

CONSUMERS HAVE A RIGHT TO EXPECT AND PROFESSIONAL PRACTICE WOULD REQUIRE:

- That to the extent possible, the service provider knows the consumer's bio-psycho-social history and will have reviewed available outcome information prior to meeting with the client*
- That the service provider will use their expertise and experience by sharing with the consumer their own perspectives and strategies.*

CONSUMERS HAVE A RIGHT TO EXPECT AND PROFESSIONAL PRACTICE WOULD REQUIRE:

- That the service provider recognizes the recovery planning process as a negotiation process and understands that it is the consumer who must eventually set the treatment goals*
- That the service provider will help the consumer learn the recovery planning process and how to use outcome information within that process*

CONSUMERS HAVE A RIGHT TO EXPECT AND PROFESSIONAL PRACTICE WOULD REQUIRE:

- *That there will be times when the service provider may need to help the consumer become more ready to engage in the recovery process.*

RECOVERY PLANNING WITH CLIENTS

Beginning the Dialogue

Engaging and dialoguing with clients is an essential and ongoing part of community support practice. One important component of beginning any activity with a client is to open a dialogue with your client to orient her/him to the activity.

RECOVERY PLANNING WITH CLIENTS

Beginning the Dialogue

The following example illustrates how you might start a dialogue and orient your client the first time you jointly develop a recovery/service plan using Outcomes reports.

RECOVERY PLANNING WITH CLIENTS

Beginning the Dialogue

Ask your client if they recall answering questions on the Ohio Mental Health Outcomes Survey.

Remind and explain to your client the importance of providing answers to the questions on the Ohio Mental Health Outcomes Survey.

RECOVERY PLANNING WITH CLIENTS

Beginning the Dialogue

Explain to your client that one important use for the survey answers is to identify issues for her/him to discuss with you.

Explain to your client that the discussion around survey answers can be helpful to her/him when developing recovery plans with you.

RECOVERY PLANNING WITH CLIENTS

Orienting Clients

The what, why, and how of using Outcome information in Recovery planning.

RECOVERY PLANNING WITH CLIENTS

Orienting Clients

What

- 1.) Discuss with your client **what** the "Red Flag Report" and "Strengths Report", or similar reports are and **what** they are for.
- 2.) Discuss with your client **what** a Recovery/Service Plan is and **what** it is for.

RECOVERY PLANNING WITH CLIENTS

Orienting Clients

Why

- 3.) Discuss with your client **why** she/he should participate in the development of a Recovery/Service Plan.

RECOVERY PLANNING WITH CLIENTS

Orienting Clients

How

- 4.) Discuss **how** both you and your client will participate in the development of the Recovery/Service Plan. Explain what your role is in the process and what is expected of her/him.

RECOVERY PLANNING WITH CLIENTS

*Selecting And Prioritizing The
Focus Of Recovery Goals And
Activities.*

RECOVERY PLANNING WITH CLIENTS

The Nine Recovery Components Are:

- Peer Support & Relationships
 - Work & Meaningful Activity
 - Community Involvement
 - Access to Resources
- Family Support
- Power & Control
- Clinical Care
- Education
- Stigma

RECOVERY PLANNING WITH CLIENTS

Factors to consider when selecting and prioritizing the focus of recovery goals and activities.

- ◆ **Motivation** - consumer interest/desire to focus on either strengthening or progressing on a particular recovery component or activity

RECOVERY PLANNING WITH CLIENTS

Factors to consider when selecting and prioritizing the focus of recovery goals and activities.

- ◆ **Urgency** - negative consequences for the consumer for not strengthening or progressing on a particular recovery component or activity

RECOVERY PLANNING WITH CLIENTS

Factors to consider when selecting and prioritizing the focus of recovery goals and activities.

- ◆ **Support** - anticipated support from others to attend to the components or activity
- ◆ **Ease** - level of effort needed for consumer to either strengthen or progress on a particular recovery component or activity

Four Steps To Outcome-Based Service/Recovery Planning

STEP 1 Getting the Picture

Organize available information about the consumer's bio-psycho-social history.

Consider their strengths, problems, life situations and social/cultural environments.

Consider information about progress you have from previous outcome data.

