## **Recovery Planning Worksheet and Template**

Today I am going to be asking you a lot of questions about what things in your life are going well, and what things you might like to change. Some of the questions might be things like: Who are the most important people in your life? What is the thing in your life you are most proud of? And, what are your dreams for the future? We think that this information can be a very important part of your recovery and treatment. It will be helpful to us as we work together to develop a recovery plan that fits with your unique goals and preferences.

<ol> <li>What are your h want to have in</li> </ol>	nopes and dream	ns for the futu	ure? What are so	me of the most impo	ortant things you
2. If you could cha	ange anything in	your life right	t now what would	it be?	
On a scale of 1-5,	how hopeful do	you feel ab	out the future?	(Circle a #)	
1	2	3	4		5
Little or No Hope				Very Hopef	ul
Important persons Please help me ma addition to clinician employers, or clerg recovery plan and a	ke a list of all of s or other provid y members. The action steps.	the people the lers, think about the people many	out including suppay play some par	portive people like fit in helping you to c	iends, family, arry out your
Name	Relationsh	nip to you	How has s/he b	een supportive?	Contact OK?
					I

Name	Relationship to you	How has s/he been supportive?	Contact OK?

Complementary Plans and Documents
Do you have an Advance Directive? YN
Do you have a WRAP Plan or other wellness plan?N
Note: Persons with advance directives and/or wellness plans should be encouraged to share those with the team as means of informing development of the recovery plan. Persons without advance directives or wellness plans should be educated about these tools and referred for support if interested.
Strengths and Interests
To help you meet your goals we need to think about what strengths you have. Sometimes people have a hard time remembering their strengths. The following statements may help you get ideas. <ul> <li>My best qualities as a person are:</li> <li>I am most proud of:</li> <li>People like that I am (people say they like my):</li> <li>The times I am most at peace are when:</li> <li>I notice my problems the least when I am:</li> <li>The things that help me to make it through the day when I am down are:</li> </ul>
Could you tell me about some of your interests or skills? When you answer the question think about things you: <ul> <li>Enjoy doing at home or in the community?</li> <li>Are interested in or would like to learn more about?</li> <li>Like to show other people how to do?</li> <li>Used to feel good about before you began to have mental health difficulties</li> <li>Care a lot about (like kids or friends or animals)?</li> </ul>

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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 (HOUSIN What is your living situation (hous about your house/apartment, the	se, apartment)? Do you live al	one, with roommates? How do you feel
If you want to make changes, who		g situation would you like to be in (if
What are the barriers keeping y kind of help would you like?	ou from being in the living	situation you want to be in? What
Consumer Preference	Staff Suggestion	Decision
<ol> <li>Work on Now</li> <li>Work on Later</li> <li>Not a focus</li> </ol>	1 Work on Now 2 Work on Later 3 Not a focus	1 Work on Now 2 Work on Later 3 Not a focus
Staff comments:		
		your money on? Do you have enough about money? How do you manage you

	you from being in the financ	cial situation you want to be in? Wha
ind of help would you like?		
onsumer Preference	Staff Suggestion	Decision
1 Work on Now	1 Work on Now	1 Work on Now
<ol> <li>Work on Later</li> <li>Not a focus</li> </ol>	2 Work on Later 3. Not a focus	2 Work on Later 3. Not a focus
. WORK		
Are you working right now? If so	o, where? Are you happy with ew or different job now?	this job? Have you worked in the past?
Are you working right now? If so Are you interested in getting a new area.	o, where? Are you happy with ew or different job now?	this job? Have you worked in the pa

