

Recovery Support Group Experience & Linkage Planning Form

Name: _____ Date: _____

Interview Protocol

1. Have you previously attended any recovery mutual aid groups? If no, proceed to **Recovery Support Matching Checklist**.
2. Which groups did you attend?
3. How long were you involved before you slowed and/or stopped your participation?
4. What circumstances led to you stopping your participation?
5. What is the longest period of sobriety you maintained through such participation?
6. What has been your past experience with sponsorship (or its equivalent in non-12 Step groups)?
7. Did you have a home group during the most recent period of participation?
8. Describe your current feelings about _____ (name of most recent mutual aid group).
9. Would you consider returning to your home group?
10. What do you feel you need to do differently in your approach to mutual aid participation?
11. I'd like to explore with you some factors that can help develop a good match between yourself and a local recovery support group. Complete the **Recovery Support Matching Checklist**.

Based on our discussion of your past experience and current interests in recovery support groups, let's talk about a plan of action in this area.

Recovery Mutual Support Plan

1. Local Options (list those discussed and matching possibilities)

2. I am willing to begin by attending the following meeting(s) (List)

A. Location, Day, Time: _____

B. Location, Day, Time: _____

3. My personal contact for each of these meetings is:

A. Name _____ **Phone Number** _____

B. Name _____ **Phone Number** _____

**4. I agree to review my experience in this meeting when we next meet on
(Insert date of monitoring meeting)**