

## Assertive Continuing Care Checklist

One of the best predictors of treatment quality is the use of assertive approaches to continuing care. The checklist below is designed to identify the extent to which a program exemplifies such an approach.

YES NO

- follows up all admitted clients/families, not just those who successfully “graduate,” including those who terminated treatment against staff advice or were administratively (“therapeutically”) discharged
- places primary responsibility for post-treatment contact with the treatment institution, not the client
- follow-up contacts involve both scheduled and unscheduled contact (e.g., “I’ve been thinking about you today and thought I would call to say hi and see how things were going.”)
- follow-up design capitalizes on temporal windows of vulnerability (saturation of check-ups and support in the first 90 days following treatment) and increases monitoring and support during periods of identified vulnerability
- follow-up design individualizes (increases and decreases) the duration and intensity of check-ups and support based on each client’s degree of problem severity, the depth of his or her recovery capital and the ongoing stability or instability of his or her recovery program
- program utilizes assertive (see discussion below) linkage rather than passive referral to communities of recovery
- program incorporates multiple media for sustained recovery support, e.g., face-to-face contact, telephone support and mailed and emailed communications

- \_\_\_ \_\_\_ program emphasizes combinations and sequences of services/experiences that can facilitate the movement from recovery initiation to stable recovery maintenance
- \_\_\_ \_\_\_ program emphasizes support contacts with clients in their natural environments
- \_\_\_ \_\_\_ some continuing care services are delivered by recovery coaches or trained volunteer recovery support specialists
- \_\_\_ \_\_\_ program emphasizes continuity of contact and service (rapport building and rapport maintenance) in a primary recovery support relationship over time

(Dr. Mark Godley, Director of Research, Chestnut Health Systems, personal communication, February, 2006); Adapted from White, W. & Kurtz, E. (2006). *Linking Addiction Treatment and Communities of Recovery: A Primer for Addiction Counselors and Recovery Coaches*. Pittsburgh, PA: IRETA/NeATTC.