

## Chapter Three

### Considering the Individualized Recovery Plan (IRP): The Role of the Interpretative Summary in Formulating an Integrated Understanding of the Person

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#### ***Kathy – a “traditional” example***

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Kathy continues to abuse substances, smoking cocaine several times a week and drinking 6 beers a day. She supports her substance use with prostitution. She is non-compliant with her medications for being schizoaffective. She continues to have angry outbursts at co-workers at work and doesn't even complete a shift of work. She will probably be fired from work. She only has a 9<sup>th</sup> grade education. She has been psychiatrically hospitalized 4 times since she was 11 years old.

She has flashbacks from being sexually abused and from being in foster care. She also has epilepsy, asthma, diabetes and is obese. She is on SSI and is need of services from a Comprehensive PROS.

As discussed in Chapter Two, each Personalized Recovery Oriented Services (PROS) Assessment concludes with an interpretative summary in a narrative format. The interpretative summary is not merely a reiteration of the data provided, but rather an active interpretation of how the assessment findings inform the person's individualized recovery planning process. The individual interpretative summaries provided in each assessment reflect an understanding of the individual as a whole person: someone who may struggle with a mental illness but who also possesses unique talents and abilities, as well as family, social, and community resources that can be accessed to overcome the challenges it creates.

In PROS, the interpretative summary functions as a bridge between the data collected as part of the

PROS Assessment Service and the creation of the IRP. It clarifies the facets of the person's life and deciphers the ways the person's mental illness has impacted his or her capacity to attain valued life goals. Perhaps most important, the interpretative summary prompts both the individual and the provider to make the transition from thinking about what has or hasn't occurred in the person's life to considering why things have evolved the way they have and identifying how different outcomes can be achieved. In this way, the stage is set for identifying and prioritizing goals and developing solutions to the mental health barriers and challenges that have prevented the person from attaining his or her personal goals in the past.

In PROS, the interpretative summary is developed in collaboration with the person. Collaboration and sharing information is consistent with the notion of “transparency” and partnership that is crucial in the Person-Centered Planning (PCP) process. Simply asking the question, “*This is how I am seeing you and your situation at this moment, did I get it right?*” goes a long way toward relationship and trust building. Only in rare circumstances would there be a clinical indication for information to be withheld from the individual.

### **What should be included in an interpretative summary?**

A collaborative conversation between equals lays the foundation for the partnership between the individual and the practitioner that is essential for person-centered recovery-focused planning and the development of the Individualized Recovery Plan or IRP. The interpretative summary should be presented in a several paragraph narrative format that discusses the nature of the person’s problems and considers possible solutions. Some thought must be given to the person’s diagnosis and how the person and the practitioner view the impact of the diagnosis on the person’s functioning in valued life roles, while continuing to acknowledge the individual’s personal strengths and the potential resources offered by the person’s support network.

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- ▶ ***Services must assist individuals to overcome barriers related to the mental health condition that is preventing goal achievement.***
  - ▶ ***Services are considered medically necessary when they enable individuals to utilize inherent strengths and supports to overcome barriers caused by a mental health condition.***

The Commission on Accreditation of Rehabilitation Facilities (CARF), an international organization that accredits all types of behavioral health providers, defines an “interpretive summary” in the 2010 Behavioral Health Standards Manual as including:

- Central theme of the person
- Interrelationships between sets of findings
- Needs, strengths, limitations
- Clinical judgments regarding the course of treatment
- Recommended treatments
- Level of care, length and intensity of treatment

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***Example of a person-centered formulation for Kathy:***

Kathy is a 34 year-old single African American female who is employed as a food service worker and lives alone in a single room occupancy (SRO) hotel. Kathy enjoys several interests, including playing the piano, writing poetry, reading, and watching movies. She had been sober from substance use for a period of two and a half years with the help of peers and a structured environment, but is once again abusing cocaine and alcohol. Kathy was encouraged to seek help by her supervisor at work because of increased anger outbursts over the last 6 months. Despite her various co-occurring disorders, including some major physical health concerns, she has held her current job for 14 months. Kathy reports that she decided, on her own, to stop taking medications prescribed for the treatment of a schizoaffective disorder about six months ago. She reports that she was “feeling good” and that she believed that the medicines were causing her to gain weight and feel “dopey” during the day.

