationship Rating Scale \(RRS\) and Oral PCOMS Scripts](#)
2. [Self-completed Overview of Recovery Experience \(SCORE\) Board](#)
3. [Peer Reception Or Beginning Empowerment \(PROBE\) form](#)
4. [Individual Recovery Check-in – Peer and form](#)
5. [Recovery Action and Progress Group Handout](#), [Facilitator Guidelines](#) and [Checklist](#)
6. [Relationship Enhancement Skills: PINK OARSI](#)
7. [PCOMS Performance Support Guide](#) and [spreadsheet](#)
8. [Recovery Capital Assessment Plan and Scale \(ReCAPS\)](#)

Notes, reflections, doodles, top three takeaways, etc.:



## Outcome Rating Scale

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

Who is filling out this form? Please check one: Self  Other

If Other, what is your relationship to this person? \_\_\_\_\_

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

Examination copy only. Download the free scales at [www.heartandsoulofchange.com/measures](http://www.heartandsoulofchange.com/measures).

### Individual (Personal well-being)

I-----I

### Interpersonal (Family, close relationships)

I-----I

### Social (Work, school, friendships)

I-----I

### Overall (General sense of well-being)

I-----I

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## Relationship Rating Scale

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Examination copy only. Download the free scales at [www.heartandsoulofchange.com/measures](http://www.heartandsoulofchange.com/measures).

Please rate this relationship's change potential by placing a mark on the line nearest to the description that best fits your experience.

I did *not* feel understood, respected or validated.

I felt understood, respected, and validated.

### Relationship

I-----I

We did *not* work on or talk about what I wanted to work on or talk about.

We worked on or talked about what I wanted to work on or talk about.

### Goals and Topics

I-----I

I did *not* feel supported and encouraged in my change efforts; the role was not a good fit.

I felt supported and encouraged in my change efforts; the role was a good fit.

### Supportive/ Encouraging Role

I-----I

Overall, this relationship may not be the best one for my change efforts.

Overall this relationship is right for my change efforts.

### Overall

I-----I

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## Group Relationship Rating Scale

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Examination copy only. Download the free scales at [www.heartandsoulofchange.com/measures](http://www.heartandsoulofchange.com/measures).

Please rate today's group by placing a mark on the line nearest to the description that best fits your experience.

I did *not* feel understood, and/or respected by the leader and/or the group.

### Relationship

I felt understood, respected, and validated by the leader and the group.

I-----I

We did *not* work on or talk about what I wanted to work on or talk about.

### Goals and Topics

We worked on or talked about what I wanted to work on or talk about.

I-----I

I did *not* feel supported and encouraged in my change efforts; the role was not a good fit.

### Supportive/ Encouraging Role

I felt supported and encouraged in my change efforts; the role was a good fit.

I-----I

Overall, this relationship may not be the best one for leader was right for my change efforts.

### Overall

Overall today's group and leader was right for my change efforts.

I-----I

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# Self-Completed Overview of Recovery Experience (SCORE) Board: Name: \_\_\_\_\_

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**Briefly describe your WHAM goals & task(s) in the column on the right. In the bottom row, ✓ when a goal is accomplished.**

\*Interaction Types: Individual (face-to-face), Group, Phone, Electronic video, Text, Other

Interaction # & Type*	1__	2__	3__	4__	5__	6__	7__	8__	9__	10__	11__	12__	13__	WHAM Goal # _____:
Date														
Re-arrest Risk (0-10)														Tasks = What:
Outcome Rating Scale (ORS, 0-40)														How Much:
Craving/Challenge Rating (0-10)														How Often:
Session/Relationship/Group Session Rating Scale (0-40)														When:

Write an "O" in the column below to show each of your ORS scores.

