RECOVERY PLAN GUIDE

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FOREWORD

Recovery Plan Package

The purpose of this package is to help the staff and residents in facilities to develop plans toward a resident's recovery.

This package includes 2 Main Sections you will require to complete the recovery plan and:

I. **Recovery Plan Information Gathering Tool**

II. **My Recovery Plan**

- **My Recovery Plan Checklist**
- **My Detailed Plans Identified on My Recovery Plan Checklist**

The purpose of this manual is to guide you in using these forms effectively.

Background Information

Fraser Health Mental Health and Substance Use Services are moving towards becoming a Recovery Oriented system. To this end, the Community Residential Program is introducing the Recovery Centered Client System (RCCS) into licensed residential facilities along with tools such as "My Recovery Plan". This approach is endorsed by the Mental Health and Substance Use Leadership in Fraser Health. The "My Recovery Plan" document was developed in collaboration with Community Care Facilities Licensing staff, Community Residential Program clinicians, the MH & SU Housing Manager, Rehabilitation and Recovery Team staff, Consumer representatives and a Service Provider as a client-centered tool to guide services. Feedback from stakeholders after a six month pilot project has been incorporated into the document.

Mental health services are evolving in response to the voices of people in recovery. The Recovery Centered Client System is an evidence-based approach that honours those voices. The clear and insightful writings of Patricia Deegan, a well-known author, activist, psychiatric survivor and clinical psychologist tells us what she and people in recovery found helpful and what can be done.

"You don't have the power to change someone, but you do have the power to change the environment, including the human interactive environment in which the person is surviving."

"We cannot push or lead someone into motivation. We can, with understanding, create conditions that potentially excite motivation."

"The goal of the recovery process is not to become normal. The goal is to enhance our human vocation of becoming more deeply, more fully human."

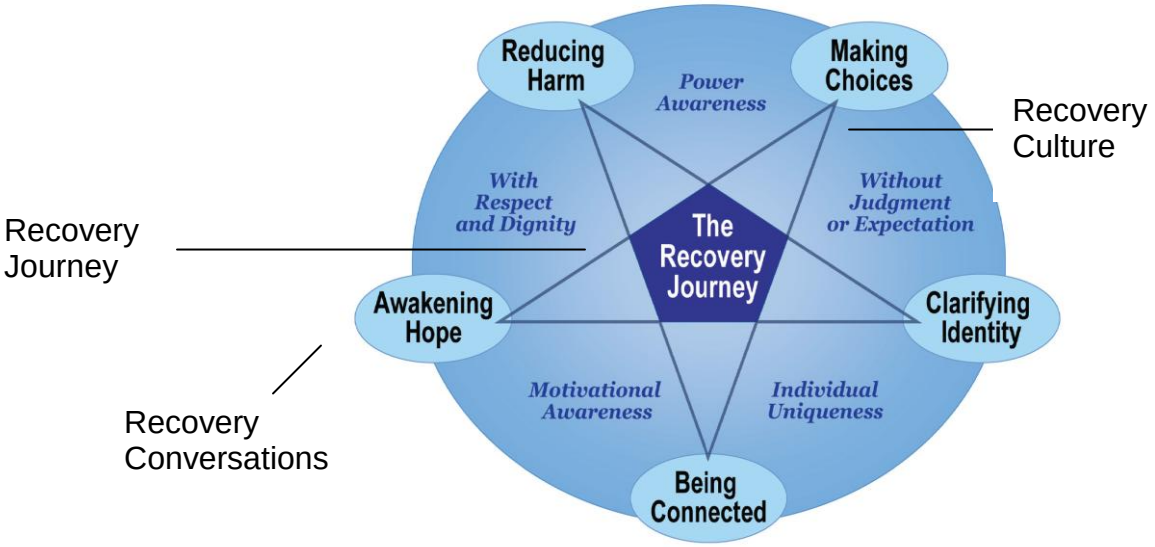
Patricia Deegan

PART I

INTRODUCTION

What is Recovery?

Prior to commencing your conversations with the resident about his/her recovery plan, it will be useful to review the essential components of recovery. The Recovery Centred Clinical System (developed by Telecare Corp) is one way of visualizing how we can facilitate recovery.



There are 3 parts of this model: Recovery Journey, Recovery Culture and Recovery Conversations.

Recovery Journey

The person's recovery journey is about recovering a full and satisfying life. This includes his/her belief and an understanding of who he/she is and his/her identity. It is movement from seeing him/herself only as an illness to seeing him/herself as a multi-faceted person with multiple roles and identities (one of which might be a person with an illness). In the recovery journey, a person recovers many things: their hopes and dreams, sense of self or identity, personal power, connections or life roles.

Recovery Culture

The recovery culture is the relational environment, the interactions that are aligned to support a person in their recovery journey. In this environment people agree to work together with the purpose of supporting, awakening and enlivening a resident's recovery and the effectiveness of those who support them. It's about "the way we are" with someone; a way of being. It expresses the importance of interactions between people and the attention necessary to maintain a healthy and balanced set of interactions among people. The recovery culture depends on self awareness and consciously acting in ways that facilitate recovery.

The 5 areas that contribute to the recovery culture are:

Power Awareness, Resident Uniqueness, With Respect and Dignity, Motivational Awareness, and Without Judgment and Expectation.

1. Power Awareness

- By being aware of power and its abuses and misuses, we are interrupting destructive intrapersonal interactions.
- Consciously or unconsciously, the structure of systems implies and sometimes explicitly says that the caregivers have more power or more influence in the care or direction than the person themselves.
- Power is often exercised in the name of safety or protection.

