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Introduction

Recovery Management Tool Kit

The National Association of Drug Court Professionals at the request and assistance of the Montana Office of the Court Administrator/Supreme Court are developing a **Recovery Management Tool Kit (RMTK)**. This RMTK will include specific instruments and associated instructions as well as examples of suggested policy in an effort to meet associated best practice standards related to recovery management.

As an example, to meet the standard for development of a self-directed continuing care plan in the last phase, we will include a format for a self-directed recovery management planning tool for participants and a related treatment court policy on how best to utilize it. Many of the instruments will be culturalized for the Native American population as well. Another example would be how best to meet the 90-day follow-up requirement after discharge to support and check up on a discharged participant's progress by utilizing the Recovery Maintenance Check-in modeled after the Recovery Management Check up developed by Scott and Dennis of Chestnut Health Systems and associated instructions. A focus on Recovery Capital and associated policy, scale, and worksheets are included.

The RMTK is being made available to anyone who would like to use it or any of the components and is in the public domain. If you have questions about the tool kit or have a suggested documents that might be included, please contact Jeff Kushner (JKushner@mt.gov) or Shane Wolf (SWolf@allrise.org).

Treatment Court Recovery Management Policy and Plan (Example)

The ____ Judicial Drug Court (JDC) is an adult felony drug court that admits defendants with up to three prior convictions. The program is voluntary. All participants must submit to regular breath testing for alcohol and urinalysis for other drugs; make frequent court appearances, participate in prescribed substance use dependency treatment; find and maintain full time employment or attend school or training full-time, or obtain part time employment and part time school or a vocational training program and see their probation officer as required.

When a participant successfully completes the program that at a minimum requires 12 months and they are on deferred prosecution, their original charges may be dismissed. For those who have been convicted, individual incentives are negotiated for completing treatment court.

Treatment is provided by community-based organizations and is evidence-based. Longitudinal studies have repeatedly demonstrated that substance abuse treatment (particularly for 90 or more days) is associated with major reductions in substance use, health/mental health problems, and costs to society (e.g., French, et al., 2000, 2002, in press; Hser, et al., 2001; Hubbard et al., 1989; Salome, et al., Sells, 1974; Simpson, et al., 1997; 1999). However, post-discharge relapse and eventual re-admission may occur.

Aftercare/Continuing Care

Although relapse and re-offense rates are considerably better in the drug court environment than traditional treatment rates and traditional probation rates, drug courts, not unlike this treatment court, continue to look for ways to improve the graduation rates, long-term recovery, and reductions in re-offense. One area that justifies a review is that of recovery management or helping participants prepare for “after treatment court” through additional planning, support, and monitoring.

Relapse after discharge from treatment and eventual re-admission are common (Godley, Godley, Dennis, Funk, & Passetti, 2002, Lash, Petersen, O’Connor, & Lehmann, 2001; McKay, Alterman, Cacciola, Rutherford, O’Brien, & Koppenhaver, 1997, McKay, McLellan, Alterman, Cacciola, Rutherford, O’Brien, 1998). Clearly, if we can do a better job of understanding and strategizing to improve our relapse prevention efforts, more people will graduate, cost effectiveness will be improved, and criminal recidivism will decrease.

Recognizing that most primary treatment episodes last between three and four months, treatment for many individuals ends too early. According to some researchers (i.e., Godley et al. (2002) and McKay (2001)), only 1 in 5 of those who complete treatment attends aftercare or continuing care.

Drug courts are in a unique position to considerably improve this 20% rate who attend aftercare because of the length of stay required in most treatment courts. Belenko indicates that data from American University surveys of drug courts that about 60% of those who enter drug courts are still in treatment one year later.

Aftercare provides the opportunity to serve a variety of functions: 1) increased level of therapeutic contact with the participant after primary treatment. This appears to be of significant benefits for positive outcomes; 2) a monitoring function that provides an incentive for abstinence to be maintained especially if urinalysis is part of the monitoring; 3) reinforcement of attendance at self-help meetings which research validates the maintenance of sobriety for the long-term, and, 4) more efficient re-entry back into primary treatment when relapse occurs. Research documents that the more subsequent treatment someone receives, the better their long-term outcome. Additionally, the earlier the detection and the movement back to an intervention, the greater the improvement to long-term outcomes.

In the State of Montana, contracts to publicly funded provider organizations generally support services delivered during formal primary treatment, i.e., residential, and intensive outpatient followed by outpatient treatment (acute care). Following formal discharge from treatment based on levels of care criteria continuing care services are not reimbursable. Given the commonly accepted belief that alcohol and other drug abuse dependence is a chronic disease characterized by relapse and multiple treatment admissions, it seems contradictory to limit the focus placed on participant supports and not to include resources for aftercare services. Participant supports that are designed to prevent relapse and facilitate reentry to treatment when relapse occurs warrant significant attention.

Concern about these issues has led to efforts of new treatment approaches modeled after the management of other chronic disorders such as cancer, diabetes, hypertension, and asthma. These disorders have similar kinds of relapse rates, readmission rates, and co-occurring problems that complicate treatment (e.g., Angolan, et al., 1997; Davidson and Straus, 1995; Dennis, Perl, et al., 2000; Else, 1999; Godley, Godley, Dennis, & Funk, 2002; Leukefeld & Leukefeld, 1999; Lamb et al., 1998; Leshner, 1997; Leukefeld, Tims & Platt, 2001; O'Brien and McLellan, 1996; McLellan, Lewis, O'Brien, & Kleber, 2000; White, Boyle and Loveland, in press). Over the past several years, the field of alcohol and other drug abuse treatment has increasingly used step-down or continuing care approaches. However, few models focus on treatment post-

discharge monitoring, re-intervention, and recovery management like what is used in managing other chronic health disorders.

In the ___ Judicial District, there are five phases to the program, Path I is the Acute Stabilization Phase where everyone spends a minimum of four weeks unless at the time of admission to the program, the assessment denotes need for immediate primary or residential treatment. To move to Phase II, a participant must be dropping clean, attending court, case manager appointments, mutual aid meetings, enrolled in a primary treatment program and be honest.

Phase II is the Primary Treatment Phase and is based on levels of care criteria. Phase II lasts a minimum of three months. In order to graduate from Phase II to Phase III (the Habilitation Phase), a participant must remain clean for a minimum of thirty days, attend treatment, self-help meetings, court appearances, provide urine drops and see their case manager. Phase III lasts a minimum of four months. To move to Phase IV, the Preparing for Long Term Recovery Phase, the participant must also be employed or in a full-time training/educational program or engaged in an employment and training/education program which constitutes full time involvement; and submit a **Recovery Management Plan (RMP)** to the drug court judge for approval. The RMP is to be developed primarily by the drug court participant (self-directed) with oversight from his/her primary treatment counselor. This RMP will be the focus point of the participant and the drug court team in Phase IV. Phase IV lasts a minimum of 3 months and to graduate the treatment court, a participant must have had negative urinalysis/breathalyzers for three months.

The Recovery Management Plan is structured to cover most areas of life of the participant when it comes to remaining clean, sober, and productive (see attached). Areas covered include Avoiding Alcohol and other Drug Use, Staying Healthy, Avoiding Relapse Triggers, Family/Legal/Employment, Other Areas of My Life I Want to Work on and High-Risk Time Periods That I Need to Plan For. In all areas, the participant and his/her primary counselor define the Problem(s), Goal(s), and Approach(es) for each area noted above prior to submitting the plan to the Drug Court Judge. Additionally, the RMP will include a Recovery Capital Assessment that documents the resources/assets that the drug court participant has accrued before and during their time in treatment court. This recovery capital assessment includes those items that can be drawn upon to initiate and sustain recovery. There are four types of recovery capital. The more complex and severe the drug abuse problem the more recovery capital is needed to sustain recovery:

- Social Capital – examples of which are a safe and secure home/neighborhood, an intimate partner supportive of recovery, participation in recovery support groups, a sponsor
- Physical capital – money, transportation resources, an enjoyable job, clothes, and food.

- Human capital – treatment resources, monitoring of one’s recovery, a doctor who attends to one’s healthcare, health insurance.
- Cultural capital – recovery rituals part of one’s life, goals and hopes for the future, meaningful participation in family and community, a responsibility for service to others

Existing treatment programs are asked to monitor the RMP either through one-on-one sessions or by the participant attending group sessions.

Phase V is the **Recovery Management Check-in phase** and is not a part of the formal drug court process. This phase is documented in the participant’s contract and occurs after formal discharge. This phase is strictly to help the graduate maintain his or her recovery through regular telephone check-ups and facilitating resolution of problems identified including facilitating additional treatment if necessary. Check-ins may be administered by volunteers, peer mentors or coaches after proper training in confidentiality, resources in the community, boundaries, etc.).

The _____ JDC Drug Court Model --- Recovery Management Checkups

Recent research developed and completed by Michael L. Dennis and his team at Chestnut Health Systems has shown that Recovery Management Checkups (assessments, motivational interviewing, and linkage to treatment re-entry) are superior in outcome to an attention control group for aftercare purposes. Participants assigned to RMC were significantly more likely than those in the control group to return to treatment, to return to treatment sooner, and to spend more subsequent days in treatment. They were significantly less likely to need additional treatment at 24 months and after. This demonstrates the importance of post-discharge recovery management checkups to improve the long-term outcomes of people with chronic, substance use disorders. Economic studies have consistently demonstrated that this ordeal of use and relapse is associated with real social costs associated with crime, health problems, pregnancy, service utilization, and employment, as well as personal costs in terms of quality of life. The sooner an intervention can occur, and drug use halted, the better the economic outcome for the long-term.

The _____ Treatment Court utilizes the Recovery Management Plan process and Recovery Maintenance Check-in system by implementing the following set of actions:

1. Require Treatment Providers who see participants in Path IV to schedule group and/or one-on-one sessions. These sessions shall be used specifically to monitor drug use and the previously submitted Recovery Management

Plan. Treatment providers are asked to report to the drug court on their findings for that session not unlike current requirements during primary treatment.

2. Case Managers are required to specifically monitor progress on the RMP. After a Case Manager appointment, a report to the drug court team and Judge with the progress or lack thereof for the participant will be documented. Case Managers continue to monitor urinalysis reports to detect drug use. When drug use is detected, they work with the Judge to immediately place the participant on the docket for a status hearing and be reviewed by the team and the Judge. If the drug use warrants formal re-opening of the case into primary treatment, the drug court team will work with the treatment provider to move the person back into the appropriate level of primary treatment at the earliest possible time to minimize the damage caused by the relapse. Reopening the treatment file for primary care may be an appropriate treatment adjustment.
3. Case Managers will validate progress made regarding the seven areas enumerated in the RMP through collateral contacts (e.g., sponsor, family members, employers {pay stubs}, and others).
4. The drug court judge will also focus on the RMP through the progress notes of the Case Manager and treatment counselor and comment on them during status hearings. If relapse occurs and criteria is met with levels of care criteria, providers agree to re-open and expedite the case into primary treatment including entry into residential treatment if warranted. Thus, in Phase IV, the treatment provider, case manager, drug court team and the judge from the bench will all be focused on the Recovery Management Plan and associated progress.
5. The drug court will initiate the Recovery Maintenance Check-in process in the fifth phase, post-graduation to support the participant's recovery over the next three years. As part of the initial contract signed by the participant upon admission to drug court, a clause shall be included informing the participant that the intent of the drug court is to support them in their recovery including after discharge through this telephonic monitoring process. This process will help link-up services that might be needed by the discharged participant to sustain their recovery. The results of the supportive process will be confidential and not part of the active drug court process.

Proactively developing an RMP as the focus of the beginning of the last formal Phase and the Recovery Maintenance Check-in process as the 5th Phase (after discharge) facilitates early re-entry into an appropriate treatment intervention if needed and are recognized as essential components of an effective long-term management of this disorder not unlike many other chronic disorders.

(Draft) RECOVERY MANAGEMENT PLAN

In the following areas of your life, please identify how you plan to remain clean, sober, and productive:

1. Avoid Drug/Alcohol Use:

Problem(s): Inability to maintain long-term sobriety

Goal(s): To remain clean and sober in a less restrictive setting

Approach(es): A. Attend group and/or individual treatment at:

_____ (treatment program)

when _____

B. Attend self-help meetings at _____

when _____

C. Call my sponsor at: (telephone #) _____

_____ times per week

when _____

D. Other approaches: _____

2. Manage Cravings:

-Exercise Daily_____

-Prayer/Meditation_____

-

Talk/Journal_____

-12-Step
Meeting/Sponsor_____

-Relaxation
Exercises_____

-

Medication_____

-Other strategies that work for me_____

3. Stay Healthy

Problem(s): My examples (smoking, being overweight, not exercising, not taking my medications)

Goal(s): My goals (like stop smoking, lose 15 pounds, go to the "Y", take my medications)_____

Approach(es): (take smoking cessation class, reduce my calorie intake, more sleep, exercise, purchase a weekly pill box)

Goal(s): Develop healthy family relationships, remove legal problems and avoid future problems and maintain my employment.

Approach(es):

6. Other Areas of My Life I Want to Work On:

Problem(s):

Goal(s):

Approaches:

7. High-risk time periods that I must plan for to avoid relapse:

Problem(s):

Goal(s)

Approach(es)

Date

Name

Counselor

Recovery Capital Assessment

Did We Do All We Could?

The Before You Terminate Checklist...

Because we want to give treatment court participants with the reoccurring, relapsing disease of addiction every opportunity to succeed, it is a best practice to try several different interventions before terminating a participant. Our goal should be to graduate our admissions because clearly, drug court participants that graduate remain productive, law-abiding citizens at much greater percentages than others who do not complete or do not chose drug court. To help with this, here is a checklist of suggestions for interventions. Keep in mind particularly for sanctioning to assess what is proximal (can be done by the participant right now) and what is distil (cannot be accomplished right now but in the future). The checklist is bifurcated to provide progressive responses to non-compliance (sanctions) and to alcohol and other drug use (therapeutic responses):

Non-Compliance-Sanctions

- If they have a cell phone, make their screen picture a picture of the judge or drug court staff. That way, if they want to call their dealer, they will see our face.
- Community service work
- Letter saying "good-by" to my drug
- Apologize to court/other participants for what they did
- Earlier curfew
- Ask participant what we need to do to help them do the program and achieve stable recovery.
- Complete Motivational Interviewing Balance Sheet
- Sit in the jury box for law and motion day and observe drug offenders being locked up
- Appear alone with drug court team to discuss their issues at hand (maybe in chambers or at staffing)
- Check history of participant, was there a significant amount of time they were compliant? If so, focus on their successes and then address the violation.
- Attempt to get participant back on track by offering to reduce or eliminate punishment if they get back on track for a minimum of two weeks, i.e., if they do everything right, they will not have to serve their jail time, but if they don' t do everything right, the punishment will double.

