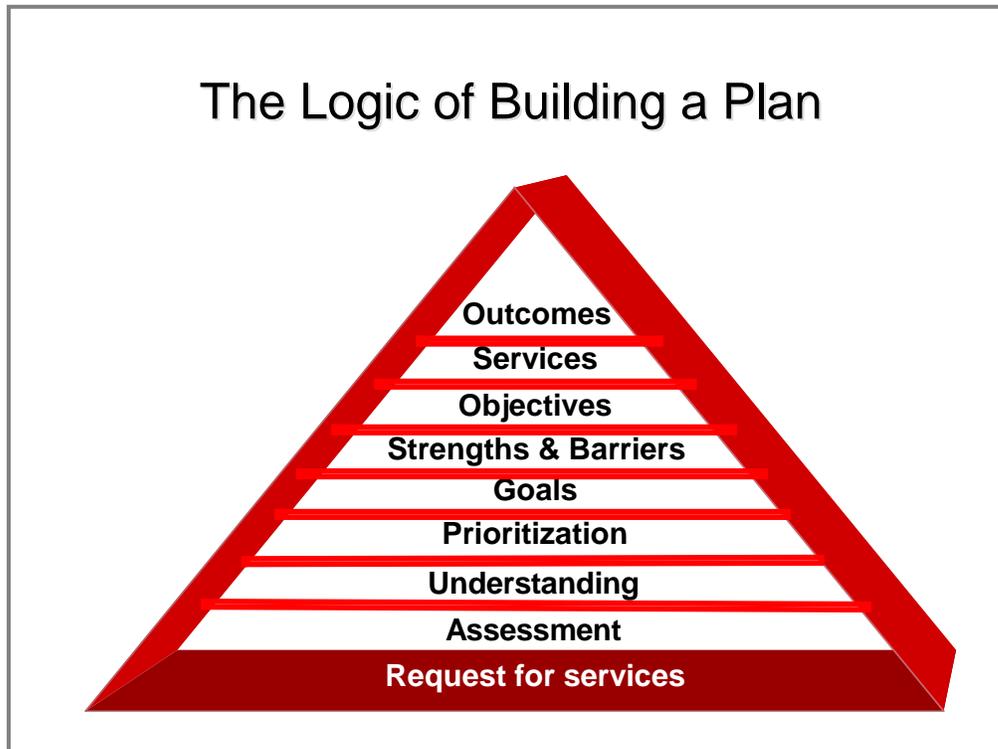


Chapter Two

The Planning Process: Initial Steps to Creating the Individualized Recovery Plan

The process of developing a person-centered Individualized Recovery Plan (IRP) is supported by the development of a partnership and process for collaboration between the Personalized Recovery Oriented Services (PROS) practitioner and the individual. The practitioner and the individual must enter into a supportive yet dynamic interaction that explores and examines who the person really is within the context of his or her strengths, how the mental illness has impacted his or her ability to function and attain the things he or she would like to achieve, and how PROS Services can be useful in the recovery process. The person-centered planning process should result in the development of the individual's service plan or Individualized Recovery Plan (IRP).

In taking the initial steps of the planning process, it may be helpful to follow the ordered steps presented in Adams and Grieder's Logic Model (2005), depicted in the graphic below.



(Adams & Grieder, *Treatment Planning for Person-Centered Care*, 2005)

These steps, when followed in sequence, can guide the PROS practitioner and the individual through the person-centered planning process that will eventually result in an IRP that both supports the individual's recovery vision and serves essential administrative and clinical functions. Beginning with a request for PROS services, each step builds on the one that precedes it—skipping a step or completing the steps out of order can potentially undermine the process and compromise the end result. The Planning Process and eventual creation of the Individualized Recovery Plan can be organized into several logical steps that follow in order and include:

- a) Assessment
- b) Formulation of an integrated understanding of the individual
- c) Prioritization of areas to be addressed
- d) Establishment of recovery goals and a vision for the future
- e) Identification of strengths and barriers to accomplishing the goal
- f) Creation of objectives that help to overcome barriers
- g) Description of interventions/activities that reflect a range of evidence-based and emerging best practices
- h) Evaluation of progress and outcomes (including the evaluation of discharge/transition criteria)

Required PROS Assessments and the IRP Process

In PROS, the Assessment Service is a comprehensive, ongoing process rather than a static event. It should be conducted within the context of an individual's self identified needs and goals, ethnic identity, religious identity, and cultural identity. Assessment also serves as an opportunity for the individual and the practitioner to develop trust in and rapport with each other. Using trust and rapport as a foundation, they can then begin to work together to identify and understand the person's life role goals and discover how PROS services can help the person attain these.

