

RECOVERY MAINTENANCE CHECK-IN

Last Name: First Name: AGE: Gender:

ID#: Date of Last Contact: Current Call Date

Name of Interviewer

Collateral Contact: Phone Number

GREETING:

Hello, my name is with [court] . I am calling to see how you are doing and whether there is anything we can help you with. Is this a good time to talk?

IF YES, Well we want to do whatever we can to help you maintain the gains you have made.

What is one of the best thing that has happened to you since our last contact? [OR discharge from drug court?

IF NO, when would be a good day and time to call you back? We won't take much of your time. We just want to see how you are doing and if we can be of any help.

Call Back Date Call Back Time

Thank you I will call back then.

HOUSING

1. ☐ Are you still living at [address]:

1a. **IF NO**, what is the new address?

2. ☐ Is this still the best phone number to reach you?

2a. **IF NO**, [New number]:

3. ☐ Is this a good stable place for you to live? **[FOR EXAMPLE COUCH SURFING, LIVING WITH FRIENDS, MAY DENOTE UNSTABLE LIVING ARRANGEMENTS. A SAFE AREA MEANS LOW CRIME/DRUGS]**

3a. **IF NO**, what changes are you likely to make in your living arrangement?

4. ☐ How, if at all, can we be of assistance to you with your housing?

MI PROMPTS: Affirm for stable, healthy living arrangements.
Affirm for any positive changes Reflect any dissatisfaction/problems and feelings about them

STATUS: [CHECK ONE]

MI LEVEL:[CHECK ONE]

☐ 4. Owns a home in a safe area

☐ 5. Maintaining positive change

☐ 3. Renting in a safe area

☐ 4. In process of making change

☐ 2. Staying with relatives/friends; housing unstable

☐ 3. Getting ready, committed to change

☐ 1. Homeless

☐ 2. Thinking about making change

Wants assistance with housing - Yes ☐ No ☐

☐ 1. No intentions of making change

FAMILY/SOCIAL STATUS

1. ☐ How are things going for you with your family? For example, your marriage, kids, or other close relationships?
2. ☐ Are your family members or others close to you experiencing issues or problems that worry you or are making things difficult for you?
3. ☐ What kind of assistance from us would be helpful for these problems?
4. ☐ What family members, friends, or others close to you care about your well-being?
5. ☐ Can you turn to these people when things are difficult and you need someone to talk to?
6. ☐ What kind of assistance from us, would be helpful for these problems?

MI PROMPTS: Affirm good coping skills, strategies.
Affirm for any positive changes
Affirm for addressing problems. Reflect the feelings/difficulties being experienced.

STATUS: [CHECK ONE]

- ☐ 4. Maintaining stable relationships
- ☐ 3. Some new problems but being addressed
- ☐ 2. Significant problems causing instability for client
- ☐ 1. Problems exist, no supports,/estranged from family

Help requested with Family/Social - Yes ☐ No ☐

MI LEVEL:[CHECK ONE]

- ☐ 5. Maintaining positive change
- ☐ 4. In process of making change
- ☐ 3. Getting ready/committed to change
- ☐ 2. Thinking about making a change
- ☐ 1. No intentions of making change

HEALTH STATUS

1. ☐ How has your health been? For example, have you had any illness or injuries?
2. ☐ Have you seen a medical professional such as a doctor, nurse, physician assistant, since our last call? Yes ☐ No ☐
 - 2a. **IF YES**, for what problem?
 - 2b. Are you on any medications for this? Yes ☐ No ☐
 - 2c. **IF YES**, list medications
3. ☐ How about any health problems or injuries to family members or those close to you that you worry about?
4. ☐ How are you doing emotionally? For example, are you feeling really down or really anxious about anything?
IF NO, PROCEED TO QUESTION 7.
5. ☐ Are you taking any prescribed medications for this? Yes ☐ No ☐
 - 5a. **IF YES**, list medications
 - 5b. Are you taking this as it was prescribed? Yes ☐ No ☐
6. ☐ Have there been any traumatic events experienced by you or those close to you since our last contact? [e.g. violence, injury, accidents]
7. ☐ What kind of help or resources, if any, do you feel you need for your health issues?