2. Resident Uniqueness

- We are all unique residents and have our own assumptions and beliefs about people and life.
- Don't assume others have the same beliefs and life assumptions as you do, or that yours would be helpful to others. Your task is to explore a person's perspective with them.
- Resident uniqueness is often lost when someone has a diagnosis and has been through the mental health system at least once. Identities are often dimmed and replaced with a membership in the culture of Mental Illness.

3. With Respect and Dignity

- Respect is the act of showing consideration or regard for a person. It becomes the basis for building connections. Respect generates respect.
- Dignity – the state of being worthy, honoured, or esteemed. It is the experience of the person who is respected in the eyes of others.
- In a recovery environment, all members treat each other with respect; everyone can find their own dignity, creating an environment where recovery can thrive.

4. Motivational Awareness

- By being aware of things that both increase and inhibit motivation, we can create an environment that awakens and enhances motivation.
- Motivation is the energy within a resident that sustains making difficult choices now, so they can have a future with what they desire in life.
- Motivation comes from within the person.

"*We cannot push or lead someone into motivation. We can, with understanding, create conditions that potentially excite motivation." – Patricia Deegan*

5. Without Judgment or Expectation

- People who have been diagnosed with a mental illness have all experienced constant judgement and expectations, and none of them have been positive.
- Avoid word of obvious judgement, e.g., good, bad, right, wrong, better, worse.
- Watch for labels.
- Allowing a person the freedom to live their life without ties to our approval is ultimately letting go of our "power over".

  "That is the great act of compassion. To hold the personhood of a person even when they may be lost to themselves." Patricia Deegan

Recovery Conversations

Conversations are an active engagement with a person about specific issues. Conversations enliven recovery. Recovery conversations seek information about who the person really is, what is important to him/her and what he/she wants to tell. It is the "doing" part of the interactions. There are 5 main conversation areas to explore to facilitate recovery: Awakening Hope, Being Connected, Clarifying Identity, Reducing Harm, and Making Choices. The recovery centred clinical system includes a variety of worksheets and workbooks that can guide and support these conversations.

Recovery conversations will normally require making choices. The following are some of the tools that may assist you in helping residents in making choices and in formulating goals.

The Four Steps of Choice-Making

As soon as possible, people should be exposed to the vocabulary and steps of choice making. It is important that residents have this knowledge so they can participate in teachable moments, described below. Your job is to coach residents through these steps below.

1. Get Ready

Getting ready is about creating a brief pause so there is an opportunity to think. This may be done quite a while before the action is taken, or it may be a moment before. The intent is to make sure the choice is not driven by one of the choice-blockers, especially emotions. A person can do a "Stop, Breathe, Think" exercise to clear the mind.

2. Think it Through

Thinking about the choice creates an opportunity to examine possibilities: What is the desired outcome? Do I need more information? The protocol suggests thinking of three options, and identifying positive and harmful possibilities for each, then picking the choice based on the most favorable anticipated result.

3. Take Action

Once a decision is made, action is taken. Remain mindful; troubleshoot and make adjustments as necessary.

4. Learn from Results

Effective choice-making requires evaluating the choice soon after the action to see if it got the desired results. Here are some of the questions that can be asked: 1. Did I get what I wanted? 2. Did it result in any harm? 3. Was I thoughtful when choosing? 4. Was I trying to make things better for the present or the future? 5. Could I have done things differently? 6. How committed was I? 7. What did I learn? 8. How could I make a better choice next time?

Using Teachable Moments

Whether in a facility or community, the day is filled with teachable moments. Staff must develop awareness for these moments. They can happen before a person is going to do something that may cause harm or just have uncomfortable consequences. They can be anything: a resident buying energy drinks, spending more money than planned, choosing not to go to the movie with friends because of shyness, or any choice that potentially brings some harm. It is a chance to walk through the first three steps with a person, and then check in later so he or she can learn from the results.

NEED MORE INFORMATION?

If you are interested in more information about this material, please contact the occupational therapist at your local mental health centre, one of the Rehabilitation and Recovery Coordinators at Fraser Health Mental Health and Substance Use or the Telecare website at www.telecarecorp.com.

PART II: My Recovery Plan

Purpose of Recovery Plan

- To awaken a resident's hopes and dreams by capturing their future desires and supporting them to become aware and learn the skills necessary to realize their choices.
- To provide an opportunity for a resident to identify and follow through on choices that decrease harm and increase personal strengths.
- To support the resident to develop a roadmap for their recovery journey.
- To document a resident's recovery journey which he or she can refer back to.
- To help guide the resident and staff in formulating goals and action plans, using information collected in the information gathering tool and other assessments.
- To be able to keep track of what a resident is working on and his or her progress towards achieving goals.
- To help staff align their work and support residents with their goals.
- To capture care plan issues and the residents' recovery goals in one document.

Who is Involved in Developing the Recovery Plan?

- The resident who owns the plan
- The Manager of Care
- The facility staff members
- The Case Manager
- Whoever else the resident wants to involve; e.g. Family, friend, partner, support, etc.

When Should the Plan be completed, and how long should it take?