In PROS, Assessment is an active and interactive service rather than a static collection of data and information. Assessments consider and identify the person's strengths and abilities, his or her life role goals, and the barriers and challenges that the person's mental illness creates. The PROS practitioner engages the individual in thinking and talking about his or her strengths and abilities while acknowledging the barriers created by mental illness that he or she encounters.

After the individual is enrolled in PROS, a number of assessments are provided by the multi-disciplinary team members. Required assessments are determined by the specific PROS Components in which the individual enrolls. PROS assessments are designed to review and determine an individual's level of functioning, the past benefits of participating in mental health services, and the individual's ability to function in specific life roles.

<i>PROS Component - If a person enrolls in the following components:</i>	<i>These are the required Assessments:</i>
Clinic	Psychiatric Assessment Health Assessment
Community Rehabilitation and Support (CRS), Intensive Rehabilitation (IR), Ongoing Rehabilitation and Support (ORS)	Psychosocial Psychiatric Rehabilitation with Vocational Focus Alcohol & Substance Abuse Screening, including Nicotine Addiction
ORS Only	Psychiatric Rehabilitation with Vocational Focus

The Role of the Assessment Service in IRP Planning Process

The Assessment Service in PROS enables the individual and the practitioner to focus on the individual's purpose for participating in the program. A critical piece of both the Adams and Grieder Logic Model and the IRP Planning Process, the Assessment Service is used to identify the individual's strengths and abilities as well as to identify the barriers to optimal functioning

that have been created by the person's mental illness. Simply engaging in an honest and reflective conversation about these issues lays the groundwork for establishing an understanding of the individual as a whole person – someone who is not defined by mental illness but rather someone who is overcoming a challenge to attaining his or her goals and aspirations.

Assessment in PROS is a continuous, comprehensive and collaborative process that engages the individual and the practitioner in an evaluation of the ways the person's abilities can be used to overcome the challenges created by his or her mental illness. The person's active contribution to and participation in this process is a key factor in assuring that the Assessment is completed with a person-centered focus. Using strengths-based, recovery-focused language, the practitioner is able to develop a deep understanding of the individual as a whole person and engages the individual in a collaborative conversation about what is most important in the person's life. In collaboration with the practitioner, the person is supported to identify his/her hopes, dreams, and goals as well as to examine the ways mental illness has created barriers and challenges that have impacted the achievement of these goals. Each PROS Assessment concludes with an Interpretative Summary in a narrative format that identifies the person's strengths, the barriers created by the mental illness, the life goals the person has identified, and how the person hopes to achieve these goals through his or her own talents and abilities and participation in PROS Services. This narrative, Interpretative Summary becomes an essential building block in the development of the Individualized Recovery Plan and will be examined in detail in Chapter 3.

Documenting Medical Necessity: Balancing Strengths and Barriers

How do you balance the assessment of strengths with a thorough assessment of barriers which are interfering with the attainment of valued life role goals? Documentation of medical necessity is essential as part of the person-centered planning process. Although person-centered planning strives to focus on a person's strengths, the Assessment Service must also consider "roadblocks" which interfere with life goals and take the shape of disability-related limitations, experiences, or symptoms. Barriers must be acknowledged, alongside assets and strengths in order to justify care by supporting the medical necessity of professional support. Obtaining a clear understanding of what is getting in the person's way in the recovery process informs the various professional interventions and natural supports. What makes a PROS IRP unique, however, is that mental health barriers do not become the exclusive and dominant focus of the

plan but rather are viewed as things that interfere with – as opposed to prevent - the person’s attainment of larger life goals. The person accomplishes recovery by addressing these barriers

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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.

(i.e., symptoms of mental illness), so that he or she is able return to work, finish school, be a better parent, pursue a hobby, etc. In a recovery-focused context, the person’s mental illness becomes something that is “managed” like any other chronic illness -- by actively acknowledging and overcoming its manifestations.

