

Recovery Areas

Now let's think about different parts of your life, see how you feel, and decide what you would like to change.

1. WHERE YOU LIVE (HOUSING/NEIGHBORHOOD)

What is your living situation (house, apartment)? Do you live alone, with roommates? How do you feel about your house/apartment, the neighborhood?

If you want to make changes, what are they? What kind of living situation would you like to be in (if different from where you are now)?

What are the barriers keeping you from being in the living situation you want to be in? What kind of help would you like?

Consumer Preference	Staff Suggestion	Decision
1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

Staff comments:

2. MONEY/FINANCES

What are your sources of income? What do you usually spend your money on? Do you have enough money to do the things you would like to do? Are you stressed about money? How do you manage your money? Do you have a budget?

If you want to make changes, what are they? In terms of money, what would your ideal situation be (if different from what it is now)?

What are the barriers keeping you from being in the financial situation you want to be in? What kind of help would you like?

Consumer Preference	Staff Suggestion	Decision
1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

Staff comments:

3. WORK

Are you working right now? If so, where? Are you happy with this job? Have you worked in the past? Are you interested in getting a new or different job now?

If you want to make changes, what are they? What kind of work situation would you like to be in (if different from where you are now)? What would be your ideal job?

Are you interested in getting a new or different job now?

What are the barriers keeping you from being in the work situation you want to be in (e.g. transportation, skills training, job availability)? What kind of help would you like?

Consumer Preference	Staff Suggestion	Decision
1. ___ Work on Now	1. ___ Work on Now	1. ___ Work on Now
2. ___ Work on Later	2. ___ Work on Later	2. ___ Work on Later
3. ___ Not a focus	3. ___ Not a focus	3. ___ Not a focus

Staff comments:

4. RELATIONSHIPS

Who are the most important people in your life right now? Are there people you can turn to when things get difficult? How are your friendships going? How are your family relationships going? Do you have (or hope to have) a romantic or sexual relationship-how is this going? Are there people that depend on you (children, elderly relatives)? Who are the people you turn to in times of difficulty?

If you want to make changes, what are they? Would you like to make new relationships or improve your current relationships?

What are the barriers to forming or improving relationships (e.g. I am shy, I haven't talked with my family for years, I don't know how to meet people)? What kind of help would you like?

Consumer Preference	Staff Suggestion	Decision
1. ___ Work on Now	1. ___ Work on Now	1. ___ Work on Now
2. ___ Work on Later	2. ___ Work on Later	2. ___ Work on Later
3. ___ Not a focus	3. ___ Not a focus	3. ___ Not a focus

Staff comments:

5. EDUCATION/TRAINING

Are you satisfied with your education? Do you feel you have the training you need to do the kind of work you want to do? Are there things you would just like to learn more about?

If you want to make changes, what are they? What are your goals for education/learning?

What are the barriers keeping you from getting the education/training you want (e.g. transportation, money for courses)? What kind of help would you like?

Consumer Preference	Staff Suggestion	Decision
1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

Staff comments:

6. HEALTH

Are you getting enough rest and exercise? Are you getting enough healthy food to eat? If you smoke are you interested in trying to quit? Do you have any specific medical problems or concerns about your health?

If you want to make changes, what are they? What are your goals for staying healthy?

What are the barriers keeping you from being as healthy as possible (e.g. can't get to doctor, difficulty quitting smoking)? What kind of help would you like?

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1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

Staff comments:

7. DAILY LIVING AND ROUTINE

How do you spend your time? What does a "typical" day look like? Is this satisfying/enjoyable for you? Are there places in the community where you feel comfortable and safe? How do you get to activities/appointments?

If you want to make changes, what are they? What would your ideal day look like? How/where, with whom would you like to be spending your time? What kind of things do you like to do that you aren't doing now?

What are the barriers keeping you from spending your time the way you would want (e.g. get nervous around people, don't know where to go or find resources, transportation)? What kind of help would you like?

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1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

Staff comments:

8. SPIRITUALITY

How important is faith/spirituality in your life? What are some of your spiritual practices? How satisfied are you with your opportunities to participate in your spiritual practice or attend the congregation of your choice right now? Do you belong to a spiritual community, would you like to?

If you want to make changes, what are they? What are your spiritual goals?

What are the barriers keeping you from meeting your spiritual goals (e.g. transportation to services, barriers to practicing my spiritual practices)? What kind of help would you like?

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1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

Staff comments:

9. MENTAL HEALTH/SYMPTOMS

How much are your psychiatric symptoms interfering with your life? Are they getting in the way of the things you'd like to do? How much are your medications helping you? Are you being bothered by medication difficulties or side effects? How do you cope with your symptoms? What do you do to stay well?