- ___ Help change their environment so that it will not be a trigger for them including geographic limitations or people limitations (limits on people, places, and things)
- ___ Daily call-ins
- ___ Putting on a sober social event for peers
- ___ Writing assignments-journaling
 - paper on consequences
 - paper on triggers
 - paper on dealing with stress
 - paper on what makes you feel good without using alcohol/drugs
 - paper on reasons to quit
 - paper on people to call including phone numbers
 - paper on choices
 - paper on what the violation was and how would you handle the situation differently
- ___ Phase demotion (only in severe non-compliant cases)
- ___ Short-term shock jail sanction (1-3 days)
- ___ Longer term jail sanction (less than a week)

Therapeutic Responses

- ___ Increase self-help meetings
- ___ Complete a Balance Sheet (MI exercise)
- ___ Relapse time-line to recognize triggers they had not noticed.
- ___ Workbooks (Hazelden has a very good set of workbooks by drug of choice)
- ___ Workbook (Coming Back from a Relapse from Hazelden)
- ___ Anger Management workbook
- ___ Essay and Research, e.g., list 5-10 coping skills and how I will utilize them, what went wrong and how I plan to avoid it or do different next time, what I hope to achieve with the help of drug court, where I want to be in 2 years.
- ___ Journal (thoughts, feelings, side-effects, activities, etc.)
- ___ Letter saying "good-by" to my drug
- ___ Revise treatment plan and Increase intensity of treatment (additional treatment sessions and/or level of care)
- ___ Consideration of Medically Assisted Treatment
- ___ DBT classes
- ___ Medicine Wheel cultural group
- ___ Mental health assessment
- ___ COD (Co-Occurring Disorder) Group participation
- ___ Additional group therapy or an alternative group therapy like a grief group.
- ___ Life skills class
- ___ Yoga classes or other exercise classes
- ___ Parenting classes (for young parents)

- ___ Boxing classes
- ___ MRT (Moral Reconation Therapy) classes
- ___ Peer Support or Mentor Program Participation
- ___ Keeping a journal
- ___ Anger Management classes
- ___ Complete a Recovery Capital Assessment
- ___ Complete Recovery Capital Worksheets
- ___ Complete a self-directed recovery management plan
- ___ Transfer to different provider to improve "fit"
- ___ Complete a behavior analysis with case manager
- ___ Electronic monitoring
- ___ 90 and 90 (complete 90 meetings in 90 days)
- ___ Medically Assisted Treatment
- ___ More frequent medication monitoring
- ___ More frequent appointments with case manager
- ___ Meet regarding medication and/or consults with the psychiatrist
- ___ Changing Attitudes and Behaviors Class
- ___ Re-assess for mental health and trauma treatment once the chemical fog clears
- ___ Change Company journals like Eat Smart, Employment Skills, etc.
- ___ Check history of participant, was there a significant amount of time they were compliant?
If so, focus on their successes and then address the violation.
- ___ Food and sleep logs to track lifestyle patterns
- ___ Encourage physical activity (exercise) as part of a healthy lifestyle
- ___ Pain management group
- ___ Seeking Safety group
- ___ Craving log (hourly)
- ___ Scheduling with daily calendar
- ___ Utilize Pre-release Center - corrections facility to provide sustainability/accountability/structure and low-level residential treatment
- ___ Incorporate family through a multi-family group and/or family sessions
- ___ Schedule a round table discussion to discuss options, concerns, and recommendations with the drug court team.
- ___ (Intensify treatment) Residential treatment
- ___ Put a Safety Plan in place; who to contact in case of triggers, relapse, possible sponsor, mentor, crisis intervention lines locally, names of team members who can speak to this individual (counselor, surveillance officer)
- ___ Add intensive Case Management services to determine what other needs client may have
- ___ Additional Mental Health or medication management assessment
- ___ Increased home visits by surveillance, increased drug testing
- ___ GPS monitoring or SCRAM monitoring if appropriate
- ___ Get a sponsor if s/he does not have one-do daily contact
- ___ Victim Impact Panels

- ___ Assign a peer mentor
- ___ Recovery Management Group discussion and associated paper on what was learned
- ___ chain analysis of what happened to cause the relapse

I don't know of any research on which sanctions work best for what non-compliance, but I am quite sure that it varies from participant to participant. For some, jail time doesn't faze them; for others it is a major deterrent. The effectiveness depends largely on what is important to the participant. Consistency and fairness are critical, as is the participant knowing in advance that there will be consequences for a specific behavior.

Here are 6Rs of Principles regarding sanctions, therapeutic responses, and incentives and how to apply them in Drug Court

1. **Related.** The consequence should be logically related to the behavior. Jail time (time out) is appropriate if they have been doing things that are not legal or are endangering or disturbing to themselves or others (e.g. fighting or acting out in treatment, frequently and flagrantly disregarding rules, associating with drug users, forging signatures, etc.) Jail time doesn't make as much sense for failure to attend treatment sessions or getting a job (we are punishing them for not doing something they should, by locking them up where they still can't do it.) For these kinds of infractions additional work (e.g., writing a paper on a subject relevant to the problem or community service until they find a job) is more logically related.
2. **Reasonable.** Always consider what we have asked them to do that they have not done that is resulting in a sanction or therapeutic response. This gets back to what is proximal and what is distal. In delivering sanctions and/or therapeutic responses we should always consider what can be expected of the individual at this point in the drug court process (proximal) and what we cannot expect of the individual given where they are in the process (distal). Do not give them a sanction that is more than they can reasonably handle or that is going to distract from rather than add to their ability to comply. In other words, you would not want the sanction to be so time consuming that it was going to make it even harder to get to their treatment sessions, work, etc. You wouldn't want it to be something that they are physically or emotionally unable to do. The severity should be proportional to the severity of the infraction. The goal here is not to punish (or "get even") them but to change behavior. The sanction or therapeutic response should be seen as a tool for accomplishing that.
3. **Responsible.** It should be clear, to us and to them, that they are responsible for the consequences through the choices that they make, and we have not just arbitrarily decided to deal out this "punishment". Two things are required for this. 1) They should know in advance what the range of consequences will be for a specific behavior. This is the reason for a chart or matrix of incentives, sanctions and therapeutic responses that documents the range of possible actions. However, you do not want the chart to be so specific that it does not allow for exceptions based on

individual needs and circumstances or restricts us from giving out a needed response based on those individual needs. This will result in a feeling of unfairness. If something comes up that is not on the list and the individual did not realize that it would result in a specific consequence, then a warning that a future violation will result in a consequence is required by the fairness rule. 2) The consequence should be administered as soon after the violation as possible and it should always be made clear to them what behavior resulted in this consequence and why.

4. **Respectful.** Sanctions and therapeutic responses should be administered in a respectful, non-punitive fashion. Our attitude should convey that this is not being done because we are angry but because they have knowingly made a choice that results in this consequence. This decreases their ability to blame us rather than take responsibility for it themselves.
5. **Reconcilable.** It is important that they know what they need to do to recover from this mistake and get back into good graces with the program. It should be clear at the moment what all the consequences are, both immediate and future (e.g., will it delay their program completion, will a future violation of the same rule result in a compounded consequence, etc.) so that down the line they do not feel that old mistakes are still being used against them. Once they have paid the consequences through whatever sanction we have given them they should have a sense of hope and freedom to move forward.
6. **Relapsing, Drug Dependence** is a chronic brain disease. We are dealing with a disease of the brain, body, and emotions. Alcohol and other drug use is a symptom of the disease and relapse can very easily be a valuable tool and learning experience. Some people relapse many times before they “get it.” We need to be patient and not too quick to terminate individuals with a substance use disorder until they have every opportunity to practice the skills they are learning to remain clean and sober. According to the National Institute on Drug Abuse it takes 3-6 months of consistent attendance and participation in treatment before there is an effect. We need to keep this in mind concerning what is distal and what is proximal. We must provide an adequate dose of treatment for there to be an effect, not unlike other chronic diseases.

FAMILY STRENGTHS AND NEEDS SURVEY (FSNS)

Interview Form

Case or Client ID: _____ Counselor ID: _____ Program: _____

Today's Date: _____ Program Entry Date: _____

NOTE TO INTERVIEWER: Consistent with a motivational interviewing approach, using an empathic and gentle style of counseling encourages the participant to begin speaking in a conversational style (versus providing yes/no answers). The best results will be obtained by establishing rapport.

The family data capture sheet should be completed with the participant before beginning this interview. To facilitate the interview, in automated applications, the header section of this interview form will be pre-populated with the first names and relationships to the respondent of her or his family members. If the process is not automated at your site, you may wish to add this information by hand before beginning.

It may be worthwhile to keep the family data capture sheet available during this interview to supplement or update it as information becomes available during this interview.

Read to Client: As you know, substance use impacts the entire family. We want to make sure that you and your family have as much support as possible during your recovery. I would like to ask you a few questions about your family and their strengths. This will help to identify the ways we can support you to meet your family's needs.

The information you provide will remain confidential. However, I need to make you aware of some limits to confidentiality. It is my legal responsibility to report suspected abuse or neglect of a child, elderly person or a disabled person or if I believe you are in danger of harming yourself or another person. If you report that you intend to physically injure someone the law requires me to inform that person as well as the legal authorities. However, I am not directly seeking this type of information in this interview.

May I answer any questions? Are you ready to begin now?

Please tell me about your family:

What do you see as the greatest strengths of your family?

What do you appreciate or like most about each of your children?

What do you like about being a parent?

BASIC NEEDS and EMPLOYMENT

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

1) What is your employment status?

- ① Employed Full Time (30hrs/ week or more)
 ② Employed less than 30hrs
 ③ Unemployed *looking* for work
 ④ Unemployed, *not looking* for work
 ⑤ Student
 ⑥ Homemaker
 ⑦ Disabled

Other, Please specify:

2) What is your significant other's employment status?

- ① Employed Full Time (30hrs/ week or more)
 ② Employed less than 30hrs
 ③ Unemployed *looking* for work
 ④ Unemployed, *not looking* for work
 ⑤ Student
 ⑥ Homemaker
 ⑦ Disabled
 ⑧ Not Applicable

Other, Please specify:

3) What resources or services would assist you to find employment?

- ① Clothing for job interviews
 ② Transportation to job interviews
 ③ Resume building/ job interview skills
 ④ Computer access for job search
 ⑤ Not Applicable

Other, Please specify:

4) Does your family's income make it difficult to meet any basic needs? If so, which basic needs are not being met? (Bubble multiple answers if needed)

- ① Shelter/Housing
 ② Food/Nutrition
 ③ Clothing

Other, Please specify:

Not at All Slightly Moderately Considerably Extremely Not Applicable

5) How concerned are you about the effect your drug or alcohol use has had on your employment?

6) How worried are you about your employment status?

7) Have others expressed concern about your employment status? If so, how concerned are they?

8) Have others expressed concern about the employment status of your spouse/significant other?

9) Please explain any worries or issues you may have or others have expressed about your employment or financial status or your significant other's employment or financial status:

BASIC NEEDS and EMPLOYMENT

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

10) Do any of your other family members have issues related to employment? If so, who?

① ② ③ ④ ⑤ ⑥ ⑦ ⑧

Please describe the issues or concerns regarding family members' employment:

	Not at All	Slightly	Moderately	Considerably	Extremely	Not Applicable
11) How worried are you about meeting your family's basic needs? (Basic needs include food, clothing, and shelter)						

12) Have others expressed concerned about your family's basic needs? If so, how concerned are they?

13) Please explain any concerns you may have or others have expressed about meeting your family's basic needs:

14) What strengths do you and other family members presently have to help you deal with employment issues or meeting basic needs?

15) What contacts and community resources are available to you or other family members to help you deal with these issues? What ideas do you have that may improve the problems or issues you described?

**Basic Needs, Financial Status, Employment
Notes:**

MEDICAL and DENTAL

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

<i>For Interviewer: These are open ended questions intended to engage the client and to elicit conversation.</i>	<i>For Interviewer: If the questions asks to specify a family member, please bubble in the appropriate number.</i>
1) Are there issues, or do you have concerns regarding medical problems or issues for any of your family members? <i>(Note: Identify family members with medical issues at right)</i> Please describe your concerns:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8
3) Do any of your children or other family members require a physical exam or medical checkup? If so, who?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8
4) Are all of your children up to date on immunizations? If not, who is behind schedule?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> No children
5) Are there any dental problems or issues for any of your family members? <i>(Identify family members with dental issues at right)</i> Please describe your concerns, including any need for dental exams.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8
6) Did your mother, or the mother of any of your family members drink alcohol during pregnancy? If so, which family members may have been exposed to alcohol before birth?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8

Not at All Slightly Moderately Considerably Extremely Not Applicable

7) How concerned are <i>you</i> about your family members' <i>physical</i> health?						
8) Have <i>others</i> expressed concern about your family members' <i>physical</i> health? If so, how concerned are they?						
9) Please explain any concerns you may have or others have expressed about your family's physical health or dental issues.						
10) What strengths in your family may help you to deal with these issues?						
11) What contacts in the community or other resources are available to your family to help you to deal with these physical health or dental issues? What steps can you or others in your family take to solve these problems?						

CHILD CARE and PARENTING

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

<i>For Interviewer: These are open ended questions intended to engage the client and elicit conversation. If the participant has no children, please mark the bubble below and skip to the next section.</i> <input type="radio"/> No children	<i>For Interviewer: If the questions asks to specify a family member, please bubble in the appropriate number.</i>
--	--

1) Are any of your children in someone else's care during the day while you are away from home? If so, which children?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8
---	---

2) Is this care provided by another family member (<i>Note: listed at right</i>)? If so, who? If not, indicate primary child care provider below.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8
--	---

3) Who do you consider to be your *primary* child care provider?

1 Child's Grandparents 2 Licensed Day Care Facility 3 Baby Sitter or Nanny
 4 Friend 5 Neighbor

Other Caregiver (Please describe)

4) For which of your children is child care needed, or is child care a problem?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8
--	---

	Not at All	Slightly	Moderately	Considerably	Extremely	Not Applicable
--	------------	----------	------------	--------------	-----------	-------------------

5) Do you have any worries about your current child care arrangements?						
---	--	--	--	--	--	--

6) Have <i>others</i> expressed concern about your current child care arrangements? If so, how concerned are they?						
---	--	--	--	--	--	--

7) Please explain any issues you may have, or that others may have expressed about current child care arrangements.						
--	--	--	--	--	--	--

8) How concerned are <i>you</i> about your own parenting skills?						
---	--	--	--	--	--	--

9) Have <i>others</i> expressed concerns about your parenting skills? If so, how concerned are they?						
---	--	--	--	--	--	--

10) How concerned are <i>you</i> about the parenting skills of your spouse or significant other?						
---	--	--	--	--	--	--

11) Have <i>others</i> expressed concerns about the parenting skills of your spouse or significant other? If so, how concerned are they?						
---	--	--	--	--	--	--

12) Please explain any worries you may have, or that others may have expressed about your parenting skills, or the parenting skills of your spouse or significant other.						
---	--	--	--	--	--	--

CHILD CARE and PARENTING

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

13) If any of your children have open dependency cases, or if you have lost custody of any of your children, what can be done to resolve these issues?

14) What family strengths will help you to deal with these issues?

15) What contacts or community resources are available to your family to help you to deal with these child care or parenting issues? How can you use these resources or contacts?