- This plan should be completed with all residents.
- As with any assessment requiring a resident to share intimate details about their hopes, dreams, goals and concerns, a period of rapport development will be crucial to begin this process. The timing will depend highly on the level of rapport developed between staff and the residents at the facility. For new residents it is expected that conversations could begin early but completion of the initial plan should be within 30 days of admission..
- For residents who find it too difficult to engage in these conversations early on, staff will likely be required to complete #13 to #18 of "My Recovery Plan Checklist" and "My Detailed Plan" relating to those identified areas. These are areas required by licensing, and for safety and medical planning in Fraser Health facilities.
- For residents who currently reside in the facility, this plan would be completed when their current 'care plan' is due. ***This Recovery Plan will replace the care plans currently utilized in Fraser Health contracted facilities.***

How often is the Plan Reviewed?

- This plan is a living document and should be reviewed on an ongoing basis, as the resident achieves goals or identifies new goals, or if something changes.
- The whole plan should be formally reviewed every 6 months. Goals and action plans would be reviewed and revised as needed.
- A new plan should be drawn up annually. Any goals that are still relevant to the resident should be transferred to the new sheet.

Section I - Recovery Plan -Information Gathering Tool

Purpose of Information Gathering Tool

The layout of the topic areas is not meant to direct the conversation. If you begin with one conversation area, there are many opportunities to have it evolve to other conversation areas. It may take a few sessions to go through the conversation areas.

The recovery conversation areas:

Main Things on My Mind	**Who I Am (Identify)**
My Connections	**School/ Education**
Work	**Getting Around**
Money Management/Legal	**Wellness and Mental Health**
Harm in My Life	**Personal Care**
Smoking	**Future Housing**
Medical/Health	**Oral Care Plan**
Medication	**Nutrition**
Recreation/Leisure	**My Hopes and Dreams**

Who is involved in completing the Information Gathering Tool?

Facility staff gather the information as part of the assessment process required to inform the My Recovery Plan. In addition to the resident, staff may include the case manager and whoever else the resident wants involved; e.g. Family, friend, partner, support, etc.

How often is the Tool reviewed?

This is a living document and therefore you may add information as it arises during your conversations with the resident.

Documenting / recording in the Information Gathering Tool (Refer to pp.14-30)

It is important to introduce the purpose of the conversation with the resident, such as, your interest in knowing him/her and your role in supporting him/her in what they desire in various areas of their life. Is there any one else he/she wants to support her in him/her with her plan?

It is important to write down, as much as possible, the resident's actual words, as this promotes ownership and validation. This is not to say that you do not clarify what those words mean to the resident.

Information Gathering Tool

The following will provide the user with a short overview of each section in the tool, a snapshot of the tool, and a few examples and "prompts".

The information gathering tool is not meant to be 'administered' in a linear fashion. Rather conversations will take place over a few weeks, some formally, some informally. Some of the recording may be completed with the resident present in a more formal session, but information could also be added by various staff as a result of informal conversation with the resident. It is intended to support the assessment process.

A nurse, an activity worker, rehabilitation worker or a support worker could record information obtained from 1:1, while having tea or making a bed. The resident would be informed that the information helps to develop their personal plan which is reflected in the My Recovery Plan documen

"Main Things On My Mind"

This is setting the "mood"; dealing with pressing issues on the resident's mind. Maybe a good conversation starter as it is open-ended and allows the resident to direct the conversation.

Main Things On My Mind		
Setting the tone/ "mood' of the conversation. What are some of the pressing things on your mind?		
Resident Response	Staff Comments	**Date & Staff Initials**
"I want to move." "I do not like it here."	▪ Resident states he would prefer to live closer to family. ▪ Wants to live independently. He doesn't like rules.	Feb. 13/12 MM

* Asterisks indicate areas that could be followed up with further conversations or for development in My Recovery Plan.

Who I Am (Identity)

The goal of this conversation is to help the resident:

- Understand the concept of identity and strengths
- How a person's identity changes during recovery
- They have the ability to change their identify if they want to
- That having an identity that is closer to who they really are will help them make more effective choices, feel more powerful, have hope and a belief they can have a meaningful future,

This is achieved through conversations exploring their values, beliefs, strengths and assumptions. We are better able to work with them in a culturally sensitive and personal way when we understand the components of a person's identity.

Who I Am (Identity)		
How would you describe yourself? Tell me about yourself. What are your interests? Hobbies? Talents? What are some important things you have accomplished or been involved with in the past? Can you tell me about your culture/heritage (perhaps their experience of family or customs)? Do you speak any other languages? What language do you prefer to speak? How would you describe your usual personality?		
Resident Response	Staff Comments	**Date & Staff Initials**
"I like woodworking." "My family is from Croatia." "I like my privacy." "I find it hard to share a room."	▪ Discussed supported work, clubhouse. ▪ Resident is starting to discuss his hopes and dreams.	Feb. 13/12 MM

My Connections

The goal of the conversation about being connected is for the resident to understand the universal need for connection, how we all need others and have a sense of belonging.

Everyone has a need for connection with oneself, others, the community, the world, with a power greater than oneself and meaning in one's life. Being connected helps a person feel hopeful, increases self-respect, decreases harm and gives a person opportunity to make much more effective choices.

My Connections

People normally want to belong. Do you feel like you belong?
Who are the important people/pets in your life?
Is there anyone else you would like to see involved in your recovery plan?
Can you tell me about any spiritual/religious connections you have or would like to have?
Would you like to be more involved in spiritual/religious activities?
What gives you a sense of purpose?
What do you value most?