MI PROMPTS: Express empathy for any new illness, health problems or trauma Affirm for good health -related items and for good self-care. Affirm for medication compliance

STATUS: [CHECK ONE]

- ☐ 4. No significant problems/concerns
- ☐ 3. Minor problem but being addressed
- ☐ 2. Health problems are threatening recovery
- ☐ 1. Health is fragile, client not coping well

Help requested for health/trauma problems - Yes ☐ No ☐

MI LEVEL:[CHECK ONE]

- ☐ 5. Maintaining positive change
- ☐ 4. In process of making change
- ☐ 3. Getting ready, committed to change
- ☐ 2. Thinking about making change
- ☐ 1. No intentions of making change

DOCUMENT IMPRESSIONS/FOLLOW UP PLANS/RECOMMENDATIONS ON HEALTH STATUS

SUBSTANCE USE

1. ☐ Are you on supervision (Probation/parole)? Yes ☐ No ☐

IF NO, proceed to question 2

- 1a. **IF YES**, how is your recovery going?
- 1b. Are you going to meetings? Are you in touch with your sponsor? Yes ☐ No ☐
- 1c. Are you in touch with your sponsor? Yes ☐ No ☐
- 1d. Are there others you have found to be supportive in your recovery efforts? Yes ☐ No ☐
- 1e. Would you like us to set up some time with a treatment counselor? Yes ☐ No ☐

Go to question 9

2. ☐ Let's talk about any use of alcohol or other drugs.
3. ☐ Have you used any alcohol since our last contact? Yes ☐ No ☐
- 3a. **IF YES**, when was your last drink?
- 3b. How many drinks per day?
- 3c. **IF NO**, go on to question #6
4. ☐ What kind of help or support have you tried for this?
IF NO, why not?
5. ☐ Have you been able to stop drinking? Yes ☐ No ☐
- 5a. **IF YES**, how many days ago did this occur?
6. ☐ Have you used any drugs that were not prescribed for you since our last contact? Yes ☐ No ☐
- 6a. **IF YES**, when was the last time you used?(days)
- 6b. How much did you use?
- 6c. **IF NO**, go on to question #9
7. ☐ Have you sought any kind of help or support for this?
IF No, why not?
8. ☐ Have you been able to stop using? Yes ☐ No ☐
- 8a. **IF YES**, for how many days?
- 8b. **IF NO**, Would you be willing to talk to a counselor? Yes ☐ No ☐
9. ☐ Are any family members or others close to you using? Yes ☐ No ☐
- 9a. **IF YES**, How is their substance use affecting you?
- 9b. As you think about this, are there changes that might improve this situation?
10. ☐ How about any gambling, are you doing any? Yes ☐ No ☐
- 10a. **IF YES**, Would you like some help with this? Yes ☐ No ☐

MI PROMPTS: Affirm for days abstinent
Affirm skills/strategies being used to support abstinence/ attendance at self-help meetings
Reflect feelings surrounding any struggles
Affirm for asking for or accepting any help

STATUS: [CHECK ONE]

- ☐ 4. No use since last contact
- ☐ 3. Has relapsed but currently abstinent, using supports
- ☐ 2. In relapse but seeking help
- ☐ 1. In relapse, not seeking help

Help requested for Substance Use- Yes ☐ No ☐

Help requested for Gambling Use- Yes ☐ No ☐

MI LEVEL:[CHECK ONE]

- ☐ 5. Maintaining positive change
- ☐ 4. In process of making change
- ☐ 3. Getting ready, committed to change
- ☐ 2. Thinking about making change
- ☐ 1. No intentions of making change