Child Care and Parenting

Notes:

EDUCATION

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

For Interviewer: These are open ended questions intended to engage the client and elicit conversation.

For Interviewer: If the question asks to specify a family member, please bubble in the appropriate number.

1) Are any of your child(ren) currently receiving special education services?

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
 No children

2) Do you believe that any of your children may require a special education assessment?

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
 No children

3) Do you have plans to continue *your own* education? If so, what are your plans? What steps do you intend to take, and what kind of support do you need to pursue these plans?

4) Does your spouse, significant other or any other adult in your family plan to continue his or her education? If so, what are his or her plans? What kind of support do you think this person needs to pursue these plans?

Not at All Slightly Moderately Considerably Extremely Not Applicable

5) How concerned are *you* about your child(ren)'s ability to learn?

6) Have *others* (including teachers or other school personnel) expressed concern about your child(ren)'s ability to learn? If so, how concerned are they?

7) Please explain any issues or worries you may have or others may have expressed about your child's ability to learn:

8) How concerned are *you* about your child(ren) missing school?

9) Have *others* (including teachers or other school personnel) expressed concern about your child(ren) missing school? If so, how concerned are they?

10) Please explain any concerns you may have or others may have expressed about your child's absence from school:

EDUCATION

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

11) What family strengths may help you to deal with issues related to your education or your child(ren)'s ability to learn, education or absences from school?

12) What contacts or resources do you or other family members have in the community that may help you to deal with issues related to your own or to your children's education? How can you use these contacts or resources?

Education

Notes:

SOCIAL/EMOTIONAL/BEHAVIORAL

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

<i>For Interviewer: These are open ended questions intended to engage the client and to elicit conversation.</i>	<i>For Interviewer: If the questions asks to specify a family member, please bubble in the appropriate number.</i>
--	--

1) Are there any issues on your mind regarding your family members' social and emotional well-being or mental health? Who are you concerned about? Please describe your concerns:	① ② ③ ④ ⑤ ⑥ ⑦ ⑧
2) Are you worried at all about family members' behavior? Who are you concerned about? Please describe the issues:	① ② ③ ④ ⑤ ⑥ ⑦ ⑧
3) Do you have any concerns about your children's growth or development? Please describe these issues:	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ <input type="radio"/> No children
4) Are any of your family members <i>currently receiving</i> services for social, emotional, mental health and/or behavioral issues? If so, who? What kind of services are they receiving?	① ② ③ ④ ⑤ ⑥ ⑦ ⑧
5) Have any of your family members <i>ever received</i> services for social, emotional, mental health and/or behavioral issues in the past? If so, who?	① ② ③ ④ ⑤ ⑥ ⑦ ⑧

	Not at All	Slightly	Moderately	Considerably	Extremely	Not Applicable
6) How concerned are <i>you</i> about your family members' <i>social and emotional well-being, behavior or mental health</i>?						
7) Have others expressed concern about your family members' <i>social and emotional well-being, behavior or mental health</i>? If so, how concerned are they?						

8) Please explain anything that worries you, or concerns that others may have expressed about family members' social and emotional well being or mental health.

SOCIAL/EMOTIONAL/BEHAVIORAL

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

9) How concerned are *you* about your children’s growth or development?

10) Have *others* expressed concern about your children’s growth or development? If so, how concerned are they?

11) Please explain any issues that you may have, or that others may have expressed about your children’s growth and development.

12) What strengths do you or other family members presently have to help you deal with issues around your children’s growth or development?

13) What contacts in the community or community resources do you or other family members have to help you in these areas? How will you use these contacts or resources to improve family members’ well being, behavior and mental health and/or your children’s growth or development?

**Social/Emotional/Behavioral
Notes:**

FAMILY

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

<p>1) Who do you rely on for emotional support? (Note family members at right and—if not included as family members—darken bubbles associated with appropriate categories below)</p> <p> <input type="radio"/> ① Your parent(s) <input type="radio"/> ② Your grandparent(s) <input type="radio"/> ③ Your sibling(s) <input type="radio"/> ④ Friends <input type="radio"/> ⑤ Self Help Group <input type="radio"/> ⑥ Others (Please describe): </p>	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧
<p>2) Which members of your immediate family have been affected by your alcohol and/or drug use?</p>	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧
<p>3) Other than family members, who else has been affected by your alcohol and/or drug use? (Please describe)</p>	
<p>4) Have others expressed concern about the effect your alcohol and/or drug use is having/ has had on your family? (If so, Note affected family members at right) On others? (If others have expressed concern about effects of AOD use on persons not included as family members—please describe affected others below)</p>	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧
<p>5) With who have you experienced serious conflict for more than a week or so? (Note: family members at right and—if not included as family members—please describe others with whom participant has experienced serious conflict below)</p>	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧
<p>6) Have others expressed concern about serious conflict(s) you've experienced with family members? (Note the family members involved in this conflict at right) About conflict with others? (If others have expressed concern about serious conflicts with persons not included as family members—please describe the persons involved in conflicts with the participant below)</p>	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧
<p>7) Has anyone in your family been hurt, hit or threatened by another family member? Who was hurt, hit or threatened?</p>	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧
<p>8) Who did the hurting, hitting or threatening?</p>	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧
<p>9) Does anyone in your family have a current issue with substance abuse? If so, who?</p>	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧
<p>10) Does anyone in your family have a past issue with substance abuse? If so, who?</p>	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧

FAMILY

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

11) Does anyone outside your family that you currently spend time with have a <i>current</i> issue with substance abuse? If so, who?
12) Does anyone outside your family that you currently spend time with have a <i>past</i> issue with substance abuse? If so, who?
Please explain any issues or worries you may have or that others have expressed about:
13) The social and emotional support you need.
14) The effect of your alcohol and/or drug use on others.
15) Serious conflicts that you and/or family members have experienced.
16) A family member hurting, hitting or threatening another family member.
17) Spending time with others that have had or currently have issues with substance abuse.
18) What strengths within your family may help you to deal with these issues?
19) What contacts in the community or other community resources are available to you or to other family members to deal with these issues? How can you use these resources or contacts to help your family?

**Family
Notes:**

TRAUMA

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

<i>For Interviewer: These are open ended questions intended to engage the client and elicit conversation.</i>	<i>For Interviewer: If the question asks to specify a family member, please bubble in the appropriate number.</i>
<p>1) Have you or a member of your family experienced, or witnessed or been confronted with a traumatic event? (Traumatic events can include witnessing or experiencing physical or sexual abuse, violence in families and communities, loss of a loved one, refugee and war experiences, living with a family member whose caregiving ability is impaired, and having a life-threatening injury or illness.) If so, please describe the event and who was affected.</p>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8
<p>2) Were your children present at the time you or a member of the household they were living in was arrested? If so, who saw or heard this happening? How do you think this event affected them?</p>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> No children
<p>3) Have you or any family members that you know of been bothered by things that may have resulted from a traumatic event? For example, some people who have experienced or been exposed to a traumatic event have memories of the event or nightmares about it that keep coming back, they avoid activities or thoughts or feelings associated with the event, or they feel jumpy, easily startled or always watchful or on guard. If so, who has been bothered by symptoms like this?</p>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8
<p>4) Have you, or has any member of your family ever experienced a serious fall, an accident in a vehicle, a blow or a penetrating injury above the shoulders, been vigorously or violently shaken, or exposed to a blast or explosion? If so, please indicate who, and describe the event that family member experienced.</p>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8
<p>5) Did you or that family member lose consciousness (were you or the family member “knocked out”) or become dazed, confused or “see stars” immediately after the event? Were you or the family member unable to remember the event right afterward? Did you or the family member suffer from a concussion or head injury as a result of the event? If any of these apply, please indicate the person who experienced the symptom.</p>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8
<p>6) Did any of the following problems begin or get worse after the event? Memory problems or lapses? Problems with balance or dizziness? Sensitivity to bright light? Irritability? Headaches? Problems sleeping? If so, please indicate the person who experienced this problem or for whom the problem got worse after the event.</p>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8

TRAUMA

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

7) Please share anything else you would like to add about your exposure, or family members' exposure to traumatic events or the type of events we just discussed:

8) What family strengths may help you deal with these issues?

9) What community contacts, or other resources in the community are available to help you to deal with issues related to trauma? How can you use these contacts or resources ?

Family Strengths and Needs Survey Data Capture Sheet

Case or Client ID:	Admin ID:	Today's Date	Drug Court Enrollment Date				
First Name	1 Participant	2	3	4	5	6	7
Relationship to Participant							
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth/ Age							
Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pac Islnder <input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pac Islnder <input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pac Islnder <input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pac Islnder <input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pac Islnder <input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pac Islnder <input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pac Islnder <input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown
Latino/ Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
% time participant currently lives with:							
Participant has parental rights for:							
Currently employed	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed, looking <input type="checkbox"/> Unemployed, not looking <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Other	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed, looking <input type="checkbox"/> Unemployed, not looking <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Other <input type="checkbox"/> N/A	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed, looking <input type="checkbox"/> Unemployed, not looking <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Other <input type="checkbox"/> N/A	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed, looking <input type="checkbox"/> Unemployed, not looking <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Other <input type="checkbox"/> N/A	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed, looking <input type="checkbox"/> Unemployed, not looking <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Other <input type="checkbox"/> N/A	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed, looking <input type="checkbox"/> Unemployed, not looking <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Other <input type="checkbox"/> N/A	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed, looking <input type="checkbox"/> Unemployed, not looking <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Other <input type="checkbox"/> N/A
Educational Attnmnt (Yrs)							
Veteran							
CPS/ Child Welfare case							
In foster or relative care							
Current criminal justice case/ legal issue							
Is your family currently...?							
Receiving services through the VA?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Receiving SSI, SSDI or other public assistance to support yourself and/or your family?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving child welfare services?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Receiving services through a Community Based Vet Center	<input type="checkbox"/> Yes <input type="checkbox"/> No						

[Type here]

Service Referral and Screening/Assessment Summary

First Name		1 Participant	2	3	4	5	6	7	8	9
Relationship to Participant										
<i>Receiving or Needing Service or Further Screening: R = Receiving Services N = Need Services NSA = Need Screening or Assessment</i>										
Family	Substance Abuse Services									
	Counseling/Therapy									
	Psychiatric Care									
	Trauma Services									
Medical/Dental	Medical Services									
	Dental Services									
	Immunizations									
Child Development	Developmental Assessment									
	Child Behavior and Conduct									
Parenting/Child Care	Parental Skills Training									
	Child Care Services									
Education	Adult Educational Services									
	Special Education									
Basic Services/Employment	Employment Svcs									
	Housing Services									
	Food/Nutrition Svcs									
	Income Assistance									
	Legal Services									

FAMILY STRENGTHS AND NEEDS SURVEY (FSNS): SHORT FORM

Interview Form

Case or Client ID: _____ Interviewer ID: _____ Program: _____
Today's Date: _____ Program Entry Date: _____

NOTE TO INTERVIEWER: To identify the individuals the participant considers to be part of her or his family, the "family data capture sheet" should be filled out before beginning this interview. To make this interview easier, in automated applications, the header section of this FSNS Short Form will display the first names and relationships to the respondent of each family member. If the process is not automated at your site, you may wish to add this information by hand to the header rows of each page of this form before beginning the interview.

It may be worthwhile to keep the family data capture sheet available to add to it or update it as information becomes available during this interview.

Read

to Client: As you know, substance use affects the entire family. We want to be sure that you and your family have as much support as possible during your recovery. You have already provided some basic information about yourself and each member of your family. Now, I would like to ask you a few more questions about your family to identify the ways we can support you to meet their needs. Your answers may result in recommendations for more in-depth assessment to determine the best way to help a member of your family, or in immediate referrals to services to strengthen your family. If you are open to it, we may talk some more about your family in the future, or touch base again to see how the members of your family are doing. Do you have any questions so far?

The information you provide will remain confidential—which means we won't share it with anyone that is not directly involved with providing services to you or to your family members. Your privacy and their privacy is very important to the court. However, I need to make you aware of some limits to confidentiality. It is my legal responsibility to report suspected abuse or neglect of a child, elderly person or a disabled person or if I believe you are in danger of harming yourself or another person. If you report that you intend to physically injure someone the law requires me to inform that person as well as the legal authorities. However, I am not directly seeking this type of information in this interview.

Do you have any other questions before we begin?

What do you usually say when people ask about your family? (optional)

Every family has strengths. Family members can have strengths at school, at work, in sports, at making or working on things, or personality traits. Tell me about some of your family's strengths. (optional)

BASIC NEEDS and EMPLOYMENT

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

1) What is your employment status? [Check all that apply]

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> ① Employed Full Time (30hrs/ week or more) | <input type="checkbox"/> ② Employed less than 30hrs | <input type="checkbox"/> ③ Unemployed <i>looking</i> for work | <input type="checkbox"/> ④ Unemployed, <i>not looking</i> for work |
| <input type="checkbox"/> ⑤ Employed, but I could do better (underemployed) | <input type="checkbox"/> ⑥ Student | <input type="checkbox"/> ⑦ Homemaker | <input type="checkbox"/> ⑧ Disabled |
- Other, Please specify:

2) Does your family run out of money for basic expenses before the end of the month?

- | | | | |
|-------------------------------|--|---|--|
| <input type="checkbox"/> ① No | <input type="checkbox"/> ② Once in a while | <input type="checkbox"/> ③ Fairly often | <input type="checkbox"/> ④ Every month |
|-------------------------------|--|---|--|

3) What kind of assistance is needed to meet your family's basic needs? [Check all that apply]

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> ① Rent (Shelter/Housing) | <input type="checkbox"/> ② Food or household supplies | <input type="checkbox"/> ③ Clothing | <input type="checkbox"/> ④ Gas or Bus money (Transportation) |
| <input type="checkbox"/> ⑤ Medications | <input type="checkbox"/> ⑥ School supplies | <input type="checkbox"/> ⑦ Water, electricity or other utility bills | <input type="checkbox"/> ⑧ Other (please describe) |

4) What resources or services would assist you to find employment or a better job?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> ① Clothing for job interviews | <input type="checkbox"/> ② Transportation to job interviews | <input type="checkbox"/> ③ Resume building/ job interview skills | <input type="checkbox"/> ④ Computer access for job search |
| <input type="checkbox"/> ⑤ Not Applicable | | | |
| <input type="checkbox"/> ⑥ Other, Please specify: | | | |

5) Do any of your other family members need employment services? If so, who?