Resident Response	Staff Comments	**Date & Staff Initials**
"Used to have a dog. Dog passed away five years ago. I like dogs." "I have a mom who lives in Toronto, a sister in Montreal and a brother in Vancouver but he does not talk to me anymore." "I do not have any friends in this community. They all live in Vancouver." I've never been married but I'd like to have a girlfriend. "I was raised Christian but very interested in Buddhism."	▪ He wants to reconnect with family but not hopeful at this time.* ▪ Would like new friends who do not get him in trouble.* ▪ He is interested in checking out library to learn more about Buddhist temple.*	Started Feb. 13/12 MM

School/Education

Some of this may have come up during the conversation on "Who I am" and "Main Things on My Mind."
The purpose of the recovery conversation is to learn whether school or re-training is part of the resident's hopes and dreams and to what extent.

School/Education		
What is the highest level of schooling you have achieved? What were your favourite subjects? Did you have any difficulties with school? Are you interested in taking courses/going to school?		
Resident Response	Staff Comments	**Date & Staff Initials**
Finished Grade 9. Sometimes I think, I would like to obtain my Grade 12 diploma but I had a lot of difficulty with Math." "I did not really like school because I got picked-on." "I would need help to learn how to study now."	▪ Look into Learning Education Centre and Continuing Education.* ▪ We talked about what it was like for him to be bullied.	Feb. 15/12 BT

Work

The purpose of this recovery conversation is to learn how work (volunteer, part-time or full-time) is part of the resident's hopes and dreams. Some of this may have come up during the conversation on "Who I am" and "Main Things on My Mind."

Work		
Tell me about your work history (part-time/full-time/volunteer). What was your favourite job/s or volunteer work? Did you have difficulties with work? Are you interested in working or getting some volunteer work?		
Resident Response	Staff Comments	**Date & Staff Initials**
"I have always wanted to work in a shop that makes furniture." * "I do not know whether there are any shops like that in the community." "If not that, then maybe work on cars." *	▪ Resident has aspirations to work.* ▪ Looking at exploring shops in the community or close to the community.	Feb. 15/12 BT

Getting Around

The purpose of this recovery conversation is to understand how the resident accesses community resources, their transportation needs, e.g. handy dart.
Some of this may have come up during the conversation on "Who I am" and "Main Things on My Mind."

Getting Around		
How do you get around in the community? How well do you know the bus system? What makes it hard to get around?		
Resident Response	Staff Comments	**Date & Staff Initials**
"I usually take the bus to get around." "I have used the bus to go to the mall."	▪ Resident knows where to catch the bus and the bus schedule.	Feb. 18/12 TG

Money Management/Legal

The purpose of this recovery conversation is to understand the resident's source of funds, how he manages his money and how it impacts his goals. Some of this may have come up during the conversation about "Who I am", "Main Things on My Mind" or Work.

Money Management/Legal		
Where do you get your money from or your source for money? (Employment, TVP, CPP, public trustee, other) Do you have a bank account? Has anyone helped you with money before? How did they help you? What is important for me to know about you and your money? Have you ever run out of money before the end of the month? What were the circumstances and what did you do?		
Resident Response	Staff Comments	**Date & Staff Initials**
"I am on disability income and it is not enough to allow me to do the things I enjoy." "I wish I had more money so I can go out (with my friends.) and do something, maybe get my old tools back." *	▪ Is able to manage money but does not have extra funds for leisure, e.g. watch a hockey game.	Feb. 20/12 TG

Wellness and Mental Health

This is a conversation of what a person needs or does to stay well. Some of this conversation may be linked to other areas of conversation, such as, recreation/leisure, money management, nutrition, medication, personal health care, harm in my life and my connections.

The purpose is to assist both the resident and the staff in understanding when the resident is "doing well" and in self-control, or when the resident is "in trouble" and needs the staff to intervene.

It also involves having a conversation and understanding of triggers. Triggers are external factors that throw a person off balance, even when he/she has been taking good care of him/herself in every way possible. Everyone experiences triggers, even people without mental health challenges. When triggers happen, it can be difficult to coordinate your life. A big bill, physical illness, and/or bad news are triggers that may happen to anyone. Developing actions plans to use when triggers occur can help get you back on track before things get worse. People may have a Wellness Recovery Action Plan (WRAP) or other relapse prevention plan in place that identifies early warning signs and that can be acknowledged here.

It is important to have a conversation about what a person is like when he/she is not well, a list of things he/she needs to do every day to stay as well as possible, and a list of things he/she might need to do on any given day.

Wellness and Mental Health		
What keeps you well? What has helped you cope before? What things do you do to look after your mental health? How do you know when you are not well? Who do you tell?		
Resident Response	Staff Comments	**Date & Staff Initials**
"I usually do not see it coming." "I need to understand the signs and symptoms before I find myself in the hospital." *	▪ Has difficulty recognizing his own signs and symptoms. He has been told about his illness.	Feb. 20/12 AB

Harm in my Life

The goal of the conversation is for the resident:

- To learn the skills to make more effective choices
- Get what they want, for example, gain friends, work, good health, living conditions and reduce the harm in their life
- Have self-control and take responsibility for their life.

Conversation Guide: In general, talk about "choice" all of the time, at every opportunity. Be consistent and do not label choices as good or bad. The judgment takes away the person's ability to learn to evaluate the choice for him/her.

Harm is the result of resident choices that are undesired, usually in the form of a loss or damage usually to people, their situation, or property. So, behind all harm is an ineffective choice or an instance when no choice was made.

