

# **Eight Steps of Recovery Planning**

## **For Service Providers, Families, And People on the Road to Recovery**

If you like it when a good plan falls together, you may like the Eight Steps of Recovery Planning a lot! Did I just hear a loud groan from many of you? Hmm, well, I'll be the first to admit that planning can be dull and even meaningless. But, give me a chance here. I think I can make this process interesting and provocative. And if you start to fall asleep, I may even get a little controversial!

First we'll talk a little about traditional treatment planning and why it doesn't work very well. Then we'll look at what DOES work well, a recovery planning process, and why it's important to have a good one.

But before we take this any further, there's probably something I need to confess: I am not a planner by nature. I never have been. I'm more of a "let's see what happens" type of person. So I have to make planning really fun and challenging or I just can't make myself do it.

Now, at this point you may be wondering how in the world am I going to inspire you to develop a good recovery plan, given what I've just confessed. Well, that's a fair question. I have wondered that myself. I think maybe my strongest qualification is that I have to make it fun and inspiring in order to do it at all. What more could you ask for? Well, there is more. I do have some professional experiences that enhance my ability to help you develop a good recovery plan. Let's see what that is?

- I've read thousands of boring, uninspiring treatment plans over the past forty years.
- I've learned that most people on the Road to Recovery are not very interested in their treatment plans, and some don't even know they have one.
- I also know a lot of good service providers who just go through the motions of filling in the blanks on treatment plans. They're bored too.
- Involve family members? How often does THAT happen! Most of the family members I know have no role at all in the treatment plan and may not even know there is one.
- And finally, I have yet to meet anyone on the Road to Recovery who says, "I owe my recovery to that really great treatment plan that my support team developed. Boy, without that plan, I'd be lost!"

So, I guess we could sum all this up by saying I have a lot of experience in knowing what doesn't work, which has given me many opportunities to think about how to turn that around to have a positive process and plan that can work well. Service providers, you may be thinking this just isn't going to work for you because you have all those regulations. But stay tuned. I think I can show you how to conduct planning in a way that addresses your reporting needs while promoting recovery, and I think you may even like it better than the traditional approach for this key reason: you'll have better results.

## What's it all about?

Let's start by talking about what service planning is all about and why service providers keep trying to do it, even though it doesn't work very well. A treatment/service plan is basically a document intended to describe problems an individual is facing (psychiatric and otherwise) and identify ways of working on them. The theory behind this ritual is that service providers know best about what to put in it, and further, that individuals will be delighted to follow it. Hmm. We probably all agree that having a plan sounds like a good idea. People who came up with this approach were well-meaning, I'm sure.

There is a significant reality about service planning forms that you should be aware of: service providers request reimbursement for their efforts based on documentation in the plan. This puts a lot of pressure on them to get the darn things completed, which in turn often causes them to take short cuts – like not taking time to include the individual in the process of planning their life.

## What's wrong with traditional service planning?

Now that we have a basic understanding of what a service plan is and what it's supposed to do, let's swing down and take a look at the underbelly of this process. Here we'll see two significant flaws that cause the whole procedure to be relatively useless to the person recovering:

- **Wrong foundation:** Traditional treatment service planning is usually based on negative and pessimistic assumptions. These are beliefs that those of us diagnosed with a mental illness are sick, and that we need a service plan to keep from getting sicker or to manage the sickness. Some plans include regular life-planning topics like where you want to live and type of work you can do, but this too is based on the assumption that we are disabled and will be forever. Once we are diagnosed, expectations of what we can do with our lives take a big dive. I call this “deficit-based planning” since it focuses on our weaknesses and ignores our strengths. It doesn't take into account that we are so much more than an illness!
- **No participation:** This critical flaw with the traditional service planning process is that we and our natural supporters are often left out of the process of developing the plan. It's not uncommon for us to be told “We've developed your service plan and would like you to come in and sign it.” Of course, it's difficult for anyone to feel ownership or commitment to a plan that we didn't at least have some say in developing. Yet when we don't follow the plan, the blame often falls on us. We are called “noncompliant, uncooperative, unmotivated,” and so on. In some cases, people aren't even given a copy of their plan, yet they are expected to comply with it.