40														When:
35														Adult SRS/GSRS/RRS Clinical Cutoff = 36
30														Adult ORS Clinical Cutoff = 25
25														WHAM Goal # _____:
20														Tasks = What:
15														How Much:
10														How Often:
5														When:
0														
	WHAM Goal # _____													
	WHAM Goal # _____													
	WHAM Goal # _____													



### Peer Reception or Beginning Empowerment (PROBE) 160718

Goal: Articulate the peer's: 1) view of the current situation; 2) recovery capital including what has worked in the past, even if for a little while, and associated allies; and 3) immediate plans. Under no circumstances should you switch to delivering clinical, non-peer services. Instead, facilitate the peer connecting to available allies.

Peer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ # \_\_\_\_\_

Interaction Location: Hospital  ER  Crisis Stabilization Unit  WL  Jail/Prison  Other: \_\_\_\_\_

By: \_\_\_\_\_ Mode: In-person  Phone  Text  E-meeting  Other: \_\_\_\_\_

Contact Date: YYMMDD: \_\_\_\_\_ Start and End Times: \_\_\_\_\_

Permission Received to Contact Allies: None  or List w/Relationship: \_\_\_\_\_

*Remember, PINK OARSI. Be sure to enter this interaction's ORS, Craving/Challenges, and RRS ratings into a SCORE Board. Optional: Complete a Peer Demographics form either towards the end of or after this interaction.*

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- I. Greet peer, explain your peer role and agency mission in less than 2 minutes and ask: *How are you?*
- II. Outcome Rating Scale: Individual: \_\_\_\_\_ Interpersonal: \_\_\_\_\_ Social: \_\_\_\_\_ Overall: \_\_\_\_\_ Total: \_\_\_\_\_  
ORS Clinical Cutoff = Adult: 25; Adolescent = 28, Child = 32
- III. Current Craving or Challenge Rating: 0-10: \_\_\_\_\_  
**0** = No thoughts about using AOD/physical or mental challenges; **10** = Used AOD/challenges surfaced  
Primary reason(s) for seeking service today:
- IV. Review immediate plans and potential allies. Explore ambivalence(s) about what lead to the current situation and respond to change talk.
- V. Outline available peer resources and extend an invitation. Check the ones that are of interest:  
Individual recovery check-ins  Recovery Group  Other:
- VI. Relationship Rating Scale: Val: \_\_\_\_\_ Goals/Top: \_\_\_\_\_ Sup/Enc: \_\_\_\_\_ Overall: \_\_\_\_\_ Total: \_\_\_\_\_  
What would make our next interaction more useful? \_\_\_\_\_ RRS Clinical Cutoff = 36
- VII. Next Check-In: Day: \_\_\_\_\_ YYMMDD: \_\_\_\_\_ Time: \_\_\_\_\_ Via: I  P  T  E  O   
Also discuss next treatment, court/supervision or other appointments/meetings.  
Expected institutional discharge date:
- VIII. Assist peer in summarizing this interaction's main topics and the peer's upcoming tasks/activities



## Recovery Check-in Overview 160715

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Goal: Provide assertive continuing care interactions before, during and after treatment - research shows that these contacts improve the likelihood of sustained, meaningful engagement in treatment and long-term recovery. May occur while peers/clients are on waiting lists, between appointments or groups, and as follow-ups to no-shows. Also serves as a reminder of the next scheduled treatment or other social service appointment thereby reducing no-shows while also promoting timely resource utilization and recovery community integration.

Frequency: Best determined by each peer/client and her/his needs. Suggested minimums:

**First month:** once a week; **Second month:** once every 2 weeks; **Months 3+:** once a month

Eight Step Recovery Check-Ins. Topics brought up by the peer/client take precedence over any pre-determined outline. Use PINK OARSI.

