Chapter One

Person-Centered Planning and *Personalized Recovery-Oriented Services (PROS)*

Person centered planning is...“A highly individualized comprehensive approach to assessment and services that is founded on an understanding of the person’s history, strengths, needs, and vision of his or her own recovery and includes attention to issues of culture, spirituality, trauma, and other factors.”

--Institute of Medicine

*Recovery is person-driven:* Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

-- Substance Abuse and Mental Health Services Administration (SAMHSA)

*(Guiding Principles of Recovery, SAMHSA’S Working Definition of Recovery, 2011)*

http://blog.samhsa.gov/2012/03/23/definition-of-recovery-updated/

Person-centered recovery planning allows systems to move away from a deficit-based approach to mental illness diagnosis and treatment delivered by “experts” and move towards a recovery-based model of collaboration, growth, and achievement. In a recovery-based model, the individual becomes an equal partner in the recovery process. In New York State, Personalized Recovery-Oriented Services, or PROS, is a comprehensive, recovery-oriented program for individuals who are living with severe and persistent mental health conditions. PROS strives to integrate person-centered planning into each facet of its design. Individuals are supported in realizing the recovery goals that they
define, using their personal strengths and abilities in conjunction with PROS services as tools to overcome the barriers that have been created by their mental illness.

The goal of PROS is to help individuals to move beyond simply “managing” mental illness and maintaining “clinical stability” and towards living full and productive lives within the context of their own unique personal goals and aspirations. The development of the “person-centered plan” is the place where recovery and attainment of personal goals begins. PROS provides the framework for the recovery process; the person-centered plan provides the vehicle.

Participation in PROS is outcome-focused. PROS providers support an individual’s personal journey towards recovery by providing services targeted to help them overcome mental health barriers that stand in the way.

In considering how to integrate Person-Centered Recovery Planning into practice, it can be helpful to focus on the four essential “Ps” that result in the fifth “P” -- an effective PROS:

- **Philosophy**: integration of person-centeredness into the way individuals, practitioners, and the provider agency as a whole consider and define recovery outcomes;

- **Planning Process**: a dynamic dialog between the person and practitioner that identifies, considers, and evaluates each person’s strengths, abilities, goals, and mental health barriers;

- **Plan (i.e., Individualized Recovery Plan (IRP))**: the result of the planning process, the Individualized Recovery Plan or “IRP” is a person-centered roadmap that the person follows to recovery; the IRP documents the person’s goals and the medical necessity of the PROS services the person will use to achieve these goals;

- **Product**: recovery becomes a reality for individuals as they achieve their goals and overcome the barriers created by mental illness.

**Following the 4 Ps to PROS…**

- **Philosophy**: a way of thinking and feeling +

- **Process**: a way of doing +

- **Plan**: the written IRP +

- **Product**: recovery and achieving life role goals = PROS
PROS Combines Person-Centered Practices with a Recovery Focus

Recovery...is a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.

--William Anthony
(Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990s, 1993)

PROS and person-centered practices share the same foundation. In PROS, practitioners use person-centered practices to:

- Provide a way for people to work together towards a recovery goal.
- Focus services and supports based on what is most important to the individual.
- Focus on strengths and capacities of the individual.
- Empower individuals to retain positive control over their lives.
- Involve family members/friends/others as full partners.
- Support an individual’s inclusion in community activities and decisions

SAMHSA identifies the following Principles of Recovery:

- Person-driven;
- Occurs via many pathways;
- Holistic;
- Supported by peers;
- Supported through relationships;
Culturally-based and influenced;

Supported by addressing trauma;

Involves individual, family, and community strengths and responsibility;

Based on respect; and

Emerges from hope.

Recovery-oriented care builds on the strengths and resiliencies of individuals, their families and their communities, using services and supports that are person-centered, prompting real and meaningful changes in the treatment planning process. Person-Centered Recovery Planning must be embedded in a system of care that is committed to changing not only what people do (e.g., in the practice of Person-Centered Recovery Planning) but also how people think and feel about recovery and their obligation to partner with participants to achieve it.

The History of Person-Centered Planning

*People in recovery have long been speaking out against assumptions that “to be mentally ill” means to have lost the capacity for sound reasoning or the capacity to take responsibility for their treatment and other major life decisions.*

-- PE Deegan

*(The Independent Living Movement and people with psychiatric disabilities: Taking control back over our own lives, 1992).*

Person-Centered Recovery Planning is informed by many sources, particularly the experiences of individuals who have “survived” the limitations of traditional models of care and who have called for a radical change toward more Person-Centered Recovery Planning models. In addition, the vision of Person-Centered Recovery Planning in the mental health field is built on similar efforts in other disability fields, e.g., Whole Life Planning (Butterworth et al., 1993), Lifestyles Planning (O’Brien, 1987), McGill Action Planning System (Vandercook, York & Forest,
1989), and Personal Futures Planning (Mount & Zwernik, 1988). Although each of these approaches in the developmental disabilities field is somewhat unique, they all share the following:

- The primary direction in the planning process comes from the individual or his/her family/designated other, when the individual is under age or incapacitated, and the family/other is empowered to speak on his/her behalf.

