



# USER GUIDE

## Recovery Support Screening Module

### Abstract

The following guide will demonstrate how to use the Recovery Support Screening

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## What is the Recovery Support Screening?

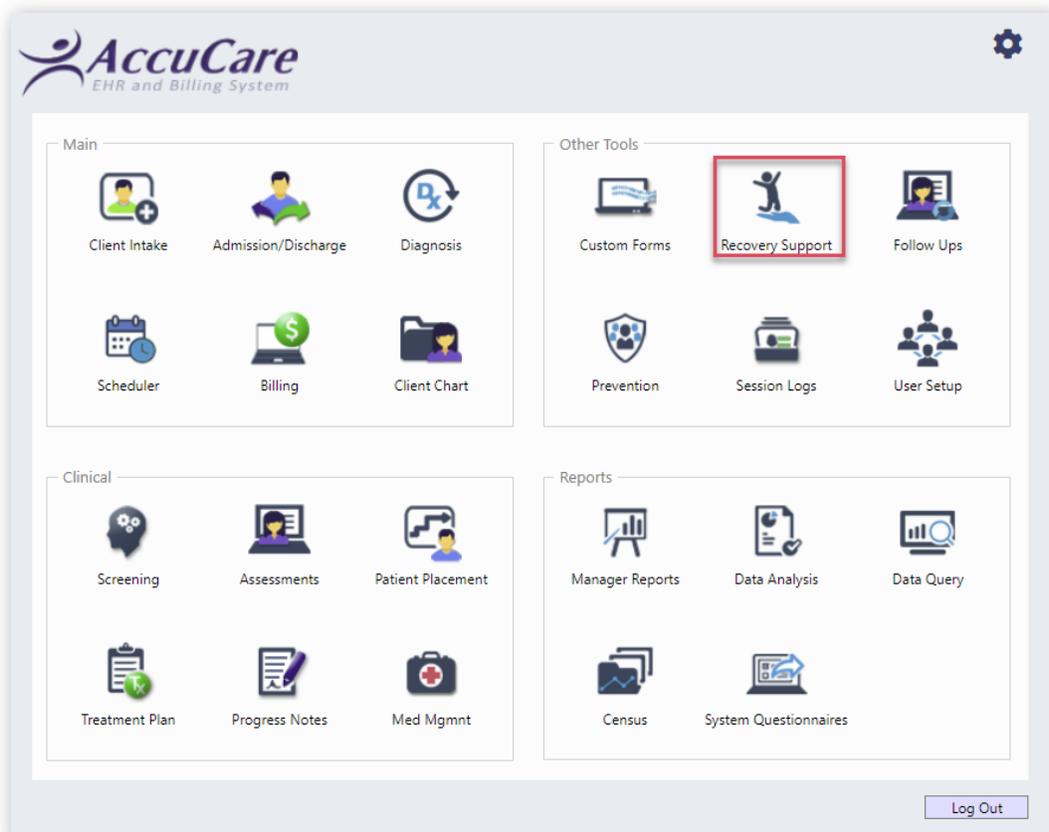
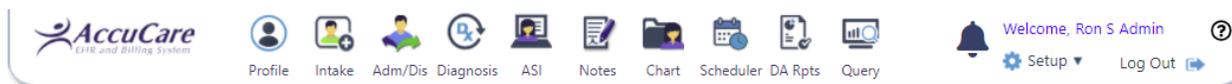
Recovery Screening is a questionnaire that identifies and prioritizes the client's needs as they exit treatment returning to everyday life. It has been created to engage the client, asking them what services they feel will help them in their journey of continued recovery.

## Where do I find the Recovery Support Icon?

Look for this Icon on Ribbon or Main Menu.