Harm in My Life		
Are there any activities you are engaging in that interfere with your hopes and dreams? Have you ever had thoughts of harming yourself? (self-injury, suicide attempts, drugs, etc) Everyone has had issues with other people. Have you had any serious incidents with others? (e.g. getting into fights, violence, disagreements with landlords, with law, being bullied, etc) So how do you or how have you dealt with those issues? Are you using any non-prescription substances? E.g. cigarettes, alcohol, marijuana, cocaine. When was the last time you used them?		
Resident Response	Staff Comments	**Date & Staff Initials**
"I do not use drugs." "I would eventually like to quit smoking." *	▪ He is considering quitting smoking. ▪ Validated goal to quit and asked how he might do that.	Feb. 20/12 AB

Personal Care

The purpose of this conversation is to learn about how the resident manages with daily living activities, such as, personal hygiene, physical health, his skill level in relation to daily living, e.g. washing clothes, cleaning his room. To understand what gets in the resident's way in keeping physically healthy and maintaining hygiene care.

Personal Care		
What kind of support do you think you need with your personal hygiene? How often do you bathe or shower, wash your clothes, change your clothes, tidy your room, vacuum or clean your room/apartment? What is your typical routine? Do you ever have difficulty hearing what people are saying? Seeing things clearly? Do you have/wear glasses? Do you have any allergies? What are your typical sleeping/waking times? Do you have trouble waking/sleeping that we should know about? Have you had any difficulty concentrating or staying focused when you are doing something?		
Resident Response	Staff Comments	**Date & Staff Initials**
"I'm independent with my routine. I shower on my own, once a week. I don't need any help." "I lost my glasses in the hospital." *	▪ His hygiene needs support. Discussed with him and have reminded him to have a shower every 2 days. * ▪ He would like us to help him to contact ministry about eyewear replacement. *	Feb. 25/12 AB

Smoking

The purpose of this recovery conversation, similar to harm in my life or personal health is to understand whether the resident recognizes the effects of smoking and if he does, what his choice is about cutting down or quitting.

Smoking		
Do you smoke? If yes, how many cigarettes do you smoke and what is your typical smoking pattern? Have people ever complained about where you smoked? Would you like to cut down or stop smoking?		
Resident Response	Staff Comments	**Date & Staff Initials**
"I do smoke and would like to quit some time." * "I roll 30 cigarettes a day."	▪ He is contemplating quitting smoking. Let him know there is a "Talking Tobacco" session delivered at clubhouse. * ▪ Staff have seen him picking up butts from the "butt can" and off the ground. He has been frequently asking others for cigarettes. *	Feb. 20/12 AB Feb. 25/12 TG

Future Housing

The goal of the conversation is for the resident is to understand:

- Where a person sees him/herself living, and when
- How a person plans to get ready to live more independently
- Have self-control and take responsibility for their life.

Conversation Guide: In general, talk about "choice" all of the time, at every opportunity. Be consistent and do not label choices as good or bad. The judgement takes away the person's ability to learn to evaluate the choice for him/her.

Future Housing

How do you feel about your living situation right now?
Is there anything here that could be modified or could be made more enjoyable to live here?
Where would you like to live in the future?
What kind of living situation would you like? (E.g. apartment, living with others, kind of support)
Do you have any fear about living on your own?

Resident Response	Staff Comments	**Date & Staff Initials**
"I would like to live on my own." * " I would like a basement suite because I would like a yard and a pet so I don't get lonely" "What do I need to do in order to do that?"	▪ Understands he needs to establish routine and skills here first. Willing to work with staff towards that. He is keeping his room neat and tidy and has been doing laundry weekly. ▪ Validated his fear of loneliness and supported his choice of having a pet. *	Feb. 26/12 AB

Medical/Health

The purpose is to identify medical needs and to assess possible risks. The conversation will help to understand how the resident perceives his physical health condition. It is an opportunity to provide education on metabolic monitoring.

Medical/Health		
Do you have any trouble walking? Have you ever fallen? Do you use any equipment? Do you have any physical problems that stop you from moving easily? Could you tell me about any physical or medical conditions that you need to take care of concerns that you have? When was the last time you saw a GP for your physical health? Have you had any difficulties getting to the bathroom on time or going to the bathroom?		
Resident Response	Staff Comments	Date & Staff Initials
" I don't have any problems with my health" "I don't have a GP. I just go to the walk-in clinic."	He doesn't seem concerned about having a GP	Feb 25/12 AB

Oral Care Plan

The purpose of this conversation is to learn how the resident cares for their oral health and whether there are issues with their teeth. Neglect in oral care can not only impact a resident's physical health but may impact the other areas of his life, such as, nutrition and relationships.

Oral Care Plan		
How often do you typically brush/floss your teeth? When was the last time you saw a dentist/had your teeth looked at? Do you wear dentures? Are you experiencing any dental pain?		
Resident Response	Staff Comments	**Date & Staff Initials**
"I don't floss. I haven't seen the dentist in a couple of years. Sometimes I have pain when I eat hard things like steak or corn on the cob." * "I usually brush my teeth when I shower (when I feel like it, if I need it)."	▪ Talked about smoke stains on teeth and teeth pain preventing chewing properly which could lead to stomach problems. ▪ Talked about the possibility of setting up a dental appt. Help to develop an oral care plan. *	Feb. 25/12 AB

Medication

The goal of the conversation is:

- Glean information regarding a resident's understanding of his medications, knowledge of, side effects, reason for taking, etc.
- To learn the skills to make more effective choices.