Try to get a mental picture of the person's life.

Four Steps To Outcome-Based Service/Recovery Planning

STEP 2

Common Understanding of Outcome Status Picture

The goal of this step is for the service provider and the consumer to work together to integrate information, share perspectives come to a common understanding of the person's present outcome status in the context of their bio-psycho-social picture.

Four Steps To Outcome-Based Service/Recovery Planning

STEP 2

Common Understanding of Outcome Status Picture

The client and the service provider engage in meaningful discussions regarding Outcome Reports produced by the ODMH Consumer Outcomes System.

Four Steps To Outcome-Based Service/Recovery Planning

STEP 2

Common Understanding of Outcome Status Picture

Service provider and consumer both prioritize what issues or situations need changing the most.

Four Steps To Outcome-Based Service/Recovery Planning

STEP 2

Common Understanding of Outcome Status Picture

The best result is a **negotiated and shared view** of present status in the context of the person's past picture and areas where change is desired.

Four Steps To Outcome-Based Service/Recovery Planning

STEP 3

Common Understanding of Recovery Process & Status

Consumer and service provider work jointly to get a shared sense of where the client might be in terms of their recovery.

Four Steps To Outcome-Based Service/Recovery Planning

STEP 3 Common Understanding of Recovery Process & Status

Service provider should see what view the consumer has of their longer-term future. Together they identify how present status supports or presents challenges to the consumer's hopes.

Four Steps To Outcome-Based Service/Recovery Planning

STEP 3 Common Understanding of Recovery Process & Status

Together they would review the components of the Ohio Recovery Model and try to determine which components might be most relevant to the person at this point in time.

Similarities and differences in perspectives should be noted and discussed.

Four Steps To Outcome-Based

Service/Recovery Planning

STEP 3

Common Understanding of Recovery Process & Status

Clinical Care	Peer Support	Family Support	Work & Meaningful Activity	Power & Control
Stigma	Community Involvement	Access to Resources	Education	

Four Steps To Outcome-Based

Service/Recovery Planning

STEP 4

Shared Service/Recovery Plan

Based on the joint assessment and integration of information that has occurred in Steps 2 & 3, the service provider and Consumer should identify a limited number of activities to be undertaken to address the recovery goals.

