
Recovery Crisis Planning

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Recovery/Crisis Plan Overview

- Personal Medicine
- Elements of a useful & effective crisis plan
- Developing & sharing the plan



Personal Medicine

Things we do to be well

- Active.
- Available.
- Affirming.

It is what we DO, not what we take!



Personal Medicine

- What we DO to be well
 - Not what we take
- Is what we do NOW
 - Not a future goal
- Is not a feeling or state of mind
 - It is what we DO to feel better



Definition of Personal Medicine

- The things that give my life meaning and purpose and that put a smile on my face.
- The things I do that that help make me well.
- The things I do that help me avoid jail, hospital, homelessness, losing my job, losing custody of my kids, etc.

Personal Medicine contains an active ingredient

- **Why it helps**



Personal Medicine

Patricia E. Deegan is a disability-rights advocate, psychologist and researcher. “Personal medicine is what we do to be well. It’s the things that put a smile on our face and that make life meaningful.”



Elements of a Useful Recovery/Crisis Plan

A good recovery/crisis plan...

1. Identifies:
 - Triggers
 - Strengths
 - What Works
 - What Does Not Work
2. Is proactive
3. Is individualized
4. Is portable
5. Is user-friendly
6. Is shared and updated



Goals of a Good Recovery/Crisis Plan

- Help individuals learn necessary skills to monitor illness, use coping skills/supports to help prevent crisis from occurring.
- Identify triggers: list events that might increase symptoms if they happen.
- Identify strengths: empower person to take control.
- Identify what works: what has helped with symptoms or stress reduction in the past or that person would be willing to try.
- Identify what does **not** work: things person has tried in the past that did not help with symptoms or stress reduction.



A Good Recovery/Crisis Plan is...

PROACTIVE

- Encourages vigilance in symptom self-monitoring.
- Empowers individual to take control of themselves and their life, work toward feeling better sooner.
- Describes actions that person can take when they experience triggers.
- Actions that provide comfort, keep reactions from becoming more serious symptoms.
- Use what already works or try new ideas until person finds what is most helpful.



A Good Recovery/Crisis Plan is...

INDIVIDUALIZED

- Belongs to the individual, not viewed as required routine paperwork.
- Identifies each person's needs as a unique individual.
- Contains contact information for specific supporters/providers.
- Culturally relevant (gender, race, ethnicity, sexual orientation, etc.).



A Good Recovery/Crisis Plan is...

PORTABLE

- Able to be taken out and viewed when a problem is brewing.
- Especially important if triggers/symptoms arise when individual is away from home.
- Reminds person of steps they can take to feel better.
- Informs supporters/providers of individual's wishes in the event of an emergency.



A Good Recovery/Crisis Plan is...

USER-FRIENDLY

- Individual develops content with provider support.
- In person's own words – easy to understand.
- Is portable and easy to access.
- Can be shared with the individual's support network (friends, family, etc.) to inform of how to best support the individual.



A Good Recovery/Crisis Plan is...

SHARED & UPDATED

- Developed in conjunction with all relevant services and natural supports.
- Sharing plan with supporters and providers ensures that member's wishes are carried out.
- Review content on a regular basis.
- Revise as member learns about themselves – what works for me? what does not?
- Integrate recovery planning into care so that plans are completed and updated routinely.



Community Care Recovery/Crisis Plan

- Recovery/Crisis plan template adapted by Community Care with permission from Richard Goldberg, Ph.D.
- Contains all of the elements described.
- Interactive PDF, but can also complete on paper.
- PDF allows for easy electronic storage (can also print copies for individual's chart/file), makes updating plans simpler.
- Summarizes content on one page for portability when completed as a PDF.
- Available for use/download on Community Care's public website (www.ccbh.com) in Member Resources section.
 - Instructions for completion also available.



Community Care Recovery/Crisis Plan

- Recommend completing PDF version [electronic version] even if original is created on paper.
- Click check boxes, click and type in text boxes.
- Last page automatically filled in based on answers; member can tear off last page and carry with them.
- Save to your computer to make changes later without starting over.
 - Be sure to give file a meaningful name to identify individual and date completed/revised.
 - Contains PHI, should be password-protected.