- There is involvement of significant others and a reliance on personal relationships as the primary source of support.

- There is a focus on capacities and assets rather than on limitations and deficits.

- There is an emphasis on promoting access to inclusive community settings.

- There is an acceptance of uncertainty, setbacks and disagreements as natural elements in the path to self-determination.

### The Person-Centered Recovery Planning Process

_The plan of care will be at the core of the consumer-centered, recovery-oriented mental health system. The plan will include treatment, supports, and other assistance to enable consumers to better integrate into their communities and to allow consumers to realize improved mental health and quality of life._

Department of Health and Human Services (DHHS) New Freedom Commission on Mental Health

_(Achieving the Promise: Transforming Mental Health Care in America, 2003)_

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When the therapist asked me, “So how can I best be of help?” I thought, “Oh great, I’ve really got a green one. You are supposed to be the professional—you tell me!” But I get it now. I need to decide what I need to move ahead in my recovery. And I needed to know it was OK to ask people for that. That was the key.

--Tondora & Davidson,

_(Recovery Practice Guidelines, 2006)_

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For providers and practitioners, Person-Centered Recovery Planning means partnering with individuals rather than directing them. In Person-Centered Recovery Planning, the individual identifies and works to achieve goals that are personally meaningful, even when such goals extend beyond those areas traditionally addressed by clinical mental health services. For people receiving mental health services, Person-Centered Recovery Planning means having choices about the services they receive. It means selecting a recovery support team and inviting family and significant others to be a part of that team. It means realizing that the person has the power and the tools to change his or her life.

In the person-centered planning process, there is an emphasis on personal empowerment and maximizing one’s ability to make life-defining decisions involving one’s living situation, relationships, vocation, education, and other areas of life. Individuals’ rights to self-determination are respected and individuals are afforded maximum opportunity to exercise choice in the full range of treatment and life decisions.

In an effort to support broad-based recovery goals and to offer people a flexible array of supports, the Person-Centered Recovery Planning process values a wide range of diverse supports including self-management, peer support, holistic medicine, cultural healers, among others. Information about medications and other treatments should be mingled with information about self-help, peer-support, exercise, nutrition, daily maintenance activities, spiritual practices and affiliations, supported community activities, homeopathic and naturopathic remedies, and more. Both traditional and non-traditional supports are made available for people in the manner that best assists them in their recovery. Peer support takes

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Traditional mental health systems have been described as tending to “surround people with serious mental health problems with a sea of professionally delivered services . . . which stigmatize them and set them apart from the community.”

-- Nelson, Ochocka, Griffin & Lord

(“Nothing About Me, Without Me”: Participatory Action Research with Self-Help/Mutual Aid Organizations for Psychiatric Consumer/Survivors, 1998)
on a significant role. The experiences of peers are especially valuable in helping others who are experiencing similar struggles. In some cases, this broad, individualized approach to treatment planning and supporting recovery may require significant creativity on the part of team members.

Members of the individual’s natural support network often have essential information and support to offer. The natural support network may be comprised of family members, friends, acquaintances, co-workers, fellow church-goers, and others who are not paid to be in the person’s life but who choose to be because of a personal connection to the individual or family. A diverse team that includes both natural and professional (i.e., paid) support systems is more likely to identify, define, and access supports, services, and activities that are both creative and useful to the individual in his or her unique journey to recovery.

Meaningful community life is not something that service systems can, or should, create for people in artificial microcosms. Person-centered recovery planning supports access to inclusive community settings while seeking to reduce, or even better, eliminate time spent in segregated settings that have been designed solely to support people labeled with a mental illness. While specialized service settings can play a pivotal role in an individual's recovery, over prolonged periods of time they tend to perpetuate a sense of chronic alienation (or “patient-hood”). Specialized settings that “isolate” the individual from his or her community also perpetuate a stigmatizing view of mental illness and may contribute to discriminatory and unethical practices on the part of community members. For example, it was at once common for mental health systems to offer sheltered workshops rather than real jobs for real pay or to offer movie nights at the mental health center rather than passes to the local theatre. In PROS, services can and should be delivered in community settings as much as possible so that individuals can begin to restore their confidence, connections, and natural support networks.

