



Initial Case Management Session

Checklist

Before Resident Arrives

Resident Name: _____ (phone number at bottom of this sheet)

Date of Session: ____ / ____ / ____

Case Manager Name: _____

Collect the following information from the EMR or OPM. Reach out to your supervisor with questions.

UNITE Eligibility

Does the resident have an opioid dependency diagnosis? Yes No

If **yes**, they may be eligible for the Operation UNITE grant that covers room and board while attending IOP.

Upcoming Appointment Dates/Times

PHP/IOP: ____ / ____ / ____ : ____ A. M. P. M.

Individual Therapist: ____ / ____ / ____ : ____ A. M. P. M.

Intensive Health: ____ / ____ / ____ : ____ A. M. P. M.

Program

PHP IOP

Admission Date: ____ / ____ / ____

Anticipated Discharge: ____ / ____ / ____

Exit Interview Date: ____ / ____ / ____

Projected Rent Due Date: ____ / ____ / ____ Amount: \$ _____

Gather Documents

Phase Packet Recovery Capital-Based Plan Step One Worksheet Recovery Capital Assessment

With the Resident

Appointments and Rent

reviewed upcoming appointments (make sure they have these written down or added to their calendar)

reviewed projected rent due date and the amount due on that date (make sure they have this written down or added to their calendar)

discussed how to pay rent via text

Resident's current phone number: (____) _____ - _____

PHP Patients N/A

- explained the PHP program
- explained the food card system

PHP UNITE-eligible Recipients N/A

- explained Operation UNITE
- explained the gift card system

IOP UNITE-eligible Recipients N/A

- explained Operation UNITE
- completed the UNITE application
- completed the UNITE survey
- explained the gift card system

Phase Program

- explained the phase program, including how the six-month program is divided into four phases
- reviewed their phase packet with them and discussed each action step for phase 1 (page three of packet)
- instructed the resident to bring their phase packet to each case manager meeting

Recovery Capital Assessment

- gave and explained the Recovery Capital Assessment (instructed them to complete/return at next meeting)

Recovery Capital-Based Plan

- educated resident about the Recovery Capital-Based Plan (instructed them to complete/return at next meeting)

Practice Twelve-Step Work

- gave resident the "First Step" packet

Schedule Sessions for Phase One

Preferably, schedule these for the same day-of-the-week and timeslot. Use Google Calendar.

Phase 1 Session 2: _____ / _____ / _____ : _____ A. M. P. M.

Phase 1 Session 3: _____ / _____ / _____ : _____ A. M. P. M.

Phase 1 Session 4: _____ / _____ / _____ : _____ A. M. P. M.

Phase 1 Session 5: _____ / _____ / _____ : _____ A. M. P. M.

After the Session

- document session in the EMR in DAP format
- document resident's phone number in EMR and OPM
- schedule the exit interview in Google Calendar
 - PHP exit interview: red appointment in Google Calendar
 - IOP exit interview: yellow appointment in Google Calendar
- update data sheets as needed
- scan and upload this sheet to the resident's EMR chart

Case Manager Signature: _____ Date: _____ / _____ / _____

Recovery Capital Assessment

Sober Living

How much “recovery capital” do you have right now? In other words, what things in your life are working for your recovery? This Recovery Capital Assessment helps determine (1) what parts of your recovery need strengthening and (2) what resources peer support can offer you. Our goal is to gradually increase your recovery capital.

Use these numbers to measure each statement:

- 5. Strongly Agree
- 4. Agree
- 3. Neither Agree or Disagree
- 2. Disagree
- 1. Strongly Disagree

Don't rush. Take your time and be completely honest.

Social

- I enjoy spending time with others.
- I have a friend (or friends) I spend time with regularly.
- I have friends who are also in recovery.
- I communicate openly and honestly with my friends in recovery.
- I live with people who respect my recovery.
- My partner respects and supports my recovery.
- My family respects and supports my recovery.
- I have a positive relationship with my family and friends.
- I feel connected to the people who are most important to me.
- I participate in a recovery program (IOP, AA, NA, Celebrate Recovery).
- I have access to virtual meetings or an online recovery community.
- I find enjoyment in attending meetings.
- I have a home group that I attend regularly.
- I have a support group.
- I have a sponsor or mentor for my recovery.
- I am currently working the 12 Steps with a sponsor or recovery guide.
- I enjoy sober laughter.
- I'm learning to communicate and say “no” when appropriate.
- I let others know when I am angry in a healthy way.
- I enjoy helping others.
- I allow others to help me when I need it.

