Recovery Roadmap

Julie: Possible Recovery Plan Excerpts

GOAL #1

"I want to be close with my children and grandchildren…. Have them visit me a lot."

STRENGTHS

Love for her children and grandchildren; recognizes the need to take care of herself and her home; her children want her to be in their lives; many hobbies and interests; Understands the relationship between trauma, substance use and mental health symptoms; willing to participate in recovery education activities at the Recovery Learning Community; has not consumed alcohol in 6 days (action oriented).

BARRIERS/ASSESSED NEEDS

Mental health symptoms (depression, anxiety, hoarding, trauma symptoms can lead to sleep disturbance) have been persistent and interfere with self-care and care for her apartment. Used alcohol almost daily for past 6 months; use of alcohol has increased irritability and interfered with family relationships in the past; though recently one week clean and working on sobriety. Identifies loneliness and lack of meaningful activity as contributing to use; Family is reluctant to visit while mental health and alcohol use are leading to impairments and unpredictable behavior.

Objective(s)
1a. Julie will better manage mental health symptoms as evidenced by maintaining basic cleanliness of her apartment per daughter Carmen's report following a home visit within 30 days.

INTERVENTIONS AND ACTION STEPS

Professional Services and Supports

1. Dr. Barry Roth, clinic psychiatrist, will provide medication management biweekly for two months to help with distressing symptoms (e.g., depression, hoarding) that interfere with Julie's ability to take care of her apartment.

2. Sally Rodriquez, clinical coordinator, will meet with Julie once weekly for the next three months in order to assist her in identifying and managing mental health and trauma symptoms that interfere with her self-care and care of her apartment.

3. Ellen Plotka, rehabilitation coordinator, will meet with Julie twice weekly for a total of eight visits at her home and will provide coaching and skill development interventions to help Julie clean, organize, and manage her household.

4. Nancy Costa, peer wellness specialist, will meet with Julie within one week at her home to do an inventory of cleaning supplies and will accompany her to the store purchase needed items.

Self-Directed and Natural Support Actions:

1. Within one month, Julie and her children will select and purchase a dining room table with eight chairs so that the whole family could have dinner together in Julie's apartment. The $400 needed will come from Julie's savings.

Objective(s)
1b. Julie will maintain abstinence from alcohol for the next three months as evidenced by her self report and by communication with family members.

INTERVENTIONS AND ACTION STEPS

Professional Services and Supports:

1. Sally Rodriquez, clinical coordinator, will meet with Julie once weekly for the next three months in order to assist her in identifying and managing mental health and trauma symptoms that cause her to feel unsafe and to crave alcohol.

2. Dr. Barry Roth, clinic psychiatrist, will meet with Julie biweekly for two months to monitor medication regime and to introduce the option of Antabuse into her treatment and to discuss risks and benefits.

3. John Barratt, substance abuse coordinator, will provide weekly 1:1 relapse prevention meetings for one month and then invite Julie to participate in his relapse prevention support group for the purpose of coaching skills and strategies to manage cravings.

4. Grace Swanson, peer support specialist, will meet with Julie two times over the next two weeks. Grace will help Julie in using the supports at the Metro Recovery Learning Community to reduce isolation which triggers drinking. She will orient Julie to all the community has to offer and help her select roles that best match her interests.

5. Grace Swanson, peer support specialist, will meet with Julie at least four times within three months to help her develop her own Wellness Recovery Action Plan. The plan will identify positive coping strategies to use when she is feeling unsafe, lonely, or bored as these feelings can trigger alcohol cravings.

Self-Directed and Natural Support Actions:

1. Julie will identify daily wellness activities that she can use to keep herself well and will record these in a log.

2. Carmen, Julie's daughter, has offered to take Julie to at least three AA meetings over the course of the next month to help Julie learn positive ways to manage loneliness and stress.

3. Carmen will also work with Julie to arrange dog walking weekly at the local animal shelter with her grandson during his volunteer placement in order to promote family connections and reduce isolation.

GOAL #2

"I need to be healthy so I can be there for the kids. I don't want to drop dead from a heart attack or stroke anytime soon."

STRENGTHS

Julie is intelligent and could learn a health regime easily; she has successfully managed her high blood pressure in the past; she is very motivated to take care of her physical health; her daughter will support her around health goals.

BARRIERS/ASSESSED NEEDS

Julie is very frightened of healthcare providers. She panics when she needs to visit a doctor, tends to believe that they might cause her harm, and frequently misses appointments. She has a history of high blood pressure which is aggravated by alcohol use and difficulty making healthy food choices.

Objective(s)
Within six months, Julie will achieve blood pressure readings no higher than 140/90 for a period of four consecutive weeks.

INTERVENTIONS AND ACTION STEPS

Professional Services and Supports:

1. Sally Rodriquez, clinical coordinator, will meet with Julie once weekly for the next three months in order to assist her in identifying and managing mental health and trauma symptoms that interfere with using health care services.

2. Elizabeth Buffington, ANP-BC, adult health director, will meet with Julie one time over the next three months to conduct a primary health assessment. She will offer person-centered medicine to Julie in a way that respects her trauma history. She will follow up on all needed health evaluations (EKG, blood work, etc.) and interventions(medication, specialized evaluations, etc.). If needed, she will work with Julie to identify and use community health supports and services (home health aide, physical therapy, etc.).

3. Nancy Costa, peer wellness specialist, will accompany Julie to health appointments for the next two months. Nancy will support Julie in advocating with her doctors, increasing her sense of personal safety, and helping her to get her questions/needs addressed. Nancy will record information for Julie to review after the appointment.

4. Grace Swanson, peer specialist, will meet with Julie at least twice to help Julie incorporate her health regime into her WRAP. Julie will create her expanded WRAP plan within two months.

Self-Directed and Natural Support Actions:

1. Carmen, Julie's daughter, will accompany her mother to a physical exam appointment within two months to provide comfort and support given Julie's anxiety around accessing health care on her own. Julie will give Carmen two weeks prior notice of the appointment to make arrangements for missing work.

2. Julie will purchase a home blood pressure monitor within two weeks in order to track her blood pressure readings.