- ①
 ②
 ③
 ④
 ⑤
 ⑥
 ⑦
 ⑧

Basic Needs, Financial Status, Employment Notes:

MEDICAL and DENTAL

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

<i>For Interviewer: These open ended questions are intended to surface issues with family members that may affect the participant's recovery or engagement in the program.</i>	<i>For Interviewer: If the questions asks to specify a family member, please bubble in the appropriate number.</i>
1) Do you have any worries or concerns regarding medical problems or issues for any of your family members? (Note: Identify family members with medical issues at right)	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧ <input type="radio"/> No
2) Do any of your children or other family members need a physical exam or medical checkup? If so, who?	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧ <input type="radio"/> No
3) Sometimes it's difficult to keep track of this, but do you happen to know whether all of your children are up to date on immunizations? Who might be behind schedule?	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧ <input type="radio"/> No children <input type="radio"/> Not sure
4) Are there any dental problems or issues for any of your family members? (Identify family members with dental issues including need for dental exams at right)	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧ <input type="radio"/> No
5) Do you think that you or any of your family members were exposed to alcohol or other drugs before birth and may benefit from assessment or services related to this exposure? If so, which family members may have been exposed to alcohol or other drugs before birth?	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧ <input type="radio"/> No <input type="radio"/> Not sure

Medical and Dental Issues

Notes:

.

CHILD CARE and PARENTING

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

<p><i>For Interviewer: These open ended questions are intended to surface issues with family members that may affect the participant's recovery or engagement in the program. If the participant has no children, please mark the bubble below and skip to the next section.</i></p> <p><input type="radio"/> No children</p>	<p><i>For Interviewer: If the questions asks to specify a family member, please bubble in the appropriate number.</i></p>
<p>1) Do any of your children have open dependency cases? Do you need any help or support at this time to resolve these issues?</p>	<p>① ② ③ ④ ⑤ ⑥ ⑦ ⑧ <input type="radio"/> No</p>
<p>2) Have you lost custody of any of your children? If this is an issue that worries or concerns you right now, what kind of help or support do you need to deal with your loss of parental rights?</p>	<p>① ② ③ ④ ⑤ ⑥ ⑦ ⑧ <input type="radio"/> No</p>
<p>3) Do you have any worries about child care? For which of your children is child care needed, or is child care a problem? Please describe concerns below.</p>	<p>① ② ③ ④ ⑤ ⑥ ⑦ ⑧ <input type="radio"/> No</p>
<p>4) Would you, or would any members of your family that care for children benefit from parenting skills training? Please describe any issues regarding caregivers' parenting skills below.</p>	<p>① ② ③ ④ ⑤ ⑥ ⑦ ⑧ <input type="radio"/> No</p>

Child Care and Parenting

Notes:

SOCIAL/EMOTIONAL/BEHAVIORAL

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

<i>For Interviewer: These open ended questions are intended to surface issues with family members that may affect the participant's recovery or engagement in the program.</i>	<i>For Interviewer: If the questions asks to specify a family member, please bubble in the appropriate number.</i>
1) Does anyone in your family need help getting along with others, balancing their emotions or with their mental health? Who are you concerned about? Please describe concerns below.	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ <input type="radio"/> No
2) Is anyone in your family behaving in a way that makes you think they're having problems or that they're headed for trouble? Who are you concerned about? Please describe the issues below.	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ <input type="radio"/> No
3) Do you have any concerns about your children's growth or development? Please describe these issues below.	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ <input type="radio"/> No <input type="radio"/> No children

Social/Emotional/Behavioral

Notes:

FAMILY SUPPORT AND WELL-BEING

	1 Participant	2	3	4	5	6	7	8
Relationship to Participant								

<p><i>For Interviewer: These open ended questions are intended to surface issues with family members that may affect the participant's recovery or engagement in the program.</i></p>	<p><i>For Interviewer: If the questions asks to specify a family member, please bubble in the appropriate number.</i></p>
<p>1) During your recovery, who is stable, sober and available to rely on for emotional support? (Note family members at right and—if not included as family members—darken bubbles associated with appropriate categories below)</p> <p> <input type="radio"/> ① Your parent(s) <input type="radio"/> ② Your grandparent(s) <input type="radio"/> ③ Your sibling(s) <input type="radio"/> ④ Friends <input type="radio"/> ⑤ Self Help Group <input type="radio"/> Others (Please describe): </p>	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧
<p>2) Do you think you have the support you need to get through the next month or so?</p> <p> <input type="radio"/> ① No <input type="radio"/> ② Yes </p> <p>_____</p> <p>If not, what kind of help would assist you to find the emotional support you need? (indicate below)</p>	
<p>3) Have you experienced any serious conflict for more than a week or so? (Note: Indicate family members with whom participant has experienced conflict at right and—if not included as family members—please describe others with whom participant has experienced serious conflict below)</p>	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧ <input type="radio"/> No
<p>4) Has anyone in your family been hurt, hit or threatened by another family member? Who was hurt, hit or threatened?</p>	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧ <input type="radio"/> No
<p>5) Who did the hurting, hitting or threatening? Are you concerned that this may happen again? (indicate below)</p>	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧
<p>6) Does anyone in your family have a <i>current</i> issue with substance abuse? If so, who?</p>	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧ <input type="radio"/> No

Is there anything else you'd like to say about issues or concerns of any kind you have about family members?

Family Notes:

Family Strengths and Needs Survey Data Capture Sheet

Case or Client ID: _____ Interviewer ID: _____ Today's Date _____ Drug Court Enrollment Date _____

First Name	1 Participant	2	3	4	5	6	7	
Relationship to Participant (See Labels—Back)								
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth/ Age								
Currently Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Race (See Coding—Back)								
Latino/ Hispanic	<input type="checkbox"/> Yes ___ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Participant currently lives with:		<input type="checkbox"/> Yes % Time ___ <input type="checkbox"/> No → Because of Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes % Time ___ <input type="checkbox"/> No → Because of Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes % Time ___ <input type="checkbox"/> No → Because of Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes % Time ___ <input type="checkbox"/> No → Because of Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes % Time ___ <input type="checkbox"/> No → Because of Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes % Time ___ <input type="checkbox"/> No → Because of Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CPS/ Child Welfare case		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Participant has parental rights for:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
In foster or relative care		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Employment Status (See Coding—Back)								
Educational Attainment	___ Years							
Currently has medical insurance/health coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Probation or Parole	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Current criminal justice case/ legal issue	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Receiving:	<input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Housing <input type="checkbox"/> Other Pub Asst	<input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Housing <input type="checkbox"/> Other Pub Asst	<input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Housing <input type="checkbox"/> Other Pub Asst	<input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Housing <input type="checkbox"/> Other Pub Asst	<input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Housing <input type="checkbox"/> Other Pub Asst	<input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Housing <input type="checkbox"/> Other Pub Asst	<input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Housing <input type="checkbox"/> Other Pub Asst	

Is your family currently...?

Receiving services through the VA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving child welfare services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving services through a Community-based Vet Center	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Item Coding

Relationship to Participant (Enter label)

Spouse	Participant's grandmother
Partner (boy/girlfriend)	Participant's grandfather
Participant's mother	Aunt/uncle
Participant's father	Cousin
Parent in-law	Sibling (brother/sister)
Biological child	Not-related adult
Stepchild	Not-related child
Foster child	Niece/nephew
Adopted child	Grandchild

Race/Ethnicity (Enter all numbers that apply)

1. Black or African American
2. Asian
3. Native Hawaiian or other Pacific Islander
4. Alaska Native
5. White
6. American Indian

If Hispanic or Latino, Ethnic Group (Enter number)

1. Central American
2. Cuban
3. Dominican
4. Mexican
5. Puerto Rican
6. South American
7. Other

Employment Status (Enter all numbers and descriptions that apply)

1. Employed, Full Time (35+ hours per week)
2. Employed, Part Time
3. Unemployed, looking for work
4. Unemployed, Disabled
5. Unemployed, Volunteer Work
6. Unemployed, Retired
7. Unemployed, Not looking for work
8. Other (Describe)
9. Refused
10. Don't Know
11. Not Applicable

FAMILY STRENGTHS AND NEEDS SURVEY (FSNS)

Administrators' Guide

*A Survey Instrument
for Adult Drug Court
Participants*

Family Strengths and Needs Survey (FSNS)

Administrator Guide

Background Research clearly indicates that adult participants come to drug court with a myriad of family concerns and strengths. To help participants realize the full benefit of their drug court experience, professionals need to be cognizant of their family members' and children's strengths and areas for development. If family members and children have food, shelter, medical and other concerns, the ability of the drug court participant to take full advantage of the program and to be successful in drug court may be compromised.

This brief survey will aid the drug court coordinator, and other members of the drug court team, to identify the strengths and needs of the drug court participant's family members and children. To optimize the process of resolving participants' issues and building upon their strengths, a complete and comprehensive inventory of community resources is necessary to identify referral options. Releases of information may be needed for follow-up purposes. It is recommended that survey administrators have at least an intermediate level of interviewing skills.

Target Population The FSNS can be used effectively to explore problems within any group of adults reporting substance abuse as a major problem.

It is intended for administration to adults within the judicial or child welfare systems seeking treatment for substance abuse and/or dependency.

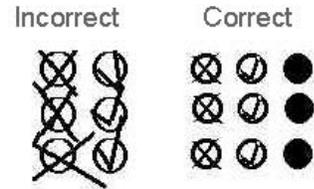
Administrator Requirements No training is required for administration of the FSNS. Experience with Motivational Interviewing techniques and knowledge of the child welfare and judicial system preferred.

Administrator Approach Motivational Interviewing (MI) techniques will optimize survey results. MI is a collaborative conversation to strengthen a person's own motivation for, and commitment to change. The spirit of MI is based on three key elements: collaboration between the administrator and the client; evoking or drawing out the client's ideas about change; and emphasizing the autonomy of the client.

Administrative Issues Number of Items: 84
Number of Domains: 8
Format: Scantron (bubble) with pencil/pen
Interview
Time to Administer: 30 – 45 minutes

Administrator Instructions

Do not mark around, above, below, to the right or left of the bubble so that the mark intrudes into the space of the next bubble.



Case or Client ID: A unique number assigned to each respondent by the administrator that will be used for identification purposes. To support follow-up use of the participant's case ID is recommended.

Administrator ID: Initials of administrator (First,Middle,Last)

Jurisdiction: Bubble in the circle for your jurisdiction

Program: Identify the specific program in which the respondent is participating

Today's Date: Start date of administration

Enrollment/Intake Date: Date in which the respondent enrolled into the program

Participant Demographics: Ask the respondent the demographic questions and bubble in the corresponding answer (do not assume the responses to these questions, respondents may identify with multiple responses)

Domain Administration: Directions for administration of each domain are provided within the survey. All questions about family members are asked in relation to the participant (i.e. mother is defined as the participants mother)

Child Identification Worksheet and Facilitator Notes: Throughout the survey, the respondent's children will be identified as child 1 to child 5 with child 1 signifying the youngest and child 5 the oldest. If there are more than 5 children in the respondent's family please only respond to the survey questions for the youngest 5 children. The attached Child Identification Worksheet and Facilitator Notes can be used to record the names and ages of all the respondent's children for your case management needs and to assist with survey administration. These worksheets can be used throughout to assist with notes; however, please detach these worksheets as they should not be submitted with the survey.

Respondent's Perception: There are no preset constraints on responses to subjective questions. Any factors perceived by respondents to be important, traumatic, serious, etc. are acceptable responses to this survey.

**Service Need
Examples**

Service Need	Examples
Housing	Rental/Housing assistance, sober living facilities, shelter, homelessness assistance, assistance with utility bills
Mental Health	Mental health treatment or counseling (outpatient or inpatient), psychiatric medication, mental health assessment, SSI for mental health disabilities
Medical	Medicaid, Medicare, Disability, SSI or other personal or family medical needs
Dental	Medicaid, Medicare or other personal or family dental needs
Employment	Employment counseling, placement services, vocational programs, job training
Family Counseling	Family counseling, parent-child counseling, couples counseling, marriage counseling,
Parent Education/ Skill Building	Parenting classes, life skill training, etc.
Participant's Education	GED preparation classes, trade school, college prep, educational loans
Child's Education	Tutoring, developmental learning assessments, special education classes
Child Care	Utilizing of child care resources centers, assistance with payment of child care
Income Assistance	Child support, TANF, General Relief (GR), etc.
Food/Nutrition	Food Stamps, WIC, food banks and pantries
Legal Services	Free legal advice, legal aid, family law, etc.
Spiritual/Faith Group Supports	12 step community, self help groups, church groups and associations

Family Strengths and Needs Survey (FSNS)

Glossary of Terms

Behavior: The way in which one acts or conducts oneself, esp. toward others

Biological Parent: a parent who has conceived (biological mother) or sired (biological father) rather than adopted a child and whose genes are therefore transmitted to the child.

Child Protection Court Order: Child protective services, in accordance with the law, has determined that a child is in need of protection due to neglect or abuse.

Clinical Process: Clinical process involves engagement with the client and establishing a type of therapeutic environment in which the client may be more willing to open up concerning difficult situations.

Confidentiality: The ethical principle or legal right that a professional will hold secret all information relating to a patient, unless the patient gives consent permitting disclosure.

Data Collection: The phase of a study that includes the gathering of information and identification of sampling units as directed by the research design. Data collection precedes data analysis.

Emotion: A natural instinctive state of mind deriving from one's circumstances, mood, or relationships with others.

Emotional Support: Providing comfort and assistance to victims through listening, providing information, and counsel.

Formal Child Care Services: This includes monitored Family Care Homes and Child Care Centers.

Informal Child Care Provider: This includes all unlicensed and non-certified caregivers, which may include family members and or friends.

Issues: An important topic or problem for debate or discussion. Personal problems or difficulties.

Mental Health Issues: Include the spectrums of mental illnesses as defined by the diagnostic criteria of the American Psychological Association, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV/DSM-IV-TR).

Motivational Interviewing: Motivational interviewing is a counseling approach that utilizes a semi-directive, client-centered style for eliciting behavior change. This approach is often goal-oriented and attune to the clients current situation, while being non-judgmental, non-confrontational and non-adversarial.

Parental Rights: All of the legal rights and corresponding responsibilities in accordance with being a parent.

Rapport: Rapport, in the context of motivational interviewing, is the process of developing a non-judgmental relationship with the client. In this regard, it is important to be mindful of circumstance.

Recovery Process: Describes the process by which a person becomes aware of the substance use, mental disorder, or co-occurring disorders as a problem and initiates and maintains a substance-free or symptom-managed life and, as a part of that process, generally achieves a stronger sense of balance and control of his or her life. Recovery is a life-long process that takes place over time and often in specific stages. In addition to abstinence from inappropriate substance use and management of mental disorder symptoms, recovery includes a full return to biopsychosocial functioning (HHS/SAMHSA, 1996). The Developmental Model of Recovery includes six steps: Transition; Stabilization; Early Recovery; Middle Recovery; Late Recovery; and Maintenance.

Salient: Most noticeable or important to the client.

Social Behavior: The behavior directed towards society, or taking place between, members of the same species.

Special Education Assessments: A special education assessment is a tool used to diagnose a child with either a learning or mental disability to determine if he/she should be receiving special education services.

Special Education Services: This includes any formal education services that are oriented towards individual needs.

SSDI: Social Security Disability Insurance is financed through Social Security Taxes. Eligible candidates must earn sufficient credits based on taxable work.

SSI: Supplemental Security Income is financed through general tax revenues and is payable to children and adults who are disabled or blind, who have limited income and resources, who meet the living arrangement requirements, and are otherwise eligible.

SSI/SSDI: SSI and SSDI are both federal programs that provide financial to individuals with disabilities.

