

## Recovery Check-In Practice Guide 160713 Telephone - Initial Contact

Peer: \_\_\_\_\_ Peer # \_\_\_\_\_

Provider: \_\_\_\_\_ Site: \_\_\_\_\_

Attempt: (Date [YYMMDD]; Time [HHMM]); Type (Phone, Text, Email, Face-To-Face, Other: [Specify])

#1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_ #4: \_\_\_\_\_ #5: \_\_\_\_\_

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Outcome Rating Scale: Individual: \_\_\_\_\_ Interpersonal: \_\_\_\_\_ Social: \_\_\_\_\_ Overall: \_\_\_\_\_ Total: \_\_\_\_\_

ORS Clinical Cutoff = 25: Adult; 28: Adolescent; 32: Child

S/R Rating Scale: Relation.: \_\_\_\_\_ Goals/Top.: \_\_\_\_\_ Support/Encour.: \_\_\_\_\_ Overall: \_\_\_\_\_ Total: \_\_\_\_\_

S/RRS Clinical Cutoff = 36

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\* I. "Hello, is this \_\_\_ (Peer's full name)?"

- A. *If the person who answers is not the Peer, ask to speak to her/him. If they ask who's calling, give them your name but not the Organization. If not available, ask when s/he may be available. If you do not have a signed consent form to talk to the person on the phone, thank the individual and hang up!*
- B. "Hi \_\_\_\_, my name is \_\_\_\_, calling from \_\_\_\_ (Organization). I am glad I reached you because I am doing recovery check-ins to see how things are going and if you need anything. Do you recall hearing from your counselor at (Organization) that someone would be contacting you?"
- C. "As I said before my name is \_\_\_\_ (First name) and I am a Certified Addiction Recovery Empowerment Specialist or CARES. I am a person in long-term recovery and I provide experienced peer support and advocate for your self-directed care. As your recovery coach I will be calling about once a week to see how things are going and to see if I can help you with anything. To begin, do you have any questions?"
- D. Introduce yourself with your recovery elevator speech, then:  
I do things a little differently perhaps than you may have experienced before. Because your ideas, resources and goals are the most important things for your long-term recovery that is what is most important to me. The recovery support I provide focuses on helping you get what you need. To do that, I need feedback from you. The forms that I use have been found to significantly improve my services. We'll score and chart the results as we go. To begin, the Outcome Rating Scale (ORS) helps us look at what has happened in your live in the last 7 days and it takes less than 5 minutes to complete. Would you be willing to do that now?

II. Outcome Rating Scale:

- A. "To help me get a sense of what's going on with you will you answer four questions about different areas of your life? I will ask you these same four questions each time we talk because this will help us keep up with your progress and this is very important information for your self-directed care.



Each of your answers should begin with a number from 0 to 10, with 10 being very good or cannot get any better and 0 being very bad or cannot get any worse. Does that 0 to 10 scale make sense?"

1. If yes, proceed. If no, re-explain the 10-point rating scale until the peer says s/he understands. Say, "For example, how would you rate your personal well-being. If your health and happiness could not get any better, that would rate a 10. If you are very sick, not sleeping or eating well, or feel like you have "the blas" most of the time, that'd be a 0. If you are doing OK, that'd be a 5. You can use any number between 0 and 10.

B. "Thinking back over **the last 7 days**, on a scale from 0 to 10, how do you rate your **individual well-being**?"

1. If you get two numbers, ask, "Is it closer to X or Y?" followed, if necessary, by "Which number best fits the last week?" followed, if necessary, by "Which number would you like me to put down for your individual well-being?"
2. If the person asks for clarification regard individual well-being, say, "How have you been doing personally, your physical and mental health, and how you have been sleeping and eating."
3. If the person gives one number for one area of personal functioning and another number for another area of functioning, ask for an average.
4. Write the score in the "Individual" blank on the first page.

C. "Thinking back over the last 7 days, how have things been going in your **relationships**, on a 0 to 10 scale with 0 being very bad or could not get any worse and 10 being very good or could not get any better?"

