

Recovery Coaching Support Tool [2015 edition]**INITIAL Recovery Coaching Session** (date: ___/___/___)

A Recovery Coach and the person being coached work as a team to figure out how to help the person being coached to succeed in recovery and live a more comfortable life. Working with a coach and using this tool will help you to solve problems and see the progress you are making in recovery. We need to show the legislators who fund our programs exactly how recovery coaching is helping to improve people's lives, and you can help us do it. We will not release anyone's name, progress in recovery, or their answers to the following questions. **Our reports do not include information that could identify any of our participants.**

Participant's Name (first and last) _____ **Gender:** male [] female [] other [] **Year of Birth** _____

Center Location _____

1. Who referred you to Recovery Coaching (circle the one that applies the most)

A. Friend or Person in Recovery (sponsor)	B. Substance abuse agency/clinic/provider (non-medication assisted)	Ba. Substance abuse agency/clinic/provider (medication assisted treatment)	C. Mental health agency/clinic/provider
D. Detoxification program	E. Emergency room	F. Hospital (non-ER related)	G. Doctor/primary care provider
H. Department of Corrections	I. Family/Mental Health Court	Ia. Drug Court	Ib. Rapid Intervention
J. Office of Economic Opportunity	K. Department of Labor	L. Housing (includes Transitional) services	M. Educational institution
N. Boss or employee assistance	O. Self	P. Family member	Q. Recovery Center or other non-profit
R. Church	S. Other faith ministry	T. Department for Children & Families	U. Other (_____)

2. Have you done any of the following?

	Ever in your life?			Past 30 days?	
	Yes	No		Yes	No
A. Attended a peer recovery support meeting (12 step or other)	Yes	No		Yes	No
B. Attended substance abuse treatment/counseling (either residential or outpatient)?	Yes	No		Yes	No
C. Attended mental health treatment/counseling (either residential or outpatient)?	Yes	No		Yes	No
D. Attended a detoxification program?	Yes	No		Yes	No
E. Gone to the emergency room to seek medical attention for any reason? (<i>medical and/or substance related</i>)	Yes	No		Yes	No
F. Been in the hospital as a patient for any reason?	Yes	No		Yes	No
G. Gone to a doctor/primary care provider as a patient for any reason?	Yes	No		Yes	No
H. Gone to a mandatory Department of Corrections program or meeting?	Yes	No		Yes	No
I. Been in court?	Yes	No		Yes	No
J. Met with the Department of Children and Families or used their services? (<i>3 Squares, Reach-up, etc.</i>)	Yes	No		Yes	No
K. Met with the Department of Labor or used their services?	Yes	No		Yes	No
L. Met with Vocational Rehab?	Yes	No		Yes	No
M. Met with a housing provider or used their services? (<i>housing assistance, shelters, etc.</i>)	Yes	No		Yes	No
N. Earned a diploma or G.E.D.?	Yes	No		Yes	No
O. Attended a faith-based ministry?	Yes	No		Yes	No
P. Participated in Medication Assisted Treatment (MAT)?	Yes	No		Yes	No

3. How many days in the past 30 have you used any alcohol? _____ days
4. How long have you been abstinent from alcohol right now? _____ days
5. How many days in the past 30 have you used marijuana or other drugs (not including those prescribed to you and were used as intended)? _____ days
6. How long have you been abstinent from other drugs including marijuana, prescription drugs (not used as intended), and other illegal drugs right now? _____ days
7. In the table below, circle the number that indicates how motivated you are to NOT use the following substances:

1 = not at all motivated to avoid use, 10 = highly motivated to avoid use, NA = not being coached for personal addiction problems

A. Alcohol	1	2	3	4	5	6	7	8	9	10	N/A
B. Marijuana	1	2	3	4	5	6	7	8	9	10	N/A
C. Opiates	1	2	3	4	5	6	7	8	9	10	N/A
D. Other drug of choice	1	2	3	4	5	6	7	8	9	10	N/A

8. In the past 30 days, how many times have you experienced the following?

Note: please use numbers only

A. Had contact with the police?	
B. Been arrested?	
C. Been convicted of a crime?	
D. Spent days on probation?	
E. Spent days in jail/prison?	
F. Been in crisis?	
G. If you have been in crisis, which domain(s) on the SSM chart were the cause of the crisis? _____, _____, _____, _____	

- | | | | | | |
|---------------------------------------|---------------------------|----------------------|--|---------------------------|----------------------|
| | Ever in your life? | Past 30 days? | | Ever in your life? | Past 30 days? |
| 9. Have you been on probation? | Yes No | Yes No | 10. Have you spent time in jail/prison? | Yes No | Yes No |

11. Medication adherence: During the past 30 days, have you followed medical advice when taking the following prescribed medications including taking medications as prescribed?