Medication		
How do you feel about taking medications? What do you know about the medications you are taking? E.g. Why you are taking them, what they help you with, etc. Do you experience any side effects from your medications? How comfortable/confident do you feel telling your doctor about side effects or concerns you might have with your medication? Are you aware of any lab work that might be required from time to time for the medications you are taking? How often? When should you be going next?		
Resident Response	Staff Comments	**Date & Staff Initials**
"I know I cannot stop my medications." "I have been on my medications for a while and I have not had lab work done for a while." *	▪ He will speak with psychiatrist when he comes in. * ▪ He comes on time every day to get his medications. ▪ He knows what his medications are and what they are for. ▪ No side effects noted.	Feb. 26/12 AB Feb. 27/12 SS

Nutrition

The purpose of this conversation is to learn about the resident's dietary needs, his favourite foods, his understanding of healthy food choices and whether he knows how to cook and interest in cooking or meal preparation.

Nutrition		
What do you typically eat in a day? What are some of your favourite things to eat? Do you have any dietary restrictions/ food intolerances/preferences? E.g. vegetarian, kosher, vegan, cultural or religious restrictions. When was the last time you shopped for groceries and cooked? When was the last time you cooked? Would you like to learn more about cooking?		
Resident Response	Staff Comments	**Date & Staff Initials**
"I do not have any food allergies." "I would like to learn how to eat healthy." * "I know how to cook." "I really like turkey dinner."	▪ He is interested in learning about food choices. Will attend education session delivered by dietician. * ▪ He is always enthusiastic when dinner is being made, asks questions, wants to help.	Feb. 20/12 AB

Recreation/Leisure

The purpose of the recovery conversation is to understand how the resident wants to spend his time and what is important to him/her. Some of this may have come up during the conversations on "Who I am" and "Main Things on My Mind."

Recreation/Leisure		
What are your hobbies? What do you like to do for fun? Are there activities in the past you enjoyed doing but are not doing now? What would make it hard to do these things? What would you like to do or try for fun/enjoyment in the future? What do you do for physical activity/exercise? Do you feel exercise has a place in your life?		
Resident Response	Staff Comments	**Date & Staff Initials**
"I used to like woodworking but I lost all my tools." * "I used to love carving." * "I love watching hockey." * "I used to play soccer." * "I like to watch soccer." *	▪ Talked about Art Inspiration Studio and framing. ▪ He had tears in his eyes when he talked about his tools.	Feb. 15/12 BT Feb. 15/12 TG

My Hopes and Dreams

Conversation Guide: In general, talk about "choice" all of the time, at every opportunity. Be consistent and do not label choices as good or bad. The judgement takes away the person's ability to learn to evaluate the choice for him/her.

My Hopes and Dreams

Describe how do you see your life now?
What is something you could start that you think would make your life better?
What is something you could stop that you think would make your life better?
What are some of the most important things to you?
If you could wave a magic wand and live the way you wanted, what would your life look like? Describe it. (What would you do, where would you live, who would be around? Etc.)
Describe what you hope your life will be 5-10 years from now.

Resident Response	Staff Comments	Date & Staff Initials
"I just got out of the hospital and I'm in a facility. I never thought I'd ever be in a place like this. I don't have my family around and I've lost all my friends. I'm feeling kind of lonely." * "If I lived on my own. If I could work." * "I keep getting in trouble and going in the hospital. I'd like to not be mentally ill." * "I'd like to go back to school to train as a mechanic" * "I'd like to go back to work so I can support myself" * "I haven't had a relationship in 20 years, and that would be really nice, I think." *	▪ Joe keeps to himself and doesn't interact with the other residents. ▪ He talks about wanting to move out.	Feb. 28/12 AB

Section II – My Recovery Plan

Documenting – My Recovery Plan and My Recovery Plan Checklist (Please refer to p. 33)

As everyone gets together to complete the plan, it is important to remind the resident, the reason for getting together and the purpose of My Recovery Plan.

My hopes and dreams: How I hope my life will be in 5 to 10 years.

Use the Hopes and Dreams Information Gathering Tool to start the conversation.

- If you could wave a magic wand, what would you like your life to look like in 5 to 10 years? (or whatever time frame the person can think about)
- Acknowledge that this may sound scary. ("We've all had dreams that were lost and sometimes it's really hard to dream again. But it's ok! Dare to dream once again!")
- In order for this to come true, you need to take the first step.
- When documenting this section in particular, it is important to use the person's words, like a quote, or phrase.

My Recovery Plan Checklist

Areas Important to me. A step closer to my hopes and dreams.

- A resident may have identified goals related to any of the 12 areas listed below.
- Where very specific plans are developed in any of the 12 areas, the box would be checked. The "My Detailed Plan" for the identified area/s will be completed with the resident outlining interventions, specific actions and outcomes and filed under the corresponding heading and tab in the binder.

1. **Who I Am (Identity)**
2. **My Connections**
3. **School / Education**
4. **Work**
5. **Getting Around**
6. **Money Management/Legal**
7. **Wellness and mental health**
8. **Harm in my Life**
9. **Personal care**
10. **Smoking**
11. **Future housing**
12. **Other**

Areas required to be addressed. Areas important to me and/or others. A step closer to my hopes and dreams would be.

- The 6 areas included in this section are drawn from the Community Care and Assisted Living Act Residential Care Regulations and are required to be completed for all residents residing in licensed residential facilities.
- Where very specific plans are developed in any of the areas, the "My Detailed Plan" attachment will be completed with the resident outlining interventions, specific actions and outcomes.

Date Recovery Plan Developed - that would be today's date.

My Signature – resident's signature

Facility Staff Name – staff present when the plan is developed.

Case Manager Name – FH staff present when the plan is developed.

Documenting – My Recovery Plan: Detailed Plans (*Please refer to pp.34-40*)

My Detailed Plan is used to expand on specific plans for areas identified in the My Recovery Plan and Checklist.

