Recovery Management Checkups and Support (RMCS) Information Sheet

Contact Info

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Purpose of RMCS

- Provide recovery support and ongoing assessment for clients after the end of their primary treatment episode for substance use disorder(s)
- Facilitate involvement with pro-recovery peers and activities
- Monitor substance use and other concerns detect relapse and other problems early
- Monitor implementation of continuing care recommendations
- Assertive linkage to services as needed
- Promote positive family relationships

History

- Recovery Management Checkups (RMC) are evidence-based
- Based on theory that long-term monitoring through regular checkups and early (re)intervention will
 facilitate early detection of relapse, reduce time to treatment re-entry, and improve long-term
 outcomes
- Checkups are proactive
- Found effective in three randomized trials
- Expanded to include support and more frequent contact in RMCS

Delivery

- RMCS is provided for up to 12-months post-treatment discharge
- Weekly support sessions for the first 90 days; frequency adjusted during the remaining time based on client's needs
- Sessions take place in person, in the community, over the phone, and by text messaging (as permitted by the provider)
- Urine screens obtained monthly
- Family support sessions are optional but recommended

Session Content

- Greeting and check-in
- Discussion of recent:
 - Participation in clean and sober activities
 - Time spent with clean and sober friends
 - Experiences with temptations/triggers
 - Substance use
 - Progress towards previously set goals
- Review of upcoming high-risk situations
- Goal-setting
- Assertive linkage to services as needed

Further Reading

- Dennis ML, Scott CK. Four-year outcomes from the Early Re-Intervention Experiment (ERI) with recovery management checkups (RMC). *Drug and Alcohol Dependence*. 2012;121(1):10-17.
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- Scott CK, Dennis ML, Foss MA. Utilizing recovery management checkups to shorten the cycle of relapse, treatment reentry, and recovery. *Drug and Alcohol Dependence*. 2005;78(3):325-338.
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