Total for Social: ____ / 105

Human

- I know what is important to me.
- I believe a life of recovery/sobriety is possible for me.
- I have had a profound spiritual/emotional experience.
- I have a conception of a Higher Power.
- I take time to spiritually reflect or meditate.

- I have a prayer life.
- I still experience moments of awe.
- I enjoy journaling.
- I enjoy reading.
- I have access to recovery literature.
- I notice my inner-self (my thoughts, beliefs, and feelings).
- I no longer dream about using drugs/alcohol.
- I have hope for the future.
- I am open to new experiences and adventures.
- I am interested in going back to school (college, high school, GED).
- I have goals I am working towards.
- When I feel complacent about my sobriety, I know how to get back on track.
- I have found purpose in life.
- I enjoy spending time in nature.
- I am open-minded towards new concepts and ideas.
- I am curious and enjoy learning new things.
- I am okay with not knowing everything.
- I can admit when I am wrong.
- When bored, I look for positive ways to spend my time.
- Hobbies and having sober fun is important to me.
- I am able to give myself praise.
- I have a clear sense of self.
- I can laugh at myself.
- I allow myself to cry when needed.
- I love who I am today.

Total for Human: ____ / 150

Physical

- I get the proper amount of physical exercise.
- I make time for self-care.
- I get the proper amount of sleep.
- I have access to regular meals.
- Daily, I try to decrease my stress level without drugs/alcohol.
- I have a primary care physician.
- All my healthcare providers (dentist, OBGYN, physical therapist, etc.) know about my substance abuse history.
- I always list narcotics as an allergy when seeing a new healthcare provider.
- When I experience pain, I have strategies/alternatives to addictive substances.
- I have access to disease testing (HIV, Hep, etc.).
- I do not engage in risky sexual behaviors.
- All of my healthcare needs are met.
- I have access to transportation.
- I have my own automobile.
- I have enough clothes to wear that are comfortable and clean.
- I can financially take care of myself.
- I have a safe living space.
- I have a stable job that I enjoy.
- I have a safe work environment.
- I am safe from any form of abuse or violence.

Total for Physical: ____ / 100

Daily Accountability

- I have a routine or ritual that keeps me engaged in recovery.
- I know my triggers.
- I know how to argue with the addictive voice.
- I am strengthening my relapse prevention strategies.
- I live in a drug and alcohol-free environment.
- If I miss a group or meeting, someone will notice and reach out to me.
- Someone will speak up if I start slipping into addictive behaviors.
- I have a monitoring service that supports my recovery (probation, drug court, CMS).
- I am tested for illicit substances.
- I am working to resolve my ongoing legal issues.
- I enjoy my job.
- I persevere at work when things are hard.
- I communicate honestly with my co-workers.
- I set boundaries with my supervisors and co-workers.
- I can manage my stress level at work.
- I keep a healthy balance between my work life and personal life.

Total for Daily Accountability: _____ / 80

Current Total Recovery Capital: _____ / 435

Personal Strengths

Now let's identify some personal strengths:

- useful skills/talents:

- responsible
- courageous
- stays true to self
- spiritual
- goal-minded
- creative
- good problem-solver
- leadership
- loyalty
- good communicator, outgoing
- reserved, thoughtful
- _____
- _____
- _____
- _____
- _____
- _____

Goals

After completing the recovery capital questionnaire, list five goals you want to complete in the next year.

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

[Resident Signature field] [Date field]

[Peer Support Signature field] [Date field]



Recovery Capital-Based Plan

This recovery plan is based on your strengths, what we call “recovery capital.” What parts of your life are positive and support your sobriety? Instead of focusing on the bad, let’s set personal goals based on what is good about your life. Work with your peer support specialist to complete this plan.

Resident Name: _____ Date: ____ / ____ / ____

Current Recovery Capital

My Total Recovery Capital: ____ / 435

Specific strengths I can build on...

My Social Capital: ____ / 105

healthy relationships (family/friends/roommates/sponsor), groups, recovery meetings

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

My Human Capital: ____ / 150

health (body/mind/mood), goals, hobbies, skills, education/training

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

My Physical Capital: ____ / 100

health, housing, job, transportation, money

- 1. _____
- 2. _____
- 3. _____
- 4. _____

My Daily Accountability Capital: ____ / 80

active recovery habits, drug-testing, job encourages sobriety

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Planning my recovery based on my strengths...

