Sheffield Hallam University

Development and validation of a Brief Assessment of Recovery Capital (BARC-10) for alcohol and drug use disorder

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BARC-10						
ID/Name			Date:			
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1. There are more important things to me in life than using substances	1	2	3	4	5	6
2. In general I am happy with my life	1	2	3	4	5	6
3. I have enough energy to complete the tasks I set for myself	1	2	3	4	5	6
4. I am proud of the community I live in and feel a part of it	1	2	3	4	5	6
5. I get lots of support from friends	1	2	3	4	5	6
6. I regard my if as challenging and fulfilling without the need for using drugs or alcohol	1	2	3	4	5	6
7. My living space has helped to drive my recovery journey	1	2	3	4	5	6
8. I take full responsibility for my actions	1	2	3	4	5	6
9. I am happy dealing with a range of professional people	1	2	3	4	5	6
10. I am making good progress on my recovery journey	1	2	3	4	5	6
add columns	+	+	+	+	+	
TOTAL						
*Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card						

Background & Rationale for the Measure: Remission from substance use disorder (SUD) is increasingly recognized as a process that results in, and is supported by, the accrual of personal, social, environmental, and cultural resources that aid the recovery journey. Collectively, these resources have been termed, "recovery capital". Recovery capital represents the quantity and quality of internal and external resources that can be brought to bear to initiate and sustain recovery from SUD. The accrual of recovery capital is theoretically important because greater assets will influence resiliency and coping, and help mitigate the high burden of biological and psychological stress associated with the adaptation to abstinence and remission from SUD. The significance of the construct of recovery capital has led to the development and testing of psychometrically and conceptually sound assessment tools. For example, a recovery capital assessment tool (Assessment of Recovery Capital: ARC; Groshkova, Best, & White, 2013) was validated recently showing good psychometric properties and consisted of 50 items representing 10 subscales. The addition of a briefer version of the ARC, could increase its adoption and implementation in busy clinical and recovery support service settings by increasing speed of administration and scoring.

What this Measure is & How it can Help: Recovery capital is a construct central to the substance use disorder treatment and recovery field and the brief assessment of recovery capital was operationalized in a 10-item measure. The BARC-10 is a strength-based measure that is completed via self-report to assess the level of broader personal, social, physical, and professional resources in an individual's environment that are used to initiate and sustain recovery including structural supports such as a recovery-supportive living space and community relationships. Item response modeling was used for the scale reduction phase and independent validation due to its wide acceptance as the gold standard for refining and reducing the length of existing scales. The findings indicate that the abbreviated 10-item measure of recovery capital captured item representation from all 10 original subscales, was invariant across participant's geographic locality, gender, had high internal consistency ($\alpha = .90$), and concurrent validity with the original measure ($r_{pb} = .90$). As such, the briefer BARC-10 may serve as a potentially helpful additional tool for researchers and theoreticians to explain how individuals achieve recovery, and clinicians may find the BARC-10 helpful in establishing care plans and ranking priorities in ongoing client support. There is additional utility in settings where brevity is valued such as health care systems, electronic health records, as well as peer-to-peer recovery support services.

BARC-10 Original and Validation Samples: Items were pooled from the original treatment samples from Scotland and Australia (*N*=450) for scale reduction. Sixty-six percent were male, 34% had a primary alcohol use disorder, the average age was 35. A reduced version of the BARC-10 was validated in an independent sample (*N*=123), recruited online from a recovery website in which 43% were male, 64% had a primary alcohol use disorder, the average age was 51, 50% had used medical detoxification, and the average length of time in recovery was 7 years.

Scoring for the BARC-10: Total scores can range from a minimum of 10 to a maximum of 60. A ROC Curve Analysis showed the BARC-10 had predictive validity with sustained remission (i.e., 1 year or more) using a cut-off score of 47 in a sample whose average length of recovery time was 7 years.