In the Driver’s Seat

A RECOVERY APPROACH TO PERSON-CENTERED PLANNING
Overview

• Understand recovery and person-centered planning
• Learn about consumer choices and everybody’s role in recovery planning and services
• Identifying strengths
• Identifying who and what can help consumer in their recovery journey
What Can You Do In Person-Centered Planning?

- Help identify strengths and goals.
- Advocate for yourself or others.
- Know your rights around planning.
- Direct/take charge of the planning process — it’s your plan!
A Person-Centered Approach to Recovery Planning

• Collaboration and partnership are the hallmarks of creating a good person-centered plan.
• The plan prioritizes the participant’s desires while including a provider perspective.
A Person-Centered Plan

GOAL
as defined by person receiving services

Strengths to draw upon
Barriers/assessed needs that interfere

Objectives
- Behavioral
- Achievable
- Measureable

Interventions/Methods/Action Steps
- Professional/billable services
- Clinical and rehabilitation
- Action steps by person in recovery
- Roles/actions by natural supporters
Collaborative Approach

- A team approach is key.
- Each participant brings his or her own area of expertise.
- Consumer participation and the support system of choice is essential.
Definition of Recovery

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

Substance Abuse and Mental Health Services Administration’s (SAMHSA) working definition of “recovery”
Recovery is Not Linear

What I planned.

What happened.

Julia
Many Pathways to Recovery

- Services may not look the same to every individual.
- Consumer has the right to ask: “What will be the outcome or change for me?”
- Diversity is embraced: age, ethnicity, race, gender, sexual orientation, cultural background, etc.
Four Dimensions of Recovery

Home

Health

Purpose

Community

Substance Abuse and Mental Health Services Administration (SAMHSA)
Home

Having a stable and safe place to live

- What is going right about your home now?
- What would you like to improve in your home?
Health

Overcoming or managing one’s disease(s) or symptoms and making informed, healthy choices that support overall well-being

- What choices are you proud of with your physical and emotional health?
- What helps you manage your recovery the best?
Purpose

Conducting meaningful daily activities

- What do you value and gives you purpose?
- What do you regularly do that helps others?

Work? Volunteer? Family?
Have a hobby you enjoy?
Community

Having relationships and social networks that provide support, friendship, love, and hope

- Who do you like to spend time with?
- What would you like to be involved with in the community?
- Where do you find friendship, support, and love?
10 Guiding Principles of Recovery

Substance Abuse and Mental Health Services Administration
Self-Direction

- Consumer is not alone in this journey.
- Taking the lead, control, and finding an individual’s path of recovery with providers as partners on their recovery team.
- Consumer chooses who is on their recovery team.
Responsibility

• Consumer considers what they can take responsibility for and what they need help with.
• Shared decision-making between you and your team is an integral concept embedded in person-centered planning.
Individualized and Person-Centered

Everyone’s journey of recovery is unique and defined by that person based on an individual’s:

- Strengths.
- Resiliencies.
- Needs.
- Preferences.
- Experiences (including past trauma) and cultural background in all of its diverse representations.
Holistic

Recovery embraces all aspects of life, including:

- Housing.
- Employment.
- Education.
- Mental health and health care treatment and services.
- Complementary and holistic services.
- Spirituality.
- Creativity.
- Social networks.
- Community participation.
- Family supports.
Language

• Using respectful language as consumers or providers.
  “I live (She/He lives) with bipolar depression.” vs. “I’m (She/He is) bipolar.”

• Consumer is a person first.
  “I am in recovery from addiction.” vs. “I’m an addict.”

“Be the change you wish to see in the world!”
–Gandhi
Person-Centeredness Is

What do people with your diagnosis need?

What do you need for your recovery?

NOT

BUT
Traditional vs Person-Centered Approaches

Focus is on cookie-cutter services

Focus is on individualized recovery

Available Resources  Available Supports  Treatment Goals  Person

Person  Dreams  Natural Supports  Resources
What is a “Recovery Plan?"

A Recovery plan:

- Sometimes also called a service plan or a treatment plan.

- Is a document that consumer creates with their team to help plan for their recovery and services. The team may include a case manager (sometimes called a service facilitator), counselor, family members, peer specialist, and other supports.

- Identifies goals that are important to consumer in their recovery and well-being.

- Identifies the things that consumer and their team need to do to help in achieving these goals.
# Stages in the Recovery Process

<table>
<thead>
<tr>
<th>Stage of Recovery</th>
<th>Impact of the Illness</th>
<th>Life is Limited</th>
<th>Change is Possible</th>
<th>Commitment to Change</th>
<th>Actions for Change</th>
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<tbody>
<tr>
<td></td>
<td>Overwhelmed</td>
<td>Not ready to commit to change</td>
<td>Believes there is more to life</td>
<td>Willing to explore possibilities</td>
<td>Taking responsibility for a new direction</td>
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<tr>
<th>Role of Services</th>
<th>Reduce emotional distress by reducing symptoms.</th>
<th>Foster hope and sense of possibility</th>
<th>Help people see not so limited strengths and figure out skills, resources and supports</th>
<th>Help people trust their own decision-making abilities and to take more responsibility for their lives.</th>
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<td></td>
<td>Focus on relationship.</td>
<td>Pro’s and Con’s. Build motivation.</td>
<td>Address barriers.</td>
<td></td>
<td>Wellness plans.</td>
</tr>
</tbody>
</table>
Strengths-Based Assessment

- Collaborative process
- A shared conversation, not an interrogation
- Recognizes strengths