STEP 1 Getting the Picture	Collect, identify, and/or organize available information about the consumer in terms of their bio-psycho-social history. Identify patterns of strengths, problems, life situations and social/cultural environments. What has been their history of symptoms, mental health treatment and support from their family and community? Think about patterns in their life situations, strengths, symptoms, and social and cultural environments. What information about progress do you have from previous outcome data? Write down a paragraph or two about them or try to get a mental picture of their life. Identify what you do not know about Mary's picture.																																			
Step 2 Common Understanding of Outcome Status	<p>The goal of this step is for the service provider and the consumer to work together to integrate information, share perspectives about the meaning and importance of the information, and to come to a common understanding of the person's present outcome status in the context of their bio-psycho-social picture.</p> <p>Service provider should meet with their client one or more times to discuss the "Red Flags Report" and the "Strengths Report" that are produced by the ODMH Consumer Outcomes System. They should assist consumer in learning how to read and use these reports. Together they should look at other information about the individual's present condition or status (e.g., type of drug use or willingness to engage in the treatment process).</p> <p>Service provider should help consumers prioritize the feelings, functioning or situations in their lives that they would like to see change. Service provider should share with consumers their own interpretations and prioritizations of the information. The best result is a negotiated and shared view of present status in the context of the person's past picture and areas where change is desired.</p>	Strengths Report	Red Flags Report																																	
Step 3 Common Understanding Of Recovery Process & Status	<p>Service provider should work jointly with the consumer to get a shared sense of where s/he might be in terms of their recovery. Service provider should see what view the consumer has of their longer-term future. Help them identify how their present status (i.e. the impact of mental health symptoms, ability to express anger, or feelings of power and control) supports or presents challenges to their hopes. Together they should review the components of the Ohio Recovery Model and try to determine which components might be most relevant to the person at this point in time. Service provider should first find out which of the Nine Components the consumer sees as most relevant. For example, in what area do they see the problem that is the cause of their dissatisfaction with the amount of money they have?</p> <p>Then the service provider should introduce their interpretations and perspective on the consumer's recovery and those Recovery Model Components they see as most relevant at this point in time. Similarities and differences in perspectives should be noted and discussed.</p> <p>Again, the best result is a negotiated and shared view of the components of recovery most salient at this point in time. This will take into account the person's past picture, their present outcome status, and future goals.</p> <p>Most Relevant Recovery Components From Consumer's Perspective (at this point in time)</p> <table border="1" data-bbox="1030 982 1368 1029"> <tr> <td>Clinical Care</td> <td>Peer Support & Relationships</td> <td>Family support</td> <td>Work & Meaningful Activity</td> <td>Power & Control</td> </tr> <tr> <td>Stigma</td> <td>Community Involvement</td> <td>Access to Resources</td> <td>Education</td> <td></td> </tr> </table> <p>Most Relevant Recovery Components From Service provider's Perspective (at this point in time)</p> <table border="1" data-bbox="1030 1029 1368 1076"> <tr> <td>Clinical Care</td> <td>Peer Support & Relationships</td> <td>Family support</td> <td>Work & Meaningful Activity</td> <td>Power & Control</td> </tr> <tr> <td>Stigma</td> <td>Community Involvement</td> <td>Access to Resources</td> <td>Education</td> <td></td> </tr> </table> <p>Most Relevant Recovery Components From Shared Perspective (at this point in time)</p> <table border="1" data-bbox="1030 1076 1368 1123"> <tr> <td>Clinical Care</td> <td>Peer Support & Relationships</td> <td>Family support</td> <td>Work & Meaningful Activity</td> <td>Power & Control</td> </tr> <tr> <td>Stigma</td> <td>Community Involvement</td> <td>Access to Resources</td> <td>Education</td> <td></td> </tr> </table>	Clinical Care	Peer Support & Relationships	Family support	Work & Meaningful Activity	Power & Control	Stigma	Community Involvement	Access to Resources	Education		Clinical Care	Peer Support & Relationships	Family support	Work & Meaningful Activity	Power & Control	Stigma	Community Involvement	Access to Resources	Education		Clinical Care	Peer Support & Relationships	Family support	Work & Meaningful Activity	Power & Control	Stigma	Community Involvement	Access to Resources	Education						
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Step 4 Shared Service/Recovery Plan	<p>Based on the joint assessment and integration of information that has occurred in Steps 2 & 3, the service provider and Consumer should identify a limited number of activities to be undertaken to address the recovery goals.</p> <p>In some cases it will also be important to identify activities the provider feels are important even though the consumer might not place as high a priority on them. For example, many consumers need to better understand their own condition and its past and present impact on them before they are ready to engage in a recovery process.</p> <p>Note: If necessary for reimbursement purposes, be sure to identify services or activities whose "medical necessity" can be justified.</p>																																			