1. If the person asks for clarification, say "How are your relationships with your family, spouse or partner, and others with whom you have a close personal relationship."
2. If the person gives one number for one family member or relationship type and offers another number for another family member or relationship type, ask for an average.
3. Write the score in the "Interpersonal" blank on the first page.

D. "On a 0 to 10 scale, how have things been going for you **socially**?"

1. If the person asks for clarification say, "how's your life outside of your home, at school, work, and in your community?"
2. If the person gives one number for one aspect of social functioning and then offers another number for another aspect, ask for an average.
3. Write the score in the pertinent space above.

E. "Lastly, rate how things are in your life **overall** from 0 to 10?"



1. Write the score in the pertinent space above.

F. “Thank you. That helps me get a better sense of what’s going on with you.”

1. Affirm the most important (one or more) expressed issues or concerns – negative and positive. For example, identify the lowest score given and then inquire about that specific area of functioning, e.g., if the item scores are 2, 7, 8, 5, say, “From your responses, it appears that in the last week you’ve been most concerned about your health and you feel good about your relationship(s) with \_\_\_\_\_. Have I got that right?” (Clinical cutoff = 25: Adult; 28: Adolescent; 32: Child)
2. Follow the person’s responses to transition into the next section of the conversation although it may not follow the below order of topics.

III. Craving or Recurring Experiences (CORE) Ratings = Primary reason(s) for seeking service

A. “What is the main reason or reasons that you are seeking service?” If relevant, ask what drugs does or did the peer use, and does that include alcohol?

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B. “The last time you used, what drugs did you take or drink?”

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C. “How many days (hours) have you gone without using alcohol and other drugs?”

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1. If 7 or more days, affirm: “You’ve made great progress. How have you done this?”

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2. If 6 or less days, say, “Many people find that some additional support really helps to continue their progress during this very important time. What type of support would help you (“come off” or “stay off”) of alcohol or other drugs?”

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D. “What has your craving level been during the last 7 days, including the last 24 hours. On a 0 to 10 scale with 0 meaning you haven’t even thought about using or drinking, 5 = thought about using or drinking but didn’t, and 10 = used or drank, how were your cravings in the last 24 hours?”

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1. *If used*, express appreciation for honesty and persistence in recovery: “Thanks for telling me about that even when the news is not good. That’s a sure sign you are making progress.”. Determine if additional services are desired (more frequent recovery support meetings, contacts with sponsor, Recovery Check-Ins, more intense level of treatment, etc.).

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2. *If <10 but >0*, express appreciation for honesty and persistence in recovery. Ask if peer would like to talk about what led to her/him thinking about using.



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E. “Are you aware of any triggers or risky situations that may come up in the next week that could lead to you thinking about using or drinking?”

1. *If yes*, discuss what has worked in the past to stop the thoughts and feelings and/or avoid using. Problem solve potential actions that could help avoid the triggers/risky situations and determine what action steps the peer plans to take.
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#### IV. Recovery Capital Scale and Plan/WHAM Goals and Activities

A. “Sounds (looks) like you have some reasons for not using. I’d would like to know the two main reasons that you are (want to be) in recovery?”

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B. What recovery support services are you going to - 12-Step meetings, an outpatient program, faith-based meetings, doctor appointments, etc.?

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1. *If already participating*, affirm, then ask, “Is there anything you need to continue participating?”
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2. If not participating, ask,

- a. “What kind of support has worked for you in the past?” or, “What kind of support would you be comfortable with?”
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C. “What may be preventing you from continuing your recovery by participating in recovery support services?”

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1. *If facing challenges* (transportation, child care, etc.) explore local resources that are available and provide contact names, phone numbers, addresses, etc.
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V. Summarize the peer’s primary challenges, recovery capital and immediate recovery activities that you have discussed. Ask the peer to set one (or more) concrete and “doable” goal.