Consumer Preference	Staff Suggestion	Decision
1 Work on Now	1 Work on Now	1 Work on Now
<ol><li>Work on Later</li></ol>	2 Work on Later	2 Work on Later
3 Not a focus	3 Not a focus	3 Not a focus
Staff comments:		
get difficult? How are your friends	ships going? How are your far al relationship-how is this goi	there people you can turn to when thin mily relationships going? Do you have ng? Are there people that depend on y times of difficulty?
If you want to make changes, vimprove your current relations		ike to make new relationships or
		es (e.g. I am shy, I haven't talked with hat kind of help would you like?
Consumer Preference	Staff Suggestion	Decision Work on Now
<ol> <li>Work on Now</li> <li>Work on Later</li> </ol>	1. Work on Now	1. Work on Now
<ol> <li>Work on Later</li> <li>Not a focus</li> </ol>	<ol> <li>Work on Later</li> <li>Not a focus</li> </ol>	2 Work on Later 3. Not a focus
Staff comments:	J INOL & TOCUS	J NOL & IOCUS

<b>5. EDUCATION/TRAINING</b> Are you satisfied with your edu work you want to do? Are there		he training you need to do the kind of earn more about?
work you want to do! Allo there	tillings you would just like to le	an more about:
If you want to make changes, v	vhat are they? What are your g	oals for education/learning?
What are the barriers keeping	you from getting the educa	tion/training you want (e.g.
transportation, money for co		
Consumer Preference	Staff Suggestion	Decision
<ol> <li>Work on Now</li> <li>Work on Later</li> </ol>	1 Work on Now 2. Work on Later	<ol> <li>Work on Now</li> <li>Work on Later</li> </ol>
3 Not a focus	3. Not a focus	3 Not a focus
Staff comments:		
Staff Comments.		
6. <b>HEALTH</b>		
	d exercise? Are you getting en	ough healthy food to eat? If you smoke
are you interested in trying to q		medical problems or concerns about you
health?		
If you want to make changes, v	what are they? What are your g	oals for staying healthy?

difficulty quitting smoking)	? What kind of help would you	u like?
onsumer 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
taff comments:		
	ITINIE	
DAILY LIVING AND ROU		
		t like? Is this satisfying/enjoyable for you?
re there places in the comm ctivities/appointments?	unity where you feel comfortabl	e and sale? How do you get to
ctivities/appointments?		
		our ideal day look like? How/where, with
	ending your time? What kind of	things do you like to do that you aren't
oing now?		
What are the barriers keepi	na vou from spondina vour ti	me the way you would want (e.g. get
		resources, transportation)? What kind
elp would you like?	in t know where to go of find t	esources, transportation): What kind
icip would you like:		
		_
	0. 40	15
onsumer Preference	Staff Suggestion	Decision
1. Work on Now	1. Work on Now	1. Work on Now
<ol><li>Work on Later</li></ol>	<ol><li>Work on Later</li></ol>	2 Work on Later

\_ Not a focus

Not a focus

3. Not a focus

Staff comments:		
re you with your opportunities		of your spiritual practices? How satisfied practice or attend the congregation of your uld you like to?
f you want to make changes, v	what are they? What are your s	piritual goals?
		itual goals (e.g. transportation to hat kind of help would you like?
Consumer Preference	Staff Suggestion	Decision
<ol> <li>Work on Now</li> <li>Work on Later</li> <li>Not a focus</li> </ol>	1 Work on Now 2 Work on Later 3 Not a focus	<ol> <li>Work on Now</li> <li>Work on Later</li> <li>Not a focus</li> </ol>
Staff comments:		
9. MENTAL HEALTH/SYMP1 How much are your psychiatric		
hings you'd like to do? How m	uch are your medications helpir	r life? Are they getting in the way of the ng you? Are you being bothered by your symptoms? What do you do to stay

