

## 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 peers 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 peer and her/his needs. Suggested minimums:

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

Eight Step Recovery Check-Ins. *Topics brought up by the peer take precedence over pre-determined concerns.* Use **PINK OARSI**.

1. Acknowledge peer 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** participant's major **topics and** next week's **activities/goals**
8. If not completed during the check-in, **transfer to the SCORE Board:** ORS, CORE and RRS.

Relationship Enhancement Skills: Use PINK OARSI to elicit the peer's view of her/his situation, recovery capital (strengths and resources), plans and upcoming activities.

**Stay "within an inch"** of the peer's worldview.



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

1. [Recovery Capital Assessment Plan and Scale \(ReCAPS\)](#)
2. [Self-completed Overview of Recovery Experience Board \(SCORE\) Board](#)
3. [Recovery Check-in Form](#)
4. [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.betteroutcomesnow.com](http://www.betteroutcomesnow.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: \_\_\_\_\_

*Enter the ORS, CORE, and RRS ratings in the SCORE Board.*

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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: \_\_\_\_\_  
See SCORE Board change since last and previous interactions. 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; **10** = Experienced CORE or used alcohol or other drugs

IV. 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 next treatment, court, supervision or other appointments/meetings

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