Physical Health meds (YES | NO | N/A) Addiction meds (YES | NO | N/A) Mental Health meds (YES | NO | N/A) Pain Meds (YES | NO | N/A)

Self-Sufficiency Matrix for Recovery Coaching Participants

Domains	<u>Self-Sufficient</u> Score: 1	<u>Stable/Safe</u> Score: 2	<u>At Risk</u> Score: 3	<u>Unstable</u> Score: 4	<u>In Crisis/Not Self-Sufficient</u> Score: 5
Access to Services	Is receiving a full range of services to meet needs	Receiving services; barriers to access may limit choices	Knows what is needed; options are limited	Assistance required to access services on their own.	Doesn't know needs; barriers to access; Needs help
Health Insurance	Has full coverage to meet needs	Has limited coverage, meets needs	Has coverage; financial barriers; doesn't meet needs	At risk of losing coverage; limited resources/requires help in accessing services.	No coverage; barriers to access; needs help
Housing	Housing is sufficient and meets needs	Housing adequate; meets most needs	Insufficient/at risk; help available	At risk of losing housing; limited access to help	No housing; barriers to access; needs help
Basic Needs Food, Heat, Mail Clothing, Phone	Basic needs are being met	Resources are adequate; meets most needs.	Lacks resources to meet basic needs; help available	Basic needs not met; has limited access to help	Basic needs not met; barriers to access; needs help
Transportation	Has reliable transportation; meets needs	Has adequate transportation; meets most needs	Lacks reliable transportation; help is available	Lacks transportation; has limited options	Lacks transportation; barriers to access; needs help
Physical Health	No problems or health needs are being met	Treatment of health problems is adequate; meets most needs	Health problems treated inadequately	Has health problems; treatment inadequate; limited access to help	Has health problems, barriers to access help; needs help
Social	Social network is more than sufficient (more than 3-5 friends who care)	Social network is sufficient (has at least 3 friends who care)	Social network is insufficient (less than 2-3 friends who care)	Social network is very limited (has 1 friend who cares); and has no one to add	Has no social network; barriers to increase; needs help
Family (Primary partner relationships)	Family & relationships are stable; no help is needed	Family & relationships are somewhat stable; adequate resources/help	Family & relationships are unstable; inadequate resources/help	Family & relationships are very unstable; have limited resources	Family is in crisis; barriers to access help; needs help
Spirituality/Optimism	Maintaining Spirituality and Optimism	Action - Actively pursuing spirituality & developing optimism	Preparation Considering belief in Spirituality & better future	Contemplation Questioning Spirituality - considering others who have optimism for future	Pre-contemplation In crisis - No belief in Spirituality; no optimism for future
Recovery supports	Pursuing recovery in multiple ways including helping others	Actively pursuing recovery in multiple ways (not necessarily helping others at this stage)	Meeting peer supporters and professionals	Disconnected but aware of possible benefits from recovery support	In Crisis - No belief that things can get better – flight risk

Score # (1 = sufficient, 2 = stable, 3 = at risk, 4 = unstable, 5 = in crisis) and make notes as needed

Domains Continued	<u>Self- Sufficient</u> Score: 1	<u>Stable/Safe</u> Score: 2	<u>At Risk</u> Score: 3	<u>Unstable</u> Score: 4	<u>In Crisis/Not Self-Sufficient</u> Score: 5
Alcohol & Drug Treatment	Responsible use or active intervention and/or no help needed	Alcohol/Drug problems are adequately treated	Alcohol/Drug problems inadequately treated; help available	Alcohol/Drug problems are not treated; limited resources	Severe problems; barriers to access; needs help
Medication-Assisted Treatment (MAT)	MAT has been completed successfully or is not needed	MAT is in progress	MAT is an option but has not begun, able to access	MAT is an option but assistance is required to access	MAT appears to be needed but there are barriers to access
Mental Health	No problems and/or no help needed	Mental health problems are adequately treated	Mental health problems are inadequately treated; help available	Mental health problems are not treated; limited resources	Mental health problems not treated, barriers to access help; needs help
Legal issues & Involvement with Dept. of Corrections	No legal problems; no help needed	Few legal problems and receiving help	Legal problems; help available	Legal problems; limited help/resources	Legal problems not being addressed, barriers to access help; needs help
Education	Sufficient education; no help needed	Insufficient education; is in school/training	Insufficient education; help is available	Insufficient education; limited resources	Insufficient education; barriers to access help; needs help
Employment	Working full or part time; no help needed	Working full or part time; may need help	Unstable job; help is available	Unstable job; limited resources	Unemployed; barriers to access help; needs help
Parenting Skills	Possesses positive approach/skills to parenting; access to ample resources; no help needed	Possesses adequate approach/skills to parenting; meets most needs	Parenting approach/skills and resources inadequate; help available	Parenting approach/skills potentially put children at risk; limited resources	Parenting insufficient and children at risk; barriers to access help; needs help
Safety	Relationship(s) are emotionally supportive/nurturing and free of violence; no help needed	Relationship(s) are supportive; meets most needs	Relationship(s) are chaotic; help available	Relationship(s) are verbally abusive, controlling, coercive; limited resources	Relationship(s) are verbally and physically abusive; barriers to access help; needs help
Wellness	Is proactively meeting wellness needs in a variety of ways	Is doing proactive work to stay mentally and physically well	Not working to stay mentally and physically well; options available	Assistance required to access options to improve wellness	Unable to improve wellness; barriers to improvement

Score # (1 = sufficient, 2 = stable, 3 = at risk, 4 = unstable, 5 = in crisis) and make notes as needed

Self Sufficiency Matrix (SSM) score throughout the recovery coaching relationship

Participant's Name (first and last) _____ Center Location _____

Domains	Initial	6 weeks	3 months	6 months	9 months	1 year	Final
Date:	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Access to services							
Health insurance							
Housing							
Basic needs (food, heat, etc.)							
Transportation							
Physical health							
Social network							
Family/partner relationships							
Spirituality/optimism							
Recovery supports							
Alcohol and drug treatment							
MAT							
Mental health							
Legal issues & DOC involvement							
Education							
Employment							
Parenting skills							
Safety							
Wellness							

Please include copy of SSM score sheet with initial session and all follow up sessions

Participant's recovery priorities

Priority (SSM domain)	Description of action steps	Results/notes/ideas
Priority #1	Action step 1:	
	Action step 2:	
	Action step 3:	
Priority #2	Action step 1:	
	Action step 2:	
	Action step 3:	
Priority #3	Action step 1:	
	Action step 2:	
	Action step 3:	
Priority #4	Action step 1:	
	Action step 2:	
	Action step 3:	

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FOLLOW UP Recovery Coaching Session (date: ___/___/___)

We appreciate that recovery coaching is a collaborative process between two people who are committed to recovery. It is important to the Recovery Coaching Program that both the Recovery Coach and the person being coached take the time to collect the following information. We group your responses with the responses of others taking part in recovery coaching so we can learn if recovery coaching is helping to make a difference in people’s lives. **All information that could identify you will be removed before it is grouped with data from other participants.**

Participant’s Name: _____ **Gender:** male [] female [] other [] **Year of Birth** _____

Center Location: _____

Please circle timeframe and attached copy of Self-Sufficiency Score Sheet: 6 weeks 3 months 6 months 9 months 1 year **Final**

1. Have you done any of the following in the past 30 days?

A. Attended a peer recovery support meeting (12 step or other)	Yes	No
B. Attended substance abuse treatment/counseling (either residential or outpatient)?	Yes	No
C. Attended mental health treatment/counseling (either residential or outpatient)?	Yes	No
D. Attended a detoxification program?	Yes	No
E. Gone to the emergency room to seek medical attention for any reason? (<i>medical and/or substance related</i>)	Yes	No
F. Been in the hospital as a patient for any reason?	Yes	No
G. Gone to a doctor/primary care provider as a patient for any reason?	Yes	No
H. Gone to a mandatory Department of Corrections program or meeting?	Yes	No
I. Been in court?	Yes	No
J. Met with the Department of Children and Families or used their services? (<i>3 Squares, Reach-up, etc.</i>)	Yes	No
K. Met with the Department of Labor or used their services?	Yes	No
L. Met with Vocational Rehab?	Yes	No
M. Met with a housing provider or used their services? (<i>housing assistance, shelters, etc.</i>)	Yes	No
N. Earned a diploma or G.E.D.?	Yes	No
O. Attended a faith-based ministry?	Yes	No
P. Participated in Medication Assisted Treatment (MAT)?	Yes	No

- 2. **How many days in the past 30 have you used any alcohol?** _____ days
- 3. **How long have you been abstinent from alcohol right now?** _____ days
- 4. **How many days in the past 30 have you used marijuana or other drugs (not including those prescribed to you and were used as intended)?** _____ days
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7. In the past 30 days, how many times have you experienced the following?

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D. Spent days on probation?	
E. Spent days in jail/prison?	
F. Been in crisis?	
G. If you have been in crisis, which domain(s) on the SSM chart were the cause of the crisis? _____, _____, _____, _____	

9. Have you been on probation? Ever in your life? Past 30 days? 10. Have you spent time in jail/prison? Ever in your life? Past 30 days?
 Yes No Yes No Yes No Yes No

11. Medication adherence: During the past 30 days, have you followed medical advice when taking the following prescribed medications including taking medications as prescribed?

Physical Health meds (YES | NO | N/A) Addiction meds (YES | NO | N/A) Mental Health meds (YES | NO | N/A) Pain Meds (YES | NO | N/A)

11. If this is your final recovery coaching session, please complete the following: *(circle all that apply)*

A. I am ready to move on in recovery and no longer need coaching	B. I have sufficient recovery support outside of coaching
C. I do not feel that coaching is working for me	D. I am no longer able to attend coaching sessions
E. I am moving to another area	F. Other _____

REMINDER: PLEASE SEND COPY OF SELF-SUFFICIENCY MATRIX SCORE WITH FOLLOW UP INFORMATION.