Developing the Recovery/Crisis Plan

- <https://providers.ccbh.com/member-resources/recovery-crisis-plan>
- Process for developing plan should be driven by the member
- Member's family, friends and others who the person identifies should be consulted
- View developing plan as a process of discovery – recovery is a process and journey that continues throughout life



Developing the Recovery/Crisis Plan

Three parts to the Recovery/Crisis Plan:

- Part 1: Illness Monitoring
- Part 2: Wellness Management
- Part 3: Crisis Preparation



Developing the Recovery/Crisis Plan

Part 1: Illness Monitoring

- Triggers: Review possible choices with the individual
- Thoughts/Inside Warning Signs: things the individual may notice
- Outside Warning Signs: things other people may notice



Developing the Recovery/Crisis Plan continued

Part 2: Wellness Management

- Things that help me stay better or feel more in control when under stress or experiencing symptoms.
- Things that help me stay well on a regular basis – personal medicine.
- Things that make me feel worse.

- My Action Plan
 - When I notice triggers or warning signs, what can I do?
 - Who should I call to help?
 - What can other people do to help me?
 - When I handle a stressful time well, how can reward myself?



Developing the Recovery/Crisis Plan

Part 3: Crisis Preparation

- A true crisis might look like this for me:
 - Behaviors?
 - Feelings?
 - Thoughts?
- Ask: Do you have an Advance Directive? If not, would you like to learn more about that?
- When you are experiencing a crisis, what plan would you like to follow?
 - Who to call?
 - Identify members of support team.



Developing the Recovery/Crisis Plan

Part 3: Crisis Preparation (continued)

- In the past, what things have worked for you?
- What things have you tried that did not work for you?
- Are there things you would like to try in the future?
- Ask: Who would you like to share this plan with?
 - Names, contact information
 - Print the plan - Sign and date the plan.
 - Last page – smaller, portable copy of the important elements of my Recovery Plan.



Sharing the Recovery/Crisis Plan

- Discuss with the individual who they would like to share a copy of the plan with
 - Family?
 - Friends?
 - Significant others?
 - Service providers?
 - Peer support?



Updating the Recovery/Crisis Plan

- Plan to review the plan with the member on a regular basis.
- Important times to pull out the plan and review what worked/what did not.
 - Following a crisis.
 - Following a relapse in symptoms or substance use.
 - After a hospitalization or ER visit.
 - Other significant events in a person's life
 - Change in support network.
 - Change in service provider.
 - Moves or housing changes.



Practice: Develop Your Own Recovery/Crisis Plan

- Part 1: Illness Monitoring
- Part 2: Wellness Management
- Action Plan – What I will do
- Part 3: Crisis Preparation
- Review of Plan
- Sharing the Plan



First Name: Last Name: Date:
 Provider Name: Provider Representative:

Part 1: ILLNESS MONITORING

TRIGGERS: When these things happen, I am more likely to feel unsafe or upset:

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Not being listened to | <input type="checkbox"/> Doing work that's hard for me | <input type="checkbox"/> Being touched | <input type="checkbox"/> Feeling pressured | <input type="checkbox"/> People yelling |
| <input type="checkbox"/> Loud noises | <input checked="" type="checkbox"/> Difficulties with coworkers | <input type="checkbox"/> Being isolated | <input type="checkbox"/> Loss of a loved one | <input checked="" type="checkbox"/> Arguments |
| <input checked="" type="checkbox"/> Problems at work | <input type="checkbox"/> Difficulty with family | <input checked="" type="checkbox"/> Being picked on | <input type="checkbox"/> Feeling lonely | <input checked="" type="checkbox"/> Financial problems |
| <input type="checkbox"/> Problems at school | <input type="checkbox"/> Difficulty with partner | <input type="checkbox"/> Being tired | <input type="checkbox"/> Feeling left out | <input type="checkbox"/> Lack of privacy |
| <input type="checkbox"/> Having a headache | <input checked="" type="checkbox"/> Difficulty with friends | <input type="checkbox"/> Being stared at | <input type="checkbox"/> Darkness | <input checked="" type="checkbox"/> Not having control |
| <input type="checkbox"/> Feeling sick | <input type="checkbox"/> Relapse | <input type="checkbox"/> Being told what to do | <input type="checkbox"/> Hearing voices | <input type="checkbox"/> Not following schedules |
| <input type="checkbox"/> Challenges with doctors / staff / employers | <input checked="" type="checkbox"/> Problems with authority figures | <input type="checkbox"/> Not being able to do things I used to | <input checked="" type="checkbox"/> Feeling people are talking about me | |
| <input type="checkbox"/> Other physical health problems: | <input type="text"/> | <input type="checkbox"/> Anniversary of loss: | <input type="text"/> | |
| <input checked="" type="checkbox"/> Contact with a particular person: | <input type="text" value="Nancy and Chuck"/> | <input checked="" type="checkbox"/> Contact with my family: | <input type="text" value="Niece"/> | |
| <input type="checkbox"/> Particular time of day: | <input type="text"/> | <input type="checkbox"/> Particular time of year: | <input type="text"/> | |
| <input type="checkbox"/> Other (please describe): | <input type="text"/> | | | |

THOUGHTS/INSIDE WARNING SIGNS: These are things I may notice just before I feel unsafe or upset:

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Thoughts of hurting myself | <input checked="" type="checkbox"/> Racing thoughts | <input type="checkbox"/> Feeling like I don't care about myself | <input type="checkbox"/> Wanting to run away | <input checked="" type="checkbox"/> Increased appetite |
| <input type="checkbox"/> Thoughts of hurting others | <input type="checkbox"/> Feeling nervous/anxious | <input checked="" type="checkbox"/> Feeling paranoid – others are out to get me | <input type="checkbox"/> Cravings to use drugs | <input type="checkbox"/> Decreased appetite |
| <input type="checkbox"/> Hearing voices | <input type="checkbox"/> Feeling disoriented | <input type="checkbox"/> Feeling dizzy | <input type="checkbox"/> Cravings to use alcohol | <input type="checkbox"/> Stomach ache |
| <input type="checkbox"/> Seeing things that are not really there | <input type="checkbox"/> Body aches | <input type="checkbox"/> Wanting to destroy things | <input type="checkbox"/> Feeling afraid | <input type="checkbox"/> Feeling sick |
| <input type="checkbox"/> Not enjoying things I used to | <input type="checkbox"/> Not wanting to go outside | <input checked="" type="checkbox"/> Other (please describe): | <input type="text" value="I go on twitter in the middle of the night."/> | |

OUTSIDE WARNING SIGNS: These are things **other people** may notice just before I feel unsafe or upset:

- | | | | | |
|--|--|--|--|--|
| <input checked="" type="checkbox"/> Sweating | <input checked="" type="checkbox"/> Breathing hard | <input type="checkbox"/> Not getting out of bed | <input type="checkbox"/> Clenching teeth | <input type="checkbox"/> Clenching fists |
| <input checked="" type="checkbox"/> Red faced | <input type="checkbox"/> Wringing hands | <input checked="" type="checkbox"/> Loud voice | <input type="checkbox"/> Sleeping a lot | <input checked="" type="checkbox"/> Sleeping less |
| <input checked="" type="checkbox"/> Hyperactivity | <input checked="" type="checkbox"/> Swearing | <input type="checkbox"/> Bouncing legs | <input type="checkbox"/> Rocking | <input type="checkbox"/> Can't sit still |
| <input checked="" type="checkbox"/> Being rude | <input type="checkbox"/> Pacing | <input type="checkbox"/> Crying | <input checked="" type="checkbox"/> Paranoia | <input type="checkbox"/> Damaging things |
| <input checked="" type="checkbox"/> Eating more | <input type="checkbox"/> Hoarding things | <input type="checkbox"/> Not taking care of myself | <input type="checkbox"/> Isolating/avoiding people | <input type="checkbox"/> Laughing loudly/giddy |
| <input type="checkbox"/> Eating less | <input type="checkbox"/> Using alcohol | <input type="checkbox"/> Using drugs | <input type="checkbox"/> Running away | <input type="checkbox"/> Becoming very quiet |
| <input type="checkbox"/> Rashes / hives | <input type="checkbox"/> Grandiose thoughts | <input checked="" type="checkbox"/> Argumentative | <input checked="" type="checkbox"/> Uncooperative | <input type="checkbox"/> Not getting along w/ people |
| <input checked="" type="checkbox"/> Refusing to take my medication | <input type="checkbox"/> Other (please describe): | <input type="text"/> | | |