Substance Abuse: A pattern of substance use, drugs and/or alcohol, that results in at least one of four consequences: (1) failure to fulfill role obligations; (2) placing one in danger (e.g., driving under the influence); (3) legal consequences; or (4) interpersonal or social problems.

Traumatic Event: A traumatic event is an experience that causes physical, emotional, psychological distress, or harm. It is an event that is perceived and experienced as a threat to one's safety or to the stability of one's world.

Family Strengths and Needs Survey (FSNS)

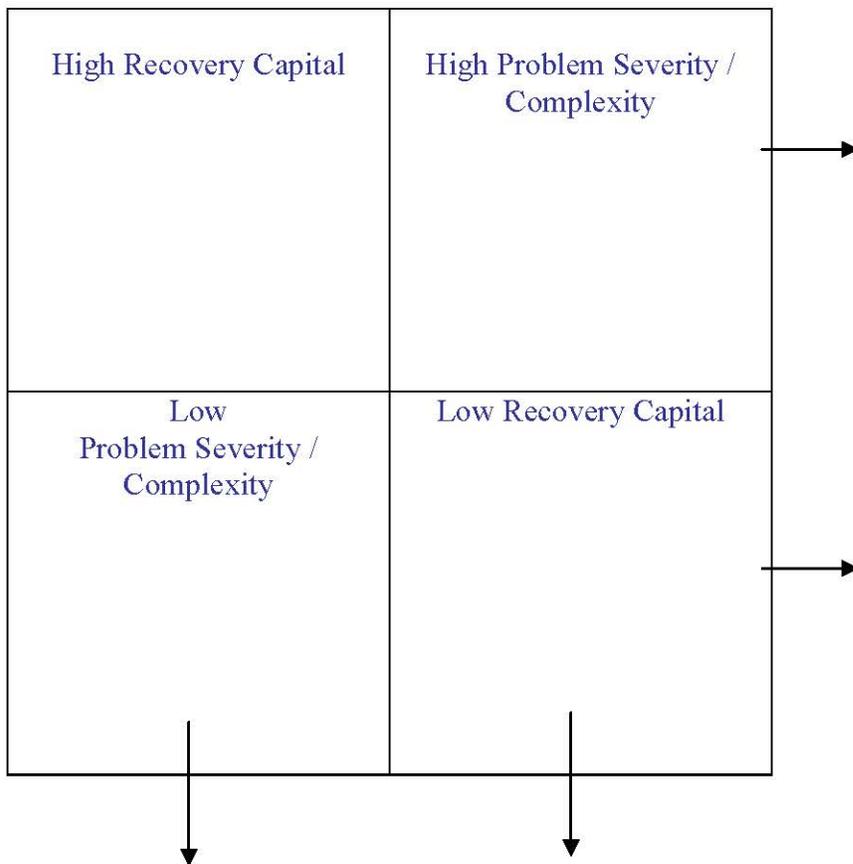
Child Identification Worksheet

Child 1 signifies the youngest and child 5 the oldest

	Notes
Child 1 (Youngest)	
Child 2	
Child 3	
Child 4	
Child 5	
FSNS Data will only be collected for children 1-5	
Child 6	
Child 7 (Oldest)	

Recovery Capital Scale

Robert Granfield and William Cloud introduced and elaborated on the concept of “recovery capital” in a series of articles and a 1999 book, *Coming Clean: Overcoming Addiction without Treatment*. They define recovery capital as the volume of internal and external assets that can be brought to bear to initiate and sustain recovery from alcohol and other drug problems. Recovery capital, or recovery capacity, differs from individual to individual and differs within the same individual at multiple points in time. Recovery capital also interacts with problem severity to shape the intensity and duration of supports needed to achieve recovery. This interaction dictates the intensity or level of care one needs in terms of professional treatment and the intensity and duration of post-treatment recovery support services. The figure below indicates how these combinations of problem severity and recovery capital could differ.



Clients with high problem severity but very high recovery capital may require few resources to initiate and sustain recovery than an individual with moderate problem severity but very low recovery capital. Where the former may respond very well to outpatient counseling, linkage to recovery mutual aid groups and a moderate level of ongoing supervision, the latter may require a higher intensity of treatment, greater enmeshment in a culture of recovery (e.g., placement in a recovery home, greater intensity of mutual aid involvement, involvement in recovery-based social activities), and a more rigorous level of ongoing monitoring and supervision.

Traditional addiction assessment instruments do a reasonably good job of evaluating problem severity and some of the newer instruments improve the assessment of problem complexity (e.g., co-occurring medical/psychiatric problems), but few instruments measure recovery capital. The scale on the following page is intended as a self-assessment instrument to help a client measure his or her degree of recovery capital. The scale can be completed and discussed in an interview format, or it can be completed by the client and then discussed with the professional helper.

References

- Cloud, W. (1987). From down under: A qualitative study on heroin addiction recovery. Ann Arbor, MI: Dissertation Abstracts.
- Cloud, W. & Granfield, R. (1994). Natural recovery from addictions: Treatment implications. *Addictions Nursing*, 6, 112-116.
- Cloud, W. & Granfield, R. (1994). Terminating addiction naturally: Post-addict identity and the avoidance of treatment. *Clinical Sociology Review*, 12, 159-174.
- Cloud, W. & Granfield, R. (2001). Natural recovery from substance dependency: Lessons for treatment providers. *Journal of Social Work Practice in the Addictions*, 1(1), 83-104.
- Granfield, R. & Cloud, W. (1996). The elephant that no one sees: Natural recovery among middle-class addicts. *Journal of Drug Issues*, 26(1), 45-61.
- Granfield, R. & Cloud, W. (1999). *Coming Clean: Overcoming Addiction Without Treatment*. New York: New York University Press.

Recovery Capital Scale

Place a number by each statement that best summarizes your situation.

5. Strongly Agree

4. Agree

3. Sometimes

2. Disagree

1. Strongly Disagree

- I have the financial resources to provide for myself and my family.
- I have personal transportation or access to public transportation.
- I live in a home and neighborhood that is safe and secure.
- I live in an environment free from alcohol and other drugs.
- I have an intimate partner supportive of my recovery process.
- I have family members who are supportive of my recovery process.
- I have friends who are supportive of my recovery process.
- I have people close to me (intimate partner, family members, or friends) who are also in recovery.
- I have a stable job that I enjoy and that provides for my basic necessities.
- I have an education or work environment that is conducive to my long-term recovery.
- I continue to participate in a continuing care program of an addiction treatment program, (e.g., groups, alumni association meetings, etc.)
- I have a professional assistance program that is monitoring and supporting my recovery process.
- I have a primary care physician who attends to my health problems.
- I am now in reasonably good health.
- I have an active plan to manage any lingering or potential health problems.
- I am on prescribed medication that minimizes my cravings for alcohol and other drugs.
- I have insurance that will allow me to receive help for major health problems.
- I have access to regular, nutritious meals.
- I have clothes that are comfortable, clean and conducive to my recovery activities.
- I have access to recovery support groups in my local community.
- I have established close affiliation with a local recovery support group.
- I have a sponsor (or equivalent) who serves as a special mentor related to my recovery.
- I have access to Online recovery support groups.
- I have completed or am complying with all legal requirements related to my past.
- There are other people who rely on me to support their own recoveries.
- My immediate physical environment contains literature, tokens, posters or other symbols of my commitment to recovery.
- I have recovery rituals that are now part of my daily life.
- I had a profound experience that marked the beginning or deepening of my commitment to recovery.

- ___ I now have goals and great hopes for my future.
- ___ I have problem solving skills and resources that I lacked during my years of active addiction.
- ___ I feel like I have meaningful, positive participation in my family and community.
- ___ Today I have a clear sense of who I am.
- ___ I know that my life has a purpose.
- ___ Service to others is now an important part of my life.
- ___ My personal values and sense of right and wrong have become clearer and stronger in recent years.

Possible Score: 175

My Score: _____

The areas in which I scored lowest were the following:

1. _____
2. _____
3. _____
4. _____
5. _____

Recovery Capital Plan

After completing and reviewing the Recovery Capital Scale, complete the following.

In the next year, I will increase my recovery capital by doing the following:

Goal # 1: _____

Goal # 2: _____

Goal # 3: _____

Goal # 4: _____

My Recovery Capital “To Do” List

In the next week, I will do the following activities to move closer to achieving the above goals:

- 1.
- 2.
- 3.
- 4.
- 5.

Family Need

Explore what family means to you and how it supports recovery. Remember family can be biological or chosen. Complete each box and continue the activity on the next page.

What does a healthy relationship look like to you?

What does an unhealthy relationship look like to you?

What does support look like for you?

How do you manage frustrations with those close to you?

What Needs Does Your Family Provide?

- Childcare
- Financial support
- Emotional support
- Housing
- Transportation
- Spiritual support
- Assists with problems
- _____
- _____

What are ways you feel valued in a relationship from others?

Who do you feel close to and can depend upon?



Family Need

What does family mean to you?

How does your family support recovery?

How does your family create barriers to your recovery?

- ★ Place a star next to the items that represent your biological family.
- ✓ Place a check mark next to the items that represent your chosen family.
- Circle the items that have both a ★ and ✓.



Family Need

How Many ★	How Many ✓	How Many ○
------------	------------	------------

Where do you get the most support? _____

How does this group support your recovery? _____

Where do you get the least support? _____

What are the challenges you face with this group in your recovery journey? _____

How does this group support your recovery? _____

What would improve your relationship while also supporting your recovery with this group? _____

What skills do you think would be helpful to work on?

- Healthy Boundaries
- Communication
- Conflict Management
- Understanding Love
- Understanding Empathy
- Developing Respect
- Preparing for Difficult Conversations
- Asking for Help

Financial Need

Explore what is important for you to work towards financial freedom. Financial freedom is having enough savings and cash on hand to afford the kind of life you deserve for yourself and you family. Reflect on what financial freedom looks like to you and continue the activity on the next page.

BANK

How would attaining financial freedom be impactful on your life?

Why is it so hard to stick to a budget?

Answer Y/N

Have a budget?

Yes No

Taught how to manage money?

Yes No

Burn through money quickly?

Yes No

Have bank account?

Yes No

Answer Y/N

Usually pay for things with cash?

Yes No

Do you balance your checkbook?

Yes No

Do you have credit cards?

Yes No

Do you trust the banks?

Yes No

Write down monthly reoccurring expenses

Rent: _____

Utilities: _____

Cell: _____

Insurance: _____

Food: _____

Transportation: _____

Loans: _____

Continue on separate paper if needed.

Scale 1-10 (1 low/ 10 High)

How stressed are you with your finances?

How often are your finances dictating what you do?

How stressed are you doing this activity?

What are the top 3 things you spend the most money on each month that are not a reoccurring expense?

What is one thing you are willing to do today to start working towards financial freedom?



Financial Need

What is one thing you are willing to do today to start working towards financial freedom you wrote on the previous page?

Understanding our strengths and barriers to reach a goal is important. Reflect and write down the strengths you have like organization, can do math, or anything else that contributes to what you identified. Also reflect and write down barriers that might prevent you from accomplishing this goal.

Strengths

Barriers

- ★ Place a star next to your greatest strengths to help you accomplish this goal.
- Circle the barriers you have control over to manage.

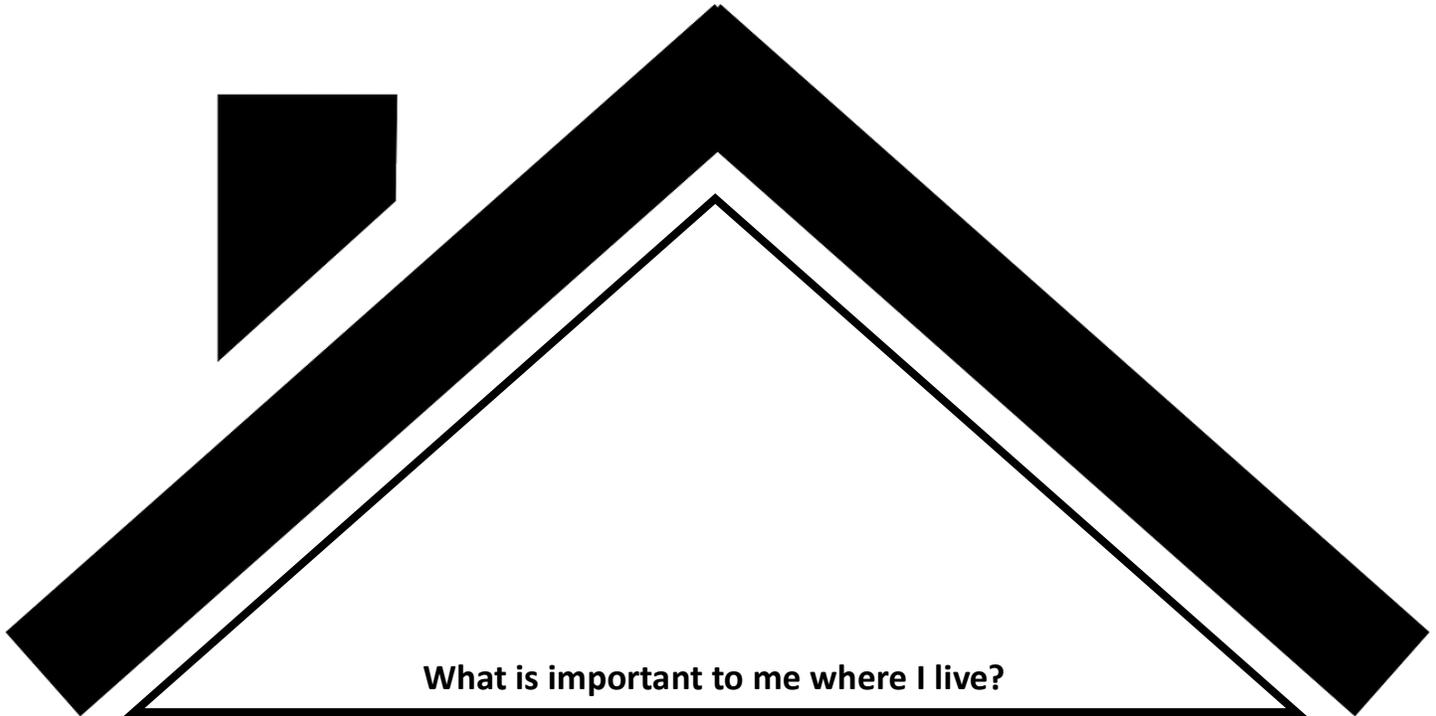
On the barriers not circled, where can you get assistance to manage them?

What type of assistance do you need to start working towards this goal?

Share with your case manager and write SMART Goals together to assist you on this journey

Housing Need

Explore what is important for you to feel safe and secure at where you reside. Write what you want in a place you call home. After completing, continue the activity on the next page.



Transportation Needs	School Requirements	Dwelling Size/Type
Expenses Rent: Electricity: Gas: Water: Cable: Internet:	Neighborhood Features <i>(parks, grocery store, etc.)</i>	Safety Features <i>(low crime, second floor, etc)</i>
Who is Living with Me?	Proximity to Family/Friends	Home Features <i>(dishwasher, AC, laundry, etc)</i>



Housing Need

How well does your current living environment match what you identified on the first page?