MARY'S PICTURE

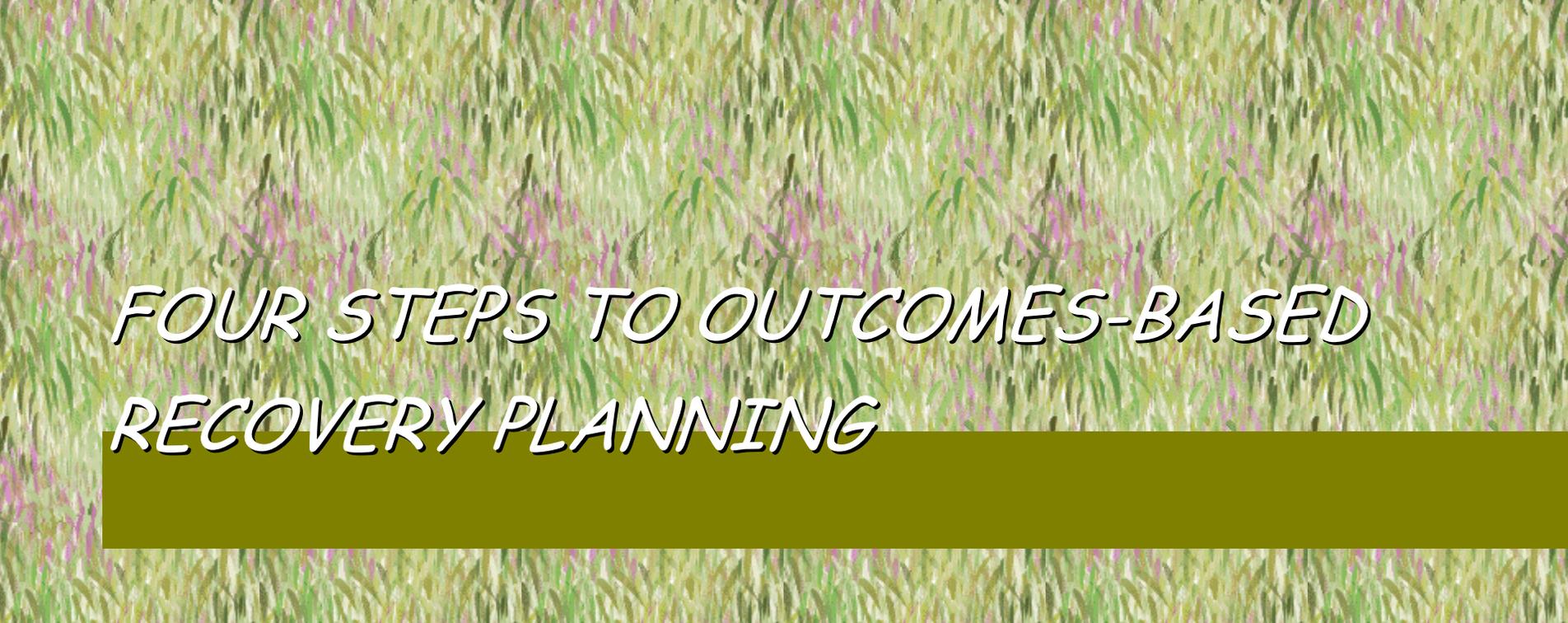
Mary is 48 years old. She has been in and out of State psychiatric hospitals since she was in her early 20's. She was initially hospitalized when she started hearing voices telling her not to eat and not to talk to other members of her family. She became violent when they eventually tried to feed her and was involuntarily hospitalized for most of the next 10 years. Since being discharged, she has lived in either group homes or in apartments where agency case managers can visit her regularly. Over the last 10 years she has had to be re-hospitalized at least 5 times, but only for periods of one to three months.

During her hospitalizations, Mary was given many different medications. Some of them worked for her and others did not. Her present medication is working to control many of her symptoms, however she continues to experience side effects from some of the medications she was given in the past. Adhering to a medication regimen is very difficult for Mary. She was never provided with much information about her medications and still has a poor understanding of their purposes and side effects. Because she was disappointed repeatedly by the failure of the previous medications to alleviate her symptoms, her attitude toward taking them remains poor.

Mary also has difficulty taking care of herself. She has difficulty accomplishing everyday tasks such as dressing, maintaining an adequate diet, going shopping, or doing other household chores. She seems to lack the motivation to initiate activities, gives up easily, and often does not follow through when she says she will do things.

At present, Mary lives alone and in general, is isolated socially. Her parents are both in nursing homes and cannot come to see her. Her brother, however does visit and occasionally includes her in some family activities. Mary has great difficulty interacting with others. She doesn't know what to say to others, and tends to be fearful and suspicious of them. At times Mary's judgment is seriously impaired, and she may wander, get lost, and do bizarre things that frighten others. She doesn't maintain good personal hygiene and is easily recognized and frequently avoided by others in her neighborhood.

Over the years, Mary has tried to go to work several times, however her suspiciousness always led her to isolate herself from other workers or to get into conflicts with her employers. With her present medication working better for her, she has again expressed an interest in working. She did graduate from high school, but has not been able to pursue additional educational or vocational training opportunities.