A step closer to my hopes and dreams…
Each detailed plan should relate in some way with the hopes that the resident has for him/herself. This is where that connection is identified. Conversations as to how this would/could be part of that relationship should be an ongoing process. My Recovery Plan conversation and areas checked on the My Recovery Plan Checklist will be the basis for further conversations and step-by-step planning on My Detailed Plan.

What I will do: Resident's actions and things that they are willing to do to address the identified area. (e.g., My Connections)

What staff will do to support me: These are detailed action steps or progressive steps that staff will take to support the resident. These should be discussed with the resident. It is important to use an agreed upon approach suitable to the specific resident in order to maintain an open conversation and engagement. This may include an area that staff see as important from a health and safety perspective.

How I feel about this: This is the resident's perspective on this plan. They may or may not agree with the need to address the issue but their perspective needs to be acknowledged so that others can engage in conversation appropriately.

Outcome: It is important that the results of steps taken are outlined and reviewed both for staff and for the resident. This will provide more opportunities for the staff and resident to learn what was helpful and what steps this would/could lead to.

SAMPLE

MY RECOVERY PLAN

My Name: Joe Thompson

Facility Name: ABC

Date Set: March 13, 2012

My/Staff Initials: MY/Staff Initials: JT /AB

MY HOPES AND DREAMS

How I hope my life will be in the future (e.g. 2-5 years).
"I'd like to go back to school to train as a mechanic"
"I'd like to live on my own."
"I'd like to go back to work so I can support myself"
"I'd like to not be mentally ill"
"I haven't had a relationship in 20 years, and that would be really nice, I think."

MY RECOVERY PLAN CHECKLIST

Areas Important to me. A step closer to my hopes and dreams (check all that are included):			
☐	**1. Who I Am (Identity)**	☐	**7. Wellness and mental health**
☒	**2. My Connections**	☐	**8. Harm in my Life**
☒	**3. School / Education**	☐	**9. Personal care**
☒	**4. Work**	☐	**10. Smoking**
☐	**5. Getting Around**	☐	**11. Future housing**
☐	**6. Money Management/Legal**	☐	**12. Other**

Areas required to be addressed. Areas important to me and/or others.			
☒	**13. Medical/Health Factors** ☒ Routine Bowel Protocol No medical issues	☒	**16. Medication (**see MAR for list of medications**)** ☒ Medications dispensed ☐ Self-medication program
☐	**14. Oral Care Plan** ☒ independent/no support required ☐ sees dentist regularly ☐ has dentures _____	☒	**17. Nutrition** ☐ special diet ☒ regular diet
☒	**15. Safety (Risk)** • Verbal outbursts _____	☒	**18. Recreation/Leisure** • Carving _____

Date Recovery Plan Developed on: March 13, 2012

My Signature:	**Joe Thompson**	**Facility Staff Name:**	**Abigail Bentley**	**Case Manager Name:**	**Tim Jacks**

Checked areas above indicate assistance is required and outlined in "My Detailed Plan".

Next Review Date: Sept 17, 2012

My Name: Joe Thompson

Facility Name: ABC

Date Set: March 13, 2012

My/Staff Initials: MY/Staff Initials: JT /AB

2.) MY DETAILED PLAN – MY CONNECTIONS

A step closer to my hopes and dreams, "meeting women that aren't crazy."

Specific Interventions and Actions

What I will do.

- "Talk to Patty and Bob about their experiences meeting their husband/wife."
- I'm going to go the coffee bar and have a short conversation with the barista.

What staff will do to support me:

- 1. Patty can talk to me about how she talks to different people (and people she doesn't know) and how to start casual conversations.
- Peer Support Worker will accompany Joe to the coffee bar.
- Talk to Joe about how showering every other day can help him to meet women.
- Reminder to shower every other day

How I feel about this:

I think this will help me get out of the house and do something. I don't need a shower reminder. I can a shower when I want.

Next Review Date: Sept. 17, 2012

Outcome: **Date reviewed:** _____

- Joe spoke to some of the staff but hasn't tried talking to new people yet.
- Joe has gone a few times to the coffee shop and says he's more comfortable making small talk to the barista and has said "hello" to another customer.
- 3. Joe has showered each time before going to the coffee shop (once a week) but not every other day.

Next Review Date: Sept. 17, 2012

My Name: Joe Thompson

Facility Name: ABC

Date Set: March 13, 2012

My/Staff Initials: MY/Staff Initials: JT /AB

3.) MY DETAILED PLAN – SCHOOL/EDUCATION

A step closer to my hopes and dreams, exploring what a mechanic does**.**

Specific Interventions and Actions

What I will do.

- I will ask my staff to make a referral to the staff at the clubhouse who can help me find out about mechanics school.
- I will go with the clubhouse staff to visit mechanics in the neighbourhood and find out what they do.
- I will write down questions I want to ask a mechanic.

What staff will do to support me:

- Staff will set up an appointment for Joe to see the clubhouse staff.
- Staff will remind Joe about his meetings to visit the mechanic.
- Staff will help Joe to come up with questions he'd like to ask.

How I feel about this:

I don't know if I need to do all this. I'm a bit nervous about it.

Next Review Date: Sept. 17, 2012

Outcome: **Date reviewed:** _____

Next Review Date: _____

My Name: Joe Thompson

Facility Name: ABC

Date Set: March 13, 2012

My/Staff Initials: MY/Staff Initials: JT /AB

4.) MY DETAILED PLAN – WORK

A step closer to my hopes and dreams, finding a job.

