



# Recovery Roadmap

## Strengths-Based, Person-Centered Inquiry

Date: \_\_\_\_\_

Person's Name: \_\_\_\_\_ Your name: \_\_\_\_\_

### RATIONALE

Focusing solely on deficits in the absence of a thoughtful analysis of strengths disregards the most critical resources an individual has on which to build in his or her efforts to advance in his or her recovery. Therefore, the assessment of strengths and resources, including how they might inform the treatment plan, is an essential component of person-centered recovery planning. This assessment should be completed through in-depth discussion with the individual, and (with the individual's permission) through collateral contacts with the individual's family and natural supports. Note that these questions present a guide to shape conversation but you are free to modify both the content and the order in whatever manner facilitates connection with the individual.

### INTRODUCTION

Today, I am going to be asking you a lot of questions so I can get to know you better. Some of the questions might be things like:

- *What do you like to do for fun?*
- *Who are the most important people in your life?*
- *What are your dreams for the future?*

You may wonder what these questions have to do with your mental health treatment. We think that these things can, or should be, a very important part of your recovery and care. Because sometimes the best way to deal with symptoms or things we struggle with is by using our strengths or things we are good at. Together, we'll learn more about those things, and talk a bit about how you might put them into action and include them in your recovery plan.

## Your interests and activities

1. What does your “typical” day look like?
2. Are there ways that you could improve your day or make it more enjoyable?
1. What activities/hobbies do you enjoy at home? In the community?
2. Who do you enjoy these things with?
3. Are there some things in the community that you’d like to get more involved in?
4. If you could plan the “perfect day,” what would it look like?

## Your strengths

1. My best qualities as a person are...
2. Something I would NOT change about myself is...
3. I am most proud of...
4. My sense of humor is...
5. The times I am most at peace are when...
6. People like that I am (people say they like my...)
7. I feel good about myself when...
8. The things that help me to make it through the day when I am down are...
9. I help other people out by... (Something I give to others that makes me feels good is...)
10. The best compliment I ever received was...

## Your relationships

1. Who are the most important people in your life right now?
2. Do you feel like people know who you are as a person?
3. Do you feel understood? Is there someone that believes in you?
4. When you need someone to talk to or lean on, who do you turn to? Who do you trust the most to be there for you?
5. Are there people that depend on you?
6. Do you know people in recovery (role model) that you can talk to? Is this something you would like?
7. What do you look for in a close relationship?

8. Do you have a romantic or intimate relationship?
9. Are you satisfied with your social life? Do you have friends you currently spend time with or would you like to meet more people?
10. Is there anyone you'd like to spend more time with?

### **Living situation**

1. Describe your current living situation. How satisfied are you with this living arrangement?
2. What do you like best about it? What would make it better?
3. What are the most important things to you when deciding where to live?
4. Are you interested in living in another place? If so, what setting would you prefer?
5. What about your safety when you go out into the neighborhood?
6. How do you get around town? Can you get to the types of things you need to, e.g., shopping , activities, etc. Would you like to expand your options for getting around, e.g., learning bus routes or how to drive?

### **Vocational Identity—Employment & Education**

1. Are you currently working? If so, where? What do you do? Is it full-time or part-time?
2. How do you feel about your job?
3. Do you do any volunteer work? If so, where? What do you do?
4. Have you worked in the past? If so, what type of positions have you held?
5. What did you like the most about those jobs? What did you like least about those jobs?
6. Are you interested in getting a job now?
7. What is your highest level of education?
8. What was your favorite subject?
9. What kinds of things have you studied or learned in the past? In school or in other types of learning groups, e.g., book clubs, bible study, etc?
10. What would you like to learn now?
11. Do you have concerns about going back to school?
12. What kinds of help might you need to go back to work? And who could help you?

## Cultural Identity and Spiritual life

1. Where are you from? How would you describe your ethnicity (meaning, what is your country of origin or your family background or identity, ex. Are you from the US, Puerto Rico, The Caribbean Islands? Irish, Pakistani, Japanese, etc. )
2. Describe your cultural heritage? (e.g., customs, traditions, values)
3. Are you an immigrant? Tell me about the pathway that brought you to \_\_\_\_\_?
4. How do you self-identify racially?
5. Do you have extended family nearby? If not, where are they? Do you attend family reunions or other family outings?
6. What is your primary language? Can you understand the language in which you are offered services?
7. How does your culture/family feel about mental health problems? How do they respond to your mental health?
8. What supports from your cultural heritage/traditions are important for you?
9. How important is faith/spirituality in your life?
10. What type of spiritual or faith activities do you participate in?
11. How satisfied are you with your opportunities to participate in your spiritual practice or attend the congregation of your choice right now?
12. How/What kind of help, if any, do you need to help you find the spiritual support or to participate in a religious community?
13. Are there people in your church or faith community that are aware of your mental health challenges? How has that been helpful to or hindered your recovery?

## Financial Situation

1. What are your sources of income?
2. Does anyone help you with money management? If so, how do they help you?
3. What do you spend your money on? What do you do to stretch your dollars?
4. How much control do you have in managing your money? How is that working for you?
5. Would you like to be more independent with managing your finances? If so, how do you think you could do that? Who could help you?

## Safety and Legal Issues

1. Are you dealing with any legal issues right now?
2. If your legal issues are bothering you, how can your team help?

## Lifestyle and Health

1. Do you have any concerns about your overall health?
2. What do you do to take care of your health?
3. Are you getting enough rest?
4. Are you getting enough exercise?
5. Are you satisfied with the amount and kinds of foods you eat?
6. Are there other habits you'd like to change? If so, what kind of help would you need?
7. Now can you tell me a little bit specifically about your mental health? How have things been going for you lately?
8. Have you had any concerns about your medication? Do you feel like they are helping you? Are you being bothered by any side effects?
9. What kinds of services have you received in the past to help you manage your symptoms and your recovery? (For example individual therapy, group therapy, vocational rehabilitation, case management, medication, peer support, etc.)
10. And how helpful have you found these services to be?
11. Do these programs/services support your recovery?
12. And are there things you do on your own that help you feel better?

## Your Choice-Making Style

1. Do you feel like you can stand up for yourself? If so, how do you stand up for yourself?
2. What are the some of the choices that you currently make in your life?
3. Are there choices in your life that are made for you? If yes, tell us a bit more about that....
4. How does it make you feel to have others make choices for you?
5. If other people make choices for you, does it give you a sense of security? How does it make you feel?
6. What would you need to feel secure in making some more of your own choices?
7. Do you have an Advance directive? If so, is your primary clinician/case manager aware of it and how best to honor it in the event if a crisis?

## Your Hopes and Dreams

1. Could you tell me about your hopes or dreams for the future?
2. Have your hopes and dreams changed over time? If so, how?
3. What kind of dreams did you have before you started having mental health difficulties?
4. How did they change and why?
5. When you were a child, what did you want to be when you grew up and why?
6. What are some things in your life that you hope you can do and change in the future?
7. Do you feel like you can do those things or make those changes?
8. Do you feel like you can set goals for the future and achieve them?
9. Do you think people would support you in that?
10. Do you have hope that you can/will recover?
11. If you went to bed and a miracle happened while you were sleeping, what would be different when you woke up? How would you know things were different?