Match	No Match

★ Place a star next to the items in the **match column** that have the most value to you.

✓ Place a check mark next to the items in the **no match column** that pose the biggest concern for you feeling safe and secure in your home?

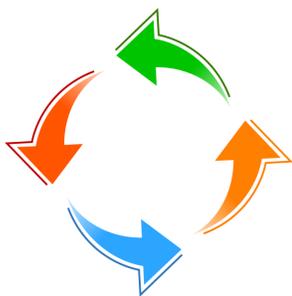
○ Circle one item in the no match column you see as the most concerning issue.

Identify the barriers that exist causing issues to address the circled item

What is one barrier you have control over to start addressing?

What are the next steps to address this barrier?

You plan to accomplish these steps by _____ (date)



Problem Solving

Step 1: Name the Problem - identify the issue or barrier that prevented you from completing your task. Try to leave emotions out of the issue/barrier.

Step 2: Understand Others — Identify who is involved in the issue and what was the interaction with this person that added to the issue or barrier.

Step 3: Brainstorm Solutions - Think of solutions that will address what you wrote in understanding others while also working towards a resolution of the issue/barrier.

Step 4: Evaluate the Options and Choose - Review each brainstorming solution and *circle* the best option to meet your needs and successfully address the issue/barrier.

Step 5: Make a Plan - Decide when and how you will address the issue/barrier.

Step 6: Reflect and Adjust - Evaluate the success of your plan and decide what changes need to be made for future endeavors.

Transportation Need

Explore your transportation needs and how you meet them. Complete each box and continue the activity on the next page.

Why is having reliable transportation important to you?

What is your life like when you don't have reliable transportation?

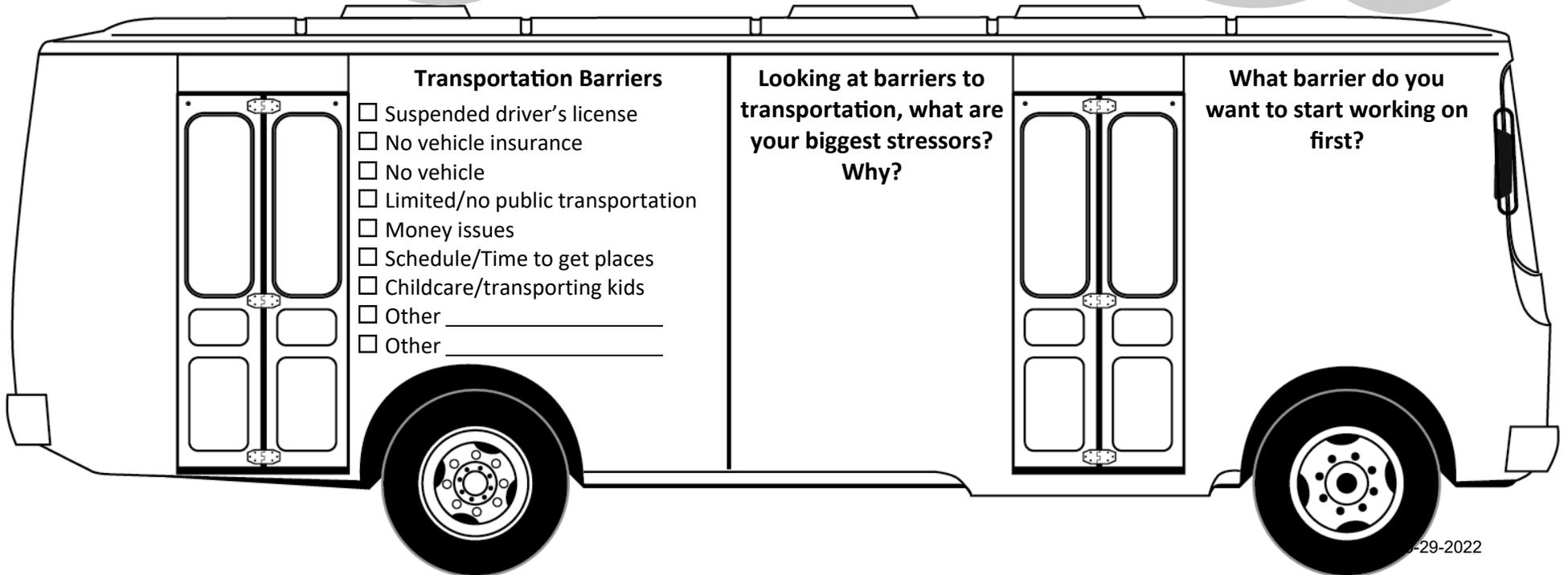
What is your ideal way to meet your transportation need?

Transportation Barriers

- Suspended driver's license
- No vehicle insurance
- No vehicle
- Limited/no public transportation
- Money issues
- Schedule/Time to get places
- Childcare/transporting kids
- Other _____
- Other _____

Looking at barriers to transportation, what are your biggest stressors? Why?

What barrier do you want to start working on first?



Transportation Need

Goal setting is a good way to stay focused on what you want to achieve. Write what you want to accomplish in the next six months (short-term) and year (long-term).

Short-Term Goal
(6 months)

Long-Term Goal
(12 months)

You have a clearer picture of where you want to be in the future when addressing your transportation need. Write the barrier you identified on the previous page of what you want to start working on.

Action Planning

An action plan is a checklist for the steps or tasks you need to complete to achieve your goal. Be clear in what you want to accomplish when filling in the steps. Each step should be related to the identified barrier. This activity can be completed with your case manager if you are having difficulties thinking of steps.

Step 1: _____

What to do if I hit a barrier? _____

Step 2: _____

What to do if I hit a barrier? _____

Continue on next page

Transportation Need

Step 3: _____

What to do if I hit a barrier? _____

Step 4: _____

What to do if I hit a barrier? _____

If you need more steps, continue on back of worksheet or blank paper

Advocating for yourself

Sometimes we feel like our voice or need is not heard. Sometimes this happens when we are uncomfortable or when we feel powerless. Prepare your self by completing the 4 *W*'s and an *H* to meet your needs and ensure your issue is heard.

What is the issue: _____

When did it start: _____

Why is it important for you to get this addressed: _____

Who is affected by this issue: _____

How you want this issue to be resolved: _____

Medical Need

Explore the medical needs you have and how you meet them. Complete each box and continue the activity on the next page.



What issues are you experiencing or have experienced recently?

- | | |
|---|---|
| <input type="checkbox"/> Body aches | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Body pains | <input type="checkbox"/> Mind racing |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Dental issues |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Always sad |
| <input type="checkbox"/> Stomach pain | <input type="checkbox"/> Feel stuck |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Sleep issues |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Numbness/tingling | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Swelling | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Feel bloated | <input type="checkbox"/> Learning issues |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Old injury bothering you |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Unmotivated to do anything |
| <input type="checkbox"/> Trouble losing weight | <input type="checkbox"/> Lack of exercise |
| <input type="checkbox"/> Trouble gaining weight | <input type="checkbox"/> Not sure, don't feel right |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> _____ |

On a scale from 1-10 (1 lowest, 10 highest) where would you rate yourself?

Physical health	_____	Mental health	_____
Exercise level	_____	Happy with self	_____
Eating healthy	_____	Connected to others	_____
Sleep quality	_____	Access to services	_____

What do you usually do to manage the issue(s) you are experiencing?

What barriers prevent you from accessing the help you need? (finances, insurance, transportation, feeling safe, etc.)

Medical Information

Have primary doctor? Yes No
 Have insurance? Yes No
 Have co-pay? How much? _____
 Distance from home to dr? _____
 How do you get to dr? _____
 What are setting up appointments like?

Mental Health Information

Feel safe at home? Yes No
 Connected to others? Yes No
 Know where to get help? Yes No
 Insurance covers MH tx? Yes No
 MH tx accessible? Yes No
 # times you exercise a week? _____
 Last time you were happy? _____

What are the top 5 issue affecting your life in recovery?

Pick one issue out of the five identified you want to work through and write it down.

Medical Need



What is the issue you identified as wanting to address? _____

Who is able to assist you to address this issue? _____

What do you need to address this issue? (*money, transportation, insurance, support, ect*)

Action Planning

An action plan is a checklist for the steps or tasks you need to complete to achieve your goal. Be clear in what you want to accomplish when filling in the steps.

Step 1: _____

What to do if I hit a barrier? _____

Step 2: _____

What to do if I hit a barrier? _____

Step 3: _____

What to do if I hit a barrier? _____

Continue on next page

Medical Need



Step 4: _____

What to do if I hit a barrier? _____

Step 5: _____

What to do if I hit a barrier? _____

If you need more steps, continue on back of worksheet or blank paper

Advocating for yourself

Sometimes we feel like our voice or need is not heard. Sometimes this happens when we are uncomfortable or when we feel powerless. Prepare your self by completing the 4 *W*'s and an *H* to meet your needs and ensure your issue is heard.

What is the issue: _____

When did it start: _____

Why is it important for you to get this addressed: _____

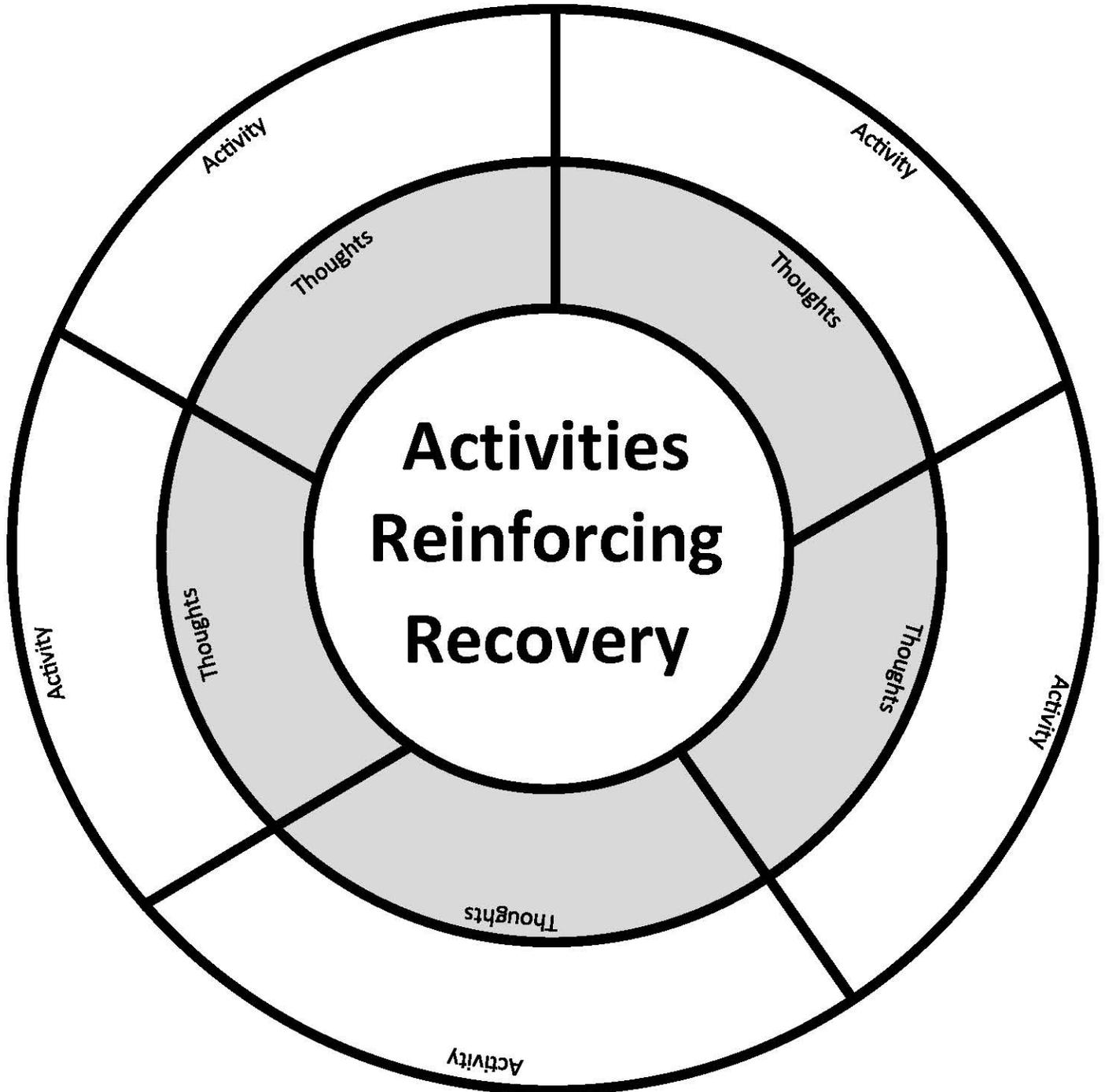
Who is affected by this issue: _____

How you want this issue to be resolved: _____

Name _____

Date _____

We want you to explore having fun in a positive way that supports recovery. Write down five activities you are willing to do and go out and try them. After you do each activity, write down your thoughts about the activity. Once all five activities accomplished, reflect about the experience and complete the bottom questions.