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#### VI. Schedule the next Recovery Check-In

A. “I’d really like to call you back (later today/tonight, tomorrow, etc.) to see how this worked out for you. If that’s OK with you, when would be the best time (and day) to call you back?”

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## VII. Session/Relationship Rating Scale

A. “Before we end today, I need your feedback so that I can provide you with the best possible support. I will ask you these four questions at the end of each of our talks. Please answer each question by saying a number from 0 to 10, with 10 being very good, and 0 being not at all or needs improvement. Your feedback is very important to me, and to the success of our conversations.”

1. “Now, thinking back over our conversation today, to how well did you feel **heard and understood** today, 10 being completely and 0 being not at all?”

a. Write the score in the Relationship blank on the first page..

2. “To what degree did we **talk about the concerns that you wanted to talk about today**, 10 being completely and 0 being not at all?”

a. If the person asks for clarification say, “Did we talk about what you wanted to talk about? How well on a scale from 0 – 10 with 0 being not at all and 10 meaning we completely talked about what you wanted to talk about?”

b. Write the score in the Goals/Topics blank on the first page.

3. “On a scale of 0-10, how much did you feel **supported and encouraged** during our conversation?”

a. If the person asks for clarification say, “How well did I respond to what you said and the needs you expressed with 0 being not at all and 10 meaning very well?”

b. Write the score in the Support/Encouragement blank on the first page.

4. “Last item. So, **overall** how would you rate today’s conversation, with 10 meaning that the conversation was right for you and 0 meaning that something important was missed or could have been better?”

a. Write the score in the Overall blank on the first page.

5. Express a genuine interest in any scale rated <10, especially if the RRS total is below the clinical cutoff of 36.

a. “I want our conversations to be as helpful and productive as possible for you. What would make our next conversation better or more useful you?”

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## VIII. End of Call

A. “So I’ll call you again at \_\_\_\_ (time) on \_\_\_\_ (day).”

B. “Is this the best number to reach you on?” If no, new number: \_\_\_\_\_



C. “And you are going to do \_\_\_\_\_ (recovery activities) \_\_\_\_\_ (when) and with \_\_\_\_\_ (who).”

D. “I enjoyed talking with you today. Take care.”

Contact Notes:

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Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Recovery Check-In Practice Guide 160713 Telephone - Ongoing

Peer: \_\_\_\_\_ Peer # \_\_\_\_\_

Provider: \_\_\_\_\_ Site: \_\_\_\_\_

Last Contact Date: \_\_\_\_\_ Successful Contact Date: \_\_\_\_\_ Time: \_\_\_\_\_

Attempts: (Date [YYMMDD]; Time [HHMM]); Type (Telephone, Email, Face-To-Face, Other: [Specify])

#1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_ #4: \_\_\_\_\_ #5: \_\_\_\_\_

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Outcome Rating Scale: Individual: \_\_\_\_\_ Interpersonal: \_\_\_\_\_ Social: \_\_\_\_\_ Overall: \_\_\_\_\_  
Total: \_\_\_\_\_

ORS Clinical Cutoff = 25: Adult; 28: Adolescent; 32: Child

S/R Rating Scale: Relation.: \_\_\_\_\_ Goals/Top.: \_\_\_\_\_ Support/Encour: \_\_\_\_\_ Overall: \_\_\_\_\_  
Total: \_\_\_\_\_

S/RRS Clinical Cutoff = 36

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I. "Is this \_\_\_ (Peer's full name or nickname)? Thanks for answering my call. I am (First name) from (Organization) and I am glad I reached you."

E. If the person who answers is not the Peer, ask to speak to her/him. If they ask who's calling, give them your name but not the Organization. If not available, ask when s/he may be available. If you do not have a signed consent form to talk to the person on the phone, thank the individual and hang up!

A. If the Peer does not seem to remember you or if this is your first contact with this Peer (but not the first Recovery Check-In for her or him): "My name is \_\_\_ and I am a Certified Addiction Recovery Empowerment Specialist or CARES. I am a person in long-term recovery and I provide experienced peer support and advocate for your self-directed care. As your recovery coach I will be calling about once a week to see how things are going and to see if I can help you with anything. To begin, do you have any questions?"