It appears that she has never addressed the traumas of her childhood and the symptoms associated with that (angry outbursts, impulsivity, self-medicating) so that has kept the cycle of relapse and mental health symptoms alive, but she is now contemplating treatment. She would like to pursue her General Education Diploma (GED).

In keeping with CARF’s guidelines for an interpretative summary, the following elements are offered as examples of information to include:

- Practitioner’s perception of the individual’s strengths, needs, abilities, risk and functional status (documents medical necessity)
- Practitioner and individual’s understanding of how mental illness impacts the person’s functioning in valued adult life roles (documents medical necessity)
- Practitioner and individual’s evaluation and understanding of previous treatment outcomes
- Initial vision for recovery and future goals
- Prioritization of needs for service planning
- Assessment by the individual and the practitioner of the individual’s stage of change

While there is no simple formula for crafting a good interpretative summary, the CARF guidelines offer a useful framework for organizing the assessment data, representing the most relevant information available, and supporting the process of understanding and collaboration within a narrative interpretative summary. Practitioners must assure that discussion of each of these areas is grounded in a person-centered perspective, as opposed to the practitioner assuming the role of the “expert.”

### **Creating the Individualized Recovery Plan (IRP)**

The most critical service provided by PROS is Individualized Recovery Planning, which results in the development of the Individualized Recovery Plan (IRP). Individualized Recovery Planning is a PROS Service that develops the roadmap for the individual to follow in his or her recovery process. Building on the information obtained through the Assessments, including basic data about the person as well as his or her hopes, dreams, goals, and aspirations, the practitioner and the person explore and consider the various resources that will become useful and efficient tools in overcoming the barriers created by the person's mental illness. Collaboration between the practitioner and the person is essential to assure that the IRP is based on adult life role goals that are meaningful to the person. For each goal that the person identifies, there must also be conversation about those barriers created by the person's mental illness that prevent the person from attaining that particular goal. The identification and consideration of these barriers provides the documentation required for establishing medical necessity.

An effective IRP is the result of extensive preparation work that includes the assessment process, the interpretive summaries, interviews with the individual and collaterals, Child and Adult Integrated Reporting System (CAIRS) and other demographic data, and the individual's participation in PROS services during pre-admission. IRP Planning uses the information gathered to create a coherent treatment plan or IRP by focusing on the following elements:

- Clarification of the person's purpose in coming to PROS
- Identification of the person's adult role goals
- Development of goals and objectives
- Evaluation of outcomes
- Decisions around when the person is ready to discontinue services and be discharged

Each of these areas will be discussed in greater detail in the following chapters.

### **The Relapse Prevention Plan**

IRP Planning is not a linear process; rather, it follows the circuitous path that an individual often follows in his or her recovery journey. As discussed in Chapter 2, it is common for people to move back and forth through the Stages of Change throughout the recovery process, and many people experience one or more relapses before being able to sustain the progress they have made in overcoming mental health barriers. In acknowledgement of this, PROS requires that each person's IRP includes a Relapse Prevention Plan, which is developed, to the extent possible, through the partnership that has been established between the person and the practitioner. The Relapse Prevention Plan acknowledges the possibility of a relapse and seeks to mitigate or even prevent it by identifying early warning signs, as well as the resources, activities, and interventions, including PROS Services, that may be most helpful in providing essential supports.

### **Goals and the Individualized Recovery Plan**

As described in earlier chapters, high-quality person-centered planning can be thought of as consisting of 4 component "P" elements, i.e., the person-centered *Philosophy*, *Process*, *Plan*, and *Product*. The Individualized Recovery *Plan* or IRP is informed by the *Philosophy* of Person-Centered Planning and created using the building blocks created during the *Process*, in other words, the Assessments, the interpretative summaries, and the development of a collaborative partnership between the practitioner and the person.

Many highly skilled PROS Person-Centered Planning (PCP) facilitators embrace both the philosophy and process of person-centered planning, yet struggle to reflect this in the context of the written IRP. Frequently, it is during the transition from "process" to "plan" that the person-centered focus breaks down, resulting in a plan that is deficit-driven rather than strength-based and reflective of person-centered planning principles. In the person-centered world, and most particularly in PROS, the plan of care functions as far more than a paperwork requirement that

meets regulatory and funding requirements. In PROS, the IRP is the foundation of the consumer-directed, recovery-oriented rehabilitation process. It functions as a written contract between a person and his/her network of supporters, outlines a more hopeful vision for the future, and demonstrates how to achieve it.