Part 2: WELLNESS MANAGEMENT**THINGS THAT HELP ME STAY BETTER or FEEL MORE IN CONTROL NOW:** These are things that do help me calm down or stay safe: (Check off what you know works or what you might like to try in the future.)

- | | | | | |
|---|--|---|--|--|
| <input checked="" type="checkbox"/> Taking a break in my room | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Reading a book | <input checked="" type="checkbox"/> Sitting with staff | <input type="checkbox"/> Taking a walk |
| <input type="checkbox"/> Talking with friends | <input type="checkbox"/> Talking with a peer | <input type="checkbox"/> Drawing | <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Humor |
| <input type="checkbox"/> Exercising | <input checked="" type="checkbox"/> A cold cloth on face | <input type="checkbox"/> Writing in a journal | <input type="checkbox"/> Video games | <input checked="" type="checkbox"/> Hugging a stuffed animal |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Going to a movie | <input type="checkbox"/> Playing cards | <input type="checkbox"/> Deep breathing | <input type="checkbox"/> Lying down |
| <input type="checkbox"/> Bouncing a ball | <input checked="" type="checkbox"/> Watching TV | <input type="checkbox"/> Singing/Humming | <input checked="" type="checkbox"/> Drinking water | <input type="checkbox"/> Using the gym |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Doing chores/jobs | <input type="checkbox"/> Making a collage | <input type="checkbox"/> Speaking w/ my therapist | <input type="checkbox"/> Going to church |
| <input type="checkbox"/> Being around others | <input type="checkbox"/> Cold water on hands | <input type="checkbox"/> Meditating | <input type="checkbox"/> Sitting in a rocking chair | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Cooking / Baking | <input type="checkbox"/> Helping other people | <input type="checkbox"/> Prayer | <input checked="" type="checkbox"/> Having someone listen to me without talking too much |
| <input type="checkbox"/> Talking with someone I trust (who): | <input type="text"/> | | <input type="checkbox"/> Calling family (who): | <input type="text"/> |
| <input checked="" type="checkbox"/> Other (please describe): | <input type="text" value="playing golf"/> | | | |

THINGS THAT HELP ME STAY WELL ON A REGULAR BASIS or my Personal Medicine

- | | | | | |
|--|---|---|---|---|
| <input checked="" type="checkbox"/> Getting a good night's sleep | <input checked="" type="checkbox"/> Eating 3 meals a day | <input type="checkbox"/> Exercising Regularly | <input checked="" type="checkbox"/> Eating / avoiding certain foods | <input checked="" type="checkbox"/> Taking a walk |
| <input type="checkbox"/> Meditating | <input type="checkbox"/> Doing things with friends | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Dancing | <input type="checkbox"/> Practicing my religion/ spirituality |
| <input type="checkbox"/> Making regular appointments | <input type="checkbox"/> Having someone listen to me without talking too much | <input checked="" type="checkbox"/> Being outside | <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Humor |
| <input type="checkbox"/> Journal writing | <input type="checkbox"/> Attend groups | <input type="checkbox"/> Going to work | <input checked="" type="checkbox"/> Doing things with family | <input type="checkbox"/> Read |
| <input type="checkbox"/> Attend workshops | <input type="checkbox"/> Calling my friends or family (who): | <input type="text"/> | <input type="checkbox"/> Other (please describe): | <input type="text"/> |

