



**SELF-DIRECTED
RECOVERY PLAN**

**A Guide to Your
Individual Service Plan**

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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Your Name: _____ **Date Completed:** _____ **ValueOptions Clinic Site:** _____

Case Manger: _____ **Clinical Liaison:** _____ **META Recovery Coach:** _____

Why Have a Plan for Recovery? With a little planning you, like thousands of others, can recover from mental illness and take control of your life. 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 issues that might arise.

How Does the *Self-Directed Recovery Plan* Work? First, it 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 *Self-Directed Recovery Plan* 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, it 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 and others 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 Management Team? Once your 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
- be available to talk when you need it

What is a Recovery Coach? Your Recovery Coach is a Peer Support Specialist who, like you, has been given a mental health diagnosis and currently receives case management services. A Recovery Coach is a peer who has been there and will be delighted to share their experience and what has worked to help them recover. Each Recovery Coach has graduated from the intensive META Services Peer Support Training program and is now part of your case management team. Your Recovery Coach will assist you in completing your ***Self-Directed Recovery Plan*** and can provide peer support as you work on your plan for recovery.

What Next? After you have worked through this ***Self-Directed Recovery Plan*** and have answered the questions to your own satisfaction, its time for action!

Step One: Complete your ***Self-Directed Recovery Plan***

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 ***Self-Directed Recovery Plan*** 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!

Name: _____

The Big Question

Long-Term View / Recovery Goal. 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.

Living Situation _____

Learning/Working _____

Social and Leisure _____

Safety: 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: _____

I would like to develop an action plan to stay safe. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not now	Specific Action Plan	How Often	Current Measure (from 0-10)	Desired Measure (from 0-10)	Target Date	Achieved Measure (from 0-10)
What I will do?						
What I would like others to do (check those that apply)						
<input type="checkbox"/> Case Manager						
<input type="checkbox"/> Doctor						
<input type="checkbox"/> Other Community Program _____	Examples: Peer Support, Recovery Education, WRAP, Substance Abuse Treatment, Counseling					
<input type="checkbox"/> Other Supporter (name) _____						

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

Name: _____

Handling My Symptoms:

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

I know I am not feeling well when I _____

I would like to develop an action plan for my symptoms. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not now	Specific Action Plan	How Often?	Current Measure (from 0-10)	Desired Measure (from 0-10)	Target Date	Achieved Measure (from 0-10)
What I will do?						
What I would like others to do (check those that apply)						
<input type="checkbox"/> Case Manager						
<input type="checkbox"/> Doctor						
<input type="checkbox"/> Other Community Program _____	Examples: Peer Support, Recovery Education, WRAP, Substance Abuse Treatment, Counseling					
<input type="checkbox"/> Other Supporter (name) _____						

I have the following strengths that help me stay well _____

Name: _____

Medications:

I am currently taking these medications in these amounts: _____

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

I have taken these medications in the past with good results: _____

These are side effects that I cannot tolerate: _____

I would like to develop an action plan for my medication. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not now	Specific Action Plan	How Often?	Current Measure (from 0-10)	Desired Measure (from 0-10)	Target Date	Achieved Measure (from 0-10)
What I will do?						
What I would like others to do (check those that apply)						
<input type="checkbox"/> Case Manager						
<input type="checkbox"/> Doctor						
<input type="checkbox"/> Other Community Program _____	Examples: Peer Support, Recovery Education, WRAP, Substance Abuse Treatment, Counseling					
<input type="checkbox"/> Other Supporter (name) _____						

Name: _____

Physical Health

My most important physical challenge is: _____

I would like to develop an action plan for my physical health. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not now	Specific Action Plan	How Often?	Current Measure (from 0-10)	Desired Measure (from 0-10)	Target Date	Achieved Measure (from 0-10)
What I will do?						
What I would like others to do (check those that apply)						
<input type="checkbox"/> Case Manager						
<input type="checkbox"/> Doctor						
<input type="checkbox"/> Other Community Program _____	Examples: Peer Support, Recovery Education, WRAP, Help with my Primary Care Physician, Counseling					
<input type="checkbox"/> Other Supporter (name) _____						