### **Defining Features of IRP Goal Statements**

The creation of the written IRP should begin with and flow from meaningful and motivating goal statements. In PROS, goal statements define the life role goals that individuals would like to attain but have not been able to achieve as a result of the barriers created by mental illness. Goal statements, ideally expressed in the person's own words, reflect achievements that person values and are based on the person's unique interests, preferences, and strengths.

Person-centered, recovery-oriented goals are the goals that are founded on the individual's most dearly-held aspirations for himself or herself rather than goals that are defined by what a practitioner believes is important for the individual. The partnership between the participant and practitioner facilitates the exploration of the person's most deeply-held aspirations so that these can be verbalized as attainable life role goals.

As such, ***no goal is innately "unrealistic."*** Individuals who have struggled with the barriers created by mental illness may also struggle with expressing their life role goals clearly, but a coherent goal statement will almost always emerge as the result of a collaborative and constructive dialog between the person and the PROS practitioner. As initial goal statements are explored within the context of this dialog, the individual will gradually begin to verbalize the values, interests, dreams and talents that form the fabric of attainable life goals.

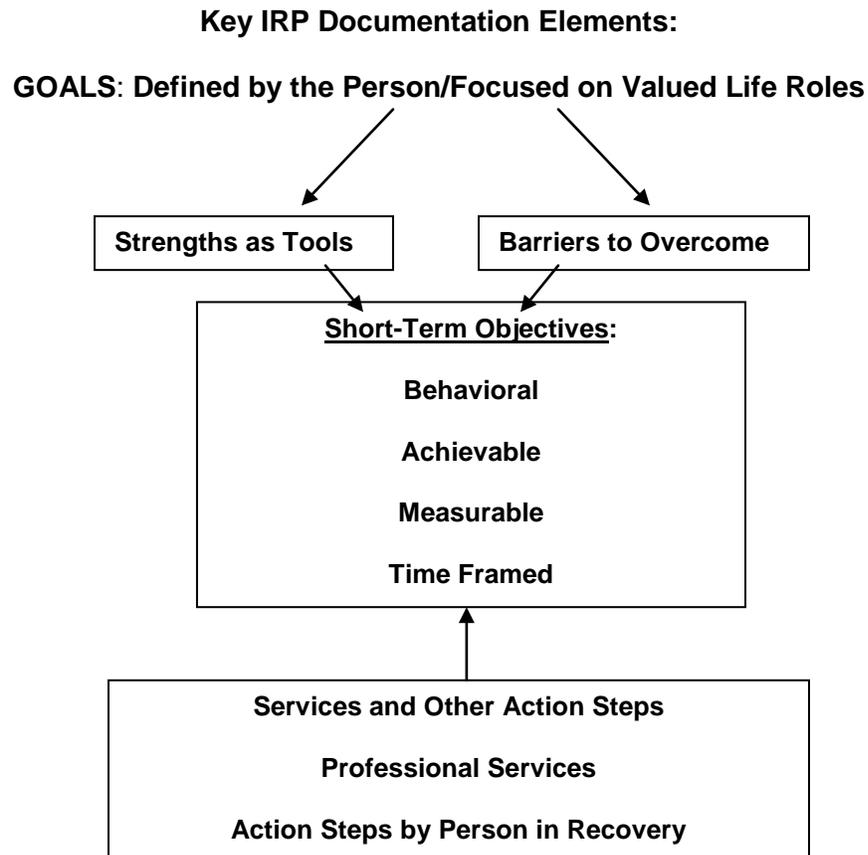
Conversations designed to help individuals clarify and expand their initial goal statements are based on helping the individual to describe and give details about the things that the mental illness has prevented the person from accomplishing. Frequently, individuals identify a goal that they believe will "magically" circumvent or resolve a particularly troublesome mental health barrier. The practitioner should continue to explore such statements in order to help the person uncover the actual goal he or she wants to achieve. For example, a woman whose children are in foster care may initially identify her life role goal as: "I want to be a good cook." Through a

respectful dialog with the woman, it may emerge that, rather than becoming a chef or attending a culinary school, she would actually like to manage her mental health symptoms sufficiently to provide a consistent and nurturing home life for her children. Achieving this goal would mean that the woman would be expected to cook regular and nutritious meals for her children. In other words, a dialog with the woman would reveal that her life role goal is to be able to have her children live with her again, not to “be a good cook” *per se*. The table in Appendix II provides examples of goal statements as identified by the individual working in partnership with the practitioner, as opposed to goals that have been defined by the practitioner alone.

