

# Individual Recovery Plan

Name:

Date:

## Overall Goal

Stated in your own words. Include dreams, hopes, roles, and vision of life.

## Rehabilitation Progress Since Last Plan

How did things go with the last plan? What goals and objectives have been achieved? What still needs to be worked on? If this is first treatment plan meeting, what inspired you to start services with this program?

## Strengths

What are your abilities, interests, preferences, and/or prior experiences that may be helpful in overcoming barriers to achieving goals? What environmental strengths and interpersonal supports would support you in your work on goals? Strengths focus on what would help you move forward toward your goals.

## Barriers

### DLA-20

For Adults in PRP, RRP, ACT or Mobile Treatment participants, domains identified on the individual's DLA-20 with ratings of 1-4.

Health Practices  Housing Stability and Maintenance  Communication  Safety  Managing Time  Managing Money

Nutrition  Problem Solving  Family Relationships  Alcohol / Drug Use  Leisure  Community Resources  Social Network  Sexual Health and Sexuality  Productivity  Coping Skills  Behavior Norms  Personal Hygiene  Grooming

Dress

### Describe Barriers:

Consider how symptoms and functional impairments or other factors may be interfering with recovery progress. Look at how the barrier or need impacts your life, not just that it exists. Specify where behavioral health symptoms and life stressors show up. Also look at psychosocial environment e.g. consider housing, employment, support system, acute/chronic stressors, ... Provide descriptions for all that apply:

Living Arrangements:

Occupation/Working Day:

Relationships:

Health Management:

Substances:

Financial:

Legal:

Other:

## Objectives:

What I will do to meet my goals (i.e. I will do... by when, how often). By the end of the next six months, what would you like to achieve in this area? How will you/we know when you succeeded?)

## Interventions:

How can my team/provider supports help me meet my goals and objectives. Include services provided, frequency, deadlines, intensity of coaching, purpose and intent of the intervention.

## Self-Directed and/or Natural Support Interventions:

What do you think you might be able to do on your own? How might others in your support system be of help? Who/where else in the community might you get some help?

## Transition/Discharge Criteria and Pre-Planning:

What happens next, and how will I know I am ready to move to move on?

## Signatures:

Individual and/or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  Given Copy  Declined Copy

Staff Name: \_\_\_\_\_ Staff Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Signer Name: \_\_\_\_\_ Staff Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Use of this Sample Individual Recovery Plan:

This sample plan was adapted by Kris Wright, Person-Centered Care Planning Consultant and Trainer at the Evidence Based Practices Center, part of the [Behavioral Health Systems Improvement Collaborative](#) in the Division of Psychiatric Services Research, [Department of Psychiatry](#) at the School of Medicine at the University of Maryland, Baltimore. Format and components of this plan are based on the work of and in consultation with Diane M. Grieder, coauthor with Neal Adams, of *Treatment Planning for Person-Centered Care: Shared Decision Making for Whole Health, Second Edition* (2013) [ScienceDirect link for Greider and Adams book](#).

This sample plan was developed to assist in training providers in Maryland's Public Behavioral Health System. Maryland's Behavioral Health Administration does not specify the form or details of content that providers use in Treatment Planning. This sample is being shared to support providers and programs in developing Person-Centered Care Plans and protocols that fit the needs of individuals in their respective programs and services. Maryland providers are welcome to use the information in this plan and the resources referenced to inform their treatment planning practices. Please ensure that your practices remain consistent with empirically supported and evidence-based practices.

Training in Person-Centered Care can be found on the PCCP page of [EBPcenter.umaryland.edu](http://EBPcenter.umaryland.edu)