## Let's get it right

So what might be the first change we make to the traditional service planning process? perhaps those of us on the road to recovery should be in the driver's seat with OUR recovery planning process. That's right. A recovery-focused plan will place the individual as the driver, the lead. This allows us to develop a road map for our recovery that is a true reflection of our preferences, and we can accomplish this with the help of our team of supporters. This will result in tighter teamwork and much better outcomes for all concerned. **A successful recovery plan is a partnership, not just a paperwork process.**

A good declaration to keep in mind is that a recovery based plan needs to be holistic, it needs to consider the whole person (our physical, mental, and social conditions). This is where we can

remember who we are and bring in our strengths, abilities, and accomplishments. If we - and by association, our families - have been beaten down by illness and a system that focuses only on illness, this may be challenging for us. We need to remember who we really are. The definition of recovery at Recovery Innovations illustrates this point: **“Recovery is remembering who you are, and using your strengths to become all that you were meant to be.”** –

So, whether you are a service provider, a person on the Road to Recovery, or a family member, it’s time to rise up and start building service plans on a new foundation – one of hope and optimism. Let’s turn the traditional on end and begin building on this new foundation of hope and using our strengths to support our recovery.

### **Speaking to service providers**

Service providers, I’d like to speak directly to you at this point, just to make sure you aren’t misreading my intentions. First of all, I am a service provider myself. Since I’m one of you, and have done the same kind of work you are doing, I feel I can speak openly about what we’ve all had to do to get the (wrong) job done. Please don’t hear me as being critical of you or the work you’re doing. I truly appreciate the dedication and commitment you have in wanting to help. But I am passionate about targeting our time and energy in a way that can best serve the individual and promote their recovery, and a lot of the effort presently invested actually makes it harder for people to recover. **If we take an honest, objective look at how we approach service planning, we can begin to shift the whole systemic process toward recovery.**

At this point you may be thinking, “But Lori, remember all those assessment and treatment forms always start with an assessment of what’s wrong and a diagnosis? This all has to be addressed – to establish medical necessity for services provided - in order for my agency to be reimbursed for services.” I know that! That’s the way the behavioral health reimbursement system has always been and will continue to be, until the overall behavioral health field changes (remember to hope for effective change resulting from the New Freedom national effort.)

For now, you don’t have to let the paperwork distract you from recovery. Here are some guidelines you can adopt:

- **One:** Become a recovery planner instead of a “let’s just get this boring paperwork over with” service planner. You’ll need to break through the status quo and enter this next generation of assisting people in their recovery. This includes not getting distracted by forms. Yes, you’ve got to fill them out, but you don’t have to let them dictate how you relate to those of us on the Road to Recovery.
- **Two:** Step into the role of supporter and convener of the process, instead of trying to direct it.
- **Four:** Encourage maximum participation from us during the planning process.
- **Five:** Stay focused on developing a relationship with us that promotes our recovery. That’s where the real magic happens in the planning process. Success is not in the forms – it’s in the relationships.
- **Six:** Get interested in and excited about our hopes and dreams. Be WITH US on this journey. We need you!

### **Speaking to recoverers**

For those of us who are recovering, we need to step up and freely participate in the planning process. Most of us haven’t been great about doing this because often we didn’t even know we

had a plan. But hey, it's our life! So let's take advantage of this opportunity to advance toward recovery. **This is OUR plan for OUR services and OUR recovery.** Here are some guidelines to help us take this important role as the champion in our recovery:

- **One:** The first thing we need to do is to step up and take the lead in the planning process. This may be uncomfortable at first, but we can do it. Once we gain practice at taking personal responsibility for our lives, we'll feel more comfortable and confident in that role.
- **Two:** Remind our self that we are not our diagnosis. If we were simply our diagnosis, there would be no one left to recover! We are much bigger than a label. We're a whole person: a unique package of strengths, vulnerabilities, talents, and quirks that makes us irreplaceable and unlike anyone else in the world.
- **Three:** Our mission, should we decide to accept it (do you hear the theme song to "Mission Impossible" playing in the background?), is to own our uniqueness and be who we really are.
- **Four:** Think beyond fixing what's not working, and move into the realm of focusing on what IS working: our strengths and possibilities.
- **Five:** Grow into our potential - not as a mental patient, but as a human being. This takes some guts. And since we've survived a mental illness, we've already proven that we've got guts. We can do this!

### Speaking to families and friends

Family members and friends, we all know that you have rarely appeared in traditional service plans. You usually aren't even told what's in one, or that one exists. Quite frequently, you may have been seen as an inconvenience, and even a pain in the neck, rather than the great resource you are. So the system has rarely tapped you as a very real potential asset to the process. I want to make sure you know **that your support is critical during the planning process.** This is true even if you aren't included and don't have a clue what is in the plan.