*FOUR STEPS TO OUTCOMES-BASED
RECOVERY PLANNING*

MARY: STEP BY STEP

STEP 1 Getting the Picture

Collect, identify, and/or organize available information about the consumer in terms of their bio-psycho-social history. Identify patterns of strengths, problems, life situations and social/cultural environments. What has been their history of symptoms, mental health treatment and support from their family and community? Think about patterns in their life situations, strengths, symptoms, and social and cultural environments. What information about progress do you have from previous outcome data? Write down a paragraph or two about them or try to get a mental picture of their life. Identify what you do not know about Mary's picture.

Mary is 48 years old and since her early 20's, she has spent nearly 12 years in psychiatric hospitals. Hallucinations and suspiciousness have caused her considerable problems, but now her new medication is showing signs of being able to alleviate some of these symptoms. Mary has lived in the community for most of the last ten years, but she has had difficulty caring for herself, maintaining an adequate diet, and keeping her apartment clean. At times Mary's judgment has been seriously impaired, and she has wandered, gotten lost, and done bizarre things that have frightened others. She tends to be socially isolated even though her brother includes her in some family activities. She has difficulty interacting with others, doesn't know what to say, and tends to be suspicious of them. Over the years, Mary has been employed several times, however her suspiciousness has led her to isolate herself or to get into conflicts with her employers. However, she has again expressed an interest in working.

Step 2 Common Understanding of Outcome Status

The goal of this step is for the service provider and the consumer to work together to integrate information, share perspectives about the meaning and importance

of the information, and to come to a **common understanding of the person's present outcome status in the context of their bio-psycho-social picture.** Service provider should meet with their client one or more times to discuss the "Red Flag Report" and "Strengths Report" that are produced by the ODMH Consumer Outcomes System. They should assist consumer in learning how to read and use these reports. Together they should look at other information about the individual's present condition or status (e.g., type of drug use or willingness to engage in the treatment process).

Service provider should help consumers prioritize the feelings, functioning or situations in their lives that they would like to see change. Service provider should share with consumers their own interpretations and prioritizations of the information. **The best result is a negotiated and shared view of present status in the context of the person's past picture and areas where change is desired.**

Strengths Report

Mary does not allow anxiety to create panic or cause her physical distress (weakness or heavy feelings in her body)

Mary has some positive feelings about her quality of life in terms of the amount of freedom she has, the way her family acts toward her, her living arrangements and neighborhood, and her health.

Mary feels the mental health agency treats her with dignity and respect. (*C)

Mary's new medication is more effective than any she has ever taken. (*C & *SP)

*C= Consumer's priority areas

*SP= SP priority areas

Red Flags Report

Mary feels distress from symptoms (e.g. nervousness, shakiness, being suddenly scared for no reason) (*SP)

Mary is unhappy about lack of friends

Mary is unhappy about lack of money for a number of uses (*SP)

She would like more meaningful activity in her life. (*C)

Mary feels a lack of power and control in many areas of her life. (*C)

She lacks confidence in herself

She feels she is not competent (*C)

She sees many barriers to getting what she needs and/or wants

She believes it's very difficult to overcome barriers

*C= Consumer's priority areas

*SP= SP priority areas

Step 3

Common Understanding Of Recovery Process & Status

Service provider should work jointly with the consumer to get a shared sense of where s/he might be in terms of their recovery. Service provider should see what view the consumer has of their longer-term future.

Help them identify how their present status (i.e. the impact of mental health symptoms, ability to express anger, or feelings of power and control) supports or presents challenges to their hopes.

Together they should review the components of the Ohio Recovery Model and try to determine which components might be most relevant to the person at this point in time. Service provider should first find out which of the Nine Components the consumer sees as most relevant. For example, in what area do they see the problem that is the cause of their dissatisfaction with the amount of money they have?

Then the service provider should introduce their interpretations and perspective on the consumer's recovery and those Recovery Model Components they see as most relevant at this point in time. Similarities and differences in perspectives should be noted and discussed.

Again, the best result is a negotiated and shared view of the components of recovery most salient at this point in time. This will take into account the person's past picture, their present outcome status, and future goals.

In talking to Mary we find out that while she wishes she had more money, she sees that as just another example that she has little control over her own life. Because she has had little opportunity to experience a sense of competence, she's not sure there is anything she can do or even that others may be able to do, to improve the quality of her life. However she does now have a little sense of hope because her new medication is working. She is concerned that her present medication will not continue to work, but is hesitant to talk with her doctor about this.