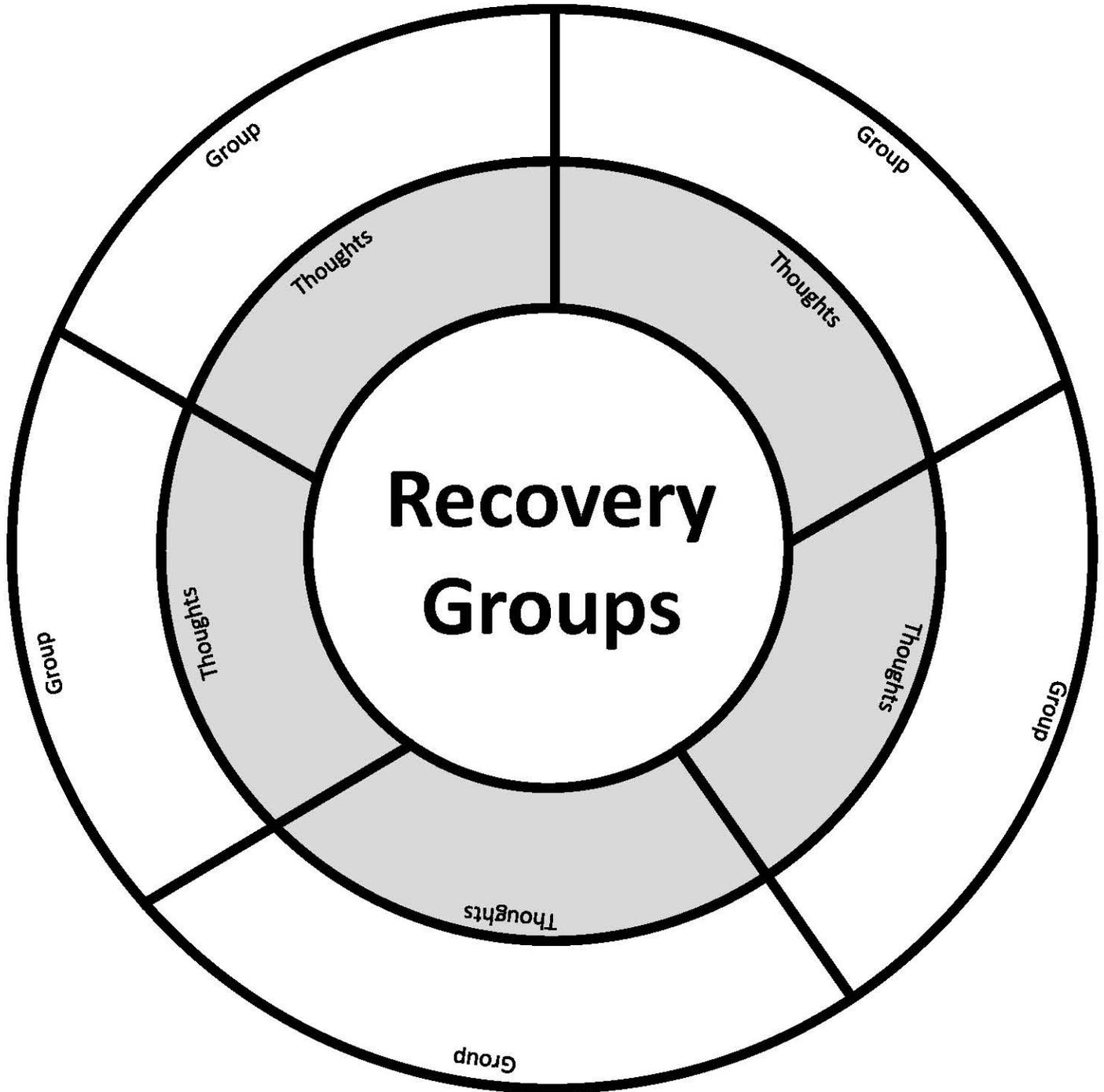
What types of activities are you interested in attending more? Why? _____

What value do you find in attending these activities?

Name _____

Date _____

We want you to explore getting connected to your community that will support your recovery. Write down five recovery groups you are willing to visit. After visiting them, write down your thoughts about the experience. Once all five recovery groups are attended, reflect about the experience and complete the bottom questions.



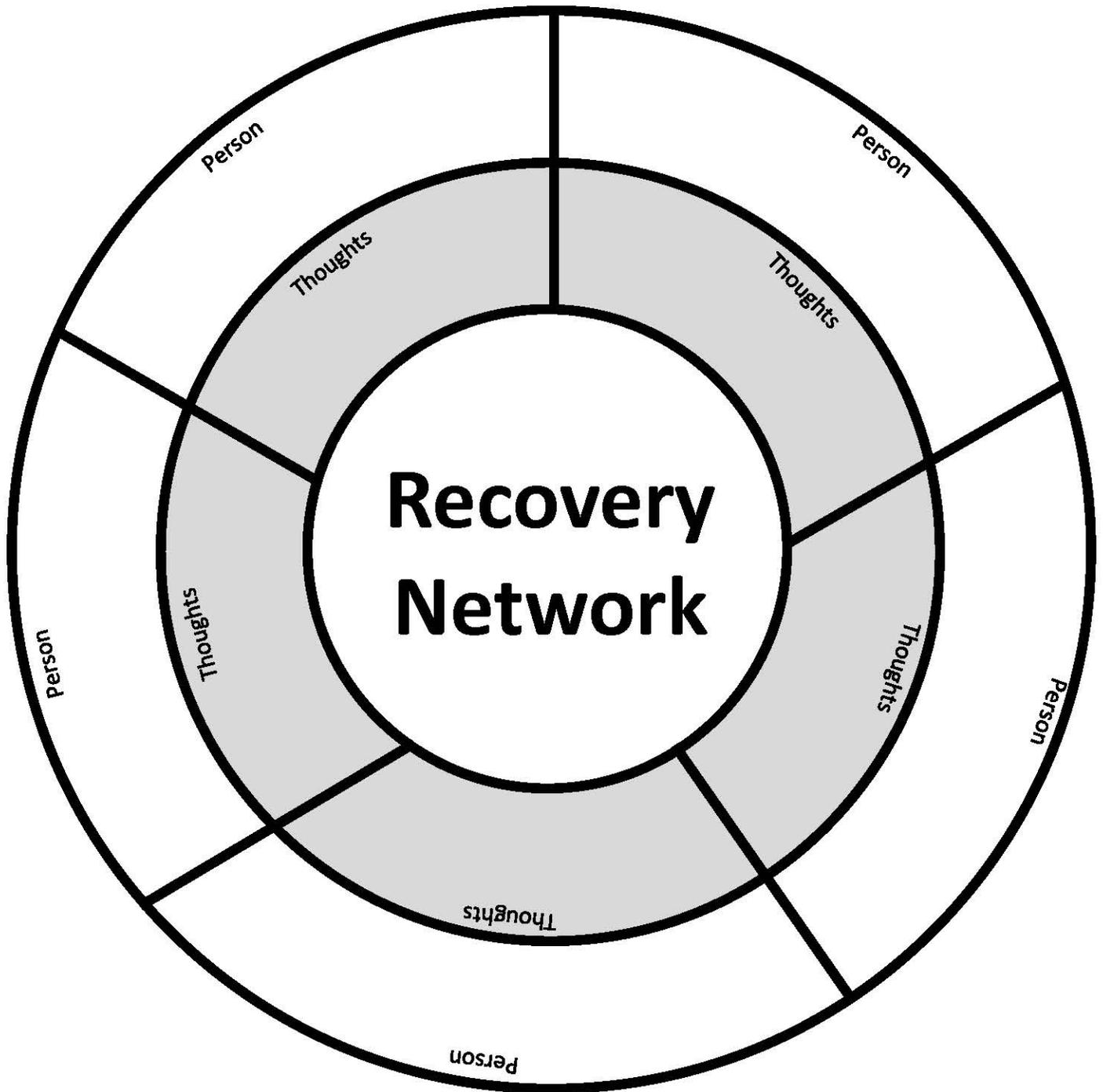
What types of groups are you interested in attending more? Why? _____

What value do you find in attending these groups? _____

Name _____

Date _____

We want you to explore having fun in a positive way that supports recovery. Write down five individuals that you can connect with to be a part of your recovery network. After you identify them, please write down your thoughts about how they may assist you. At the bottom, reflect on your experience.



What are qualities you need from people in your recovery network? _____

What are ways you can strengthen your recovery network? _____

Recovery Management Planning Tool



Planning for Success

This is especially true when you become stressed, if you experience a break in your motivation, or if you find yourself facing temptation. You will discover that if you have a written management plan that is sufficiently detailed it will greatly improve your chances of sustaining your recovery efforts. Focus your plan on the next year.

In Part I, you'll assess your recovery capital. Recovery Capital refers to your resources, or personal strengths in key areas of your life that you can use, rely on, or build on to strengthen your recovery. We make positive changes based upon our strengths, not on our weaknesses so recovery capital is essential to recovery management.

Part I: Recovery Capital Inventory

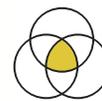
1. Social Capital

- I have a sponsor
- I have drug free friends who support my recovery
- I have sober family members who support my recovery
- I have close friends who are in recovery
- I have meaningful relationships with my family
- I have a work environment that is conducive to recovery

Deficit area[s] I need to work on:



Before you begin to write out a plan of action for your recovery, you need to first assess your current status. This Inventory helps you with that.



ORGANIZE

It's time for a change. Plan your work each day in advance. Leave free time for children, hobbies and relationships



REVIEW

Use a notebook for weekly planning. Schedule your time.



Check Your Plan

Check your Plan 1st thing in the morning. Planning will only help you if you follow the Plan.

2. Human Capital

I have the following skills:

I have goals: [list them]

I have good health

I have hope

I have a primary care physician: [Name]

Service to others is now an important part of my life.

I believe I have personal resources: [list some]

I know my life has a purpose

Deficit areas I need to work on:

3. Physical Capital

- I have health insurance
- I have sufficient financial resources to cover my expenses
- I have a job/employment that is meaningful
- I have safe, drug free, affordable housing
- I have transportation

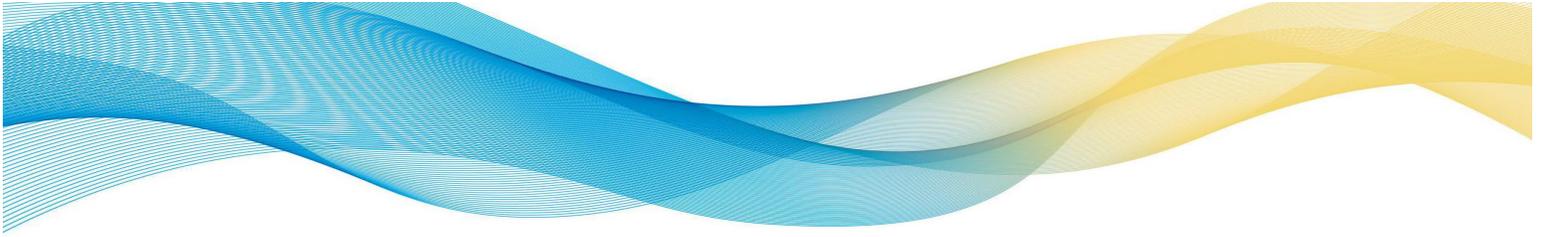
Deficit Areas I need to work on:

4. Cultural Capital

- I have resolved any outstanding legal obligations
- I have access to and close affiliations with recovery support groups
- I have values beliefs and attitudes that I share with others that support my sobriety

and some of these are: _____

Deficit Areas I need to work on:



Part II: Relapse Prevention Plan

My goal is to use my recovery capital to maintain an abstinence-based life style. In order to do this:

I will attend _____ self-help meetings each week.

I will call my sponsor at # _____ when I am feeling weak or experiencing a need to drink or use or I am having trouble staying positive in my program.

These are the People / Things I will avoid or change:

People:

Places:

Things:



These are my high risk times and situations and my plans to manage them:

<u>Times/Situations</u>	<u>Action Plans</u>

These are the current problems and/or relationships I need to repair or take accountability for:

I will use the following to be proactive and manage my cravings:

If I am exhibiting the following symptoms of relapse:

I give my Family permission to confront me and /or seek outside intervention to help me.

Signature _____ Date: _____

Experience has taught us that tailoring a personal plan to your own situation can make the difference between success or failure



Planning for Success



Recovery Capital

Your recovery will be based on your resources and strengths



Time

Schedule the time needed to accomplish your tasks. Stay focused and prepare for unexpected things that pop up.



Communicate

Communicate your written plan with a trusted family member.

Recovery Management Planning Tool



Planning for Success

This is especially true when you become stressed, if you experience a break in your motivation, or if you find yourself facing temptation. You will discover that if you have a written management plan that is sufficiently detailed it will greatly improve your chances of sustaining your recovery efforts. Focus your plan on the next year.

In Part I, you'll assess your recovery capital. Recovery Capital refers to your resources, or personal strengths in key areas of your life that you can use, rely on, or build on to strengthen your recovery. We make positive changes based upon our strengths, not on our weaknesses so recovery capital is essential to recovery management.



Part I: Recovery Capital Inventory

1. Social Capital

_____ I associate with other sober members of my community and have mentors that I look up to.

_____ I have drug free friends who support my recovery

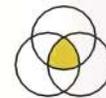
_____ I have meaningful relationships with my family. This can include all extended relatives.

_____ I attend recovery related activities in my community, Examples: meetings, sober activities, classes, etc.

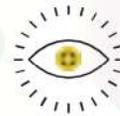
_____ I attend community based social events and activities. Examples: fun run and walks, powwows, health fairs, etc.

_____ I have access to elders and spiritual leaders for guidance, support, and education.

Before you begin to write out a plan of action for your recovery, you need to first assess your current status. This Inventory helps you with that.



Deficit area[s] I need to work on:



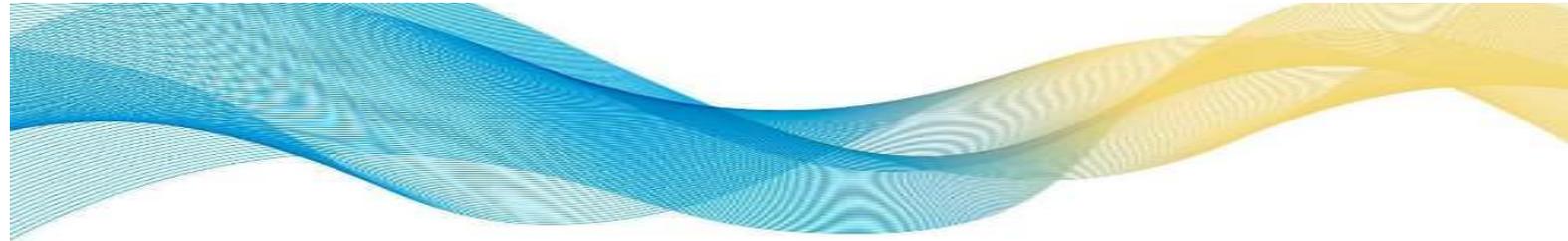
ORGANIZE

*It's time for a change. Plan your work each day in advance.
Leave free time for children, hobbies and relationships*

REVIEW

*Use a notebook for weekly planning. Schedule your
time.*

Check Your Plan Check your Plan 1st thing in the morning. Planning will only help you if you follow the Plan.



2. Human Capital

___ I have the following skills:

___ I have goals: [list them]

___ I have a good sense of balance in the areas of my mental, physical, emotional, and spiritual health.

___ I live in the present moment and have a positive outlook regarding my future.

___ Service to others, my community, and my nation as whole is now an important part of my life.

I believe I have personal resources: [list some]

As a native person, my unique understanding of my life experiences and my surroundings help me to understand my path has led me right to this place in time and my life has a purpose.

Deficit areas I need to work on:

3. Physical Capital

- I have health insurance
- I have access to healthcare services and seek service when needed
- I have sufficient financial resources to cover my expenses
- I have a job/employment that is meaningful and supportive of my recovery
- I have safe, drug free, affordable housing
- I have transportation
- I am aware of all of the services available to me and am aware of how and where to acquire them.

Deficit Areas I need to work on:

4. Cultural Capital

- I have an understanding of the medicine wheel or other equivalent sources of spiritual guidance to my specific traditional beliefs.
 - I have possession of or access to traditional medicines used to heal and cleanse. Examples: sage, cedar, sweetgrass, etc.
 - I attend or participate in ceremonial practices.
 - I participate in other culturally relevant activities.
- Examples: hunting, fishing, gathering, beadwork, horsemanship, etc.

