

Peer Reception Opportunity to Begin Empowerment (PROBE) Form 160720

Goal: Articulate the individual(s)'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 a mutually supportive and beneficial relationship and connect the individual to her/his allies and resources.

Name: _____ 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 in an Emergency: No or List w/Relationship: _____

Remember, PINK OARSI. Be sure to enter ORS, Craving/Challenges, and RRS ratings into a SCORE Board.

Optional: Ask individual to complete a Demographics form before, towards the end or after this interaction.

- I. Greet individual(s), explain your peer role and agency mission in less than 2 minutes and ask: *How are you?*
Primary reason(s) for seeking service today:

- II. Outcome Rating Scale: Individual: _____ Interpersonal: _____ Social: _____ Overall: _____ Total: _____
ORS Clinical Cutoff = Adult: 25; Adolescent = 28, Child = 32
On which subscale(s) is the primary reason(s) for service reflected? Does the subscale(s) number reflect the described lived experience? If not, ask to change mark(s).

- III. Craving or Recurring Experiences (CORE) Rating: 0-10: _____
0 = No thoughts about CORE (using alcohol or other drugs [AOD] or recurring physical/mental/social concerns); **10** = Used AOD or other concerns recurred

- IV. Review immediate plans, potential allies and available resources. Explore ambivalence(s) about what to change regarding the current situation and respond to change talk (DARN). Extend invitation to services - check if of interest: Recovery Check-ins Recovery Group All Recovery Meeting Other:

- V. Relationship Rating Scale: Val: _____ Goals/Top: _____ Sup/Enc: _____ Overall: _____ Total: _____
What will make our next interaction more useful? RRS Clinical Cutoff = 36

- VI. Next interaction: Day: ____ MMDD: _____ Time: _____ Via: I P T E O
Also discuss upcoming treatment, court, supervision or other appointments/meetings.
If applicable, expected institutional discharge date:

- VII. Assist in summarizing this interaction's main topics and the individual's upcoming tasks/activities