If you have a tendency to be overly protective, it's time for you to lighten up and let go. When people start the recovery process, they need a new kind of support from you that will help them move into new territory. What they need most from you now is to:

- **One:** Step up and be part of the team. The only reason to not do this is if the person recovering would rather you not participate. Then, of course, you must respect their wishes.
- **Two:** Make sure you are fully present without taking over or advising. Remain in your support position and reinforce their strengths.
- **Three:** Provide support by encouraging the individual to:
  - step up and own their life
  - learn from their mistakes, and
  - take calculated risks (are we getting to the controversial part yet?).
- **Four:** Try to not get your feelings hurt during this process. It could happen, so be prepared to recognize this and remind yourself that we are taking this new approach – with new behaviors for everyone – to help the person you love.

## The Eight Guiding Principles of a Recovery Plan

And now, the moment we've all been waiting for: *The Eight Guiding Principles of Recovery Planning*. A basic aspect of these principals that can be overlooked in recovery planning is

**simplicity**. We sometimes get so involved in making the best recovery plan that we add too much detail and then get overwhelmed by it all. We need to strike a balance between having it **simple enough to make it easy to remember and follow, yet have enough detail so we remember what we meant when we wrote it**. So here we go – let's look at the Eight Guiding Principles, and remember that we don't need to worry about providing a lot of detail for each:

- 1) **Identify strengths and abilities:** A recovery plan always starts by reviewing strengths and abilities. This helps us build confidence to take the lead and guide the process.
- 2) **Identify goals, hopes, and dreams:** This is about the big picture. What calls to us? What makes our heart sing? What do we want to do with our life? Once we have an idea of what we want to do with our life, we can identify steps to take toward those goals. Then when we take those steps, we know they are leading us toward something that has meaning for us, is related to our purpose.
- 3) **Identify any helpful changes:** Once we are clear on what we want to achieve, we need to decide what changes we want to make in order to make that happen. This requires some honest reflection and the courage to face issues that we may have been avoiding.
- 4) **Identify anything that could get in the way:** If there are any barriers, circumstances, attitudes or habits that could get in the way of reaching the goals, let's get them out in the open so we won't be ambushed by them later.
- 5) **Identify resources and support needed to reach goals:** This is where we see the partnership at work. We'll figure out what each member of the service planning team will do in order to help make the plan work. What would we like service providers, family members, and friends to do to help reach our goals?
- 6) **Identify a valued and meaningful role:** This can be as simple as making a cup of coffee for a friend, working in a job that is fulfilling, going to school, volunteering. This may seem like a forgettable suggestion, but trust me, it one of the most important ones I've made yet. Doing something that is valued by us and by others is the quickest way to validate our worth, and it gives our life meaning and purpose.
- 7) **Identify ways of avoiding slips and slumps:** This part of the plan is very straightforward and provides a way for us to identify slippage, and pull out of a slump. It also gives team members clear directives in how to support the return to solid ground.
  - (a) How will you know if you start to slip?
  - (b) What will you do to get out of the slump?
  - (c) What can members of your team do to help?
- 8) **Measuring for success:** This is a very important aspect that often gets left out of planning. If we include it right from the start, we give all members of our team a way of knowing if they are playing their part well. We also give the service providers and their auditors (after all, we have to pay the bills) an easy way of seeing our progress. Finally, it provides a way to know if we need a course correction before we travel too far down a dead-end road. A key concept of this principle is "measurability." This means that each part of the plan needs to have a "how much, and when" aspect to it (you'll see examples ahead). Make sure you include this, but at the same time, don't get too carried away. We need to still keep it simple and easy to do.

## The Planning Session

Now we are going to apply the steps we talked about earlier to the actual planning session. First, let's take a minute to review what a planning session is. A planning session is sometimes referred to as a "staffing." (Some of us have called them a "stabbing" because they have focused solely on our challenges and have been conducted disrespectfully.) The purpose of the session is to develop the treatment/service plan, or in some cases, to assess progress (or the lack of progress) made toward the goals in the plan. Most public systems require a service plan, with reassessments occurring at regular intervals.

Let's now focus on the role of each player on the team for the planning session.

### **The Recoverers**

OK recoverers, this is your call to center stage. Start thinking about your strengths (the first guiding principle) before the planning session begins. Remember, you are in the lead on this process, so the more prepared you are, the more confidence your team will have in you and in your ideas. You are not a passive victim in this process, but rather are the leader of it. If this is a new role for you and it's unfamiliar and uncomfortable, that's a sign that you're in new territory. Give yourself a pat on the back for being courageous!

