

## Care planning using a recovery orientated approach

Risk assessment and management is not an isolated process. For risk issues to be effectively addressed recovery principles and processes equally need to be considered. Effective care planning requires both a good assessment and the establishment of recovery-orientated goals that are meaningful and realistic to the person. Core elements of the recovery approach include, hope, self-determination, self-management, empowerment and advocacy.

The challenge for clinicians and health workers is to embrace the recovery philosophy and processes within all aspects of service delivery. Recovery is not a linear process marked by successive accomplishments. The recovery process is more accurately described as a series of small beginnings and very small steps. Professionals cannot manufacture the spirit of recovery and give it to people. Recovery cannot be forced or willed. However, environments can be created in which the recovery process can be nurtured.

**The strengths-based approach** similarly focuses on strengths and inherent resources in the person. If we ask people to look for successes rather than deficits, they will usually find them, and their view of the situation will be coloured by this.

For example, if someone identifies their faith as being very valuable to them, this might guide you into questioning them on how their faith supports them through challenges – past, present and future. This could identify strengths and resources related to their resilience, community connections etc. These strengths could be used in developing short-term and longer-term goals to mitigate future risks.

If you are working with someone who does not have access to secure housing, but has

strong connections with family, you could reinforce with them that as they have strong relationships, they may be able to spend time staying with friends and family.

Focusing on their strengths could increase the person's sense of agency about their future and prompt them to commit to future goals.

## Solution-focused approach

- Use open ended questions and take note of strengths or positive qualities.
- Summarise intermittently.
- Tolerate/use silence (10 -20 seconds).
- Acknowledge persons strengths.
- Affirm persons perception – life awareness, thoughts and feelings.
- Work with the person's negative or inaccurate perceptions, for example, ask, 'what's happening in your life that tells you hitting might be helpful in this situation?'
- Keep the focus on the person, for example, ask, 'what gives you hope that this problem can be solved?'
- Amply utilise solution talk – solution talk addresses what aspects of life the person wants to be different and the possibilities for making this happen.

For information about specific questions examples, see the Pennsylvania Child Welfare Resource Centre handout #9, via the University of Pittsburgh School of Social Work [Solution-focussed interviewing skills and questions](#)

## Partnership relationship

A partnership relationship is a joint working relationship that activates *the expert by training* of the mental health clinician and *the expert by experience* of the person. Tabled below are points to consider in care planning and goal identification (Slade, 2009).



<b>Partnership relationship care plan</b>
<ul style="list-style-type: none"> <li>• Decision making power is shared.</li> <li>• Uses the person's words not professional jargon.</li> <li>• Plan focuses on the person's strengths rather than amelioration of deficits.</li> <li>• Goals are focused on making positive things happen rather than avoiding bad things.</li> <li>• Responsibility for actions relies mostly on the person.</li> <li>• Is authorised by the person or advocate and family.</li> <li>• Collaboration is evident throughout goal setting and not just in completion signature.</li> <li>• At times can create ethical challenges.</li> </ul>
<b>Questions to help the person identify their goals</b>
<ul style="list-style-type: none"> <li>• What motivates me?</li> <li>• What interests me?</li> <li>• What would I do more if I could?</li> <li>• What do I want?</li> <li>• What do I care about, or what did I care about before my illness?</li> <li>• Where do I want my life to go?</li> <li>• What brings me joy?</li> <li>• What are my dreams and hopes?</li> </ul>
<b>Question prompts to assist the person in risk care planning</b>
<ul style="list-style-type: none"> <li>• Do you need help?</li> <li>• If so, what help do you need?</li> <li>• Who do you need to help you?</li> </ul>

[A National Framework for Recovery-Oriented Mental Health Services](#) (Australian Health Ministers' Advisory Council, 2013) addresses six principles that underpin recovery-orientated mental health practice. These include:

## 1. Uniqueness of the individual

- Recognises that recovery is not necessarily about cure but is about having opportunities for choices and living a meaningful, satisfying and purposeful life, and being a valued member of the community.
- Accepts that recovery outcomes are personal and unique for each individual and go beyond an exclusive health focus to include an emphasis on social inclusion and quality of life.
- Empowers individuals so they recognise that they are at the centre of the care they receive.

## 2. Real choices

- Supports and empowers individuals to make their own choices about how they want to lead their lives and acknowledges choices need to be meaningful and creatively explored. It is essential that consumers play a role in their own risk management planning and enactment. The person should always be an active part of this process.
- Supports individuals to build on their strengths and take as much responsibility for their lives as they can at any given time.
- Ensures that there is a balance between duty of care and support for individuals to take positive risks and make the most of new opportunities. As such, it is important for healthcare workers to understand that recovery involves accepting some level of risk.



### 3. Attitudes and rights

- Involves listening to, learning from and acting upon communications from the individual and their carers about what is important to each individual.
- Promotes and protects individuals' legal, citizenship and human rights.
- Supports individuals to maintain and develop social, recreational, occupational and vocational activities which are meaningful to the individual.
- Instils hope in an individual's future and ability to live a meaningful life.

### 4. Dignity and respect

- Consists of being courteous, respectful and honest in all interactions.
- Involves sensitivity and respect for each individual, particularly for their values, beliefs and culture.
- Challenges discrimination and stigma wherever it exists within our own services or the broader community.

### 5. Partnership and communication

- Acknowledges each individual is an expert on their own life and that recovery involves working in

partnership with individuals and their carers to provide support in a way that makes sense to them.

- Values the importance of sharing relevant information and the need to communicate clearly to enable effective engagement.
- Involves working in positive and realistic ways with individuals and their carers to help them realise their own hopes, goals and aspirations.

### 6. Evaluating recovery

- Ensures and enables continual evaluation of recovery-based practice at several levels.
- Individuals and their carers can track their own progress.
- Uses the individual's experiences of care to inform quality improvement activities.
- The mental health system reports on key outcomes that indicate recovery, including (but not limited to) housing, employment, education and social and family relationships as well as health and wellbeing measures.

## References

Australian Government Department of Health. (2013). *A national framework for recovery-oriented mental health services*. Australia: Australian Government.

<https://www.health.gov.au/resources/publications/a-national-framework-for-recovery-oriented-mental-health-services-guide-for-practitioners-and-providers> .

Slade, M. (2009). *Personal Recovery and Mental Illness: A Guide for Mental Health Professionals (Values-Based Practice)*. Cambridge: Cambridge University Press.  
doi:10.1017/CBO9780511581649

The Pennsylvania Child Welfare Resource Center 301 Engaging Clients from a Strength-Based, Solution- Focused Perspective. Handout #9, Page 1 of 4.

[http://www.pacwrc.pitt.edu/Curriculum/301EngggClntsFrmAnSBSFPrspctv/Hndts/HO\\_9\\_Solution\\_focused\\_skills\\_and\\_questions.pdf](http://www.pacwrc.pitt.edu/Curriculum/301EngggClntsFrmAnSBSFPrspctv/Hndts/HO_9_Solution_focused_skills_and_questions.pdf)

## Further training

The Learning Centre provides training in recovery-oriented and strengths based approaches to assessment and care planning via the [QC24 Working with Strengths in Recovery](#) blended learning course.