### II. Outcome Rating Scale

A. "To help me get a sense of what's going on with you will you answer four questions about different areas of your life? I will ask you these same four questions each time we talk because this will help us keep up with your progress and this is very important



information for your self-directed care. Each of your answers should begin with a number from 0 to 10, with 10 being very good or could not get any better and 0 being very bad or could not get any worse. Does that 0 to 10 scale make sense?"

1. If yes, proceed. If no, re-explain the 10-point rating scale until the peer says s/he understands. Say, "For example, how would you rate your personal wellbeing. If your health and happiness could not get any better, that would rate a 10. If you are very sick, not sleeping or eating well, or feel like you have "the blas" most of the time, that'd be a 0. If you are doing OK, that'd be a 5. You can use any number between 0 and 10.
- B. "Thinking back over **the last 7 days (or since the last Recovery Check-In)**, on a scale from 0 to 10, how do you rate your **individual well-being**?"
1. If you get two numbers, ask, "Is it closer to X or Y?" followed, if necessary, by "Which number best fits the last week?" followed, if necessary, by "Which number would you like me to put down for your individual well-being?"
  2. If the person asks for clarification regard individual well-being, say, "How have you been doing personally, your physical and mental health, and how you have been sleeping and eating."
  3. If the person gives one number for one area of personal functioning and another number for another area of functioning, ask for an average.
  4. Write the score in the "Individual" blank on the first page.
- C. "Thinking back over the last 7 days, how have things been going in your **relationships**, on a 0 to 10 scale with 0 being very bad or could not get any worse and 10 being very good or could not get any better?"
1. If the person asks for clarification, say "How are your relationships with your family, spouse or partner, and others with whom you have a close personal relationship."
  2. If the person gives one number for one family member or relationship type and offers another number for another family member or relationship type, ask for an average.
  3. Write the score in the "Interpersonal" blank on the first page.
- D. "On a 0 to 10 scale, how have things been going for you **socially**?"
1. If the person asks for clarification say, "how's your life outside of your home, at school, work, and in your community?"





2. If the person gives one number for one aspect of social functioning and then offers another number for another aspect, ask for an average.

3. Write the score in the pertinent space above.

E. “Lastly, rate how things are in your life **overall** from 0 to 10?”

1. Write the score in the pertinent space above.

F. “Thank you. That helps me get a better sense of what’s going on with you.”

1. Affirm the most important (one or more) expressed issues or concerns – negative and positive. For example, identify the lowest score given and then inquire about that specific area of functioning, e.g., if the item scores are 2, 7, 8, 5, say, “From your responses, it appears that in the last week you’ve been most concerned about your health and you feel good about your relationship(s) with \_\_\_\_\_. Have I got that right?” (Clinical cutoff is 25: Adults; 28: Adolescent; 32: Child)

2. Follow the person’s responses to transition into the next section of the conversation although it may not follow the below order of topics.

### III. Craving or Recurring Experiences (CORE) Rating = Primary reason(s) for seeking service

A. What is the main reason or reasons that you are seeking service?” If relevant, ask what drugs does or did the peer use, and does that include alcohol?

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B. “The last time you used, what drugs did you take or drink?”

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C. “How many days (hours, months) have you gone without using AOD?”

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1. If 7 or more days, affirm: “You’ve made great progress. How have you done this?”

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2. If 6 or less days, say, “Many people find that some additional support really helps to continue their progress during this very important time. What type of support would help you (“come off” or “stay off”) of alcohol or other drugs?”

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D. “What has your craving level been during the last 7 days, including the last 24 hours. On a 0 to 10 scale with 0 meaning you haven’t thought about using or drinking to 10 = used or drank, how do you rate your cravings in the last 24 hours?”