A great way for you to set the pace is to step up and schedule the appointment for the session yourself, instead of waiting to be told about it. Make sure you give yourself time to prepare. Remember, this is YOUR plan and you want it to be something that has meaning to you.

Here are a few reactions you may face as you take the lead:

- You may find yourself reluctant to discuss your strengths because you're afraid others will start expecting too much of you, or that you could lose your benefits or supports if you begin to recover, or maybe you're just shy, these are all normal responses. As we begin to grow beyond who we have been in the past, we cling to shreds of our past during the "letting go" process. Ultimately, we need to let go of things that we no longer need in order to create room for new things to come into our lives. **So take a deep breathe, remember who you are, and step into what you can become.**
- When we first start the recovery process, we often have difficulty remembering our strengths, accomplishments, and abilities. This is normal too, especially if we have drifted into the "mental patient" role. Think about what others say you're good at. What makes your heart sing? I suggest you take some time to think about this and make a list, so you can easily remind yourself if you begin to lose confidence.
- Don't surrender to your fears of recovery. You really have nothing of value to lose. You can decide how fast you want to go, and can drop supports that you no longer need as you feel comfortable doing so.
- Don't step back into the shadows and let others plan your treatment and even your life for you. You will know what's best for you and what your next steps should be. **Trust yourself.**
- Take a look at the *Eight Principles of Recovery Planning*. We've already covered the first principle so focus now on the remaining seven, making a short list of what you might want to include on your plan. This will help you direct your team with more confidence.

## **The Supporting roles of families and friends**

Families and friends – you can make a huge difference in how the planning session unfolds by supporting the person in the lead role. Here are reminders for staying focused on recovery:

- If this is a new role for the person you're supporting, they could really benefit from any encouragement you can provide. They may be more accustomed to giving their power away and asking that others take the lead in their lives. The best thing you can do is gently hand it back to them.
- Be a good sounding-board for the person as they think through what they want and need in their plan.
- Encourage them to be honest and bold – to dare to be radical.

## **Supporting role of service providers**

Service providers, if you're accustomed to the traditional treatment/service planning approach, this may be a big role-shift for you. **The most challenging aspect may be relinquishing the illusion that you are in control, or need to be in control. This will be easier for you if you can keep this in mind: It isn't your plan.** Certainly, you can have a copy of it for the file and for the auditors, but the recoverer needs to own their plan. Once you stop feeling responsible for everything, you can relax and let the recoverer take the lead. You can make sure there is a plan by supporting its development.

Once you get used to this new approach, I guarantee you'll find it easier for you and you'll see better results. Yes, it requires a different skill-set than you've used in the traditional approach. You'll actually be able to use the skills you went to school for. Here are some things you can do to shift toward a person-driven (this is beyond person-centered) recovery planning process:

- Ask when would be a convenient day and time for the appointment. This helps established the recoverer's role as leader in the process.
- During the session, provide opportunities for the recoverer to fill out part of the paperwork themselves, if they are willing. This reinforces that it is *their* plan.
- Listen, listen, listen.
- Ask questions that help the recoverer think through aspects of their plan. Offer ideas on resources that could help.
- See yourself as being in a partnership, and relate to other partners from a mutual vantage point.
- Ask how you can help with accountability. A good place to focus this is on the "measuring for results" part.

## **Conclusion**

Wow. We've covered a lot of important ground in this segment of the Road to Recovery. We studied highlights of the recovery planning process, and I hope they provided you with ideas you can implement to develop a plan that truly promotes recovery. Remember, ***the key to successful planning is for the person on the Road to Recovery to take the lead***, with supporters present and involved in the recovery partnership. Also, keep it easy to follow.

Planning is a great place for all of us to come together, join forces, and work together in our respective roles – with the person taking the lead and the rest of us doing our part to support the recovery process. We talked about the ***Roles for Service providers, for Recoverers, and for***

***Families and Friends.*** Now, perhaps for the first time, we all know what to expect from ourselves and each other.

The ***Eight Guiding Principles of Recovery Planning*** give us a model to follow when we develop plans. They can easily be converted into a form that makes it easy for all to follow. We also talked about what a ***Planning Session*** would include, how best to approach it, and each person's role in the process.

***Building a plan on the foundation of hope and recovery,*** instead of one based on a person's deficits, is a huge shift in the way service planning is carried out.

I look forward to hearing how this works for you, and I thank you for joining me in this conversation about recovery planning.