The Service Provider points out that:

- Mary has long history of hospitalization resulting from severe psychiatric symptoms and anger
- Until recently, medications were not very effective for her
- She lost many opportunities to learn adult skills and roles and is just now beginning to see what she missed and what she wishes to change in her life
- Mary is not happy about the amount of money she has to spend
- She sees many barriers facing her and often feels as if she has little power to change her situation, however she does seem to want to try to experience more things and engage in more productive activity.

Through the process of sharing and negotiating the focus becomes Recovery Components involving "Power & Control" and "Work and Meaningful Activity" with "Clinical Care" and "Access to Resources" as secondary components.

Most Relevant Recovery Components From Consumer's Perspective

(at this point in time)

Clinical Care

Peer Support & Relationships

Family Support

Work & Meaningful Activity

Power & Control

Stigma

Community Involvement

Access to Resources

Education

Most Relevant Recovery Components From Service Provider's Perspective

(at this point in time)

Clinical Care

Peer Support & Relationships

Family support

Work & Meaningful Activity

Power & Control

Stigma

Community Involvement

Access to Resources

Education

Most Relevant Recovery Components From Shared Perspective

(at this point in time)

Clinical Care

Peer Support & Relationships

Family support

Work & Meaningful Activity

Power & Control

Stigma

Community Involvement

Access to Resources

Education

**Step 4
Shared Recovery/Service Plan**

Based on the joint assessment and integration of information that has occurred in Steps 2 & 3, the service provider and consumer should identify a limited number of activities to be undertaken to address the recovery goals.

In some cases it will also be important to identify activities the provider feels are important even though the consumer might not place as high a priority on them. For example, many consumers need to better understand their own condition and its past and present impact on them before they are ready to engage in a recovery process.

Note: If necessary for reimbursement purposes, be sure to identify services or activities whose "medical necessity" can be justified.

Severe Psychiatric symptomatology and long term hospitalization have limited Mary's adult development.

In order to enhance her skills and increase her feelings of control and power, the following recovery activities are proposed:

- Mary and service provider will develop a list of things over which Mary would like to have more control or say in.
- They will determine what would have to happen for Mary to have more control and power in these areas.
- Mary will then choose one or more of these to work on with the help of the service provider. (It will be very important to allow Mary as much control of this process as possible.)
- Service provider will encourage Mary to talk to her doctor about her concerns about her new medication. They will role play Mary asking questions.

AT THIS POINT IN HER RECOVERY, THE FOCUS IS ON ENHANCING MARY'S FEELINGS OF POWER AND CONTROL

USING OUTCOMES DATA TO SUPPORT RECOVERY
RECOVERY PLAN WORKSHEET

List most critical issues identified from the Consumer A and Provider A Red Flag reports.

1. *More meaningful activity in Mary's life. (C & SP)*
2. *Lack of power and control (C)*
3. *Lack of confidence (C)*
4. *Distress from symptoms (Nervous, shakiness, suddenly scared) (SP)*
5. *Lack of money for different uses (SP)*

List most critical issues identified from the Consumer A and Provider A Strengths reports.

1. *Agency treats her with dignity and respect (C)*
2. *New medication is most effective she has taken. (C & SP)*
3. *Has positive feelings about freedom she has, family housing*
4. _____
5. _____

Based on discussion with consumers about the critical issues identified above, indicate all related Recovery Components and applicability of each to the Red Flags and Strengths reports.

- | | | |
|---|---|--|
| <input type="checkbox"/> Peer Support & Relationships | <input checked="" type="checkbox"/> Access to Resources | <input checked="" type="checkbox"/> Work/Meaningful Activity * |
| <input checked="" type="checkbox"/> Power & Control * | <input type="checkbox"/> Education | <input type="checkbox"/> Community Involvement |
| <input checked="" type="checkbox"/> Clinical Care | <input type="checkbox"/> Family Support | <input type="checkbox"/> Reducing Stigma |

* = Primary

Severe symptoms and long term hospitalization have limited Mary's opportunities to learn adult skills and roles. She is beginning to see what she missed and what she wishes to change. While she wishes she had more money, she sees that as one more example of her lack of control over her own life. She has had little opportunity to experience a sense of competence, but now because her new medication is working, she is beginning to believe that her life can be better.