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1. *If used*, express appreciation for honesty and persistence in recovery: “Thanks for telling me that even when the news is not good. That’s a sure sign you are making progress.” Determine if additional services are desired (more frequent recovery support meetings, contacts with sponsor, Recovery Check-Ins, more intense level of treatment, etc.).

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2. *If <10 but >0*, express appreciation for honesty and persistence in recovery. Ask if peer would like to talk about what caused her/him to think about using.

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E. “Are you aware of any triggers or risky situations that may come up in the next week that could lead to you thinking about using or drinking?”

1. *If yes*, discuss what has worked in the past to stop the thoughts and feelings and/or avoid using. Problem solve potential actions that could help avoid the triggers/risky situations and determine what action steps the peer plans to take.

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#### IV. Recovery Capital Scale and Plan/WHAM Goals and Activities

A. “Sounds (looks) like you have several reasons for not using. I’m would like to know the two main reasons that you are (want to be) in recovery?”

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B. What recovery support services are you going to - 12-Step meetings, an outpatient program, faith-based meetings, doctor appointments, etc?

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C. *If already participating*, affirm, then ask, “Is there anything you need to continue participating?”

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D. If not participating, ask,

1. “What kind of support has worked for you in the past?” or, “What kind of support would you be comfortable with?”

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2. “What is preventing you from continuing your recovery by participating in recovery support services?”
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3. *If facing challenges* (transportation, child care, etc.) explore local resources that are available and provide contact names, phone numbers, addresses, etc.
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- V. Summarize the peer’s primary challenges, recovery capital and immediate recovery activities that you have discussed. Ask the peer to set one (or more) concrete and “doable” goals.
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VI. Schedule the next Recovery Check-In

- A. “I’d really like to call you back (later today/tonight, tomorrow, etc.) to see how this worked out for you. If that’s OK with you, when would be the best time (and day) to call you back?”
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VII. Session/Relationship Rating Scale

- A. “Before we end today, I need your feedback so that I can provide you with the best possible support. I will ask you these four questions at the end of each of our talks. Please answer each question by saying a number from 0 to 10, with 10 being very good, and 0 being not at all or needs improvement. Your feedback is very important to me, and to the success of our conversations.”
1. “Now, thinking back over our conversation today, to how well did you feel **heard and understood** today, 10 being completely and 0 being not at all?
    - a. Write the score in the Relationship blank on the first page.
  2. “To what degree did we **talk about the concerns that you wanted to talk about today**, 10 being completely and 0 being not at all?”
    - a. If the person asks for clarification say, “Did we talk about what you wanted to talk about? How well on a scale from 0 – 10 with 0 being not at all and 10 meaning we completely talked about what you wanted to talk about.?”
      - b. Write the score in the Goals/Topics blank on the first page.
  3. “On a scale of 0-10, how much did you feel **supported and encouraged** during our conversation?”



- a. If the person asks for clarification say, “How well did I respond to what you said and the needs you expressed with 0 being not at all and 10 meaning very well?”
  - b. Write the score in the Support/Encouragement blank on the first page.
4. “Last item. So, **overall** how would you rate today’s conversation, with 10 meaning that the conversation was right for you and 0 meaning that something important was missed or could have been better?”
- a. Write the score in the Overall blank on the first page.
5. Express a genuine interest in any scale rated <10, especially if the S/RRS total is below the clinical cutoff of 36.
- a. “I want our conversations to be as helpful and productive as possible for you. What would make our next conversation better or more useful you?”
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#### IX. End of Call

- A. “So I’ll call you again at \_\_\_\_ (time) on \_\_\_\_ (day). Is that a good day and time to call?”
- i. If no, new day/time: \_\_\_\_\_
- B. “Is this the best number to reach you on?” If no, new number:  
\_\_\_\_\_
- C. “And you are going to do \_\_\_\_\_ (recovery activities) \_\_\_\_\_ (when) and with \_\_\_\_\_ (who).”
- D. “I enjoyed talking with you today. Take care.”

#### X. Notes about this call:

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Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