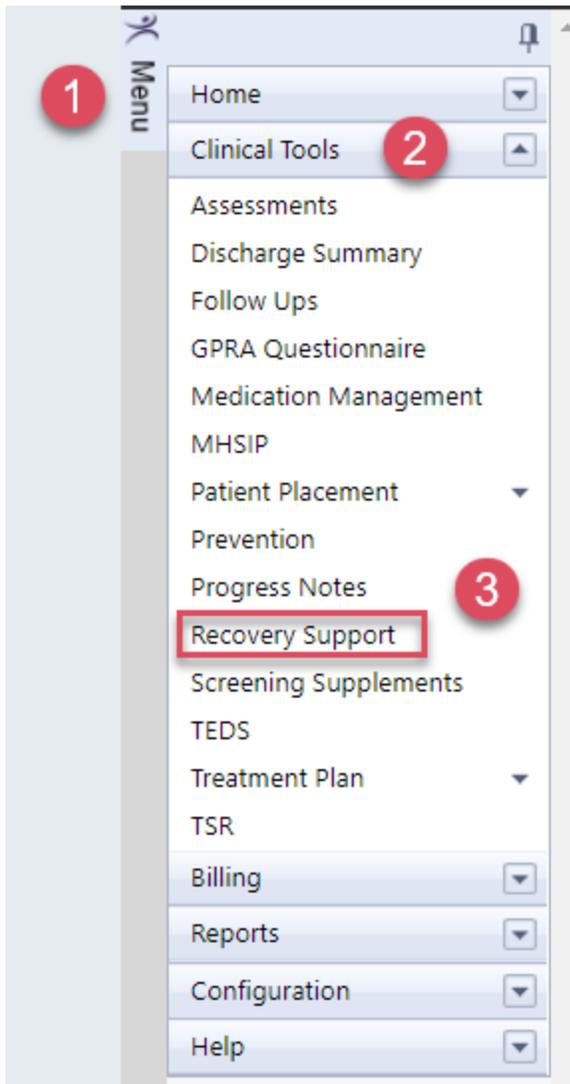
Main Menu screenshot



## Starting the Recovery Support Screening

Another way to access the Recovery Support Module is to use the Jump Navigation Menu located on the left side of your browser.

1. Look for the Menu Tab
2. Click on Clinical Tools
3. Then click on Recovery Support



# Steps creating a Recovery Support Screening

## Step 1 – Search for client

File > Recovery Support Screening

Search by: Last Name  
Begins with or matches: Able  
Search Display All

Name	SSN	Client Reference #
Able, Alan		AA19872993
<b>Able, Anna</b>		AA19659222
Able, Jane		JA19891111

# Record Date Interview Date Interviewer Select  
No Screenings

## Step 2 – Click the [New Screening] button to start

File > Recovery Support Screening

Search by: Last Name  
Begins with or matches: Able  
Search Display All

Name	SSN	Client Reference #
Able, Alan	343-93-2993	AA19872993
Able, Anna	892-34-9222	AA19659222
Able, Jane	455-22-1111	JA19891111

# Record Date Interview Date Interviewer Select  
No Screenings

New Screening Modify Screening Delete Screening Report File and Sign Close

## Step 3 – Question #1- Choose the date and ask the client to best describe their recovery.

File > Recovery Support Screening for Able, Anna

Interview Date: 11/02/2020

1. Which of the following statements best describes your recovery?

I don't believe I have a problem with substance abuse, but others are making me seek a recovery program.

2. My substance abuse has contributed to problems in my life, but don't see how a recovery program will make a difference.

I am attempting to limit my use of alcohol and/or drugs and can see how a recovery program can positively impact my life.

I am committed to my recovery and have been working on avoiding situations that may impact my recovery.

I am working towards maintaining strategies that will support my long term recovery and avoid situations that may impact my recovery.

Other

Improving Daily Living Skills  
Enhancing Education or Improving Work Status  
Improving my Social Support (friends, hobbies, activities)  
Maintaining or Enriching my Spiritual Life  
Improving/Maintaining my Physical Health  
Improving/Maintaining my Mental Health

Complying with Child Protective Services Requirements  
Incorporating my Culture in my Life  
Additional Priorities

Important

Interview Date is the date you started the screening. This is a changeable field

Question 1 - Ask the client which statement best describes his or her recovery. Click on the drop down arrow for a list of choices.

If the client wishes to give you a different statement then choose Other and type in their statement

**Step 4 – Question #2 - Ask the client to set values to priorities they feel are important to their recovery.**

**Question #2 - Explain to the client what the values of 0 through 4 mean then ask them to rate how each priority rates for them. Enter the one-digit for each entry.**

2. What are the most important priorities for your recovery now?  
Please rate each area on a scale of "0=Not a Priority, 1=Slightly Important, 2=Moderately Important, 3=Considerably Important, 4=Extremely Important"

4	Improving Family Relations	4	Maintaining my Substance Abuse Recovery
2	Safety at Home or at School	3	Complying with Criminal Justice Requirements
4	Improving Daily Living Skills	4	Complying with Child Protective Services Requirements
3	Enhancing Education or Improving Work Status	4	Incorporating my Culture in my Life
3	Improving my Social Support (friends, hobbies, activities)	Additional Priorities	
4	Maintaining or Enriching my Spiritual Life	4	Improving relationship with family
4	Improving/Maintaining my Physical Health		
3	Improving/Maintaining my Mental Health		