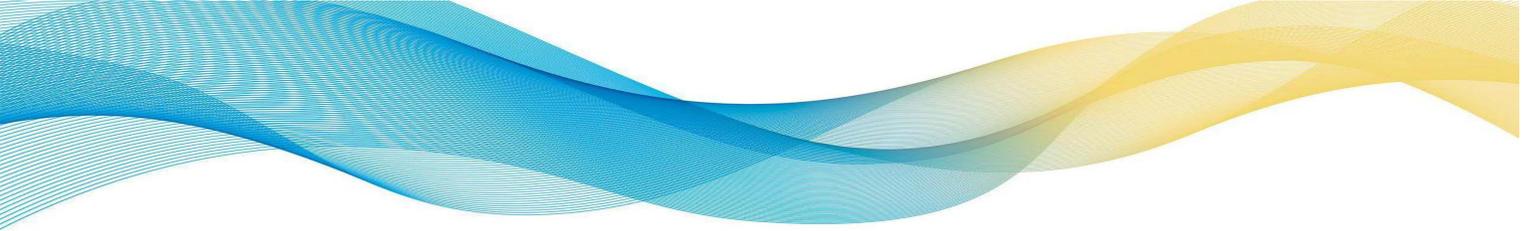


I have access to elders and spiritual leaders for guidance, support, and education.



and some of these are: _____

Deficit Areas I need to work on:



Part II: Relapse Prevention Plan

My goal is to use my recovery capital to maintain an abstinence-based life style. In order to do this:

I will fully commit to use the recovery capital assets listed in my recovery management planning tool.

I will reach out to my mentor/sponsor, relatives, friends, community members, elders, spiritual leaders, recovery community, higher power, and/or any other positive resource for support when I am feeling weak or experiencing a need to drink or use or I _____

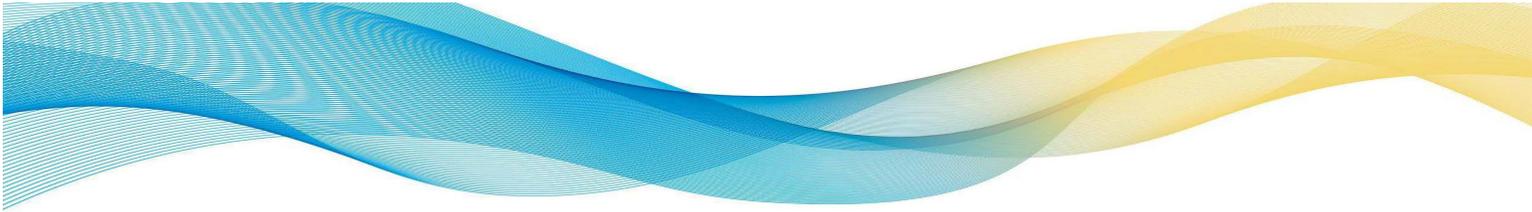
am having trouble staying positive in my program.

These are the People / Things I will avoid or change:

People:

Places:

Things:



These are my high risk times and situations and my plans to manage them:

<u>Times/Situations</u>	<u>Action Plans</u>



Planning for Success



These are the current problems and/or relationships I need to repair or take accountability for:

I will use the following to be proactive and manage my cravings:



Recovery Capital

Your recovery will be based on your resources and strengths



Time

Schedule the time needed to accomplish your tasks. Stay focused and prepare for unexpected things that pop up.



Communicate

Communicate your written plan with a trusted family member.

If I am exhibiting the following symptoms of relapse:

I give my Family permission to confront me and /or seek outside intervention to help me.

Signature _____ Date: _____

Experience has taught us that tailoring a personal plan to your own situation can make the difference between success or failure

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]

- 4. Owns a home in a safe area
 - 3. Renting in a safe area
 - 2. Staying with relatives/friends; housing unstable
 - 1. Homeless
- Wants assistance with housing - 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

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!

DRUG COURT RECOVERY MAINTENANCE CHECK-IN –RMC-i

GUIDELINES FOR ADMINISTRATION

Background and Purpose of the Inventory

This checklist was developed for use by drug courts and/or their treatment partners as a means of monitoring drug court participants during the most vulnerable period following their discharge from services in order to offer any needed support and services and to prevent relapse/re-offense. It is also to provide help in re-integrating graduates into needed services. It is well documented that drug dependence is a chronic, relapse-prone disease. The whole movement toward a chronic care model for the treatment of addiction, often referred to as Recovery Management is taking hold in the new healthcare environment. Drug courts should be aware of the need for extended services for participants beyond those that occur during the formal course of the individuals' involvement in drug court. Research has shown that maintaining contact with graduates, particularly during the 90 days post discharge from drug court, can have a significant impact on the prevention of relapse, re-offense and the maintenance of recovery.

The Recovery Maintenance Check-in [RMC-i] is a tool that drug courts should feel free to use as a key component of Recovery Oriented Systems of Care. The Check in may be altered or terms defined according to the culture and needs of each drug court. Nothing in the Check in tool is intended to be prescriptive or mandated. Drug courts are urged to experiment with the concept of recovery check- ins and to track their results.

Recovery management check-ins [periodic contacts] are an evidence-based practice. Drug courts can adopt this practice to meet the new NADCP Adult Drug Court standards.¹ To facilitate these contacts, this Drug Court Recovery Maintenance Check-in [RMC-i] may be used. Drug courts should inform participants early on that check-ins will be conducted and there will be contact beyond the term of the formal drug court involvement. It may be easiest to include such notice in the drug court contract that inductees sign when they are initially admitted to drug court as well as to include it in the drug court participant's manual.

Structure of the Checklist

The RMC-i was developed for use as a telephone contact in which interviewers call drug court graduates [including those who have not been successful for which contact information is available] at periodic intervals and administer the checklist. Recommended periodic intervals based on previous research are as follows: monthly for the first six months post discharge, bi-monthly for the next twelve months and quarterly for the next eighteen months for a total of thirty-six months.

The form provided may be used electronically and the information stored, or it may be done with paper, pencil. The RMC-i is designed for use by professionals and non-degreed professionals alike and is intended to reach populations where formal education may be limited. The

¹ Adult Drug Court Best Practice Standards, Volume 1 Issue 2 Journal of Drug Courts NACP

Questions are deliberately constructed to be open-ended and to elicit conversation and whatever information the respondent chooses to disclose. The primary purpose of the questions is to identify current problems and/or areas that the participant may need additional services for.

The domains of the checklist; **Housing, Family/Social Status, Health Status, Substance Use, Financial/Occupational Stability, Criminal Activity** have been targeted based upon the research that indicates that problems in these areas are likely to undermine recovery and trigger relapse/re-offense in recovering populations. These domains were also identified for inclusion in the National Outcome Measures [NOMS] by the Center for Substance Abuse Treatment as essential to conducting outcome evaluation. By using the rating scales at the end of each domain in the text field provided, a drug court may incorporate the aggregated findings into its quality monitoring or program evaluation component. The rating scales are defined later in this Guide, however, drug courts may wish to use different rating scales or definitions. The ratings used in this tool when aggregated, are intended to give drug courts some idea about the most frequent areas of difficulty their participants experience in early recovery. By understanding these issues, the court may then wish to address these issues or modify their case management services to participants prior to their discharge. The ratings of the stage of change the participant is in provides a similar opportunity for drug courts. When these ratings are aggregated, it may help the drug court better plan interventions to help clients maintain their action stage of change.

The RMC-i is scripted to permit a wide range of individuals to conduct the calls. Text fields are provided to permit notes to be made of pertinent answers.

Interviewer Requirements

No special training is required to administer the RMC-i; however, some experience with Motivational Interviewing techniques and drug court processes is preferred. Knowledge of community resources is also helpful and if available, a community referral information directory. Drug court coordinators, treatment staff, volunteer or paid mentors and others associated with drug courts are generally used to carry out recovery checkups. Interviewers should be familiar with federal and state confidentiality regulations.

Interview Style and Approach

The motivational interviewing style will optimize the inventory results. Motivational Interviewing is intended to strengthen a person's motivation to make needed changes² The RMC utilizes the OARS, a technique employed in motivational interviewing to enhance rapport and trust, and to encourage collaboration and information sharing:

O - The "O" in Oars means open ended questions. Thus the RMC-i questions are intentionally designed to encourage elaboration by the drug court participant versus offering yes or no responses. Participants are more likely to feel the interviewer genuinely cares about them when they are intently listened to and when the other elements of motivational interviewing are used.

² Miller, Wm. Rollnick, Stephen; [2013] Motivational Interviewing: Helping People Change, Third Edition Guildford Press

- A** - A refers to affirming. Affirming is the practice of positively verbally reinforcing the participant for thinking about or making changes or for the constructive steps they are taking to solve problems. Statements such as “that is good thinking, good job, sounds like a good idea etc. are examples of affirming.
- R** - Reflecting is intentionally identifying the feelings the participant is experiencing and reflecting those feelings back. This is perhaps the finest art in listening; sometimes referred to as active listening. To be able to reflect the feelings of another person, one has to be willing to listen and empathize with the speaker in a collaborative relationship. “It sounds like you must be feeling very frustrated...It is discouraging when.....” are examples of reflecting feelings.
- S** - The “S” represents the final step in listening which is to summarize what has been said or discussed in a conversation. When the interviewer is able to summarize the issues or concerns of the participant, he/she is likely to feel “heard” and understood. Clearly, when one feels heard and understood, trust and confidence are more likely to emerge and the participant feels more inclined to ask for help that is needed. The RMC-I ends with summarizing.

User Instructions:

The RMC is divided into 9 sections. Each section is labeled with a title in all caps, bold text. The sections include Client Data, Greeting, Housing, Family/Social Status, Health Status, Substance Use, Financial/Occupational Stability, Criminal Activity, and Overall Summary.

Throughout the checklist, capitalized text is used for section titles, labels and instructions to the interviewer. Capitalized text is **not** read aloud to the respondents.

RESPONDENT DATA SECTION:

This section should be completed prior to calling the respondent. The Collateral line refers to the contact person identified by the respondent at the time the drug court coordinator explained the RMC process and should be a third person close to the respondent who will always know where and how to contact the drug court client. Examples are parents, spouses etc. Verify with the respondent that this information is accurate and the contact person is still the most reliable source.

GREETING SECTION:

The purpose of the Greeting section is to get the respondent comfortable with the interview process, build some initial rapport and to confirm their availability for the phone call.

The next six sections (Housing, Family/Social Status, Health Status, Substance Use, Financial/Occupational Stability, Criminal Activity) are divided into 3 sub-sections including the oral questions to be asked, MI prompts and a section summary that includes rating scales, a short yes/no question and an area to document impressions/follow-up plans and recommendations.

The question sub-sections include a series of open-ended questions that may be read to the respondent. Each question is preceded by a number followed by a line. Many of the questions

have a corresponding follow-up question. The follow-up questions are labeled a,b,c, etc. For example, the first follow-up question to question number 3 would be labeled “3a” the second would be labeled “3b.” Follow-up questions also include instruction to the interviewer about when that follow-up question should or should not be asked. For example, the instruction “IF NO” indicates the interviewer will ask the follow-up question if the answer to the current question is no. These instructions are not read aloud to the respondent.

OPEN ENDED QUESTIONS

Most of the questions are open-ended, meaning there are not answer choices provided. These questions are designed to invoke more than just yes/no responses in the MI style. If you find you are getting very short, non-descriptive responses, use probes such as “what else can you tell me about that?” or “what do you mean by that?” to elicit a more complete response. Record as much of the response that answers the question as you are able. Remember you will need to return to this information after the interview when you complete the summary for each section as well as the overall summary at the end of the checklist. The more key points you can record during the interview, the more complete your summary will be and thus your recommendations.

SUBSTANCE USE SECTION

In this particular section you will note that the first question that that is asked is whether or not the respondent is still under supervision [on probation or parole]. Be sure you follow the instructions carefully here and do not ask a respondent who is under supervision any of the specific questions about their use **if you are mandated to report any relapse to a probation or parole officer**. In some jurisdictions, this is a requirement of any court officer.

In the sub-section labeled “**MI Prompts**,” MI stands for Motivational Interviewing. Throughout the conversation you should provide affirmation to the respondent regarding the things he or she is disclosing in response to the questions. The text provided in the MI prompts is intended to be a guide to help you provide affirmation in that particular section.

The last sub-section is a summary section. This sub-section begins with “STATUS [CHECK ONE].” This sub-section should be completed **after the phone call is finished**. Once the checklist is finished and the respondent is no longer on the phone, the interviewer will return to each of the section summaries and fill in the data. Each section summary includes a status scale a yes/no question, and in some instances, an MI section and space to document impressions, follow-up plans and recommendations. When completing the summary, first review the information collected in the question portion. Using that information record what you think the appropriate status of the respondent is. Choose only one status on the scale. Similarly, chose one MI level you think is appropriate for the respondent. The MI Level is intended to measure the respondent’s willingness to change. Then, choose yes or no to indicate whether or not the respondent communicated that they wanted assistance with this section. Finally record your thoughts, observations, and recommendations for the specific respondent for each of the sections. Record as much information as you feel is relevant in order to document any issues that may merit further attention or follow-up. Your impressions are important to record here because you may not be the person who makes the next RMC-i call. Include as much information as you think a new caller might need in order to acquaint themselves with the respondent. This is also the place to note your recommendations for future contacts or for other

services from which the participant could benefit. It is not necessary to record everything the respondent says, particularly if it is off topic.

OVERALL SUMMARY SECTION

The last section in the checklist is the Overall Summary. This section provides the respondent an opportunity to share any other information they wish. Record their comments as close to word-for-word as you can. After recording their comments, summarize the positive issues, saying them back to the respondent then do the same for the help and problem areas you noted, saying these back as well. Finally, confirm the next contact with the respondent. **Always** end each call by affirming the respondent for their continued efforts at recovery.

THE RMC-i AS AN OUTCOME TOOL

The RMC-i can also serve as an outcome measurement tool for your drug court. If this is desired, select a random sample across all years for which RMC-i was administered. This can be done by selecting every other/ every 3rd etc/ participant name for a given year or time period. Or, you can include all participants if your court is smaller. By using the electronic version of the RMC-i, the data is aggregated and a report can be generated using graphs, charts etc. Google Docs allows you to select the type of chart you wish to use to summarize data in any given area of the RMC-i. Charts are then done automatically for you and you have only to prepare the narrative you wish to accompany each chart/table. When conducted as an outcome evaluation measure, your drug court can acquire valuable information regarding how graduates are doing over time as a result of the drug court services. Such data is vital to your quality monitoring program in your drug court and is also an excellent report to be shared with your stakeholders.

ELECTRONIC APPLICATION INSTRUCTIONS

Opening the checklist in Google Docs: Enter Google Docs.com in your browser. Then click on DRIVE in google apps. Then click on SHARED WITH ME and select Recovery Maintenance Check In.

Filling out the survey form: Once the Recovery Maintenance Check-in is open, click on the eye icon in the upper right corner. Begin filling in information. Questions marked with an asterisk are required fields and must be filled in to move on to the next section. Select NEXT to move to the next section, or BACK to go back to a previous section. Once you have completed the questions and responses in the last section, select SUBMIT at the bottom of the page to complete the survey. You may then select SUBMIT ANOTHER RESPONSE to fill out another survey or close out of Google Docs.

You data will be stored in your own file in Google Docs for as long as you feel necessary.