In discussing the barriers the person encounters, it is important to be specific and to distinguish between barriers that are created by

the person’s mental illness and ways that the mental illness contributes to external, environmental barriers.

Consider the following example of the ways a person’s mental illness creates barriers to his/her achievement of specific life role goals. Jane, who is a PROS participant, has a valued life role goal of working with children in a pre-school environment. Most positions in this field require that the person have a General Education Diploma (GED) or high-school diploma. Jane has not been able to earn her GED or high school diploma because her mental health symptoms make it difficult for her to concentrate enough to complete coursework and to negotiate the social environment of high school.

A deficit-based service plan might identify Jane’s goal as “improve symptoms” or “increase concentration” or even “decrease paranoia.” In a person-centered PROS IRP, however, the goal is stated simply, using the Jane’s own words, i.e., “I want to work with kids someday,” and

goes on to identify barriers such as: difficulty concentrating on schoolwork for GED due to depression; previously unable to meet school attendance requirements due to lack of energy; difficulty remembering/tracking/completing school assignments; very uncomfortable/fearful of other students; high anxiety around taking bus to local GED classes, and so forth. In this way, Jane's life role goal of wanting to work with kids takes center stage in the plan and the services and supports she will use are chosen because they will help her address the specific, identified challenges that impede her achievement of her goal.

Another key role of the PROS practitioner is to help the person move forward in attaining his or her goals by overcoming not only the internal barriers created by mental illness but also the external, environmental barriers. For example, many individuals like Jane who wish to pursue further education have difficulty securing financial aid, transportation, child care, or classroom accommodations. Working together, the individual and the PROS practitioner can develop and implement strategies and solutions to address both internal and external barriers to goal achievement and recovery.

Recovery is not a solitary process but rather a journey toward interdependence within one's community of choice. Assessment in PROS requires the practitioner to consider the individual's unique strengths and abilities, as well as the potential resources offered by his/her family, natural support network, and community at large. A thoughtful analysis of these provides information about the most critical resources and strengths the individual has at his or her disposal in the recovery process. Strengths, talents, resources, and abilities are not identified to sit on a shelf -- they are instead invaluable tools the person uses to achieve his or her goals.

Both the person and the practitioner must evaluate the person's strengths, keeping their minds open to the many ways these assets can be accessed as resources for recovery. Consider the following examples of the way an individual's strengths can be included in the IRP.

Here's how Kathy's assessment can be written from a strengths based perspective:

Kathy is a 34 year-old single African American female who is employed as a food service worker and lives alone in single room occupancy (SRO) hotel. Kathy enjoys several interests including playing the piano, writing poetry, reading, and watching movies. She is now seeking supports from a Comprehensive PROS program due to the recurrence of mental health symptoms. Kathy was encouraged to seek help by her supervisor at work because of increased anger outbursts over the last 6 months. 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.

John. During the Assessment Service, John shares that his faith and spirituality are a source of comfort and sense of well-being for him. Does the IRP identify faith and spirituality as tools John may be able to use in managing symptoms, preventing relapse, and/or overcoming barriers to achieving his life goals? Has John been encouraged and supported to choose PROS Services and/or activities that include an opportunity to use his faith and spirituality as resources?

Sally. As part of her Psychosocial Assessment, Sally shares that she has a love of creative writing and used to write in a journal when she felt upset. How can this strength be incorporated into the IRP as a tool Sally can use as part of her recovery process? Has she been encouraged, for example, to use her writing as a way to take ownership of her recovery by writing her own progress notes, parts of her IRP, and Relapse Prevention Plan? Is she able to participate in PROS Services that offer her opportunities to keep a journal?

Arthur. During his Psychiatric Rehabilitation Assessment, Arthur notes that he plays the guitar and that this talent gives him a feeling of competence. How can Arthur use his talent to overcome his feelings of inadequacy? Is it possible that Arthur can experience a sense of competency in a work-like setting by using his musical abilities to volunteer in his community?

The transition to an emphasis on individual and/or family “strengths” rather than on deficits or problems is sometimes a difficult process for professional service providers as well as for the person him/herself. It is not uncommon for individuals to have difficulty identifying their “strengths” because historically this has not been the focus of professional services and assessments. Individuals may have lost sight of their gifts and talents through years of struggles with their disability and recovery. As a result, simply asking the question, “What are your strengths?” is often not enough to solicit information regarding the resources and capabilities that the person can use as a foundation in the planning process.