1. **Acknowledge peer**, introduce yourself and clarify your role, then ask:  
**What's right with you?**
2. Complete the Outcome Rating Scale (ORS)
3. Discuss the **Craving/Challenges Rating** = primary reason(s) for seeking service
4. Discuss progress made since last check-in on the **Recovery Capital Assessment Plan and Scale (ReCAPS)** or **Whole Health Action and Management (WHAM)**
5. Complete the Session/Relationship Rating Scale (S/RRS) and discuss what will make the next interaction more useful
6. **Schedule** the next Recovery Check-In **and remind or assess commitment** to attend the next treatment/other appointment
7. **Summarize** major **topics and** next week's **activities/goals** as stated by the participant
8. If not completed during the check-in, **transfer to the (SCORE) Board:** ORS, Craving/Challenge Rating, and S/RRS ratings.

Additional Recovery Check-In materials available at <http://brauchtworks.com/toolkit>:

1. Recovery Capital Assessment Plan and Scale (ReCAPS)
2. Self-completed Overview of Recovery Experience Board (SCORE Board)
3. Recovery Check-in Form
4. Recovery Check-in Practice Guide: Initial Telephone Contact
5. Whole Health Action and Management (WHAM) Facilitator Guide

### References

1. Duncan, B. (2005). *What's right with you: Debunking dysfunction and changing your life..* Deerfield Beach, FL: Health Communications. Peer and professional versions of the ORS, SRS and RRS are available free at [www.heartandsoulofchange.com](http://www.heartandsoulofchange.com).
2. Mid-America Addiction Technology Transfer Center. (2008). *The Arkansas continuing care program telephone monitoring and adaptive counseling – clinician manual*. Kansas City, MO: Author.
3. Scott, C. K. & Dennis, M. L. (2003). *Recovery Management Checkups: An Early Re-Intervention Model*. Chicago, IL: Chestnut Health Systems.



### Recovery Check-In 160715

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Name: \_\_\_\_\_ # \_\_\_\_\_

Next Treatment or Other Appointments/Meetings: None known

Program/Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Program/Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Check-In By: \_\_\_\_\_ Where You Are: \_\_\_\_\_

Attempts: Date [YYMMDD]; Time [HHMM]; Type (Call, In-person, Text, E-meeting, Other: [Specify])

#1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_ #4: \_\_\_\_\_

Contact Date: \_\_\_\_\_ Start and End Times: \_\_\_\_\_ Type: \_\_\_\_\_

*Enter this interaction's ORS, Craving/Challenges, and S/RRS ratings in the SCORE Board.*

\*\*\*\*\*

- I. Acknowledge peer/client and, if needed, clarify your role then ask: What's right with you today?
  
- II. Outcome Rating Scale: Individual: \_\_\_\_\_ Interpersonal: \_\_\_\_\_ Social: \_\_\_\_\_ Overall: \_\_\_\_\_ Total: \_\_\_\_\_  
 ORS Clinical Cutoff = Adult: 25; Adolescent = 28, Child = 32
  
- III. Craving/Challenges Rating: Primary reason(s) for seeking service: \_\_\_\_\_  
**0** = No thoughts about AOD/challenges; **10** = Used AOD/challenges surfaced
  
- IV. Review Recovery Capital Assessment Plan and Scale, Whole Health Action and Management (WHAM) and/or Treatment Plan progress since last check-in
  
- V. Session/Relationship Rating Scale: Rel: \_\_\_\_\_ Goals/Top: \_\_\_\_\_ Sup/Enc: \_\_\_\_\_ Overall: \_\_\_\_\_ Total: \_\_\_\_\_  
 What will make the next interaction more useful? S/RRS Adult Clinical Cutoff = 36
  
- VI. Next Check-In: Day: \_\_\_\_\_ YYMMDD: \_\_\_\_\_ Time: \_\_\_\_\_ **C  I  T  E  O**   
 Discuss next treatment or other appointments/meetings
  
- VII. Assist peer/client to summarize main topics discussed during this interaction and upcoming tasks/activities





## Relationship Enhancement Skills: PINK OARSI

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### References:

- Miller, W. R., & Rollnick, S. (2012, 3<sup>rd</sup> ed.) *Motivational interviewing: Preparing people for change* (3<sup>rd</sup> ed.). New York: Guilford.
- Patterson, K., Grenny, J., McMillian, R. & Switzler, A. (2012, 2<sup>nd</sup> ed.). *Crucial conversations: Tools for talking when the stakes are high*. New York: McGraw Hill.
- Rosengren, D. B., (2009). *Building motivational interviewing skills: A practitioner workbook*. New York: Guilford.

