

Recovery Maintenance Check-in (RMC-i)

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RECOVERY MAINTENANCE CHECK-IN

[DRAFT]

RESPONDENT DATA

Client Name: _____ ID# _____ Age _____ Gender _____

Date of Last Contact: _____ Current Call Date: _____

Name of Interviewer _____

Collateral Contact: _____ Phone No: _____

GREETING:

Hello, my name is [YOUR NAME] with [COURT]. I am calling to see how you are doing and if 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 things 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.

Date and time to call back _____

Thank you I will call back then.

HOUSING

1. _____ Are you still living at: [INSERT ADDRESS]

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

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

2a. **IF NO,** What is the best number?: _____

3. _____ What are your current living arrangements? [PROMPT WITH STATUS CHOICES]

4. _____ 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]

4 _____ Owns a home in a safe area

3 _____ Renting in a safe area

2 _____ Staying with relatives/friends

1 _____ Homeless

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

4a. Wants assistance with housing ____yes____no

1____No intentions of making change

DOCUMENT IMPRESSIONS/FOLLOW UP PLANS/RECOMMENDATIONS

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 assistance from us would be helpful to you 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 assistance from us, would be helpful to you 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

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 a change

8a. Help requested with Family/Social ____yes____no

DOCUMENT IMPRESSIONS/ FOLLOW UP PLANS/RECOMMENDATIONS

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?
 - 2a. **IF YES**, for what problems? _____
 - 2b. Are you on any medications for this?
 - 2c. **IF YES**, list medications_____
- 4.____How about any health problems or injuries to family members or those close to you that you worry about?
- 5.____How are you doing emotionally? For example, are you feeling really down or really anxious about anything?

IF NO, PROCEED TO QUESTION 7.

6. ____ Are you taking any prescribed medications for this?

6a. IF YES, list medications: _____

6b. Are you taking this as it was prescribed? Yes ____ No ____

7. ____ Have there been any traumatic events experienced by you or those close to you since our last contact? [e.g. violence, injury, accidents]

8. ____ What kind of help or resource, 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 problems but being addressed

2 ____ Health problems are threatening recovery

1 ____ Health is fragile, client not coping well

MI LEVEL: [CHECK ONE]

5 ____ Maintaining positive change

4 ____ In process of making a change

3 ____ Getting ready/committed to change

2 ____ Thinking about making a change

1 ____ No intentions of making a change

8a. Help requested for health/trauma problems Yes ____ No ____

DOCUMENT IMPRESSIONS/FOLLOW UP PLANS/RECOMMENDATIONS :

SUBSTANCE USE

1. ____ Are you on supervision? [Probation/parole] Yes ____ No ____

IF NO, proceed to question 2

IF YES, proceed to question 1a.

1a. How is your recovery going?

1b. Are you going to meetings? Are you in touch with your sponsor?

1c. Are there others you have found to be supportive in your recovery efforts?

1d. Would you like us to set up some time with a treatment counselor?

NOW, proceed to question 9.

2. ____ Let's talk about any use of alcohol or other drugs you may be taking.

3. ____ Have you used any alcohol since our last contact? Yes ____ No ____

3a. **IF YES**, when was your last drink?

3b. How much did you drink? _____

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? _____

6b. How much did you use? _____

6c. **IF NO, go 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

MI LEVEL: [CHECK ONE]

5 _____ Maintaining positive change

4 _____ In process of making a change

3 _____ Getting ready/committed to change

2 _____ Thinking about making a change

1 _____ No intentions of making a change

10b. Help requested for Substance Use Yes _____ No _____ For Gambling Yes _____ No _____

DOCUMENT IMPRESSIONS/ FOLLOW UP PLANS/RECOMMENDATIONS:

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

MI LEVEL: [CHECK ONE]

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

5a. Help requested for Employment Problems Yes___ No___

DOCUMENT IMPRESSIONS/FOLLOW UP PLANS/RECOMMENDATIONS:

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?
 - 2a. **IF YES**, what kinds of problems?
 - 2b. How have their problems with law enforcement affected you?
- 3. ___ Is there any help we might be able to give you?

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 and charged

MI LEVEL: [CHECK ONE]

- 5___ Maintaining positive change
- 4___ In process of making a change
- 3___ Getting ready, committed to change
- 2___ Thinking about making a change
- 1___ No intention of making a change

3a. Help Requested for Legal Problems Yes___ No___

DOCUMENT IMPRESSIONS/FOLLOW UP PLANS/RECOMMENDATIONS:

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, and, 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: _____ text field _____

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!