

Continuing Care Telephone Monitoring – Worksheet

Ten steps to completing a Continuing Care telephone interview

Client: _____

Session Date: ___/___/_____

Rating Date: ___/___/_____

Therapist: _____

- 1. Contact client as arranged and orient to task at hand.**
- 2. Review Risk Assessment Worksheet items with client.**
- 3. Give feedback on relapse risk level – low, moderate, high.**
 - Suggest, if needed, change in treatment protocol in response to client risk level.
 - Offer referral to outside services in response to client needs
- 4. Review client progress since last contact.**
- 5. Ask client to anticipate upcoming high-risk situations and discuss**
- 7. Review relapse prevention strategies and engage in problem-solving**
- 8. Assist patient in goal setting for interval until next contact.**
- 9. Review any referral process or change in treatment protocol to insure clarity**
- 10. Schedule next contact with client.**

Notes/Comments:

Continuing Care Recovery Check-Up

Question

Answer

How have you been doing with your recovery?	
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If recovery has been sustained:

What has helped you sustain your recovery?	
Have there been specific things (stressors or triggers) that have been making it difficult to sustain your recovery? If so, what have they been? How have you been managing them?	

If recovery has not been sustained:

When did you relapse?	Date:
What triggered the relapse?	
What have you been using?	
How often have you used?	
How much have you been using?	
What has worked well for you in the past when you have relapsed? What might you do this time to get back into recovery?	
Can I help you access treatment or other recovery support services? If yes, specify date and time for appointment.	Date: Time:

Risk Assessment

Risk Factor	Lowest Risk			Highest Risk
Mood	0	1	2	3
How would you describe your mood in the past week? (Sad, depressed, angry, worried, anxious, hopeless, etc) Has your mood been steady or changed often?	<1 day/ Wk	1-2 days/ wk	3 days/ wk	4 + days/ wk
Suicidality/ Homicidality	0	1	2	3
Have you had any thoughts of hurting yourself? or someone else? If yes, how frequent are the thoughts? Do you have a plan? Do you have what is needed to carry out the plan?	No	Infrequent Thoughts	Frequent Thoughts	Thoughts with Intent/Plan and/or Means
Medication Adherence	0	1	2	3

Have you had any changes in prescribed medication?	No			Yes
If currently taking medication, have you taken medication as prescribed this week?	Yes/NA	Most of the time	Some of the time	Rarely or never
Concern	0	1	2	3
How concerned are you right now about your ability to stay clean and sober until our next phone call?	Not at all concerned	A little concerned	Moderately concerned	Very concerned
Time Alone	0	1	2	3
How have you been spending your free time? (outside of work or other obligations) How much time are you spending alone or with strangers? Are you happy with the amount of time you spend alone?	None	1 day/wk	2-3 days/wk	4 days/ wk
High Risk Situations	0	1	2	3
The four riskiest situations you have identified were: XXXX Have you been in any of those in the past week?	None	1 time/ wk	2 times/ wk	3 or more times/ wk
Craving	0	1	2	3
Have you experienced cravings, dreams, thoughts or desires to drink or use drugs?	None	1-2 days/ Wk	3 days/ Wk	4 or more days/ wk
Craving	0	1	2	3
If so, how strong?	Just a passing thought	Mild	Moderate	Strong
Craving	0	1	2	3
What did you do when you had a craving?	Moved out of a risky situation or Did not seek a risky situation	Called sponsor or other positive support, attended a mtg., or a grp. sober activity	Participated in an individual sober activity (for ex - read, shower, exercise, journal writing)	Did nothing, but did not use
Risk Factor Total				

Protective Factor	Lowest Protection			Highest Protection
Living Environment	0	1	2	3
Are you currently living in a safe environment that supports your recovery?	No, living with active users			Yes
Recovery Activities	0	1	2	3
How many times have you participated in a recovery activity other than an AA/NA meeting with people who are sober or who have no alcohol/drug problem? The four activities you chose to involve yourself in were XXXX	None	1 time/ wk	2-3 times/ wk	4 or more times/ wk
Meetings	0	1	2	3
How many AA/NA meetings have you attended this past week?	None	1 time/ wk	2-3 times/ wk	4 or more times/ wk
Did you participate actively at any of these meetings?	No			Yes
Sponsor	0	1	2	3
How many times have you talked with your sponsor outside of meetings this past week?	None or no sponsor	1 time/ wk	2-3 times/ wk	4 or more times/ wk
Treatment Involvement	0	1	2	3
Are you involved in any other kind of services? (medical, psychiatric, etc.)?	Services needed but has not made/kept appt			Yes, or No additional services needed
Progress toward Goals	0	1	2	3
Have you been making any progress toward your goals?	No, I have had setbacks	I have not been progressing, but have not had setbacks	Yes, I have been making some progress	Yes, I have made considerable progress
Protective Factor Total				

Overall Risk Total (Protective Factor Total – Risk Factor Total)	
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If Overall Risk Total is positive, the patient has more protective factors than risks. If Overall Risk Total is negative, the patient has more risk factors than protective factors.

Case Management/ Other Service Needs	No	Yes
Do you have needs that are a major source of stress in any other part of your life?		
Transportation		
Employment		
Housing		
Childcare		
Family/ marriage concerns		
Problems with peer relationships		
Education		
Parenting		
Basic Needs (e.g., food, clothing, personal care)		
Medical		
Financial Issues		
Legal Issues		
Other: _____		

Activity	Response
Review risk level	
Review progress since last contact	
Problem solve issues raised by risk assessment	
Anticipate upcoming high-risk situations	
Set goals for coming week	
Offer referrals to outside services	
Schedule next contact	Date: Time: