



RI Partnership

NRI Community Services, Inc

Family Resources Community Action Program

Gateway Healthcare, Inc – Tri-Hab Division

Dept. of Mental Health, Retardation & Hospitals – Division of Behavioral Healthcare

with funding from Robert Wood Johnson Foundation

Continuing Care Services

A Recovery Management Support Program

Participant Workbook

Adapted with permission from James McKay, Ph.D.
University of Pennsylvania, Treatment Research Institute
mckay_j@mail.trc.upenn.edu

Revised 11/5/2007

Quality Addiction Care
manual



WELCOME TO THE CONTINUING CARE PROGRAM!

You are in the process of building a solid foundation for your sobriety. This part of the program will help you through Monitoring and Counseling.

Monitoring is the process of reviewing how you are doing on a regular basis. Often, relapses seem to “just happen,” but if you look at it more closely, you can see that you were heading in that direction for some time. Monitoring helps you stay honest with YOURSELF. You can give yourself credit for the progress you have made, and you can see when you need to get back on track before you use.

Counseling will consist of brief conversations geared toward helping you achieve YOUR goals. Your counselor will offer suggestions but you will be the one responsible for choosing and following through on a plan.

The key to your success is your willingness to follow through on your plans. Some of them require more thought and planning than others. At times, some of them will seem like a waste of time. Some of them will be downright hard. But none of them are impossible! You can do this! Sometimes you will feel good about following through on your plan. Sometimes you won't. Do it anyway! It is important! The energy and time you invest in your sobriety today will more than pay off down the road.

When Do I Talk to My Counselor by Phone?

Month 1:	Date	Time	Month 9:	Date	Time	Month 20:	Date	Time
Call 1			Call 1			Call 1		
Call 2			Call 2			Extra		
Call 3			Extra			Month 21:	Date	Time
Call 4			Extra			Call 1		
Extra			Month 10:	Date	Time	Extra		
Month 2:	Date	Time	Call 1			Month 22:	Date	Time
Call 1			Call 2			Call 1		
Call 2			Extra			Extra		
Call 3			Extra			Month 23:	Date	Time
Call 4			Month 11:	Date	Time	Call 1		
Extra			Call 1			Extra		
Month 3:	Date	Time	Call 2			Month 24:	Date	Time
Call 1			Extra			Call 1		
Call 2			Extra			Extra		
Call 3			Month 12:	Date	Time			
Call 4			Call 1					
Extra			Call 2					
Month 4:	Date	Time	Extra					
Call 1			Extra					
Call 2			Month 13:	Date	Time			
Extra			Call 1					
Extra			Extra					
Month 5:	Date	Time	Month 14:	Date	Time			
Call 1			Call 1					
Call 2			Extra					
Extra			Month 15:	Date	Time			
Extra			Call 1					
Month 6:	Date	Time	Extra					
Call 1			Month 16:	Date	Time			
Call 2			Call 1					
Extra			Extra					
Extra			Month 17:	Date	Time			
Month 7:	Date	Time	Call 1					
Call 1			Extra					
Call 2			Month 18:	Date	Time			
Extra			Call 1					
Extra			Extra					
Month 8:	Date	Time	Month 19:	Date	Time			
Call 1			Call 1					
Call 2			Extra					
Extra								
Extra								

High-Risk Situations

Drinking and drug use don't just happen out of the blue. Everyone has their own situations that are especially risky for them. These are your high risk situations. Throughout the Telephone Continuing Care Program you will monitor whether you are spending time in your high-risk situations, and try to decrease the amount of time you spend around your triggers for use.

My top four high-risk situations (e.g., people, places and things) I need to avoid:

- In a bar
- In a crack house
- At an active friend's house
- At an active family member's house
- Hanging out with active drinkers/users
- With boyfriend/girlfriend/spouse while they are drinking/using
- With boyfriend/girlfriend/spouse, or ex-boyfriend/girlfriend/spouse
- Tricking/picking up prostitutes
- At a corner store that sells beer
- At a party where there is alcohol/drugs
- Driving/riding through neighborhoods I used in
- Other:

Being alone, especially with nothing to do, is another high-risk situation for many people. Throughout the program you will monitor how much time you spend alone or in the company of strangers (not including time spent at work or school).

Moving Toward A Sober Life

Staying away from high-risk situations is a great start, but maintaining recovery in the long term means building a full, rewarding new lifestyle free of substance use. Throughout the program you will monitor how often you do fun and fulfilling things with people who do not have an alcohol or drug problem, and try to increase your involvement in a recovery-oriented lifestyle.

My top four ways to spend time with people who do not have an alcohol or drug problem:

- Brothers/sisters events
- Recreational/sports participation
- Activities with my children
- Activities with clean and sober family members
- Activities with clean and sober friends
- Church services
- Church social activities
- Classes (GED, college, etc)
- Working out/going to the gym
- Other:

TELEPHONE CONTINUING CARE EMERGENCY/SAFETY CONTRACT

1. My primary care physician: _____
Phone number: _____.

2. My local emergency room is at _____ Hospital and the
phone number is _____.

3. In an emergency, the person I can most count on to assist me in obtaining help is
_____, whose phone number is _____.

4. My Telephone Continuing Care counselor is: _____
Phone number: _____.

5. My psychiatrist is: _____. Phone number: _____.

7. My sponsor is: _____ Phone number: _____.

If I genuinely feel like hurting/killing myself or someone else, I will do the following steps. If needed, I will contact my emergency helper (identified in #3) and ask him/her to help me complete these steps:

- a. During daytime hours Monday thru Friday contact my Continuing Care counselor at the following number _____.
- b. If I have a psychiatrist treating me, I will contact his/her office and tell them that I am in crisis.
- c. If I can not reach either of the above I will contact the agency's 7 day, 24 hour Emergency Services at _____.
- d. If none of the above can be reached, I will go to my local emergency room and tell them I am in psychiatric crisis.
- e. If I am unable to get to an Emergency Room, I will dial 911, tell them I am in psychiatric crisis and ask for help.

If I am in any type of medical crisis, I will call my primary care physician. If he/she is unable to be reached, I will go to my local emergency room, urgent care facility, or call 911 and ask for help.

I have reviewed this emergency plan with my Telephone Continuing Care Counselor and fully understand the steps I need to take in the event that I am in psychiatric or medical crisis. I agree to review this contract with my emergency helper.

Client's Signature

DATE

Counselor's Signature

DATE

WHAT DO I DO IF...

I'm tempted to tell my counselor what I think he/she wants to hear instead of what is really going on?

In order for you to get the help and feedback that you need from your counselor, it is very important for you to be as honest and accurate with your progress and problems as you can possibly be. Your counselor will not necessarily know that you have relapsed, that you feel you are in danger of relapsing, or that you are having a particularly difficult time unless you tell him/her. Your honesty is essential to your success in this program.

I haven't worked on any of my goals this week and it's time for my scheduled call with my counselor?

Even though you may prefer to skip this session and not accept your counselor's call until you've gotten back on track, you need to accept your counselor's call now anyway. And you need to say, "I haven't worked on any of the goals I planned to work on this past week." Your counselor is not going to scream and holler. The two of you will talk about what has been going on and figure out what you need to do next.

I need to talk to my counselor before our next session?

If a crisis arises and you need to speak with your counselor on a day when you are not scheduled to talk, feel free to call him/her at the office. If he/she isn't available, or it is after office hours, leave a message on his/her voice mail. Your counselor will make every attempt to return your call as soon as possible. It would also be a good idea to call your sponsor and/or get yourself to a meeting for support. If the emergency is so serious that you cannot safely wait for a return phone call, follow the emergency contract in this booklet.

I'm unable to keep a telephone session appointment?

In the event of an emergency that prevents you from being able to accept your counselor's call, please make every effort to contact him/her on or before the day of your telephone appointment so that you can reschedule. Please leave a message with a suggested time to call you to reschedule if your counselor is not available.

I start to think this program is not working out for me?

Your counselor is committed to helping you achieve your goals in abstinence. If you find that you need more structure than the regularly scheduled telephone sessions provide, please talk honestly and directly with your counselor about this. You and your counselor will determine whether to have more frequent phone calls, have one or more in-person sessions, or whether to help you get back into a different level of care or treatment program.. Needing a different level of treatment at a certain time does not mean you have failed and is not a reason to drop out of treatment. It is a measure of your recovery that you are able to know when you need more help and are able to act on that knowledge. If you think the phone calls themselves have not been helpful, again, please be honest and direct with your counselor. You and he/she will work together to make sure this treatment is as helpful as possible. Your counselor can best work with you if you are willing to work with him/her.

My counselor thinks I need a higher level of care?

Each call will begin with a structured review of how you have been doing. If it becomes clear to your counselor that you need more structure and support than the regularly scheduled telephone sessions provide (for example, because of relapse, or your inability to follow your treatment plan, or continued risk taking behaviors, etc.), he/she will recommend that you receive more intensive treatment according to how you are doing at that time. This could include extra phone calls, one or more in-person sessions, or help getting back into a higher level of care. This recommendation would not be made lightly or for reasons other than your safety and abstinence. Once you are back on track, you will return to your regular phone call schedule.

I don't follow through with being available when my counselor and I have arranged a time?

Your counselor cannot help you if you are not available when he/she calls throughout treatment. If you fail to be available when your counselor calls as arranged, please contact your counselor as soon as possible thereafter. It is very important for you to provide your counselor with current, accurate telephone numbers where you can be reached. If you are not available when your counselor calls as scheduled AND you make no attempt to reach him/her throughout the following week, your counselor will try to reach you through the contact people you have provided, and will also try to contact you by mail. After three months of no contact, your counselor will no longer continue to try to reach you, but you are welcome to return to treatment at ANY time.

I am experiencing a crisis and need help right away?

Please refer to the emergency contract in this booklet.

Monitoring and Counseling Worksheet – Orientation Session

Date: _____

Please complete this worksheet BEFORE each scheduled phone call! Each question should be answered for the time period since you last spoke with me.

1. Mood

How many days have you been in a bad mood throughout most of the day? _____

2. Thoughts of Harm to Self or Others

Have you had any thoughts of hurting yourself or someone else?

IF YES:

- a. How often? _____
- b. Do you have a plan? _____
- c. Do you have what you need to carry out the plan? _____

If you answered yes to b or c, you may want to call your counselor before your scheduled telephone call time.

3. Medications

Have you had any medical appointments? **Yes / No**

Have you taken your meds as prescribed this week?

Yes OR Not Applicable / Most of the time / Some of the time / Rarely or never

Have you had any changes in prescribed medications? **Yes / No**

4. Concern

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 / Somewhat Concerned / Very Concerned**

5. Time alone

In the past week, how many days have you spent most of your day alone or in the company of strangers? _____

6. High Risk Situations

How many times have you spent time around situations you have identified as high risk?

Never/1X per week/2X per week/3 or more times per week

7. Craving

How many days have you had cravings, dreams, thoughts or desires to drink or use drugs?

None/1-2 days per week/3 days per week/4 or more days per week

IF YOU HAD ANY CRAVINGS:

How strong were the cravings? **Just a passing thought / Mild / Moderate / Strong**

What did you do when you had a craving?

- Called sponsor or other positive support, attended a meeting, participated in a group sober activity
- Participated in an individual sober activity
- Did nothing, but did not use Used a substance
-

8. Alcohol/Drug Use

In the past week, have you used alcohol or other drugs? **Yes / No**

IF YES:

Substance: _____ Date of last use _____

How much? _____ How often? _____

Substance: _____ Date of last use _____

How much? _____ How often? _____

Substance: _____ Date of last use _____

How much? _____ How often? _____

9. Sober Living

Think of the clean/sober activities you chose to do: How many times have you participated in a sober activity other than an AA/NA meeting with people who are sober or who have no alcohol/drug problem? **Never/1X per week/2-3 X per week/4 or more X per week**

10. Meetings

How many AA/NA meetings have you gone to? __

Never/1X per week/2-3 X per week/4 or more X per week _____

IF ATTENDED:

Did you participate actively (e.g., raise your hand, help set-up or clean up) at least once per week? **Yes / No**

11. Sponsor

Do you have an AA or NA sponsor? **Yes / No**

IF YES:

How many times have you talked with your sponsor *outside of meetings*?