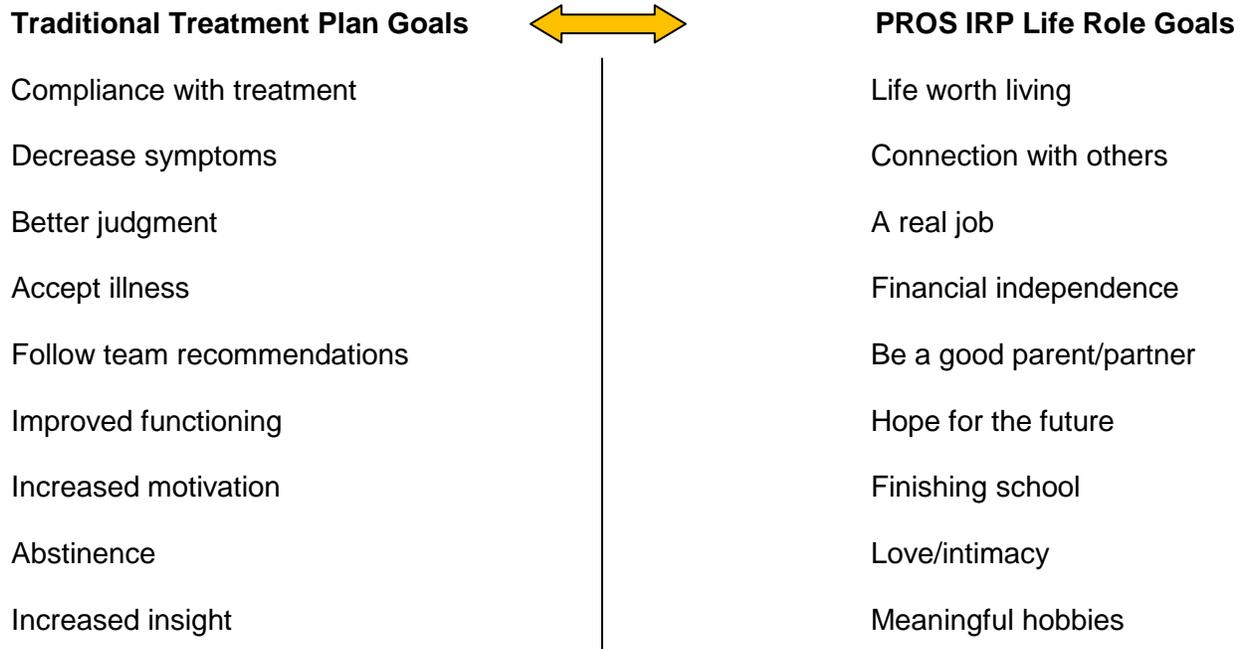
Some guidelines for structuring these conversations include:

1. The individual is ultimately the author of his or her own recovery. The practitioner partners with the individual to act as a guide on this quest.
2. The practitioner establishes a **rapport** with the individual that is based on a respectful interest in what he or she is trying to communicate. The practitioner asks questions that tease out the details of the goal the person is trying to identify, but is careful not to push the person to disclose more information than he or she feels comfortable about sharing.
3. The practitioner considers the initial goal statement as a **metaphor** for what the person is attempting to resolve in his or her life and encourages the person to “tell more” about why the particular goal is important to him or to her.
4. The practitioner may find that asking the person to talk about how his or her life would “be different” if the goal is achieved is often helpful in teasing out exactly what the person wants to attain.
5. Practitioners **listen and inquire** as opposed to making suggestions about goals that others may consider “appropriate” for the person.

In PROS, the person becomes an active participant in the process of his or her personal recovery. The graphic on the next page depicts the core documentation elements of the IRP as well as their structural relationship to one another.