THINGS THAT MAKE ME FEEL WORSE: These are things that do NOT help me calm down or stay safe:

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Being alone | <input type="checkbox"/> Being around people | <input type="checkbox"/> Humor/joking | <input checked="" type="checkbox"/> Not being listened to | <input checked="" type="checkbox"/> People picking on me |
| <input checked="" type="checkbox"/> Being disrespected | <input type="checkbox"/> Loud tone of voice | <input checked="" type="checkbox"/> Being ignored | <input type="checkbox"/> People hovering over me | <input type="checkbox"/> People getting in my space |
| <input checked="" type="checkbox"/> Being reminded of the rules | <input type="checkbox"/> Being touched | <input type="checkbox"/> Being told "I understand" | <input checked="" type="checkbox"/> People nagging me | <input type="checkbox"/> Not talking to a mentor |
| <input type="checkbox"/> Being bossed around | <input checked="" type="checkbox"/> Other (please describe): | <input type="text" value="Being told I'm wrong or that I'm not doing a good job"/> | | |

1) When I notice triggers or warning signs, I will take action to prevent things from getting worse by doing these things:

- a.
- b.
- c.

Or calling the following people:

- | | | | |
|-------|--|--------|---------------------------------------|
| Name: | <input type="text" value="my wife Mel"/> | Phone: | <input type="text" value="555-5555"/> |
| Name: | <input type="text" value="my coworker Mitch M"/> | Phone: | <input type="text" value="555-5556"/> |
| Name: | <input type="text" value="my friend Kanye W"/> | Phone: | <input type="text" value="555-5557"/> |

2) When staff/family/friends notice that I'm getting upset, I'd like them to help me prevent things from getting worse by doing the following:

- a. Listen to me with out interrupting me
- b. Help me stay calm by telling me how great I am
- c. Remind me of what I can control and what I can't control

3) When I handle a stressful time without doing anything to make it worse, I can reward myself by:

- a. Getting McDonalds!
- b. Playing golf
- c. Watch T.V

Part 3: CRISIS PREPARATION

Sometimes a crisis cannot be prevented. For me, a true crisis might look like this (describe in a way you and others would be able to recognize it):

Behaviors:	I yell and scream I stay up all night tweeting I make horrible decisions at work that threaten the lives of people. I fire anyone I don't like
Feelings:	Threatened inferior Rage
Thoughts:	"Everyone is out to get me" "No one understands that I am a genius person in the world" "I'm going to hurt anyone who doesn't agree with me."



**Mental Health Advance Directive:**

• **Do you have a Mental Health Advance Directive?** Yes No

If Yes, please attach your Mental Health Advance Directive to this plan.

• **If No, would you like to learn more about developing an Advance Directive?** Yes No

If I am experiencing a crisis, I would like the following plan to be followed:

1	If it is during business hours, please call:	
	Name: <input type="text" value="my therapist"/>	Phone: <input type="text" value="555-5555"/>
2	If it's not during business hours, please call:	
	Service Provider: <input type="text" value="Resolve"/>	Phone: <input type="text" value="888-796-8226"/>
3	Please contact: Relationship: <input type="text" value="daughter"/>	
	Name: <input type="text" value="Ivanka"/>	Phone: <input type="text" value="555-5554"/>
4	Please contact my psychiatrist:	
	Name: <input type="text" value="Dr. Anthony"/>	Phone: <input type="text" value="555-5553"/>
5	Please contact my <input checked="" type="radio"/> counselor/therapist <input type="radio"/> other <input type="text"/>	
	Name: <input type="text" value="Kelly Ann C"/>	Phone: <input type="text" value="555-5552"/>
6	Please contact my <input checked="" type="radio"/> Service Coordinator <input type="radio"/> Community Treatment Team	
	Name: <input type="text" value="Mike P."/>	Phone: <input type="text" value="555-5555"/>
7	Please contact my peer support:	
	Name: <input type="text" value="Barry O."/>	Phone: <input type="text" value="555-5550"/>
8	Please contact my sponsor:	
	Name: <input type="text" value="Steve B"/>	Phone: <input type="text" value="555-5559"/>
9	Please contact my Primary Care Doctor:	
	Name: <input type="text" value="Dr. Ron Jackson"/>	Phone: <input type="text" value="555-5558"/>





12) In the past, things that have worked when I was in a crisis were:

- a. Listen to the professionals in my life
- b. Talk to my therapist
- c. Remove myself from a stressful situation.