PINK: **P**practice **i**ntentionally **n**ot **k**nowing (curiosity) with OARSI

### Open-Ended Question

No more than two questions in a row; Express concern, interest, puzzlement, etc.; Who, What, When, Where, How and maybe Why

“How’s your week been?”

“Who helped you get to the office today?”

“What is important to you that we talk about now?”

“The next step for improving your health and well-being is what?”

“What do you think we should do now?”

“And what else?”

- Key question: Use to move from building motivation for change to developing, implementing, and maintaining a change plan

### Affirmation/validation

May or may not be phrased as questions; Builds feelings of empowerment and self-efficacy in the other person, a “can do” attitude; Instills hope and the belief that the other person can change or already has changed; Re-orient to the resources that the other person has available; be sure it is based on **observed** strengths or character

“You stayed sober last weekend” instead of, “You managed to avoid using”

“What did you do to pay all your bills this month?”

“Given your experiences, it makes sense that you are concerned about seeing me today. It must have taken a lot of determination to get here.”

- Begin with “You...” not “I”
- More than reflections, affirm appreciation of the other person and identify strengths
- Focus on specific observed behaviors instead of attitudes, decisions or goals
- Describe behaviors, leave out the evaluations
- Attend to solutions instead of problems
- Attribute interesting qualities to the other person
- Nurture a competence instead of a deficit view of people
- Focus on a strength or attribute, not the lack of something





## Reflection/Paraphrase

Make statements instead of asking questions

“You think (or feel)...,”  
 “You’re wondering if...,”  
 “So you feel (or think)...,”  
 “You mean that...,”  
 “Sounds like you ...”

- Varying the depth deepens or raises the intimacy level – match the situation: surface level at the beginning and end, and when struggling to control emotions
- Generally, make two reflections to after every question; more than two questions in a row tends to make the other person passive

## Summary

Succinct, clear statements that organize what’s been said; highlight change talk and contrast ambivalence stated previously or in the moment; serves to: 1) collect and organize a series of statements, 2) link the pros and cons of change or something said previous with a current statement, or 3) transitional to a new topic or to move from Phase I - building motivation - to Phase II developing, implementing and maintaining a change plan; **always** end with a summary by you and/or the other person(s): “What are your takeaways or next steps?” (O)

- Use ‘and’ not ‘but’

## Information giving

“What others who I know that are similar to you have found useful that you may want to consider is...”

“The research on this suggests...”

- Use OARS first
- Ask for permission if a specific request has not been made
- Share multiple ideas/resources as potential options
- State how you feel and what you need in this mutually beneficial relationship
- Use 3<sup>rd</sup> person references; add your experience if clarification needed
- Discuss interest, confidence and commitment levels



## Relationship Enhancement Skills: PINK OARSI

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Interaction Analysis by: \_\_\_\_\_ Date: \_\_\_\_\_