If you want to make changes, w	what are they? What are your go	pals for maintaining your mental health?
		rically healthy as possible (e.g. don't
like the side effects of the me	edications)? What kind of help	p would you like?
onsumer 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:		
10. DRUGS AND ALCOHOL		
Do drugs and/or alcohol influen	ice your life right now? If so, ho	ow?
	, i	
		oals for reducing or eliminating your use
of drugs and alcohol and/or for	decreasing the harmful effect the	hey have on your life?
What are the barriers to read	hing those goals? (o.g. all m	y friends use there are a let of drugs
		y friends use, there are a lot of drugs
		y friends use, there are a lot of drugs
		y friends use, there are a lot of drugs
		y friends use, there are a lot of drugs
		y friends use, there are a lot of drugs
n my building)? What kind o	f help would you like?	
n my building)? What kind o	f help would you like?  Staff Suggestion	Decision
consumer Preference 1 Work on Now	Staff Suggestion  1 Work on Now	Decision  1 Work on Now
in my building)? What kind o	f help would you like?  Staff Suggestion	Decision

11. SAFETY Do you ever feel that you are at ris control that risk? What makes you in your life? Are you concerned fo safe in your neighborhood?  If you want to make changes, what a	i feel more safe? What i	s the most important safety concey reason, e.g., do you feel person
If you want to make changes, what a	are they? What are your g	oals for being safe?
If you want to make changes, what a	are they? What are your g	oals for being safe?
If you want to make changes, what a	re they? What are your g	oals for being safe?
What are the barriers to staying sa drink I tend to lose my temper)? W		
Consumer Preference St	aff Suggestion	Decision
<ol> <li>Work on Now</li> <li>Work on Later</li> <li>Not a focus</li> </ol>	<ol> <li>Work on Now</li> <li>Work on Later</li> <li>Not a focus</li> </ol>	<ol> <li>Work on Now</li> <li>Work on Later</li> <li>Not a focus</li> </ol>
Staff comments:		
12. LEGAL ISSUES	dealing with right now?	(e.g., court appearance, probatior
requirements, etc.)		

If you want to make changes, when problems?	nat are they? What are your go	oals for reducing or eliminating legal
What are the barriers to reduc you like?	ing or eliminating your legal	I problems? What kind of help would
Consumer Preference	Staff Suggestion	Decision
1 Work on Now	1 Work on Now	1 Work on Now
<ol> <li>Work on Later</li> <li>Not a focus</li> </ol>	<ol> <li>Work on Later</li> <li>Not a focus</li> </ol>	2 Work on Later 3 Not a focus
13. OTHER ISSUES Are there other things that are there any other issues or area		that we have not covered so far? Are se to make changes?
If you want to make changes, wh	nat are they? What are your go	oals in this area?
What are the barriers for reach	ning this goal? What kind of	help would you like?
D	04-55 0	D. C. C.
Consumer Preference 4. Work on Now	Staff Suggestion 4. Work on Now	4. Work on Now
5 Work on Later	5. Work on Later	5. Work on Later
6. Not a focus	6. Not a focus	6. Not a focus
Staff comments:		

Master Recovery Plan	Name: Chart: Team:
My Hopes and Dreams are:	Date:
On a scale of 1 - 5, how hopeful do you feel about the future: (1 = Little or no hope, 5 = Very hopeful)?	
My Personal Strengths are:	
My Interests include:	
If I could change something in my life right now, I would change	
Staff Comments:	

People Important in My Life and Recovery

Name	Relationship to you	How has s/he been supportive?	Contact OK?

## **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	Name:
Action Plan (one for each "Work on Now area)	Chart:
	Team: Date:
FOCUS AREA:	Date Established:
Recovery Goal:	
Objectives (Short Term Change Desired, Note Target Date for Ach	lievement):
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 Assistance/Service:	Agencies
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** Name:\_\_\_\_\_ Diagnosis, Participation and Signatures Chart: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_ **PSYCHIATRIC DIAGNOSIS (DSM-IV)** DSM IV Axis: Code: Diagnosis: RECOMMENDED LEVEL OF CARE Level of Care: Provider: **SIGNATURES** Printed Name: Signature: Consumer Date: This plan has been reviewed by me and I have been offered a copy. 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: