

Recovery TIPS

Key Principles and Practices of Person-Centered Care

Person centered planning is a key element of recovery-oriented practice. Person centered planning differs from traditional treatment planning in a variety of ways. The following principles outline key concepts related to the practice of person centered planning. This provides a framework for evaluating whether central concepts of recovery are integrated into your daily work. These principles also serve as a reminder of simple things we can do in order to be more recovery sensitive.

1. The planning process solicits the individual's unique goals and these are documented in the plan in the individual's own words. The person's cultural background, identity, and other social affiliations are incorporated and addressed in all aspects of recovery planning and subsequent service delivery.
2. The individual has input as to the location and time of planning meetings, as well as to who is involved.
3. Significant effort is made to include "natural supports" and unpaid participants. The individual extends invitations to any person s/he believes will be supportive of their efforts toward recovery. Invitations extended are documented in the recovery plan.
4. To the maximum extent possible, the language of the plan is understandable to all participants, including the focus person and his/her non-professional, natural supporters. Where professional terminology is necessary, this is explained to all participants in the planning process.
5. The individual has the ability to select/change his/her service providers. The individual is aware of the procedures for doing so.
6. Where rehabilitation providers are involved in housing, employment, or social goals, such providers participate in all planning meetings and are given copies of the resulting plan.
7. Planning meetings and services can be delivered at a time that does not conflict with other recovery-supporting activities, e.g., employment.
8. All choices and service options are clearly explained to the individual. Where the options presented are not amenable to the individual, reasonable efforts are made to secure appropriate services elsewhere and these efforts are documented.
9. Assessment and treatment goals emphasize areas of strength and capacity in addition to any deficits or dysfunctions that may be clinically relevant. Areas of strength/capacity are documented in the plan.
10. Planning focuses on the identification of concrete next steps (with timelines) that will allow the focus person to draw upon existing areas of strength to move toward recovery and their vision for the future. Individuals, including non-paid, natural supporters, who are part of the planning process commit to assist the individual in taking those next steps.
11. The focus of planning and care is on how to create pathways to community life and not just on how to maintain clinical stability or abstinence. All recovery plans document areas of interest to the client such as physical health, social relationships, employment/education, spiritual life, housing satisfaction, community connections, etc..
12. The individual is presumed competent and entitled to make his/her own decisions. S/he is encouraged to take risks and try new things. Only in cases involving imminent risk of harm to self or others, or in cases of grave disability, is a clinical professional allowed to override the decisions of the individual and his/her support team. Person-centered care does not take away the provider's right to take action to protect the individual or the public in the event of emergency/crisis situations, homicidality, suicidality, or grave disability, but limits the authority of providers to these cases.
13. The individual is automatically offered a copy of his/her service plan.
14. The team may reconvene as necessary and desired by the individual to address life goals and barriers. Team meetings can, and do, occur beyond regular, established parameters (e.g., 6-month reviews) and crisis management needs (e.g., "all-treaters" meetings to address relapse).
15. The language used is non-stigmatizing and empowering. Words such as "hope" and "recovery" are used frequently in both Recovery Planning and in every day delivery of services.

The list is not intended to be exhaustive but provides us with a number of the core concepts related to person-centered planning. Focusing greater attention on these areas and the potential resources individuals bring to us can enhance our services while providing greater opportunity and hope for the persons we work with.