



Top 10 Concerns About Adopting Person-Centered Recovery Planning (PCRP)

- 10 Emphasizing client choice and self-determination devalues clinical knowledge and professional expertise.
- 9 PCRP focus on recovery and life goals happens in peer-based or rehab settings. It is not as relevant in clinical treatment.
- 8 We do “recovery” already; our care is already person centered.
- 7 The treatment plan is not central in shaping the quality of care. It is primarily an administrative document for accreditation and reimbursement purposes.
- 6 PCRP is goals focused and growth oriented. How do I do PCRP with someone who has no goals or is content to stay where they are at?
- 5 PCRP is about honoring personal choices in treatment. How does this fit with the expectation that we provide evidence-based interventions?
- 4 PCRP and pursuing life-role goals are important, but it happens after someone is clinically stable. PCRP is best-suited for people who are “high functioning” or more advanced in their recovery.
- 3 PCRP is labor intensive and impractical. It is not possible given high caseloads and provider productivity pressures.
- 2 PCRP is not consistent with the focus of clinical treatment and the requirement of “medical necessity” as established by our funders. Will we be able to get reimbursed for PCRP plans?
- 1 PCRP and its focus on self-determination increase risk and expose mental health systems to increased liability if people make choices we feel are not in their best interest.