13) Things that didn't work were:

- a. Calling any of my ex-wives
- b. Not taking my meds
- c. Making important decisions.

I will share this plan with the following people:

Name:	Eric (my son)	Contact Info:	555-5555
Name:	Donnie Jr. (my son)	Contact Info:	555-5556
Name:	Mel, my wife	Contact Info:	555-5557

My Signature: _____ Date: _____

The person who helped me complete this plan is: Service Coordinator on this Date: Jul 22, 2020

I received a copy of this plan on this date: Jul 22, 2020

I reviewed and updated this plan on this date: Nov 3, 2020 Initials: DJT I received a copy on : Nov 3, 2020

I reviewed and updated this plan on this date: _____ Initials: _____ I received a copy on : _____



MY PERSONAL CRISIS/RECOVERY PLAN**NAME:** Donnie**CREATED ON:** Jul 22, 2020**THINGS TO NOTICE****Triggers:**

Difficulties with coworkers, Arguments, Problems at work, Being picked on, Financial problems, Difficulty with friends, Not having control, Problems with authority figures, Feeling people are talking about me, Contact with a particular person: Nancy and Chuck, Contact with my family: Niece

Thoughts/Inside Warning Signs:

Racing thoughts, Increased appetite, Feeling paranoid – others are out to get me, I go on twitter in the middle of the night.

Outside Warning Signs:

Sweating, Breathing hard, Red faced, Loud voice, Sleeping less, Hyperactivity, Swearing, Being rude, Paranoia, Eating more, Argumentative, Uncooperative, Refusing to take my medication

MY PERSONAL CRISIS/RECOVERY PLAN**When I notice triggers or warning signs, I will take action by doing:**

- A: "I will put down my phone and take a deep breath"
- B: "I will go for a walk in my rose garden"
- C: "I will take a sip of water with both hands"
- Or calling:
 - my wife Mel at 555-5555
 - my coworker Mitch M at 555-5556
 - my friend Kanye W at 555-5557

When others notice that I'm getting upset, I'd like them to:

- A: Listen to me with out interrupting me
- B: Help me stay calm by telling me how great I am
- C: Remind me of what I can control and what I can't control

MY PERSONAL CRISIS/RECOVERY PLAN**Things that help me stay better NOW:**

Taking a break in my room, Sitting with staff, A cold cloth on face, Hugging a stuffed animal, Watching TV, Drinking water, Having someone listen to me without talking too much, playing golf

Things that help me stay well on a REGULAR BASIS:

Getting a good night's sleep, Eating 3 meals a day, Eating / avoiding certain foods, Taking a walk, Being outside, Doing things with family

Things that make me feel worse:

Not being listened to, People picking on me, Being disrespected, Being ignored, Being reminded of the rules, People nagging me, Being told I'm wrong or that I'm not doing a good job

If I am experiencing a crisis, I would like the following plan to be followed:

During business hours, please call:
my therapist at 555-5555

After business hours, please call:
Resolve at 888-796-8226

Please contact daughter:
Ivanka at 555-5554

Please contact my psychiatrist:
Dr. Anthony at 555-5553

Please contact my counselor/therapist:
Kelly Ann C at 555-5552

Please contact my Service Coordinator:
Mike P. at 555-5555

Please contact my peer support:
Barry O. at 555-5550

Please contact my sponsor:
Steve B at 555-5559

Please contact my Primary Care Doctor:
Dr. Ron Jackson at 555-5558

Recovery/Crisis Plan Conclusion

- If you have any questions, feel free to contact us:
 - Eric Rhodes, Community Care
 - Christine Smith, Community Care

