



# Recovery Oriented Practice: The Road to Building Person-Centered Planning into Services

Webinar: Part 3

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Presented By

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Materials Adapted From:  
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## Learning Objectives

- Discuss how Stages of Recovery and Stages of Change inform assessment and planning
- Describe what actions counties, tribes, and providers can take to ensure quality of services
- Learn more



## Ann's Case Scenario

**Ann:** 60 yrs.old. Hx of schizophrenia. Never been married, no children. Ann lives in a CBRF. Ann has diabetes and high blood pressure. She has difficulty socializing with people but does see her sister occasionally and went to church. Ann had an incident (involving her psychosis) at church and is afraid to return. Ann likes to read, plant flowers, and watch movies. Ann says, "I want be able to keep my routine and go back to church." Ann's Christian faith and reading the bible is very important to her. Ann used to buy random items that she did not need and would run out of money. Her sister is now her payee. Ann does state she would like to have control of her money again. Ann is able to cook for herself but has difficulty with hygiene and managing her money, as well as, remembering to take her medication and going to her doctor's appointments.

3



## Recovery Plan Worksheet

**Barriers:** Anxiety and intrusive thoughts about going back to church, social isolation, forgets to take her medication, lack coping skills, gets overwhelmed easily

**Strengths:** Strong faith and belief system, supportive sister, knows how to cook for herself, enjoys nature, compassionate

**Goal 1:** "I want to go back to church and socialize with my congregation."

**Objectives:** Within 6 mo., Ann will be able to better manage her anxiety and avoidance of social interactions as evidenced by her attending church at minimum once a week.

**Services:** CBRF staff will assist Ann daily, on an as needed basis, with identified coping strategies to help her manage her anxiety.

CBRF staff will encourage Ann daily to participate in recreational activities outside the house to help with her social anxiety.

\*Other services would be added as well

4

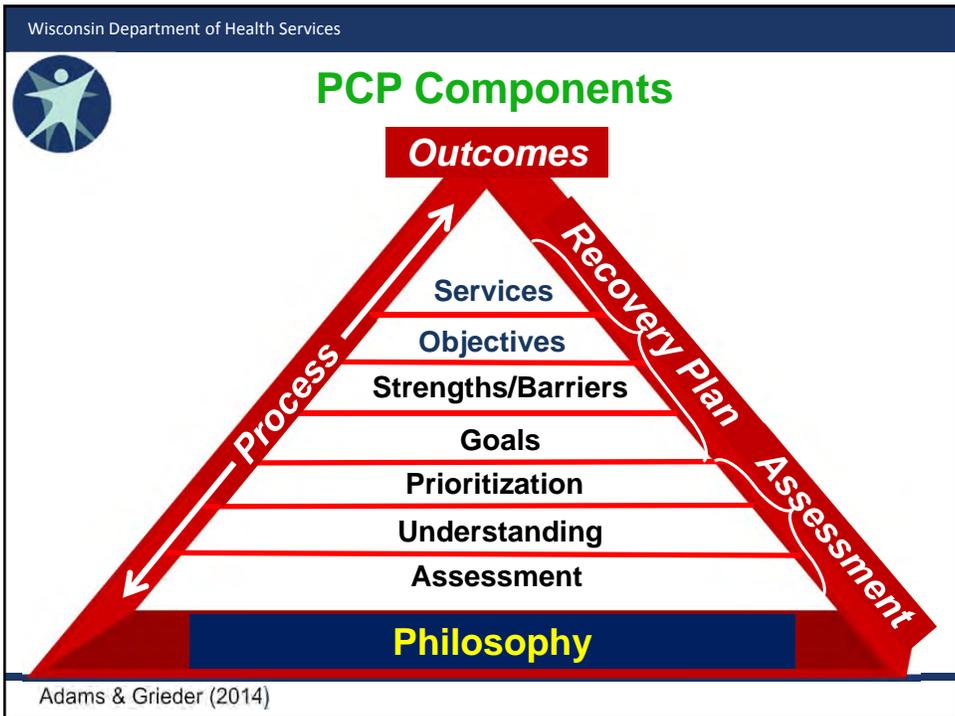
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## Recovery Plan Worksheet