Never/ 1X per week/2-3X per week/4 or more X per week

12. Treatment Involvement

Are you involved with any other kinds of services (e.g., medical, psychiatric, etc.)? **Yes / No**

IF YES:

- Services needed but have not made/kept appointments
- Yes - appointments made and/or kept

Next Call: **Date**_____ **Time:**_____

Goals for Next Call:

1. _____

2. _____

Monitoring and Counseling Worksheet

Date: _____

Please complete this worksheet BEFORE each scheduled phone call! Each question should be answered for the time period since you last spoke with me.

1. **Mood**

How many days have you been in a bad mood throughout most of the day? _____

2. **Thoughts of Harm to Self or Others**

Have you had any thoughts of hurting yourself or someone else?

IF YES:

d. How often? _____

e. Do you have a plan? _____

f. Do you have what you need to carry out the plan? _____

If you answered yes to b or c, you may want to call your counselor before your scheduled telephone call time.

3. **Medications**

Have you had any medical appointments? **Yes / No**

Have you taken your meds as prescribed this week?

Yes OR Not Applicable / Most of the time / Some of the time / Rarely or never

Have you had any changes in prescribed medications? **Yes / No**

4. **Concern**

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 / Somewhat Concerned / Very Concerned**

5. **Time alone**

In the past week, how many days have you spent most of your day alone or in the company of strangers? _____

6. **High Risk Situations**

How many times have you spent time around situations you have identified as high risk?

Never/1X per week/2X per week/3 or more times per week

7. **Craving**

How many days have you had cravings, dreams, thoughts or desires to drink or use drugs?

None/1-2 days per week/3 days per week/4 or more days per week

IF YOU HAD ANY CRAVINGS:

How strong were the cravings? **Just a passing thought / Mild / Moderate / Strong**

What did you do when you had a craving?

- Called sponsor or other positive support, attended a meeting, participated in a group sober activity**
- Participated in an individual sober activity**
- Did nothing, but did not use** **Used a substance**
-

8. **Alcohol/Drug Use**

In the past week, have you used alcohol or other drugs? **Yes / No**

IF YES:

Substance: _____ Date of last use _____

How much? _____ How often? _____

Substance: _____ Date of last use _____

How much? _____ How often? _____

Substance: _____ Date of last use _____

How much? _____ How often? _____

9. Sober Living

Think of the clean/sober activities you chose to do: How many times have you participated in a sober activity other than an AA/NA meeting with people who are sober or who have no alcohol/drug problem? **Never/1X per week/2-3 X per week/4 or more X per week**

10. Meetings

How many AA/NA meetings have you gone to? __

Never/1X per week/2-3 X per week/4 or more X per week _____

IF ATTENDED:

Did you participate actively (e.g., raise your hand, help set-up or clean up) at least once per week? **Yes / No**

11. Sponsor

Do you have an AA or NA sponsor? **Yes / No**

IF YES:

How many times have you talked with your sponsor *outside of meetings*?

Never/ 1X per week/2-3X per week/4 or more X per week

12. Treatment Involvement

Are you involved with any other kinds of services (e.g., medical, psychiatric, etc.)? **Yes / No**

IF YES:

- Services needed but have not made/kept appointments
- Yes - appointments made and/or kept

13. A goal I felt good about completing: _____

14. A goal that was hard to complete: _____

15. Other things I need to talk about with my counselor: _____

Next Call: Date _____ Time: _____

Goals for Next Call:

1. _____

2.