DOCUMENT IMPRESSIONS/ FOLLOW UP PLANS/RECOMMENDATIONS FOR SUBSTANCE USE:**FINANCIAL/OCCUPATIONAL STABILITY**

1. ☐ How are you doing financially? Are you able to support yourself?
2. ☐ Has anything changed since our last call? [e.g. new job, raise, lost job etc.]
- 2a. **IF YES**, What has changed? New employment/Job Other
- 2b. Do you feel it is better or worse than before?
3. ☐ How about any family members or others close to you--do any of their financial problems worry you or cause you to feel stressed?
4. ☐ Where would you like to be financially/job wise one year from now?
5. ☐ How can we be of assistance to you in regard to these issues?

MI PROMPTS Affirm for financial stability/stable employment.
 Affirm for having goals
 Reflect feelings around any concerns
 Reflect feelings associated with job positives

STATUS: [CHECK ONE]

- ☐ 4. Significant Improvement e.g. new job
- ☐ 3. No change, finances are stable
- ☐ 2. No change, finances are poor, having trouble making ends meet
- ☐ 1. Unemployed, financially unstable

Help requested for Employment Problems - Yes ☐ No ☐

MI LEVEL:[CHECK ONE]

- ☐ 5. Maintaining positive change
- ☐ 4. In process of making change
- ☐ 3. Getting ready, committed to change
- ☐ 2. Thinking about making change
- ☐ 1. No intentions of making change

DOCUMENT IMPRESSIONS/ FOLLOW UP PLANS/RECOMMENDATIONS FOR FINANCIAL/OCCUPATIONAL STABILITY:**CRIMINAL ACTIVITY**

1. ☐ Have you had any contact with law enforcement or the court system since our last call? Yes ☐ No ☐
- 1a. **IF YES**, what happened?
- 1b. Were you charged with anything? Yes ☐ No ☐
- 1c. What was the violation?
2. ☐ Have any family or close friends had problems with law enforcement? Yes ☐ No ☐
- 2a. **IF YES**, what kind of problems?
- 2b. How have their problems with law enforcement affected you?
3. ☐ Have any family or close friends had problems with law enforcement?

MI PROMPTS

Affirm for no further criminal activity
Express concern; reflect feelings/problems associated with further legal involvement.
Affirm for taking responsibility to resolve any legal problems

STATUS: [CHECK ONE]

- ☐ 4. No new legal encounters, arrests/charges
- ☐ 3. Family/friends in legal trouble but not impacting client
- ☐ 2. New arrest, no charges filed
- ☐ 1. New arrest, no charges filed

Help requested for legal problems - Yes ☐ No ☐

MI LEVEL:[CHECK ONE]

- ☐ 5. Maintaining positive change
- ☐ 4. In process of making change
- ☐ 3. Getting ready, committed to change
- ☐ 2. Thinking about making change
- ☐ 1. No intentions of making change

DOCUMENT IMPRESSIONS/ FOLLOW UP PLANS/RECOMMENDATIONS FOR CRIMINAL ACTIVITY:**OVERALL SUMMARY**

Is there any other information you would like us to know; good things that are happening or problems that are occurring with you or family members or others close to you?

FOR ALL THAT ARE POSITIVE, REPEAT THEM AND SAY, It sounds like these things are going well for you

FOR ALL THAT ARE CAUSING PROBLEMS, REPEAT THOSE ISSUES AND SAY, it sounds like you might need some help with:

Do you agree? Yes ☐ No ☐ other

IF YES, [Name or Person] will get back to you Specify When

IF NO HELP IS NEEDED, SPECIFY TIMEFRAME FOR NEXT CALL Specify When

CONFIRM PHONE NUMBER FOR NEXT CALL

EXPRESS YOUR APPRECIATION FOR CLIENT'S TIME, AND ASSURE THEM THEY CAN CALL FOR FURTHER ASSISTANCE AT ANY TIME.

AFFIRM CLIENT FOR CONTINUED EFFORTS AT RECOVERY!