With: \_\_\_\_\_ Location: \_\_\_\_\_ Recording #: \_\_\_\_\_

Type	Description	Number
<u>O</u> pen-ended question	Express curiosity, interest, concern, etc.; Who, What, When, Where, How and maybe Why	
Closed question	Solicit a simple, short answer, often “Yes”, “No” or specific information	
<u>A</u> ffirmation/Validation	Build feelings of empowerment and self-efficacy – may or may not be questions; be sure it is based on <b>observed</b> strengths or character	
<u>R</u> eflection/Paraphrase	Stay “within an inch” of what the other person has said	
Simple	Repeat the other person’s words or phrases; communicate attention, following and interest	
Complex	Extend what the other person has said; cognitively reframe the content or reflect the emotion expressed, infer greater meaning; move the conversation forward	
Amplified	Over- or under-state an absolute statement to ensure this is an accurate statement or prompt re-considering a statement; avoid sarcasm - typically leads to anger or a counter-argument	
Double-sided	Highlight both sides of an issue; Use “and” not ‘but’: “on the one hand... and on the other...”	
Metaphor	Move beyond stated content; provide a new framework or model for understanding what was said; if the metaphor is familiar to the other person, may introduce an organizational scheme for incorporating new information/observations	
<u>S</u> ummary	Succinct; organize what’s been said; highlight change talk and contrast ambivalence stated in the moment or previously; transition to new topic or focus; <b>always</b> end with a summary by you and/or the other person(s): “What are your takeaways or next steps?” (O)	
<u>I</u> nformation-giving	<b>Use OARS first</b> ; ask for permission; use 3 <sup>rd</sup> person references - add personal experience if clarification needed; share as potential options; state how you feel and what you need for this to be a mutually-beneficial relationship; discuss interest, confidence and commitment levels	



Relationship Enhancement Skills: PINK OARSI

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Affirmation and Validation Practice

1. Stephan tests positive for cocaine, the second time in two months. At first he denies using, saying that yesterday he was he was around some friends who were smoking it. He then admits that he snorted “one little line” just to fit in and it seems to help him sleep without getting the sweats. Says he’ll come in for urine tests 3-4 times a week to help him not use again because he’s tired of getting locked up for it.

Strengths:

Affirmation: You are someone who...

2. Bobby, a 24 year old, stands before the Parole Board member for the second time in 3 years after being arrested for possession of marijuana. He was hanging out with a group of his homeless friends when some college students started haggling about the price of the pot. He jumped in and a brawl ensued. As the police broke up the fight, a bag of weed fell out of his pocket. He is rude and disrespectful toward you and the Board member.

Strengths:

Affirmation: You are someone who...

3. Jody arrives on time as usual driving a spotless truck. “Everything is going fine but I’m tired from working 10 days straight.” You then see that for the third time the money order to pay your fee has an incorrect amount.

Strengths:

Affirmation: You are someone who...



Relationship Enhancement Skills: PINK OARSI

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Affirmation and Validation Practice (cont.)

4. Truly says, “I partied hardy” after getting released from jail yesterday. She knows it was a violation of her contract and is fed up with everyone reminding her of it because it helped her “blow off some steam.” Says she’s now made up her mind to stop using. Her plan is to find a job and “stay focused.”

Strengths:

Affirmation: You are someone who...

5. As you were standing at the door of George’s house about to knock you hear George swear at his wife and scream, “leave me alone woman!” George is a “man’s man” who works hard to pay his child support and all other bills every month. He cooks in several restaurants and is proud of his reputation as someone who doesn’t take crap off of anyone, including his boss and his wife. When she complains about him being distant, he says he doesn’t know what she means. He is pissed because she’s constantly nagging him and insisting that they talk more. He listens to her talking to you without saying a word. Then he says that he tells her he loves her often, buys her flowers, watches her froo-froo TV programs sometimes, and does his “honey do” list every weekend.

Strengths:

Affirmation: You are someone who...



## Appreciative PCOMS Performance Support Guide

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- I. Four Steps to Appreciative PCOMS Performance Support for currently experienced and cumulative career growth
  - A. **Start** by looking at all graphs or lists of client/peer ORS scores. **Job One:** ensure valid use of the measures & data integrity (II.A. below)
  - B. **Spend** the most time on **at-risk clients/peers:** shape discussion and brainstorm options; look for over-utilization
  - C. **Review** stats on the three key performance indicators (II. below); discuss ways to improve; Engage in **reflection then action**
  - D. **Mentor** for **skill building**, client/peer teachings & ongoing reflections
  