Gaining a sense of Control over her life and gaining Confidence are key areas of Recovery for Mary. In addition, participating in Work and/or Other Meaningful Activities will not only increase her competence, but should give her a feeling of hopefulness about how the quality of her life can be improved. Competence in work activities should eventually increase her access to financial resources which in return can increase her sense of control and power. Helping to manage her medication would enhance her sense of control and could support her efforts in the other recovery areas.

STEP 1 Getting the Picture	<p>Collect, identify, and/or organize available information about the consumer in terms of their bio-psycho-social history. Identify patterns of strengths, problems, life situations and social/cultural environments. What has been their history of symptoms, mental health treatment and support from their family and community? Think about patterns in their life situations, strengths, symptoms, and social and cultural environments. What information about progress do you have from previous outcome data? Write down a paragraph or two about them or try to get a mental picture of their life. Identify what you do not know about Mary's picture.</p>	<p>Mary is 48 years old and since her early 20's, she has spent nearly 12 years in psychiatric hospitals. Hallucinations and suspiciousness have caused her considerable problems, but now her new medication is showing signs of being able to alleviate some of these symptoms. Mary has lived in the community for most of the last ten years, but she has had difficulty caring for herself, maintaining an adequate diet, and keeping her apartment clean. At times Mary's judgment has been seriously impaired, and she has wandered, gotten lost, and done bizarre things that have frightened others. She tends to be socially isolated even though her brother includes her in some family activities. She has difficulty interacting with others, doesn't know what to say, and tends to be suspicious of them. Over the years, Mary has been employed several times, however her suspiciousness has led her to isolate herself or to get into conflicts with her employers. However, she has again expressed an interest in working.</p>		
Step 2 Common Understanding of Outcome Status	<p>The goal of this step is for the service provider and the consumer to work together to integrate information, share perspectives about the meaning and importance of the information, and to come to a common understanding of the person's present outcome status in the context of their bio-psycho-social picture.</p> <p>Service provider should meet with their client one or more times to discuss the "Red Flag Report" and "Strengths Report" that are produced by the ODMH Consumer Outcomes System. They should assist consumer in learning how to read and use these reports. Together they should look at other information about the individual's present condition or status (e.g. type of drug use or willingness to engage in the treatment process).</p> <p>Service provider should help consumers prioritize the feelings, functioning situations in their lives that they would like to see change. Service provider should share with consumers their own interpretations and prioritizations of the information. The best result is a negotiated and shared view of present status in the context of the person's past picture and areas where change is desired.</p>	<p>Strengths Report</p> <p>Mary does not allow anxiety to create panic or cause her physical distress (weakness or heavy feelings in her body).</p> <p>Mary has some positive feelings about her quality of life in terms of the amount of freedom she has, the way her family acts toward her, her living arrangements and neighborhood, and her health.</p> <p>Mary feels the agency treats her with dignity and respect. (*C)</p> <p>Mary's new medication is more effective than any she has ever taken. (*C & *SP)</p> <p>*C= Consumer's priority areas *SP= SP priority areas</p>	<p>Red Flags Report</p> <p>Mary feels distress from symptoms (e.g. nervousness, shakiness, being suddenly scared for no reason) (*SP)</p> <p>Mary is unhappy about lack of friends.</p> <p>Mary is unhappy about lack of money for a number of uses (*SP)</p> <p>She would like more meaningful activity in her life. (*C & *SP)</p> <p>Mary feels a lack of power and control in many areas of her life. (*C)</p> <p>She lacks confidence in herself</p> <p>She feels she is not competent (*C)</p> <p>She sees many barriers to getting what she needs and/or wants</p> <p>Mary doesn't interact well with others (*SP)</p> <p>*C= Consumer's priority areas *SP= SP priority areas</p>	