The following questions are provided as suggestions for initiating a strengths-based, person-centered dialog as part of the Assessment Service.

Personal Strengths: e.g., What are you most proud of in your life? What is one thing you would not change about yourself? What positive things would others say about you?

Interests and Activities: e.g., If you could plan the “perfect day,” what would it look like? What kinds of things would you be doing? What kinds of things do you like learning about?

Living Environment: e.g., What are the most important things to you when deciding where to live?

Employment: e.g., What would be your ideal job? What skills do you need to do this job? Which of these skills do you already have? Which skills do you need to develop?

Trauma: Tell me about experiences/relationships/people that make you feel safe/not safe. What experiences/relationships/people have supported you to reach your personal goals? How have other experiences/relationships/people made it more difficult for you to reach your goals?

Safety and Legal Issues: e.g., Tell me about your experiences with the police and the legal system. How have the police been helpful/not helpful to you? Tell me about times you have had to go to court. Tell me about situations that make you feel safe/not safe.

Financial: e.g., What level of independence do you have in managing your finances? What skills, supports, or information do you need to be more independent?

Lifestyle and Health: e.g., What is your health like? Tell me about the things you do that help you stay healthy. What are some things you would like to do to improve your health?

Choice-Making: e.g., What are some of the choices that you currently make in your life? What choices would you like to make for yourself that others are making for you? If you could make these choices, what would you choose differently?

Transportation: e.g., How do you currently get from place to place? What would make travel easier/more affordable/less stressful for you?

Faith and Spirituality: e.g., How do you view the purpose of your life? What spiritual or faith-based activities do you participate in? In what ways are these helpful to you?

Relationships and Important People: e.g., Is there a person in your life that you feel believes in you? Who is that person? In what ways does this person convey this belief in you?

Hopes and Dreams: e.g., Tell me a bit about your hopes or dreams for the future. What are some hopes and dreams that you have let go of? Tell me about the dreams that have come true for you. What did you do to make these dreams come true?

The following are examples of strengths that can be related back to a particular goal:

- Motivated to change
- Has a support system – friends, family
- Employed/does volunteer work

- Has skills/competencies: vocational, relational, transportation savvy, activities of daily living
- Intelligent, artistic, musical, good at sports
- Has knowledge of his/her disease
- Sees value in taking medications
- Has a spiritual program/connected to church
- Good physical health
- Adaptive coping skills
- Capable of independent living
- Previous strategies that have been helpful
- Interests/activities

The Influence of Language

Recovery language encompasses a fuller, broader description of the person's experiences and paints a clinically useful picture of the successes and setbacks in a person's life. Person-

centered, recovery-oriented practitioners are mindful of the power of language and carefully avoid the subtle, negative messages that professional language has the potential to convey to people with psychiatric diagnoses and their loved ones.

“Language is a core element in developing recovery-oriented services. The same worn-out language will not help us move toward better recovery outcomes and might even hold us in old work patterns.

Questioning and changing the seemingly inconsequential elements, such as language, will free us up to move ahead with our service transformation efforts.”

--Dr. Lori Ashcraft and Dr. William A. Anthony

(Tools for Transforming Language: The way we describe people affects how we treat them, 2006)

Assessments conducted without a person-centered focus often rely on brief descriptors that “fill in the blanks,” using as few words as possible. This approach highlights the problems someone is experiencing, rather than considering the individual as a whole person with strengths as well as deficits.

In a strengths-based, recovery-oriented assessment, psychiatric jargon should be avoided and, if it can't be avoided, it should be clarified in terms that someone with no mental health experience can understand. Words such as “manic,” “paranoid,” and “delusional” become more meaningful when they are explained through descriptions of the person's experiences in terms of behavior, functioning, problems and/or barriers. Using examples of what the individual has actually said or described often assist greatly in clarifying what someone is presenting. In preparing an assessment, it is useful to describe observations and any decisions or plans made, while being mindful that someone with no mental health experience or knowledge should be able to follow your assessment.