- II. Three Key Performance Indicators
  - A. Valid initial Outcome Rating Scale (ORS); Duncan, 2014
    - ➔ 35+: Invalid initial score – why come to see you?
    - ➔ ORS average, 500,000+ administrations: 18-20
    - ➔ Goal: Less than 1/3<sup>rd</sup> over the Clinical Cutoff (25, 28, 32)
  - B. Reliable change index (RCI\*)
    - ➔ 6+ point increase from the initial ORS
  - C. Clinically significant change index (CSCI\*)
    - ➔ 6+ point increase and cross the Clinical Cutoff

\*Jacobson, N. S., Roberts, L. J., Berns, S. B., & McGlinchey, B. (1999). Methods for defining and determining clinical significance of treatment effects: Description, application, and alternatives. *Journal of Consulting and Clinical Psychology*, 67, 300-307.

\*Jacobson, N. S., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology*, 59, 12-19. & Jacobson et al, (1999)



## **Appreciative PCOMS Performance Support Guide**

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### III. An Appreciative PCOMS Performance Support Conversation Regarding At-risk Peers/Clients

- A. What does the client/peer say?
- B. Is the client/peer engaged? What do the ORSs/SRSs/GSRSs suggest?
- C. What have you done differently?
- D. What can be done differently now?
- E. What other resources can be rallied?
- F. Is it time for a planned transfer/collateral referral discussion?

### IV. Available Appreciative PCOMS Performance Supports

- A. Reflection and self-assessment: PCOMS Report; identify challenges and successes
- B. Peer support: who is doing what that produces better results per the key performance indicators?; discuss challenges & celebrate successes (DCACS)
- C. Quality improvement visits: proficiency feedback, DCACS, and professional development plan
- D. Performance support webinars: PCOMS Reports; DCACS

### V. Start today!

- A. Use the PCOMS Performance Support Spreadsheet  
[brauchtworks.com/toolkit](http://brauchtworks.com/toolkit)
- B. Engage in peer performance support
- C. Seek consultation: [george@brauchtworks.com](mailto:george@brauchtworks.com)



## Recovery Capital Assessment Plan and Scale (ReCAPS) 160717

Robert Granfield and William Cloud introduced “recovery capital” and defined it 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 within the same individual at multiple points in time consisting four components.

**Social capital** is the sum of resources that each person has as a result of relationships, and includes both support from and obligations to groups to which they belong; thus, family membership provides supports but also entail commitments and obligations to the other family members. **Physical capital** is the tangible assets such as property and money that may increase recovery options (e.g., being able to move away from existing friends/networks or to afford an expensive detox service). **Human capital** includes skills, positive health, aspirations and hopes, and personal resources that enable the individual to prosper. Traditionally, high educational attainment and high intelligence have been regarded as key aspects of human capital that may help with some of the problem solving that is required on a recovery journey. **Cultural capital** includes the values, beliefs and attitudes and rituals that link prosocial identity to social conformity and the ability to accommodate dominant social behaviors

White and Cloud (2008) proposed that recovery capital interacts with problem severity to shape the intensity and duration of supports needed to achieve and sustain recovery. This interaction informs the intensity or level of care one needs in terms of professional treatment and the intensity and duration of post-treatment recovery support. The figure below suggests how combinations of problem severity and recovery capital could differ.

High Recovery Capital	High Problem Severity /Complexity	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 support groups and a moderate level of ongoing supervision, the latter may require a higher intensity of treatment, greater enmeshment in one or more recovery cultures (e.g., placement in a recovery home, greater intensity of mutual support involvement, involvement in recovery-based social activities), and a more rigorous level of ongoing monitoring and supervision.
Low Problem Severity /Complexity	Low Recovery Capital	

Clinical addiction assessment instruments do a reasonably good job of evaluating problem severity and complexity (e.g., co-occurring medical/psychiatric problems) while few instruments measure recovery capital. The scale on the following pages is intended as a self-assessment instrument to help an individual measure her or his recovery capital. The scale can be completed and discussed in an interaction and/or it can be completed by the individual and then discussed with a professional or peer helper. Subsequent reviews and modifications of the assessment and plan can be used to track progress.