Goal: _____

Objective: _____

Action Steps:

- _____
- _____
- _____
- _____

Goal: _____

Objective: _____

Action Steps:

Goal: _____

Objective: _____

Action Steps:

Resident Signature: _____ Date: ____ / ____ / ____

Peer Support Signature: _____ Date: ____ / ____ / ____

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Step One Worksheet with Questions, a Worksheet for Step 1 of 12 step programs

Understanding Step 1

The concept behind the 1st step is significant, as addiction can lead to a tendency to hide problems from ourselves and others, pretending that we have control over our actions, while blaming others for the harm we cause. This denial can eventually lead to losing everything we hold dear in life, including relationships, careers, and even our sense of self. The problem lies in the idea that we are taught to always remain in control, even when it is at the cost of winning.

Acknowledging that we are powerless over our addiction may seem like defeat, but it is only a partial admission of defeat. We are recognizing that our attempts to control our addiction have failed and that we need to find a new path of recovery, which will help us regain control. The process of recovery is a productive one, even though it may initially be painful, as we are letting go of old habits and building new, healthy ones.

To let go, we must first admit the depth of our addiction and our inability to control it. This requires us to face our shortcomings and to be honest about the damage that our addiction has caused in our lives. With the support of others who understand our struggles, we can begin the process of rebuilding our lives and overcoming addiction.

How to Work Step 1

To acknowledge that you have lost control of your addiction, one effective method is to attend a meeting and openly discuss your struggles. Admit to the group how your attempts to control your addiction have failed and the damage it has caused to your life and loved ones.

When you are ready to seriously work on the 12 steps, find a reliable sponsor who can help guide you through the process. Your sponsor can assist you in two crucial ways: they will be there for you when you feel like you may relapse, and they can help you compile a list of the worst behaviors and outcomes associated with your addiction.

Honesty is the guiding principle when working on the first step, and it is important to share all details with your sponsor and group, no matter how shameful you may think they are. Don't be afraid to tell your sponsor and group if you are struggling to maintain

your recovery or if you have relapsed. As long as you are honest and willing to accept help, you can overcome any obstacle.

Step 1 Questions

How did you first become aware of your addiction, and what initially drew you to it?

How do you feel when you refrain from engaging in addictive behaviors for a period?

What specific behaviors does your addiction consist of? Which ones do you engage in the most, and why?

In what ways has your addiction damaged your most important personal relationships, and how did it do so?

Does your addiction make you feel isolated from other people, either internally or externally, and have others noticed this as well?

What emotions or feelings typically trigger your engagement in addictive behaviors, and do you use them to mask other issues or problems? How does your behavior impact these feelings?

What is the most significant negative outcome of your addiction, and how has it affected your life?

How has your addiction impacted your finances, and how have you justified or hidden your spending from others?

In what ways have you tried to conceal your addictive behavior from other people, and has it been successful?

Have you experienced any physical or mental health issues because of your addiction, and how have you coped with them?

Have you ever done something that you did not want to do, but engaged in it anyway because of your addiction? How did this make you feel?

Have you ever put yourself in danger because of your addiction, and if so, how did you handle the situation? Did you learn from the experience or repeat it?

What is the most embarrassing or humiliating situation that has occurred in your life because of your addiction?

Have you ever manipulated or exploited other people to fulfill your addiction, and how did you rationalize it to yourself?

During what period of your life did you feel the least in control, and was your addiction a contributing factor? How did this experience affect you?

How much time have you devoted to your addiction during the worst and most typical periods of your addiction, and how has this affected other areas of your life?

Have you ever betrayed someone else due to your addiction, and how did you justify it to yourself?

How has your addiction impacted your career, and what measures have you taken to conceal your behavior at work? Have these measures been effective?

When did you first realize that you were an addict, and did you feel that your life was unmanageable at that time? In what ways?

How Step 1 Helps Us Recover

Answering these questions will allow us to take stock of how our lives have become unmanageable and the damage we have done to ourselves and others. It shows how previous efforts to manage our addiction have failed. Admitting this failure allows us to prepare for a better path.

[Read more about step 1 & admitting powerlessness.](#)