Step 3 Common Understanding Of Recovery Process & Status	<p>Service provider should work jointly with the consumer to get a shared sense of where s/he might be in terms of their recovery. Service provider should see what view the consumer has of their longer-term future. Help them identify how their present status (i.e. the impact of mental health symptoms, ability to express anger, or feelings of power and control) supports or presents challenges to their hopes.</p> <p>Together they should review the components of the Ohio Recovery Model and try to determine which components might be most relevant to the person at this point in time. Service provider should first find out which of the Nine Components the consumer sees as most relevant. For example, in what area do they see the problem that is the cause of their dissatisfaction with the amount of money they have?</p> <p>Then the service provider should introduce their interpretations and perspective on the consumer's recovery and those Recovery Model Components they see as most relevant at this point in time. Similarities and differences in perspectives should be noted and discussed.</p> <p>Again, the best result is a negotiated and shared view of the components of recovery most salient at this point in time. This will take into account the person's past picture, their present outcome status, and future goals.</p> <p>Most Relevant Recovery Components From Consumer's Perspective (at this point in time)</p> <p>Most Relevant Recovery Components From Service Provider's Perspective (at this point in time)</p> <p>Most Relevant Recovery Components From Shared Perspective (at this point in time)</p>	<p>In talking to Mary we find out that while she wishes she had more money, she sees that as just another example that she has little control over her own life. Because she has had little opportunity to experience a sense of competence, she's not sure there is anything she can do or even that others may be able to do, to improve the quality of her life. However she does now have a little sense of hope because her new medication is working. She is concerned that her present medication will not continue to work, but is hesitant to talk with her doctor about this.</p> <p>The SP points out that:</p> <ul style="list-style-type: none"> Mary has long history of hospitalization resulting from severe psychiatric symptoms and anger Until recently, medications were not very effective for her She lost many opportunities to learn adult skills and roles and is just now beginning to see what she missed and what she wishes to change in her life. Mary is not happy about the amount of money she has to spend She sees many barriers facing her and often feels as if she has little power to change her situation, however she does seem to want to try to experience more things and engage in more productive activity. <p>Through the process of sharing and negotiating, the focus becomes Recovery Components involving "Power & Control" and "Work and Meaningful Activity" with "Clinical Care" and "Access to Resources" as secondary components.</p>		
Step 4 Shared Service/Recovery Plan	<p>Based on the joint assessment and integration of information that has occurred in Steps 2 & 3, the service provider and Consumer should identify a limited number of activities to be undertaken to address the recovery goals.</p> <p>In some cases it will also be important to identify activities the provider feels are important even though the consumer might not place as high a priority on them. For example, many consumers need to better understand their own condition and its past and present impact on them before they are ready to engage in a recovery process.</p> <p>Note: If necessary for reimbursement purposes, be sure to identify services or activities whose "medical necessity" can be justified.</p>	<p>Severe Psychiatric symptomatology and long term hospitalization has limited Mary's adult development. In order to enhance her skills and increase her feelings of control and power, the following recovery activities are proposed:</p> <ol style="list-style-type: none"> Mary and SP will develop a list of things over which Mary would like to have more control or say in. They will determine what would have to happen for Mary to have more control and power in these areas. Mary will then choose one or more of these to work on with the help of the Case Manager. (It will be very important to allow Mary as much control of this process as possible.) SP will encourage Mary to talk to her doctor about her concerns about her new medication. They will role play Mary asking questions. <p>AT THIS POINT IN HER RECOVERY, THE FOCUS IS ON ENHANCING MARY'S FEELINGS OF POWER AND CONTROL.</p>		

Most Relevant Recovery Components From <u>Consumer's Perspective</u>	Clinical Care	Peer Support & Relationships	Family Support	Work & Meaningful Activity	Power & Control
(at this point in time)	Stigma	Community Involvement	Access to Resources	Education	
Most Relevant Recovery Components From <u>Service Provider's Perspective</u>	Clinical Care	Peer Support & Relationships	Family support	Work & Meaningful Activity	Power & Control
(at this point in time)	Stigma	Community Involvement	Access to Resources	Education	
Most Relevant Recovery Components From <u>Shared Perspective</u>	Clinical Care	Peer Support & Relationships	Family support	Work & Meaningful Activity	Power & Control
(at this point in time)	Stigma	Community Involvement	Access to Resources	Education	