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

Name: _____

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: _____

I would like to develop an action plan for my substance abuse. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not now	Specific Action Plan	How Often?	Current Measure (from 0-10)	Desired Measure (from 0-10)	Target Date	Achieved Measure (from 0-10)
What I will do?						
What I would like others to do (check those that apply)						
<input type="checkbox"/> Case Manager						
<input type="checkbox"/> Doctor						
<input type="checkbox"/> Other Community Program _____	Examples: Peer Support, Recovery Education, WRAP, Substance Abuse Treatment, Counseling, 12-Step Program					
<input type="checkbox"/> Other Supporter (name) _____						

I have the following strengths I can use to manage my substance abuse: _____

Name: _____

Education

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

I would like to develop an action plan for education <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not now	Specific Action Plan	How Often?	Current Measure (from 0-10)	Desired Measure (from 0-10)	Target Date	Achieved Measure (from 0-10)
What I will do?						
What I would like others to do (check those that apply)						
<input type="checkbox"/> Case Manager						
<input type="checkbox"/> Doctor						
<input type="checkbox"/> Other Community Program _____	Examples: Recovery Education, WRAP, Vocational Rehabilitation, Community College					
<input type="checkbox"/> Other Supporter (name) _____						

I have the following strengths I can use to get started with my learning/education plan: _____

Name: _____

Vocation:

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

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

I would like to develop an action plan for employment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not now	Specific Action Plan	How Often?	Current Measure (from 0-10)	Desired Measure (from 0-10)	Target Date	Achieved Measure (from 0-10)
What I will do?						
What I would like others to do (check those that apply)						
<input type="checkbox"/> Case Manager						
<input type="checkbox"/> Doctor						
<input type="checkbox"/> Other Community Program _____	Examples: Recovery Education, Job Development/Placement, Vocational Rehabilitation					
<input type="checkbox"/> Other Supporter (name) _____						

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

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

Name: _____

Living Situation/Housing:

This is how I describe my current residence: _____

Here is what I like about it: _____

I would like to develop an action plan for my living situation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not now	Specific Action Plan	How Often?	Current Measure (from 0-10)	Desired Measure (from 0-10)	Target Date	Achieved Measure (from 0-10)
What I will do?						
What I would like others to do (check those that apply)						
<input type="checkbox"/> Case Manager						
<input type="checkbox"/> Doctor						
<input type="checkbox"/> Other Community Program _____	Examples: Independent Living Skills Assistance, Community Building, Residential Placement, Budgeting Assistance, Peer Support, Housing for Success Workshop.					
<input type="checkbox"/> Other Supporter (name) _____						

These are the strengths I have to help me achieve my goal for my living situation: _____

Name: _____

Recreation and Friends

My favorite things to do lately are: _____

I wish I could do things like: _____

I used to like to: _____

I would like to develop an action plan for recreation and friends. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not now	Specific Action Plan	How Often?	Current Measure (from 0-10)	Desired Measure (from 0-10)	Target Date	Achieved Measure (from 0-10)
What I will do?						
What I would like others to do (check those that apply)						
<input type="checkbox"/> Case Manager						
<input type="checkbox"/> Doctor						
<input type="checkbox"/> Other Community Program _____	Examples: Peer Support, Recovery Education, OK Socialites					
<input type="checkbox"/> Other Supporter (name) _____						

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

A good friend is someone who...

- 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: _____

Name: _____

My Plan for Crisis

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

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

I would like information and a referral for **Mental Health Power of Attorney** to help me get the services and support I want if I have a crisis.

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

Please explain: _____

I understand this **Self-Directed Recovery Plan** will assist me and my case management team in developing a working plan for my road to recovery and that this **Self-Directed Recovery Plan** will become a major part of my ISP. I understand I may request to update my **Self-Directed Recovery Plan** as needed.

Your Signature

Date

META Services Recovery Coach Signature

Date

Name: _____

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: _____

With Recovery Coach:

Name of Recovery Coach _____

My Pharmacy Phone #: _____

I will attend WRAP class at (location): _____

WRAP classes occur at (time and day): _____ *M T W Th F*

I will attend WELL class at (location): _____

WELL classes occur at (time and day): _____ *M T W Th F*

I will attend Mental Health Power of Attorney class at (location): _____

Mental Health Power of Attornyey class at (time and day): _____ *M T W Th F*

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