Goals that are developed using a person-centered, recovery-focused process are strengths-based and can be distinguished from goals that are identified through non-person-centered processes, which tend to focus more narrowly on the amelioration of deficits associated with the disability (e.g., symptoms, behaviors, functional limitations, etc.) rather than on personally valued and meaningful goals. Goal statements such as “remain medication compliant,” “reduce behavioral outbursts,” “maintain stability,” and “increase insight” are often the focus of deficit-based service plans. Although such goals are not necessarily undesirable or unimportant, they are often not goals that the individuals themselves would typically identify for themselves. Reducing symptoms, increasing compliance, staying out of the hospital, etc., are a *means to an end* and they do not, in and of themselves, equate with the realization of a person’s ultimate vision for the future. Consider the crosswalk on the following page.



A well-written goal statement on a PROS IRP moves past the “us/them” divide and reflects what is important to the individual (i.e., the life role goal) rather than an outcome that has been historically prioritized in the professional service system.

Features of quality IRP goal statements include the following:

- Long term, global, and broadly stated
- Reflecting the person’s vision for the future and “life role goals”
- Life changes as a result of services
- Ideally expressed in person’s words
- Written in positive terms
- Consistent with desire for self-determination
- May be influenced by culture and tradition

Examples of well-written goal statements on a PROS IRP might include things such as the following within certain areas of life:

- **Manage own life:** *I want to control my own money*
- **Work/education:** *I want to finish school.*
- **Adequate housing:** *I want my own apartment.*
- **Health:** *I want to lose 20 pounds.*
- **Satisfying relationships:** *I want to see my grandchildren every week.*
- **Spirituality:** *I want to get back to church.*

The strengths identified in the Assessments may be considered as the tools the person can access in order to achieve his or her goals and overcome barriers.

### **Prioritizing Goals in the IRP**

It is often difficult to determine which issues are most important to address in the person's recovery journey. An otherwise realistic and effective Individualized Recovery Plan can be undermined if the individual and or the practitioner tries to accomplish too much at one time.

As much as possible, the goals that the individual has identified as priorities should direct the way the plan is developed. It is not uncommon, however, for individual practitioners to raise questions with the person and with other team members about what is most important for the person to address first. By virtue of training, experience and, at times, legal obligations/mandates, practitioners may identify a set of priorities that differ from those identified by the person.

Because integration of services is a fundamental PROS value, it is essential that PROS practitioners discuss their differences openly and in collaboration with the individual to assure that there is a true integration of perspectives and areas of expertise. Goals should be prioritized in a manner that is consistent with the person's view of what he or she would like to achieve first but should incorporate health and safety needs into this balance. Although it may

be difficult at times for a person to set aside his or her personal sense of urgency in accomplishing a targeted goal, doing so often leads the person to discover a whole range of new experiences that will enhance his/her personal recovery.

A common point of difference between practitioners and individuals often presents itself when co-occurring drug or alcohol use confounds the picture. In these circumstances, a harm reduction strategy can offer a reasonable approach. Regardless of the reasons for disagreement on prioritizing goals, the recognition of the intrinsic value of differing opinions and mutual respect and collaboration are essential to successful and effective person-centered planning. Practitioners and individuals must acknowledge their differences and engage in negotiation until a point of shared priorities is established.

PROS practitioners must also concern themselves with regulatory compliance and “medical necessity.” Funding, including Medicaid funding, pays for the *services* which are provided in order to help people overcome the *disability-related barriers* that interfere with their functioning. In PROS, medical necessity is documented by establishing the link between the person’s life role goals and the barriers caused by the mental illness that prevent the person from achieving those goals. Documentation of medical necessity will be explored further in subsequent chapters.

In PROS, the goal statement truly belongs to the individual and it should honor the person’s personal and unique vision for the future. The meaningful life role goal is the driving force of the PROS IRP. The next chapter will continue to examine the IRP Planning process, with a focus on developing objectives and their relationship to the recovery goals.

### **Chapter Highlights: Considering the IRP**

- The interpretative summary integrates the assessment data and presents findings that are important for developing the IRP.
- The interpretative summary sets the stage for understanding the individual as a whole person and provides an important bridge from the “what” of assessment data to the “why” of understanding the person.
- The interpretive summary becomes an essential tool in helping to prioritize the person’s goals.
- A goal is a simple statement of what the PROS participant wants to achieve.
- The IRP is developed using the PROS Service, IRP Planning.
- Individuals should be encouraged to prioritize which goals are most important.
- The IRP is a written contract between a person and his/her network of supporters.