



Recovery Roadmap

Tips for Recognizing Person-Centered Process

The following tool can help you to reflect on the extent to which your planning meetings/conversations reflect certain person-centered practices and content.

The list of items is not exhaustive (i.e., there may be additional ways in which you partner with those you serve), and not all items may be possible or relevant for all individuals. The tool is meant to stimulate your thinking regarding your planning partnerships and to help you identify things that are going well in addition to things that you might like to improve.

	Practice	Notes/Observations
1	The person is given advance notice of planning meetings and is involved in deciding the logistics.	
2	The person has input regarding invitees as well as who will take the lead in facilitating the meeting.	
3	The person is reminded that they can bring family, friends, or other supportive people to the planning meeting.	
4	The person has the opportunity to work with a peer specialist or another staff member who can help them prepare for their planning meeting.	
5	Team members arrive on time to begin the meeting.	
6	Someone begins the meeting with introductions, states the purpose of the meeting, and provides orientation to person-centered planning as needed.	

7	The person is given the team's full attention during the meeting (e.g., people stay engaged in the conversation and avoid cell phone use and side bar conversations).	
8	During the meeting, comments and questions are directed first to the individual (i.e., the person is actively included and is not "talked about" as if they are not in the room).	
9	The goals discussed are about having a meaningful life in the community (home, job/valued roles, relationships, etc.) not only about symptom management.	
10	The individual's capabilities, talents, and strengths are identified.	
11	Potential obstacles to goals are identified (provider works with individual to identify what's getting in the way of the person living the life they want to live).	
12	Recommended programming is discussed and the purpose is explained to the individual.	
13	Providers show awareness of, interest in, and sensitivity to the individual's cultural/spiritual background and views in an effort to incorporate this into recovery planning.	
14	Providers invite sharing but respect the person's decision to not discuss their history of abuse or trauma.	
15	Providers inquire about and encourage the individual's connection to meaningful community activities related to their interests.	
16	The person is offered education about personal wellness, advanced directives, personalized relapse prevention plans, and/or Wellness Recovery Action Planning (WRAP) as part of the planning process.	

17	The content of the plan is reviewed with the individual, and they are offered a copy to keep for their records.	
18	Providers support the person making their own decisions/choices to take risks/try new things (e.g., work, hobbies, relationships, a new apartment) instead of delaying/waiting until symptoms are resolved.	
19	There is open conversation around what providers perceive to be “unsafe” behaviors and the individual’s perspective is elicited and respected.	
20	If needed, people are offered accommodations (e.g., sign language interpreters or bilingual/bicultural translators) to enhance their comfort and participation in planning.	
21	All parties involved in the planning meeting are invited to contribute to the conversation and are valued as members of the team.	
22	Common, understandable language is used—not unnecessary medical or clinical jargon.	
23	During the meeting, providers regularly invite the person’s input and check for understanding or questions.	
24	The individual appears to feel comfortable raising concerns/asking questions.	
25	The overall “tone” of the meeting feels like it is a collaborative effort and the person’s ideas and wishes are heard and respected.	