

Different Types of Plans

A Wellness Recovery Action Plan™ (WRAP), developed by Mary Ellen Copeland, is one example of a self-directed recovery plan for identifying simple, safe, and effective wellness tools and strategies (Copeland, 1997). A WRAP plan can help a person to achieve whatever they want out of life, particularly if they want help managing their mental health issues and recovery. This plan can be created completely on one's own, but it may also be developed with the support of a peer-run educational program (see below for further detail regarding the role of a “peer support specialist”) that aims to help people to S-H-A-P-E their lives through five principles of physical and emotional wellness.

WRAP was developed through extensive data gathered from consumers of mental health services about the different approaches they had found to help them feel better and stay well. Based on that data, several people came together to create a simple system for recovery that has proven to be useful and effective for a wide range of people around the world (Copeland, 1997). For more information and resources regarding the Wellness Recovery Action Plan, the reader is referred to: www.mentalhealthrecovery.com/.

WRAP and recovery plans are important self-help tools that people can create completely alone or with the help of family, friends, and other supportive individuals. What these plans have in common is that they prompt people to create their own personal vision of recovery and enable them to select the methods that they believe will work best for them as they pursue that vision. For many individuals, their recovery journey may include a path through the mental health treatment system. This brings with it the need for a different type of plan, i.e., the required service or treatment plan.

Support
Hope
Advocacy
Personal Responsibility
Education

Service or Treatment Plans

Service or treatment plans are documents that mental health professionals develop within the context of professional services in order to inform treatment and to meet system and regulatory obligations. These plans can help guide an individual's recovery by identifying valued life goals and the services and supports needed to attain those goals. Not only do these plans have clinical utility, but they are often also used to meet system requirements and standards of care. Most medical insurances, for example, reimburse providers and organizations only when there is clear documentation that their services or prescribed treatments are “medically necessary” (a later section of the Roadmap will address this topic in greater detail) to help an individual to overcome identified problems associated with a mental health or addictive disorder. Treatment plans are also used to support utilization management, to authorize services, and to allocate limited resources.

Like any other complex system, these “requirements” of mental health service funders may be unintentionally counterproductive to the very service system they were originally intended to support. This is often the perception of service or treatment plans: they are viewed as paperwork exercises required merely to fulfill regulatory demands and are otherwise of limited value to the consumer or provider. Practitioners openly express frustration that treatment plans, as currently crafted, are not a meaningful part of the therapeutic work and partnership. In fact, many report that treatment planning actually interferes with their work and partnership, given the heavy burden of documentation requirements they operate under (i.e., We feel like we are treating the chart and not the person!) and given the restricted and often negative content which currently dominates most plans (i.e., People don't get excited about plans which only talk about med compliance and symptom reduction).

In PCRP, however, we present an alternative vision where co-created treatment plans become a meaningful tool, for both the provider and the consumer, in shaping the person’s unique recovery journey. PCRP’s are fully informed by any personal action or recovery plan (such as a WRAP if the individual has elected to share this with their team), given the recovery-based principle of respect for both professional and lived experience. While a self-directed WRAP plan may only include personal wellness strategies (e.g., meditating, engaging in preferred hobbies, exercising, etc.), the PCRP, as discussed within this Roadmap tool, must also include professionally-delivered clinical and rehabilitative services. The PCRP is the “master document” that is meant to reflect a person’s receipt of services within the mental health system. Table 3.1 outlines the key differences between a personal WRAP and a formal PCRP.

Table 3.1: WRAP versus PCRP Plans	
WRAP Plan	PCRP Plan
May be completed independent of the mental health system.	Completed within formal mental health services.
Dominant function is to support an individual’s daily wellness and recovery.	Serves an individual’s recovery, as well as multiple administrative and fiscal functions (e.g., the PCRP supports billing/payment for professional services rendered).
Belongs to the person in recovery. A person may, or may not, decide to share it with you as their clinician or provider. Information in a WRAP plan may be helpful in informing a treatment plan. People can be invited, but should not be required, to share these plans.	Belongs to the team of people who have worked together to create it (i.e., professionals, a service user, and their natural supporters). Professional members of the team automatically have access to the plan, as it is the formal document used to organize the delivery of mental health services and supports.
Identifies all the simple, safe, and effective things a person in recovery does to maintain their daily wellness. It also includes identifying things that may signal a crisis and identifying how a person prefers such crisis situations to be handled (i.e., who to involve, what services to offer, etc.).	Identifies long-term goal(s) that might take months or even years to achieve. It then identifies the short-term objective that will bring a person closer to their goal over the next three or six months. It may or may not include a crisis plan or any of the daily wellness strategies that a person uses in their recovery.
Can be revised anytime, and the person in recovery decides when and how to use it.	Can also be revised at any time. However, these plans are generally updated according to a standard schedule (e.g., every three months), which is determined by local and/or state regulations.
Focuses primarily on what the person in recovery will do to keep themselves well. While that may include use of mental health services, the plan focuses on the individual’s personal steps towards wellness.	Must include the range of clinical and rehabilitative interventions that are provided to the person in recovery. Quality plans also document self-directed action steps and contributions from natural supporters.

References:

Copeland, M.E. (1997) Wellness Recovery Action Plan. Dummerston, VT: Peach Press.

Tondora, J., Miller, R., Guy, K., & Lanteri, S. (2009). Getting in the driver’s seat of your treatment: Preparing for your plan. New Haven, CT: Yale Program for Recovery and Community Health.