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## References and Additional Resources

- Best, D., Edwards, M., Mama-Rudd, A., Cano, I., & Lehman, J. (2016, November 1). Measuring an individual's recovery barriers and strengths. *Addiction Professional Magazine*, <http://www.addictionpro.com/article/special-populations/measuring-individuals-recovery-barriers-and-strengths>.
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### Recovery Capital Assessment Plan and Scale (ReCAPS) 160716

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Place a number at the end of each statement reflecting your current situation according to:

**1** = Strongly Disagree; **2** = Disagree; **3** = Sometimes Agree; **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 that is free from alcohol and other drugs.....\_\_\_\_\_
5. I have an intimate partner who supports my recovery process.....\_\_\_\_\_
6. I have family members who support my recovery process.....\_\_\_\_\_
7. I have friends who support my recovery process. ....\_\_\_\_\_
8. I have people close to me (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 participate in continuing care that is part of an addiction treatment program, (e.g., outpatient groups, alumni association meetings, etc.) .....\_\_\_\_\_
12. I have a professional assistance program that monitors and supports my recovery process.....\_\_\_\_\_
13. I have a primary care physician who attends to my health condition.....\_\_\_\_\_
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.....\_\_\_\_\_
17. I have insurance that allows me to receive help for major health problems.....\_\_\_\_\_
18. I have access to regular, nutritious meals.....\_\_\_\_\_

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

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George S. Braucht, LPC & CPCS: [brauchtworks.com/toolkit](http://brauchtworks.com/toolkit)

1 = Strongly Disagree; 2 = Disagree; 3 = Sometimes Agree; 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 and regular affiliations with members of local recovery support groups. .... \_\_\_\_
- 22. I have a sponsor or 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. Other people rely on me to support their 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 have a vision and associated goals and great hopes for my future..... \_\_\_\_
- 30. I have new problem solving skills and resources. .... \_\_\_\_
- 31. I have meaningful, positive participation in my family and community..... \_\_\_\_
- 32. Today I have a clear sense of who I am..... \_\_\_\_
- 33. I know my life's purpose. .... \_\_\_\_
- 34. Service to others is an important part of my life. .... \_\_\_\_
- 35. My personal values and sense of right and wrong are clear and strong. .... \_\_\_\_

Possible Score: 175 ..... My Total Score: \_\_\_\_\_

Item numbers on which I scored lowest: \_\_\_\_\_

Item numbers on which I scored highest: \_\_\_\_\_

## Recovery Capital Assessment Plan and Scale (ReCAPS) 160717

Name: \_\_\_\_\_ Date: \_\_\_\_\_

ReCAPS: Date \_\_\_\_: Score \_\_\_\_; Date \_\_\_\_: Score \_\_\_\_; Date \_\_\_\_: Score \_\_\_\_

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

Goal # 1: \_\_\_\_\_

<u>What</u>	<u>When</u>	<u>How Often</u>	<u>With Whom</u>
-------------	-------------	------------------	------------------

Activity #1: \_\_\_\_\_

Activity #2: \_\_\_\_\_

Activity #3: \_\_\_\_\_

Goal # 2: \_\_\_\_\_

<u>What</u>	<u>When</u>	<u>How Often</u>	<u>With Whom</u>
-------------	-------------	------------------	------------------

Activity #1: \_\_\_\_\_

Activity #2: \_\_\_\_\_

Activity #3: \_\_\_\_\_

Goal # 3: \_\_\_\_\_

<u>What</u>	<u>When</u>	<u>How Often</u>	<u>With Whom</u>
-------------	-------------	------------------	------------------

Activity #1: \_\_\_\_\_

Activity #2: \_\_\_\_\_

Activity #3: \_\_\_\_\_