Specific Interventions and Actions

What I will do.

- Talk to the vocational counsellor at the mental health centre/clubhouse to help me find a job.
- Tell them I like auto mechanics
- Take a shower before the appointment.

What staff will do to support me:

- Ask the case manager to refer Joe to the vocational counsellor/clubhouse
- Help Joe prepare for interviews by practicing his hygiene routine daily and encouraging him to shower as part of this routine
- Encourage Joe to work with the staff to learn how to make a bag lunch so he is prepared when he does find a job.

How I feel about this:

I need the money so I need a job. The staff are helpful.

Next Review Date: Sept. 17, 2012

Outcome: **Date reviewed:** _____

Next Review Date: _____

My Name: Joe Thompson

Facility Name: ABC

Date Set: March 13, 2012

My/Staff Initials: MY/Staff Initials: JT /AB

15.) MY DETAILED PLAN – SAFETY (RISK) Verbal outbursts

A step closer to my hopes and dreams,
Having a plan for when I am " losing it…." (e.g. verbal escalation related to unmet frustration/demands).

Specific Interventions and Actions

What I will do.

- I will take a walk to my room or take a brief walk outside to cool off.
- I would then come back from my walk and ask to speak with staff.

What staff will do to support me:

- I would appreciate the staff talking to me calmly and reminding me of my agreed plan in taking a short walk.
- If I am still anxious and loud, staff will walk away..
- If I have not calmed down after this, I agree for staff to firmly ask me to go to my room and they may or may not escort me, depending on what I want.
- If I continue to escalate, staff will offer PRN.
- If I refuse and continue to escalate, I acknowledge that staff may call the police for assistance.

How I feel about this:

"I do not belong here. I do not want to be here. I want to live with a girlfriend. I get frustrated with the people here and they make me mad… that is why I get like that."

Next Review Date: Apr. 15, 2012,

Outcome: **Date reviewed:** Apr. 15/12

Joe was able to go to his room when he felt frustrated (this happened twice).
Staff spoke with Joe both times. "It really helped"

Next Review Date: June 15, 2012

My Name: Joe Thompson

Facility Name: ABC

Date Set: March 13, 2012

My/Staff Initials: MY/Staff Initials: JT /AB

16.) MY DETAILED PLAN – MEDICATION

A step closer to my hopes and dreams, is having a medication routine; also refer to Medication Administration Sheet (MAR).

Specific Interventions and Actions

What I will do.

- I have taken my medications as prescribed but I haven't had lab work done for a while … I can't remember when I last went
- "Sometimes I find they make me drowsy so I'd like to speak to the psychiatrist about this. I'd like to better understand what I take and what they all do for me … for my symptoms."
- I will continue to come to the nurse to obtain my medications, 2 times a day

What staff will do to support me:

- Will arrange for Joe to see psychiatrist next Wednesday when she visits the facility
- Gave Joe a reminder note to post in his room as a reminder
- Support Joe to get to the lab for labwork – will help him organize his day and give reminder

How I feel about this:

I know I have to keep taking them but I'd like to feel less drowsy. Maybe later I can take them on my own.

Next Review Date: April 15, 2012

Outcome: **Date reviewed:** April 15, 2012

Joe saw the psychiatrist on Mar 17, 2012.
Joe has come to the staff at least once a day on his own and needs reminders the other times.
Continue with current plan.

Next Review Date: May 13, 2012

My Name: Joe Thompson

Facility Name: ABC

Date Set: March 13, 2012

My/Staff Initials: MY/Staff Initials: JT /AB

17.) MY DETAILED PLAN – NUTRITION

A step closer to my hopes and dreams, making a healthy bag lunch.

Specific Interventions and Actions

What I will do.

- I will talk to the staff on the evening shift to teach me a few different things to make for the next day's bag lunch.
- I'm going to take my lunch and go out over the lunch hour.
- I'm going to practice it once a week on my own.

What staff will do to support me:

- Staff can teach me about some nutritious things I can put in my lunch.
- Staff can teach me easy and inexpensive things to make.
- Staff can remind me if I forget some things.
- Staff can help me practice once a week.

How I feel about this:

I can get out of the house easier with a bag lunch. I'll be ready for a job.

Next Review Date: Sept 17, 2012

Outcome: **Date reviewed:** _____

Next Review Date: _____

My Name: Joe Thompson

Facility Name: ABC

Date Set: March 13, 2012

My/Staff Initials: MY/Staff Initials: JT /AB

18.) MY DETAILED PLAN – RECREATION/LEISURE

A step closer to my hopes and dreams, I want to get back to carving.

Specific Interventions and Actions

What I will do.

- I need to get a few tools.
- I will find out where I can buy tools and the price.
- I'll select the basic tools I need and some wood to start with.

What staff will do to support me:

- Help Joe apply for the Rehab Fund
- Explore some lumber yards for pieces of wood with Joe
- Help Joe make a list of tools
- Go with Joe to buy the tools.
- Help Joe find a safe way to store the tools.

How I feel about this:

- I'm excited to get back to carving.

Next Review Date: Sept 17, 2012

Outcome: **Date reviewed:** Jun 15/12

- Joe saved up some money and applied and was approved for the Rehab Fund.
- Joe selected and bought the basic tools with staff and has a place to store safely.
- Staff brought some scrap pieces of wood for Joe to start with.
- Joe feels very satisfied to get back to this hobby. Next plan will be to replenish his wood supply.

Next Review Date: Sept. 17, 2012