“It made such a huge difference to have my pastor there with me at my planning meeting. He may not be my father, but he is the closest thing I've got. He knows me better than anyone else in the world and he had some great ideas for me.”
-- Tondora & Davison

(Recovery Practice Guidelines, 2006)
**In Person-Centered Recovery Planning, individuals are presumed competent and entitled to make their own decisions.** Responsible risk-taking and growth are valued steps in recovery. Prior to imposing power or restrictions, providers try multiple ways of engaging the individual. They support the dignity of risk (Deegan, 1996) and sit with their own discomfort as the person tries the new experiences that are necessary for growth and recovery. The practitioner’s role is to work with the person to outline the range of options and their potential consequences rather than to dictate the experiences the person is “allowed” to pursue.

**Documenting Medical Necessity**

In creating individualized service or recovery plans (IRP’s), providers must balance the individual’s goals and preferences (the person-centered aspects) with legal requirements, regulatory requirements, organizational requirements, and the payment structures of medical insurance systems. It can often feel as if these are two opposing concepts and that providers have to serve “two masters”. (Adams & Grieder, 2005)

Documentation in PROS should be created in partnership with persons in recovery while maintaining rigorous standards around treatment planning, medical necessity, and Medicaid compliance.

Contrary to the common myth that person-centered planning is “soft,” emerging practice guidelines (Grieder & Adams, 2004) as well as PROS-specific regulations explicitly call for the documentation of:

a) Comprehensive clinical formulations;
b) Mental health-related barriers that interfere with functioning;
c) Strengths and resources;
d) Short-term, measurable objectives; and
e) Clearly articulated interventions which identify the roles of the practitioner and the person, the anticipated timeline of the intervention, and the anticipated outcome.
These documentation standards demand continuous scrutiny, oversight, and quality management. Subsequent workbook chapters will demonstrate that medical necessity and person-centered care are not incompatible constructs.

Using a Strength Based Approach

*All human beings need the opportunity and freedom to learn from their own mistakes.*

*Therefore, in circumstances that do not pose serious and imminent risks to the person or to others, direct supporters accordingly afford individuals “the dignity of risk” and “the right to failure”*

--PE Deegan

*(Recovery as a Journey of the Heart, 1996)*

A strengths-based individualized recovery process should be seen as an opportunity to help people to rediscover themselves as capable persons with histories, futures, and strengths and interests beyond the symptoms, deficits, or functional impairments the mental illness may impose. Such an approach allows providers to balance the person's critical needs with the resources and strengths that he or she possesses to adapt to stressful situations, confront environmental challenges, improve quality of life, and advance in recovery. A practitioner who focuses on the deficits created by the mental illness often overlooks the inherent and most valuable resources the individual possesses. Emphasizing the negative in this way has historically led to a tremendous sense of hopelessness and despair among both individuals and the practitioners who serve them.

Following the 4 Ps to PROS

In the beginning of this chapter, we talked about the “4 Ps:” Philosophy, Planning Process, Plan, and Product. The first “P” – Philosophy – provides the foundation for an organization to implement person-centered practices into the fabric of its practices. By integrating a
philosophy of person-centered planning into all aspects of the program, PROS providers are able to identify, understand, and facilitate each individual’s personal journey towards recovery. With this philosophy as a foundation, PROS providers partner with people to achieve goals that are meaningful to them – goals that each person defines – improve social skills (*I want a girlfriend*), realize independent living (*I want to move out of the group home*), restore their functioning (*I want to be the best father I can be*), gain/regain employment (*I want to get my job back*), and attain higher levels of education (*I want to finish school someday*). The “Product” or outcomes that will result are best acknowledged by listening to the words of people who have participated in PROS.

- “*I used to be completely isolated from the world…dealing with Post Traumatic Stress Disorder (PTSD), depression, and anxiety. The PROS program has helped me to get back into the world slowly.*”

- “*If it wasn’t for PROS, I would not have found a job - I really wanted to work. It makes me feel like I am worth something.*”

Words like these – words that reflect a positive outlook and a sense of hope and recovery are often heard when PROS participants are asked about their experiences in PROS.

In the following chapters, we will demonstrate how practitioners can use the remaining 3 Ps to infuse their programs with person-centeredness and provide effective recovery-focused services through PROS.
Chapter highlights: Person-Centered Planning & PROS

- A philosophy of Person-Centered Recovery Planning is integrated into the way people and practitioners consider and define recovery.
- A person-centered planning process includes a dynamic dialog between the person and practitioner that identifies, considers, and evaluates each person’s strengths, abilities, goals, and mental health barriers.
- People receiving psychiatric treatment are able to decide their own recovery goals.
- A person-centered approach helps each individual move beyond simply maintaining “clinical stability” to a recovery that is characterized by living a full and productive life.
- Person-centered recovery planning emphasizes connecting individuals with natural supporters and community activities.
- The pursuit of hobbies and leisure activities can be an important part of the recovery process.