The following are some examples to illustrate the power of language:

Traditional Language	Recovery Language
disturbed	confused
difficult	challenging
liar	believes that....
argumentative	argues strongly for....
manipulative	persuasive

Appendix I provides exercises designed to develop skills in using strengths-based, recovery-focused language as part of person-centered recovery planning.

The role of cultural concerns and preferences in Person Centered Recovery Planning

There is great diversity across cultures regarding the perception of mental illness and recovery. Cultural competency is an ongoing process rather than an endpoint. Working with individuals within a person-centered recovery-oriented framework inevitably requires sensitivity, respect, and concrete knowledge of diverse cultural traditions, beliefs, folklore, and values.

Key Definitions:

Culture: The definition of “culture” includes but is not limited to, the shared values, norms, traditions, customs, art, history, folklore, religious and healing practices and institutions of a racial, ethnic, religious or social group that are generally transmitted to succeeding generations.

Cultural Competence: A set of congruent practice, skills, attitudes, policies, and structures which come together in a system, agency, or among professionals and enable that system, or those professionals to work effectively in cross cultural situations (Cross, Brazron, Dennis, & Issacs, Towards a Culturally Competent System of Care, 1989).

As part of developing individual cultural competence, a practitioner should examine his or her own personal cultural filters, particularly around health and mental illness. Similarly, the individual’s focus and participation in his or her recovery planning will be influenced by his or her cultural identity. Consider the following examples of the ways cultural beliefs may impact recovery planning.

- The way an individual interprets symptoms and understands the origins of mental illness is often deeply rooted in cultural beliefs. Individuals may choose to rely on faith and/or indigenous healers to address their experiences of distress.
- People may not be in agreement or comfortable with the ideals of personal control, autonomy, self-determination, and independence on which Person-Centered Recovery Planning was originally based.
- Family- and peer-centered processes may be more central to goal setting and decision-making in certain cultures.

Practitioners must assure that they are knowledgeable of the nuances of a person's cultural background so that these can be balanced in the person-centered planning process. Efforts should, of course, be made to include community and family elders in the planning process; however, the practitioner should also remain sensitive to the individual's need to take an active role in his or her own recovery and to exercise a level of autonomy in the identification of strengths, resources, adult role goals, and mental health barriers.

Assessing for Stages of Change

Understanding the person's stage of change helps the provider to meet the individual on common ground and facilitates a partnership between the person and the practitioner around making changes, identifying goals, and choosing services. Matching stage of change to appropriate interventions increases the likelihood of success and is considered a Best Practice in plan development and service delivery.

Pre-contemplation: Not considering change, maybe not aware of having an illness, not sure what the person is doing in treatment

Contemplation: Considering change but has no immediate plan. Perhaps does not know where to start/ambivalent/undecided

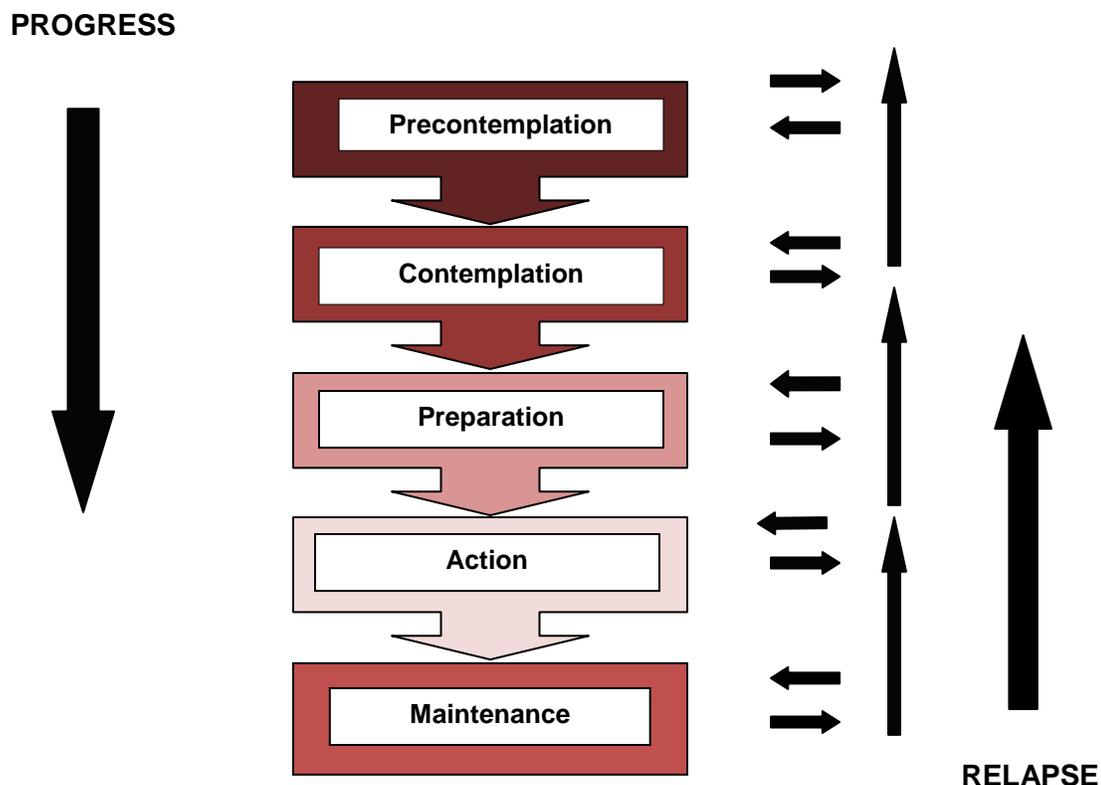
Preparation: Committed to change, perhaps even having a timeline

