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Assertive Continuing Care Checklist

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Addiction treatment programs can distinguish between the provision of “passive aftercare” and “assertive continuing care” via the following checklist.

YES NO

___ ___ We follow up all admitted clients/families, not just those who successfully “graduate,” including those who terminated treatment against staff advice or were administratively (“therapeutically”) discharged

___ ___ We place primary responsibility for post-treatment contact with the treatment institution, not the client.

___ ___ Our 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.”).

___ ___ Our 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.

___ ___ Our 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.

___ ___ Our program utilizes assertive (see discussion below) linkage rather than passive referral to communities of recovery.

___ ___ Our program incorporates multiple media for sustained recovery support, e.g., face-to-face contact, telephone support and mailed and emailed communications.

___ ___ Our program emphasizes combinations and sequences of services/experiences that can facilitate the movement from recovery initiation to stable recovery maintenance.

___ ___ Our program emphasizes support contacts with clients in their natural environments.

___ ___ Some of our continuing care services are delivered by recovery coaches or trained volunteer recovery support specialists.

___ ___ Our program emphasizes continuity of contact and service (rapport building and rapport maintenance) in a primary recovery support relationship over time.

___ ___ Our program conducts ongoing recovery checkups for at least one year with option for continued checkups over five years.

(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.