

Recovery Check-in Overview 160717

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Goal: Provide assertive continuing care interactions instead of, 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 individuals are on waiting lists, between appointments or groups, and as follow-ups to no-shows and transitions out of a program. 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 collaboration.

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

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

Seven Step Recovery Check-Ins. *Topics brought up by the individual take precedence over pre-determined concerns.* Use **PINK OARSI** to elicit the individual's view of her/his situation, recovery capital (strengths and resources), plans and upcoming activities.

Stay “**within an inch**” of the individual's worldview.



1. Acknowledge individual(s) and ask, **What's right with you?**
2. Complete the **Outcome Rating Scale (ORS)**. Identify the subscale(s) containing the primary reason(s) for seeking service.
3. Discuss the **Craving or Recurring Experiences (CORE) Rating:** (0-10). Primary reason 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 **Relationship Rating Scale (RRS)** and discuss what will make the next interaction more useful.
6. **Schedule** the next interaction or Recovery Check-In **and remind or assess commitment** to attend the next treatment/other appointment.
7. **Summarize** the individual's main **topics and next week's activities/goals**

If not completed during the check-in, **transfer ORS, CORE and RRS to the SCORE Board.**

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

1. [Peer Reception Opportunity to Begin Empowerment \(PROBE\) Form](#)
2. [Recovery Capital Assessment Plan and Scale \(ReCAPS\)](#)
3. [Self-completed Overview of Recovery Experience Board \(SCORE\) Board](#)
4. [Recovery Check-in Form](#)
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.bettercomesnow.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 Form 160717

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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, Emeeting, Other: [Specify])

#1: _____ #2: _____ #3: _____ #4: _____

Contact Date: _____ Start and End Times: _____ Type: _____

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

I. Acknowledge individual(s) and, if first interaction, explain your role then ask: What's right with you?

II. Outcome Rating Scale: Individual: _____ Interpersonal: _____ Social: _____ Overall: _____ Total: _____
On which subscale(s) is the primary reason(s) for service reflected? Does the subscale(s) number(s) reflect the described lived experience? If not, ask to change mark(s). See SCORE Board for change since last and previous interactions. ORS Clinical Cutoff = Adult: 25; Adol. = 28

III. Craving or Recurring Experiences (CORE) Rating: Primary reason for seeking service? Yes No
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). If applicable, see Recovery Capital Assessment Plan and Scale, Whole Health Action and Management 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: _____ MMDDYY: _____ Time: _____ C I T E O
Discuss dates/times of upcoming treatment, court, supervision or other appointments/meetings.

VII. Assist in summarizing main topics discussed during this interaction and upcoming tasks/activities



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