**Using the same numbering rule you have room to put in other statements if needed.**

**Step 5 – Question #3 – Continue by asking the client to check all services they feel would most benefit them in their recovery. Each section allows you to add a service.**

**Screenshot question 3**

3. What kinds of recovery support services do you think might be most helpful for you?

Family Relationships

- Marriage education/counseling
- Child care services
- Parenting skills
- Family education/counseling
- Other

Safety at Home or School

- Intimate partner violence education
- Anger management (self and/or partner)
- Domestic violence service
- Bullying education
- Suicide education
- Locating safe house
- Other

Daily Living Skills

- Assistance with hygiene (bathing, showering, brushing teeth)
- Assistance with housekeeping
- Transportation to attend recovery support activities
- Assistance with budgeting or finance
- Information about nutrition or meal planning
- Other

Education or Work Status

- Need for vocational training
- Assistance with reading or comprehension
- Assistance with writing resume
- Assistance searching for a job
- Other
- Assistance with Interviewing Skills
- Assistance with clothing or shoes for interview
- Assistance in obtaining GED
- Tutoring on school subjects

### Screenshot of questions 3 (continued)

**Social Support**

- Need for caring supportive person/people to talk to
- Healthy group activities or social gathering with peers
- Activities to meet new friends
- Other

**Spirituality**

- Desire to attend spiritual/religious activities
- Someone to discuss spiritual/religious activities with
- Spiritual retreat
- Other

**Cultural**

- Interested in participating in cultural activities
- Learning more about my culture
- Traditional Healing Services
- Sweat Lodge
- Talking Circle
- Cultural retreat
- Indigenous language recovery/expression
- Story telling/cultural teaching
- Tribal song and dance
- Tribal arts and crafts
- Other

**Substance Abuse Recovery**

- Support to stop using alcohol or drugs
- Support to continue being clean and sober
- Alcohol/drug testing
- Transitional drug free housing
- Clinical assessment
- Other

### Screenshot of questions 3 (continued)

**Physical Health**

- Stress management
- HIV/AIDS education
- Acupuncture
- Auricular acupuncture
- Physical fitness and well being activities
- Other

**Mental Health**

- Stress management
- Relaxation management
- Other
- Other

**Additional Services**

- Communication skills
- 
- 
- 
- 

**Comments**

Anna feel these services will help in her recovery |

Type in any comments from the client or yourself in this dialog box

# Review of Action Buttons

**File > Recovery Support Screening**

Search by: Last Name  
 Begins with or matches: [input field]  
 Search Display All

Name	SSN	Client Reference #
Able, Alan	343-93-2993	AA19872993
Able, Anna	892-34-9222	AA19659222
Able, Jane	455-22-1111	JA19891111

#	Record Date	Interview Date	Interviewer	Select
1	11/02/2020	11/02/2020	Ron S Admin	<input checked="" type="checkbox"/>

New Screening Modify Screening Delete Screening Report File and Sign Close

Click the **[Modify Screening]** button to return back to the input screen make changes

Click the **[Delete Screening]** button allows you to delete the screening if you have the proper permissions

Click the **[Report]** button to bring up a preview of the report to review or print printout

Click the **[File and Sign]** button If you have a subscription to Chart Management you will be able to save a copy of the this report to the client's electronic record.

Once the screening is completed it highly recommended you print out a copy to review with client.

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**Recovery Support Screening**

**Client Name:** Able, Anna  
**D.O.B.:** 08/14/1965  
**Client Ref. #:** AA19659222  
**Date of Interview:** 11/02/2020

Ms. Able reported the following statement best describes her recovery:  
 I am working towards maintaining strategies that will support my long term recovery and avoid situations that may impact my recovery.

Ms. Able indicated the following priorities and activities would be the most helpful for recovery:

**Extremely Important Activities**

- Complying with Child Protective Services Requirements
- Improving Daily Living Skills
  - \* Assistance with hygiene (bathing, brushing teeth)
  - \* Assistance with budgeting or finance
  - \* Information about nutrition or meal planning
  - \* Transportation to attend recovery support activities
- Improving Family Relations
  - \* Marriage education/counseling
- Improving relationship with family
- Improving/Maintaining my Physical Health
  - \* Stress management
- Incorporating my Culture in my Life
  - \* Traditional healing services
  - \* Talking Circle
  - \* Story telling/cultural teaching
  - \* Horsemanship