If you want to make changes, what are they? What are your goals for maintaining your mental health?

What are the barriers keeping you from being as psychiatrically healthy as possible (e.g. don't like the side effects of the medications)? What kind of help would you like?

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1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

Staff comments:

10. DRUGS AND ALCOHOL

Do drugs and/or alcohol influence your life right now? If so, how?

If you want to make changes, what are they? What are your goals for reducing or eliminating your use of drugs and alcohol and/or for decreasing the harmful effect they have on your life?

What are the barriers to reaching these goals? (e.g. all my friends use, there are a lot of drugs in my building)? What kind of help would you like?

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1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

Staff comments:

11. SAFETY

Do you ever feel that you are at risk to hurt yourself or someone else? What do you do to control that risk? What makes you feel more safe? What is the most important safety concern in your life? Are you concerned for your own safety for any reason, e.g., do you feel personally safe in your neighborhood?

If you want to make changes, what are they? What are your goals for being safe?

What are the barriers to staying safe (e.g. there is a lot of crime in my neighborhood, when I drink I tend to lose my temper)? What kind of help would you like?

Consumer Preference	Staff Suggestion	Decision
1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

Staff comments:

12. LEGAL ISSUES

What, if any, legal issues are you dealing with right now? (e.g., court appearance, probation requirements, etc.)

If you want to make changes, what are they? What are your goals for reducing or eliminating legal problems?

What are the barriers to reducing or eliminating your legal problems? What kind of help would you like?

Consumer Preference	Staff Suggestion	Decision
1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

Staff comments:

13. OTHER ISSUES

Are there other things that are important in your recovery that we have not covered so far? Are there any other issues or areas in your life where you'd like to make changes?

If you want to make changes, what are they? What are your goals in this area?

What are the barriers for reaching this goal? What kind of help would you like?

Consumer Preference	Staff Suggestion	Decision
4. <input type="checkbox"/> Work on Now	4. <input type="checkbox"/> Work on Now	4. <input type="checkbox"/> Work on Now
5. <input type="checkbox"/> Work on Later	5. <input type="checkbox"/> Work on Later	5. <input type="checkbox"/> Work on Later
6. <input type="checkbox"/> Not a focus	6. <input type="checkbox"/> Not a focus	6. <input type="checkbox"/> Not a focus

Staff comments:

Master Recovery Plan

Recovery Focus List

Name: _____

Chart: _____

Team: _____

Date: _____

Recovery Area	Identified Goal	Work on Now/Later/Not a Focus	Date Goal Established
Housing/Neighborhood:			
Money/Finances			
Work			
Relationships			
Education and Training			
Health			
Daily Living & Routine			
Spirituality			
Mental Health/Symptoms			
Drugs and Alcohol			
Safety			
Legal Issues			
Other			

Note: For each "Work on Now" area identified above, complete Action Plan as per below.

Master Recovery Plan Action Plan (one for each "Work on Now area")

Name: _____

Chart: _____

Team: _____

Date: _____

FOCUS AREA:

Date Established:

Recovery Goal:

Objectives (Short Term Change Desired, Note Target Date for Achievement):

- 1.
 - 2.
-

ACTION PLAN & INTERVENTIONS

Action Steps Person in Recovery will take:

Action Step:

Frequency:

Duration:

Services to be Provided by Behavioral Health Agency:

Service Type:

Provider:

Frequency:

Duration:

Intended Impact/Purpose:

Services/Assistance to be provided by Other Providers or Service Agencies

Assistance/Service:

Provider:

Frequency:

Duration:

Intended Impact/Purpose:

Services/Assistance to be provided by Natural Supporters

Type of Support:

Supporter:

Frequency:

Duration:

Intended Impact/Purpose:

Master Recovery Plan

Diagnosis, Participation and Signatures

Name: _____

Chart: _____

Team: _____

Date: _____

PSYCHIATRIC DIAGNOSIS (DSM-IV)

Axis: _____ DSM IV Code: _____ Diagnosis: _____

RECOMMENDED LEVEL OF CARE

Level of Care: _____ Provider: _____

SIGNATURES

	Printed Name: _____	Signature: _____	Date: _____
Consumer	_____	_____	_____
<i>This plan has been reviewed by me and I have been offered a copy.</i>			
Psychiatrist:	_____	_____	Date: _____
Case Manager	_____	_____	Date: _____
Nurse:	_____	_____	Date: _____
Supervisor:	_____	_____	Date: _____
Other Provider	_____	_____	Date: _____
Clinician	_____	_____	Date: _____
Peer Provider:	_____	_____	Date: _____
Family:	_____	_____	Date: _____
Other Supporter:	_____	_____	Date: _____
Other Supporter:	_____	_____	Date: _____