- What are your goals?
- In what ways could your life be better? Feel better?
- What would be helpful?
- What are your interests? Hopes and dreams?
Common Mistakes: Assessments

- Limited mention of the person’s strengths (e.g., past success, interests, preferences)
- Limited mention of the barriers that are getting in the way
- Not sufficiently comprehensive
- Does not use all available information resources
Importance of Understanding: Assessment Summary

- Integrates and summarizes the individual’s story
- Includes the individual’s view of their need for services
- Identifies key areas that have been chosen to be addressed on the recovery plan (related to medical necessity)
- Provides the practitioner’s view of why the person has been unable to overcome existing barriers (hypothesis)
- Provides treatment recommendations
Strengths-Based Planning

- All plans are shared with the you.
- Initial planning recognizes the power of simple, yet powerful, questions such as: “What happened? What are your goals? What do you think would be helpful?
- The planning process is a shared conversation – not a professionally-driven interrogation.

(Adapted from Tondora and Davidson, 2006; Van den Berg and VanDenBerg, and Grealish, 1996; Rapp, 1998)
Strengths-Based Questions

- What are your most valued accomplishments?
- What is unique about your abilities and interests?
- What dreams have you given up on? Or what is stopping you from reaching your dreams?
- What has worked for you in your recovery? What have you seen that has worked for others?
- Do you have any particular interests that have not pursued?
- Who have been most supportive to you?
Prioritizing the Person Served

Person served MUST be the driving force.
- Build upon the person’s own expertise
- Services are consistent with concerns/perspective of person served
- Personal / family values need to be considered
- Cultural nuances are significant

What is important TO the person?
Recovery Plan

Person-centered planning format:
- Larger Goal(s): Individual’s stated goal(s)
- Strengths/barriers
- Objectives (short-term Goals): Small steps to accomplish goal(s)
- Interventions/services that assist the person with accomplishing the objectives and goal(s)
- Transition/Graduation criteria

*The individual is able to say: “I, not staff, decided my treatment goals.”*
Poor Examples

- **Goal**
  
  Maintain psychiatric stability

- **Objectives**
  
  1. Take meds as prescribed
  2. Attend psychiatric appointments
Goals

- Long term, global, and broadly stated (not quickly accomplished)
- Life changes as a result of services
- Written in positive terms/toward recovery
- Expressed in person’s words
- Quotes add clarity
Barriers/Assessed Needs

What’s getting in the way?
- Need for skill development
- Intrusive symptoms
- Lack of resources
- Need for assistance/supports
- Challenges in activities of daily living
- Threats to basic health and safety
Strengths

Strengths Inventory:
- Abilities, talents, competencies and accomplishments
- Values and traditions
- Resources and assets, both monetary/economic, social and interpersonal
- Unique individual attributes
  - Physical
  - Psychological
  - Performance
  - Capabilities
  - Sense of humor
Objectives

- Steps the individual takes to reach larger goal(s)
- Designed to overcome barriers related to mental health and/or substance use issues
- Understandable to the individual
- Achievable, measurable
- Written in behaviorally specific language
- Directly related to the clinical summary
- Time-limited (three months/six months)
- Builds on strengths and resources
- Builds medical necessity to serve the individual
Examples of Objectives

- Larry will be able to manage his symptoms so that they do not interfere with his ability to look for work as evidenced by his completion of at least two job applications for two consecutive weeks within three months.

- Diana will have improved academic performance within two months as measured by having at least one week with 100% completion of homework with a grade of C or better as reported by her classroom teacher and parent.

- Keisha will be able to better manage her anxiety and avoidance of social interactions as evidenced by her participation in at least part of one service at her church within 90 days.
Objectives: Common Mistakes

- Does not support the goal
- Not measurable or behavioral
- More of an intervention than objective
- Not time-framed
- Too many simultaneous objectives
- Hard to measure
Interventions/Services

Interventions are specific activities and services provided by the members of the team.

- Professional and/or peer provider
- Individual and family themselves
- Other supports within the community

Right intervention

Right intensity

Right duration/frequency
Examples of Services/Interventions

- CM A.J. will assist Larry in looking for employment by meeting with him for 2 hours 1x/week to discuss potential employers and discuss preferred work environments.
- Therapist Lee Grove, LCSW, will provide interpersonal therapy to Larry 1 hour/week to address mood, coping strategies, trauma, and wellness planning.
- Dr. Francis, psychiatrist, will meet with Larry to discuss medication management for 30 minutes 1x/month for 3 months to assist with mood management.
- Larry will attend a minimum of three AA meetings a week for the next 12 weeks to get support for abstaining from alcohol.
- Larry’s friend R. will meet with Larry 2x/month for 1 hour to help Larry with creating a resume.
Services/Interventions: Common Mistakes

• Combined activities
• There is no connection to the assessment and clinical summary *(Is the service needed by the person? Does the person already have the skill?)*
• Frequency, intensity, and duration are not included
• Purpose not included
• Does not reflect multidisciplinary activity
• Does not include natural supports when they are available
Monitoring Outcomes

- Inviting person into the “driver’s seat”
- Involving person in monitoring progress and fit of services
- Amplify their voice in any decisions about their care
In Summary…

A Person-Centered Approach…

- Consumer is the expert about their life.
- Includes the choice of others as part of the consumer’s recovery team.
- Identifies hopes, capacities, interests, preferences, needs and abilities of the consumer.
- Provides ways to align resources to consumer’s goals.
“What you (as an agency or a provider) do cannot force anyone to recover, but your actions (and even what you believe) can help to create an environment in which recovery may flourish.”

~ Recovery and Mental Health Consumer Movement in Wisconsin
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