<p><b>Goal 2:</b> "I want to manage my own money."</p> <p><b>Objectives:</b> Within 3 mo., Ann will complete a budget plan. Within six mo., Ann will manage her money weekly and stay within her budget.</p>	<p><b>Services:</b> CBRF staff will assist Ann weekly in creating a budget to help her learn to manage her money. CBRF staff will assist Ann in her weekly purchases to better manage her money. CBRF staff will teach Ann at minimum 1 hr/wk to comparison shop, use a calculator, and document purchases to improve her money management skills.</p>
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5





## Considerations in the Assessment and Planning Process



7



***RECOVERY MAY BE A JOURNEY;  
BUT IF YOU NEVER GET ANYWHERE,  
IT CAN EASILY BECOME A  
TREADMILL***



*~ Joe Marrone, Institute for  
Community Inclusion*

8

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# What Gets in the Way of Recovery?



...the Disabling Power of a Mental Illness

~Appalachian Consulting Group 9

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# Five Stages in the Recovery Process

	Impact of the Illness	Life is Limited	Change is Possible	Commitment to Change	Actions for Change
<b>Stage of Recovery</b>	Overwhelmed	Not ready to commit to change	Believes there is more to life	Willing to explore possibilities	Taking responsibility for a new direction

~Appalachian Consulting Group 10

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## Five Stages in the Recovery Process

	Impact of the Illness	Life is Limited	Change is Possible	Commitment to Change	Actions for Change
<b>Role of Services</b>	Reduce emotional distress by reducing symptoms	Foster hope and sense of possibility	Help people see they are not so limited by the mental illness	Help people identify their strengths and figure out skills, resources and supports	Help people trust their own decision-making abilities and to take more and more responsibility for their lives

~Appalachian Consulting Group 11

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## Stages of Recovery: Ohio Model

Stage I Dependent and unaware	The individual is dependent on the mental health system & unaware of potential for own recovery
Stage II Dependent and aware	The individual is dependent on the mental health system but is aware of the possibilities and potential for recovery
Stage III Independent and aware	The individual is not dependent on the mental health system and is able to make choices about his/her life
Stage IV Interdependent and aware	The individual is interdependent, involved in the life of the community, and aware of the possibilities for themselves and others

12



## Stages of Change and Treatment

Prochaska & DiClemente	Stage of Treatment	Treatment Focus
Pre-contemplation	Engagement	<ul style="list-style-type: none"> <li>outreach</li> <li>practical help</li> <li>crisis intervention</li> <li>relationship building</li> </ul>
Contemplation	Motivation	<ul style="list-style-type: none"> <li>pros/cons</li> <li>resolve ambivalence</li> <li>build motivation</li> </ul>
Preparation	Planning	<ul style="list-style-type: none"> <li>small steps</li> <li>identify supports</li> <li>address barriers</li> </ul>
Action	Active Treatment	<ul style="list-style-type: none"> <li>counseling</li> <li>skills training</li> <li>self-help groups</li> <li>bolster self-efficacy</li> </ul>
Maintenance	Relapse Prevention	<ul style="list-style-type: none"> <li>prevention plan</li> <li>skills training</li> <li>expand recovery</li> </ul>



Funny pics on [www.LeFunny.net](http://www.LeFunny.net)

More Fun At: [WWW.FunnyGusta.com](http://WWW.FunnyGusta.com)



## Rehabilitation Vs. Recovery

- **Rehabilitation** refers to the services and technologies that are made available to disabled persons so that they might learn to adapt to their world.
- **Recovery** refers to the lived or real life experience of persons as they accept and overcome the challenge of a disability.



## Rehabilitation Vs. Recovery

"The recovery process is the foundation upon which rehabilitation services build...we can make the finest and most advanced rehabilitation services available to the psychiatrically disabled and still fail to help them. Something more than just "good services" is needed."

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## How Can Rehabilitation Programs Support Recovery?

