

Individual Recovery Check-In Overview 150719

Goal: Provide assertive continuing care interactions between recovery coaches and peers before, during and after treatment. Research shows that these contacts improve the likelihood of sustained, meaningful engagement in treatment and long-term recovery. Contacts may be made while peers are on waiting lists, between appointments or groups, and as follow-ups to no-shows. The check-in 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 integration.

Suggested Frequency: Below is suggested as minimum interaction frequencies. However, the frequency is best determined by each peer and her/his needs.

First 8 weeks: 1X a week; Second 8 weeks: 1X every 2 weeks; Months 5+: 1X a month

Eight Step Recovery Check-Ins

Issues brought up by the peer take precedence over any pre-determined contact outline. Face-to-face check-ins should involve the use of paper versions of the ORS and RRS. The typically flow of a recovery check-in is as follows.

1. Acknowledge peer and use CARES' recovery elevator speech and introduction
2. Complete the Outcome Rating Scale (ORS)
3. Complete and discuss Craving Ratings
4. Discuss Recovery Capital and Plan
5. Complete the Relationship Rating Scale (RRS) and discuss what will make the next contact more useful.
6. Schedule the next Recovery Check-In and remind about next treatment/other appointment
7. Summarize the major topics and activities/goals stated by the participant for the next week
8. If not completed during the Check-In, transfer ORS, Craving, and RRS ratings to the Peer's Self-Completed Overview of Recovery Experience Board (SCORE Board).

Additional Recovery Check-In materials available at www.brauchtworks.com/changeagenttoolkit:

1. SCORE Board
2. Recovery Check-In Practice Guides: Initial and Ongoing Contacts

References

1. Duncan, B. (2005). *What's right with you*. Deerfield Beach, FL: Health Communications. Peer and professional versions of the ORS and RRS are available free at www.heartandsoulofchange.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.



Individual Recovery Check-In Form 150719

Peer: _____ Peer # _____

Check-In Provider: _____ Site: _____

Next Treatment or Other Social Service Agency Appointment: Date: _____ Time: _____

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

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

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

Enter ORS, Craving, and RRS ratings below and/or in the Peer's SCORE Board

I. What's right with you today?

II. Outcome Rating Scale: Individual: _____ Interpersonal: _____ Social: _____ Overall: _____ Total: _____
ORS Adult Clinical Cutoff = 25

III. Craving Rating. 0 = Did not think about alcohol or other drugs (AOD); 10 = Used AOD _____

IV. Recovery Capital Scale and Plan: Progress since last check-in

V. Relationship Rating Scale: Relat.: _____ Goals/Top: _____ Support/Encour: _____ Overall: _____ Total: _____
RRS Adult Clinical Cutoff = 34

VI. Next Recovery Check-In: Day: _____ Date: _____ Time: _____

Remind about her/his next treatment or other social service agency appointment, and ask if assistance is needed

VII. Summarize the Peer's main topics during this interaction and next weeks' tasks/activities



Individual Recovery Check-In Practice Guide 150719

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: _____

Outcome Rating Scale: Individual: _____ Interpersonal: _____ Social: _____ Overall: _____ Total: _____

ORS Adult Clinical Cutoff = 25

Relationship Rating Scale: Relation.: _____ Goals/Top.: _____ Support/Encour.: _____ Overall: _____ Total: _____

RRS Adult Clinical Cutoff = 34

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.*

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 that means it has been ____ years since I last used alcohol or other non-prescribed drugs. I will be calling you 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 life 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. 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 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)
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 Ratings

A. What are (were) your drugs of choice, and does that include alcohol?

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

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

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

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?”

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?”

1. *If used*, express appreciation for honesty and persistence in recovery: “Thanks for being honest 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.).



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.
-

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.
-

IV. Recovery Capital

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?”

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

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

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?”
-

C. “What may be preventing you from continuing your recovery by participating in recovery support services?”

1. *If facing challenges* (transportation, child care, etc.) explore local resources that are available and provide contact names, phone numbers, addresses, etc.
-



- 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.
-

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?”
-

VII. 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?”

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

Contact Notes:

Provider Signature: _____ Date: _____



Individual Recovery Check-In Practice Guide 150719 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: _____

Outcome Rating Scale: Individual: _____ Interpersonal: _____ Social: _____ Overall: _____ Total: _____

ORS Adult Clinical Cutoff = 25

Relationship Rating Scale: Relation.: _____ Goals/Top.: _____ Support/Encour: _____ Overall: _____ Total: _____

RRS Adult Clinical Cutoff = 36

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."

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.

B. 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 that means it has been ____ years since I last used alcohol or other non-prescribed drugs. I will be calling you 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. 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 you 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 (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.
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- 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)
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 Ratings

- A. What are (were) your drugs of choice, and does that include alcohol?

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

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

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

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?”

- 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?”

1. *If used*, express appreciation for honesty and persistence in recovery: “Thanks for being honest 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.).



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.
-

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

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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?

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

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?”
-

2. “What is preventing you from continuing your recovery by participating in recovery support services?”
-



3. *If facing challenges* (transportation, child care, etc.) explore local resources that are available and provide contact names, phone numbers, addresses, etc.
-

- 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.
-

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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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?”
- 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?”
 - 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?”
- 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.
- “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?”
-

IX. End of Call

- A. “So I’ll call you again at ____ (time) on ____ (day). Is that a good day and time to call?”
- 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).”
- D. “I enjoyed talking with you today. Take care.”

X. Notes about this call:

Provider Signature: _____ Date: _____