Action: Has a goal, has begun making some changes

Maintenance: Behavior change has occurred and is part of the individual's lifestyle for some time period

Relapse: Resumption of undesired behavior... part of having a chronic illness

The diagram depicted on the next page demonstrates the stages of change as illustrated by Prochaska, DiClemente, and Norcross's Article "In search of how people change: applications to addictive behaviors" (1992).



As can be seen from the diagram, the stages of change do not necessarily follow a linear path. Individuals may move back and forth throughout each of the stages over the course of their illness and recovery. (Please note: There are many other models that describe stage of change or stage of readiness/recovery, but for simplicity purposes we have chosen to illustrate this particular model.)

Effective plans are informed by the individual's stage of change and identify goals, objectives, and services that support the person's recovery process. In PROS, services can be individualized so that the individual receives maximum benefits based on where he or she is in the stages of change. When a mental health plan is written without considering the individual's stage of change, it may place unrealistic expectations on the person. Person-centered recovery planning recognizes the individual differences between people as they negotiate their recovery journeys. A plan that is overwhelming for someone in the Pre-Contemplative stage, for

example, may be very useful for someone in the Active stage. By considering the individual's stage of change, terms such as "non-compliant" or "in denial" become meaningless.

Prochaska, DiClemente, & Norcross	Stage of Treatment	Treatment Focus
Pre-contemplation	Engagement	<ul style="list-style-type: none"> • outreach • practical help • crisis intervention • relationship building
Contemplation/preparation	Persuasion	<ul style="list-style-type: none"> • psycho- education • set goals • build awareness
Action	Active Treatment	<ul style="list-style-type: none"> • counseling • skills training • self-help groups
Maintenance	Relapse Prevention	<ul style="list-style-type: none"> • prevention plan • skills training • expand recovery

A chart is provided as part of Appendix II which offers suggestions for a crosswalk for integrating specific PROS Services based on the person's Stage of Change. It is provided as a tool for discussion and consideration only and is not intended as a definitive or inflexible resource.

In the next chapters, we will continue the discussion of the role of the Interpretative Summary in the Planning Process.

Chapter Highlights: The Planning Process

- The PROS Assessment Service is a comprehensive and continuous process that provides the essential foundation in the development of a person-centered Individualized Recovery Plan.
- A discussion of the person's strengths and abilities should be the central focus of the Assessment Service.
- Assessments should conclude with an interpretive summary that identifies the person's strengths and abilities, the barriers created by mental illness, the person's life role goals, and the PROS services that will assist the person to achieve his or her goals.
- Assessments help the practitioner and the individual to develop a collaborative relationship with each other.
- Identifying the mental health barriers is critical for documenting medical necessity.
- Assessing the person within the context of his or her culture and ethnic background facilitates a comprehensive understanding of the whole person.
- When a mental health plan is written without considering the individual's stage of change, it may place unrealistic expectations on the person.