- Offer recovering persons a wide variety of rehabilitation program options from which to choose
- Encourage small steps forward
- Expect the approach/avoid, try/fail dynamic which is the recovery process
- Create a fail-proof program: participants are always able to come back, pick-up where they left off, and try again and are welcomed, valued, and wanted

*Patricia Deegan, psychologist and ex-patient, director of Common Ground* 17

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## The Righting Reflex

- Undermining the change process with good intentions to help by “directing” someone
- The natural tendency of providers to solve a person’s problem, provide good advice without asking permission, or prevent someone from making a mistake
- The provider solves the problem for the person rather than having the person learn how to solve the problem

Motivational Interviewing, Helping People Change, Third Edition, Miller & Rollnick 18



## Motivational Interviewing

### Definition

A person-centered communication style that guides an individual toward resolving their ambivalence and strengthening motivation for positive behavior change (Miller & Rollnick, 2013)



## Continuum of Communication Styles

Directing Style	Guiding Style	Following Style
Take Charge	Assist	Listen
Manage	Encourage	Observe
Tell	Motivate	Understand
Administer	Show	Go along with
Order	Support	Comprehend
Authorize	Elicit	Take in

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## The Right Balance

Let person do what he/she wants

Get person to do what I want



**Neglect**      *Recovery Zone*      **Control**

<http://www.patdeegan.com/AboutCommonGround.html>

21

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## How MI and PCP Complement Each Other

- Person-Centered
- Provider is non-judgmental and does not assume the role of “expert”
- Collaboration is critical
- Strengths-based: encourages individual’s self-efficacy for change
- Empathy, acceptance, compassion, evocation
- Shared decision-making in service planning

22

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## Implementation of a Best Practice or Evidence-Based Practice

23

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## Implementing PCP

- Ensure the individual is a meaningful participant in his or her recovery planning and services
- Integrate philosophy of recovery and resilience into defining outcomes
- Review assessments, clinical summaries, and recovery plans
- Engage in quality improvement: chart reviews, learning groups, consumer satisfaction surveys

24



## Organizational Level: Implementing Best Practices or Evidence-based Practices

- Continue monitoring, revising, and promoting the implementation plan
- Administrative supports and resources are put into place to support staff continued learning
- Supervision in place to oversee delivery
- Begin evaluation to assure “practice-based evidence”
  - Staff fidelity of practice
  - Consumer perceptions
  - Program outcomes
- Work with trainer to make any necessary adaptations

25



## Recovery Outcomes



26



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**Recovery Outcomes**

- Federal (Centers for Medicaid and Medicare) money supports program
  - Expectation is people will make progress in their recovery
- State: 1915(i)-CRS Authority (Home and Community-based Services)
  - Requires documentation of progress

28



## Determining Outcomes: Recovery Plan Review

- Reassess plan at appropriate intervals
- Plan revisions
  - Have the long-term goals been reached?
  - Have the objectives been met? Partially met? Not met? Do they need to be updated?
  - Are the services still applicable?
  - Has anything major changed since the last review?

29



## Determining Outcomes: Recovery Plan Review

### What if the short-term or longer term goals have not been met?

- Does this mean the individual “failed” or the services “failed” the person”?
- Were the goals overly ambitious? Or did the individual lose motivation?
- Were providers actively helping/teaching/reminding to build skillset to ultimately reach the goals?
- Were there other circumstances or barriers that got in the way?
- How is this discussed with the individual, case manager, service providers, and recovery team?

30



## Next Steps

- Want to learn more?
  - Contact me and complete a training and technical assistance request form
  - Motivational Interviewing  
Scott Caldwell, 608-264-9850  
[Scott.Caldwell@wisconsin.gov](mailto:Scott.Caldwell@wisconsin.gov)
- Other state trainings
  - Fall and spring best practice and EBP trainings for those involved in the CCS expansion

31



## Resources

Five Stages of the Recovery Process, Appalachian Consulting Group, 2009

<http://acgpeersupport.com/wp-content/uploads/2013/07/WhatisthistingcalledrecoveryGPeditsAugust2013.pdf>

Motivational Interviewing: Helping People Change, Miller & Rollnick, 2013

Recovery: The Lived Experience of Rehabilitation, Patricia E. Deegan, Ph.D.

[http://www.nami.org/Content/NavigationMenu/Intranet/Homefront/Recovery\\_Lived\\_Exp.pdf](http://www.nami.org/Content/NavigationMenu/Intranet/Homefront/Recovery_Lived_Exp.pdf)

Treatment Planning for Person-Centered Care: Shared Decision Making for Whole Health, Adams & Grieder, 2014

32



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