



- Member copy
- VO copy
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Name: _____

DOB: _____

SEX: Male Female

SS #: _____

VO Site: _____

3

“The goal of the recovery process is not to become normal. The goal is to embrace our human vocation of becoming more deeply, more fully human. The goal is not normalization. The goal is to become the unique, awesome, never-to-be-repeated human being that we are called to be.”

Patricia Deegan, Ph.D.

“There is hope, a vision of hope that includes no limits. That even when someone says to us, ‘You can’t do that because you have those symptoms dear!’ we know it is not true... Those of us who experience psychiatric symptoms can and do get well.”

Mary Ellen Copeland, MA, MS

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Why Have a Plan for Recovery? With a little planning you, like thousands of others, can learn to manage symptoms and recover from the effects of mental illness. You can regain a sense of purpose, hope, and meaning in your life. Recovery is an ongoing process of growth, discovery, and change. You can be prepared to handle any symptoms that might occur.

How Does the Recovery Planner Work? This *Recovery Planner* is your plan. You can use it when you work with your Case Manager to develop your **Individual Service Plan** (known as an **ISP**). The Recovery Planner gets you ready to write an Individual Service Plan (ISP) that works for you. The most important thing about planning is: *If it isn't your plan, may not work for you.*

What is the Purpose of an ISP? The ISP was developed to give you a way to identify your goals and to make plans to reach them. It also guides your Case Manager so they are able to arrange services and supports so you can reach your goals and make use of your strengths. You are the most important contributor to your ISP. It is your plan!

Here are some of the benefits of having an ISP that is really YOURS:

- It helps those who are willing to support you.
- It helps you identify and organize your steps towards recovery.
- It helps you recognize and develop your strengths and abilities.

What You Can Expect from Your Case Manager and Clinical Team.

Once your clinical team knows your plan, they can help you manage symptoms, medications, and other issues related to general health.

Your Case Manager has been trained to:

- Encourage you to think for yourself
- Treat you in a way that furthers your recovery
- Treat you as an equal in planning your recovery
- Give you freedom to make mistakes
- Believe that you can shape your future
- Listen to you and believe what you say
- Recognize your abilities
- Help you find the resources you need
- Make him/herself available to talk when you need it

What Next?

After you have worked through this *Recovery Planner* and have answered the questions to your own satisfaction, its time for action!

Step One: Complete your Recovery Planner

Step Two: Ask your Case Manager to meet with you to talk about your plans, the steps you want to take, and any changes you are thinking of making.

Step Three: Bring your *Recovery Planner* so you can share your ideas in an organized way.

Step Four: Focus on goals you can achieve in about 3 months. Small steps are fine!

Who Me Change?¹

Are you ready to make some changes?

- No thanks, not yet.
- I have thought about things I could change, but I want to wait a while.
- I have some good ideas in mind about changes I want to make in my life.
- I am working on recovery and change so I have lots to add to this plan.
- I have found new ways of working on my issues. They are working well for me.
- I got sidetracked but I want to feel better again.

The Big Question

Long-Term View. Before you get into the planning questions, take a few moments to describe the things you want in your life that are more important to you than anything else.

Safety:²

Let's make sure you are safe.

Are there any immediate issues that could result in harm to you or others?

- No
- Yes (please indicate who) Me Others Both

If yes, please describe briefly: _____

Here are the ways I can use my strengths to stay safe:

Here are people I will ask to be there for me (remind me if I forget):

| Name | Phone | Name | Phone |
|------|-------|------|-------|
| | | | |
| | | | |

These are the community programs that I enjoy or feel comfortable using: _____

I will rely on my doctor to: _____

Here is how my Clinical Team can help me stay safe:

- Return my calls Listen to me Make sure I get my meds on time
- Provide me with resources that help me recover Other _____

¹ See ValueOptions ICP, top of page 2 (Stages of Change)

² See ValueOptions ICP, top of page 2 (Current Safety Issues)

Security:³

I am worried about:

- My benefits and entitlements
- My treatment
- A relationship I have with someone
- Employment
- Other: _____
- None of the above

Even if I am worried, here are the strengths I can use to take care of myself: _____

Here are some things I can do to help me feel safe and secure: _____

These are some things I will ask my friends and loved ones to do to help me take care of myself: _____

These are some things that are available at community programs that can increase my feelings of security and well-being: _____

My doctor/nurse practitioner can help me feel secure and well by: _____

Here are some things my Clinical Team can do to help me take care of myself:

- Return my calls
- Arrange services in a timely manner
- Be available
- Other: _____

Handling My Symptoms:⁴

This is how I feel and appear when I am well: _____

I know I am not feeling well when I _____

I have the following strengths that help me stay well _____

Here are some things I ask friends and loved ones to do to help me stay well _____

These community services can help get me back on track if I begin to feel less well: _____

³ See ValueOptions ICP, bottom of page 2 (Current Security Issues)

⁴ See ValueOptions ICP, top of page 3 (Goals for Current Target Symptoms and Behaviors)

Here are some things I would like my Clinical Team to do to help me stay well:

- Return my calls Get medications to me on time Be available Listen to me
 Help me see the doctor/nurse practitioner Arrange the services I want Other: _____

Medications:

I am currently taking these medications in these amounts _____

Medications that have **not** helped me in the past are: _____

I have these questions about medication: _____

I have taken these medications with good results: _____

These are side effects that I cannot tolerate: _____

Physical Health:⁵

My most important physical challenge is: _____

I have the following strengths I can use to manage my physical challenges: _____

My friends and loved ones could help me manage my physical challenges by: _____

These are some ways community providers can help me manage my physical challenges: _____

Here are some things my Clinical Team (including my doctor/nurse practitioner) can do to help me manage my physical challenges:

- Provide information and referral Talk to my primary care physician Other _____

Substance abuse:

- Exists in my life and I want help Is not something I engage in I do not want help with it

This is why I use: _____

This is why I want to stop using: _____

A group could support me in not using substances: I need information I will attend: _____

⁵ See ValueOptions ICP, bottom of page 3 (Physical Health Goals)

Education:⁶

Here are some things I am interested in learning about: _____

The first steps I am going to take are: _____

Here are some things I would like my Clinical Team to do to help me with education or training:

- Provide Information & Referral Provide Referral to Vocational Rehab (Voc. Rehab.)
 Take me on tours of educational facilities Other: _____

Vocation:⁷

Here are a few jobs I had in the past that I liked: _____

Here are some jobs or *volunteer activities*⁸ I would like to try: _____

These are the strengths I have found in myself when I have worked before: _____

I will know I am ready to try working when: _____

These are the things I would like help with from my Clinical Team:

- Referral to Voc. Rehab. Assistance in overcoming employment barriers
 Other: _____

Doctor/Nurse practitioner make sure my medication supports my work activities by: _____

Living Situation:⁹

This is how I describe my current residence: _____

Here is what I like about it: _____

This is how I would like to change my current living situation: _____

These are things I can do to make the changes happen: _____

This is how my clinical team can support me with housing:

- Provide information on subsidized housing Enroll me in the Housing for Success Workshop
 Provide information on budgeting Other: _____

⁶ See ValueOptions ICP, top of page 4 (Self-Sufficiency/Rehabilitation)

⁷ See ValueOptions ICP, top of page 4 (Self-Sufficiency/Rehabilitation Goals & Preferences)

⁸ See ValueOptions ICP, top of page 4 (Self-Sufficiency/Rehabilitation Goals & Preferences)

⁹ See ValueOptions ICP, bottom of page 4 (Living Situation Goals & Preferences)

Recreation and Friends:¹⁰

My favorite things to do lately are: _____

I wish I could do things like: _____

I used to like to: _____

I have the following strengths I can use to make friends and make my life enjoyable: _____

I want my Clinical Team to:

- Provide information on recreational activities Provide assistance with transportation to events
 Get me started in community activities Other: _____

A good friend is someone who¹¹ ...

- Accepts you as you are without judgment
- Can laugh and be playful with you
- Is on your side and empathizes with you
- Recognizes your strengths
- Isn't always trying to change you
- Accepts your support and gives you support
- Sees your unique and wonderful qualities

I know the following people who match this description: _____

This is how we support each other: _____

I see that I can build relationships and will work towards increasing my friends by: _____

I can become more involved in my community by: _____

I may need the following help from my Clinical Team:

- Referrals to Recreational Activities Be in a reciprocal relationship with me
 Assist me with working out issues Help me remember the wonderful person I am when I can't
 Other: _____

¹⁰ See ValueOptions ICP, top of page 5 (Social/Leisure Goals and Preferences)

¹¹ See ValueOptions ICP, top of page 5 (Social/Leisure Goals and Preferences)

My Plan for Crisis:¹²

These are some of the things that happen when I first start to experience difficulty in staying on track with my recovery: _____

These are things that help me get back on track: _____

These are things my Clinical Team can do to help me:

- Use my Wellness Recovery Action Plan (WRAP) to remind me that I can take action
- Help me to work through the issues that caused me to get off track
- Notify my supporters
- Other: _____

Three-Month Plan

The one area from this planner I think is the most important, and that I would like to work on for the next three months is:

- Safety Security Handling Symptoms Physical Health Education
- Vocation/Employment Living Situation Recreation & Friends
- Crisis Recovery Plan Other: _____

Please explain: _____

I understand this Recovery Planner will assist me and my clinical team in developing a working plan for my road to recovery and that this Recovery Plan will become a major part of my ISP. I understand I may request to update my Recovery Planner as needed and may attend any one of the scheduled Recovery Planner classes held at various ValueOptions locations.

Your Signature

Date

META Services Peer Support Specialist Signature

Date

¹² See ValueOptions ICP, bottom of page 5 (Consumer’s Crisis Plan Until WRAP Completed)

Please remove this sheet for your own information.

Upcoming appointments:

With Case Manager: _____

Case Manager Name: _____

Case Management Site Phone #: _____ Location: _____

With Doctor: _____

Name of Doctor: _____

With Counselor: _____

Name of counselor: _____ Location: _____

Peer Support Specialist: _____

My Pharmacy Phone #: _____

I will attend WRAP class at: _____

WRAP classes occur at: _____ *M T W Th F*

I will attend WELL class at: _____

WELL classes occur at: _____ *M T W Th F*

I have received a calendar of events for WELL gatherings: yes no

These are the medications I am currently taking with dosage directions:
