

Stanislaus County Behavioral Health and Recovery Services

STANISLAUS RECOVERY PROJECT: Milestones in Recovery from Mental Illness

September 13, 2004

Recovery from alcohol and other drug (AOD) addiction is a process that is fairly well described (i.e., Terence Gorski's Developmental Model of Recovery, Stephanie Brown's A Developmental Model, etc.), and understood by people in recovery as well as by most AOD treatment providers. Conversely, recovery from serious forms of mental illness is not well described. In an effort to understand the process of recovery from serious mental illness more effectively, we began a focused dialogue with our consumers who identified themselves as persons in recovery. We were interested in their experiences and perceptions about their own recovery process.

In the fall of 2002, a subcommittee of Stanislaus County Behavioral Health and Recovery Service's Adult System of Care Quality Improvement Council which was made up of staff, recovering staff and consumers was convened. The committee began with the premise that there might be certain significant "recovery milestones" that many people commonly share in their recovery from mental illness. The group of recovering consumers was made up of adult men and women who had a range of mental illnesses, including major thought disorders, mood disorders and anxiety disorders. Some, but not all, were in recovery from co-occurring substance use disorders as well.

The focus was specifically on recovery from mental illnesses, with the understanding that there would be parallels and differences with recovery from substance use or addiction. One of the first milestones was in identifying the point in a person's recovery where he/she took positive responsibility and ownership of his/her recovery. Many identified steps that occurred before this point were also explored. A listing of significant points in people's recovery began to take form. The work-in-progress was shared with several consumer focus groups for their feedback and ideas. This included consumers at various locations and circumstances, including individuals in community support groups in different parts of Stanislaus County, consumers at our drop-in center and consumers in the psychiatric hospital. Their ideas were incorporated, and the committee began to organize around certain themes that many recovering people shared with others as part of their recovery. These themes included hope, personal responsibility, consumer relationships with providers, managing symptoms, and the benefits of recovery. The results of this process, through consensus, resulted in eight key milestones in the recovery from mental illness.

In October 2003, the Quality Improvement Council requested continued work on this project in the development of subjective and objective behavioral anchors for each milestone. Behavioral anchors were seen as a way to expand our understanding and awareness of each milestone. A new committee was formed with the majority of the members being recovering consumers and recovering staff. Again, these were people who identified themselves as being in recovery from a mental illness. Four other staff were a part of this committee as well, including our Department's Medical Director. This committee met bi-weekly over a four-month period of time. The committee started with a milestone and discussed what it was like for someone to be at that milestone; what his or her subjective thoughts, feelings and experiences were at that point in time.

As common ideas emerged and consensus was reached that many people shared a particular experience, it was noted. This process was repeated for each milestone. As with the milestones

themselves, most of the committee members took the work-in-progress to other consumer groups they were a part of and asked for feedback. This feedback was given to the committee for consideration and discussion. The staff's responsibility consisted primarily of asking questions and seeking clarification as the process unfolded. Occasionally, staff made suggestions, sometimes sparking further discussion, but the consumers were the "experts."

Following the listing of subjective indicators for each milestone, the committee then set out to understand the objective indicators as well. The committee went back through each milestone and discussed what another person would see or observe about someone if he/she were at that particular milestone in their recovery.

Again, the same consensus process was used. Once all of the milestones had both subjective and objective indicators drafted, it was sent to a number of groups for feedback. This included, but was not limited to the following: consumer led support groups (including groups at our psychiatric inpatient unit), numerous staff facilitated treatment groups, Wellness-Recovery groups, Adult System of Care Program Coordinators, Adult System of Care programs, contract provider staff and teams, our local Consumer Network, local alliance groups, Behavioral Health and Recovery Services Senior Leadership Team, and the Quality Management Team. All feedback was routed back through the committee for consideration. The committee's consumers made the final decision of what indicators to include.

This process also generated a list of recovery "life domains" that committee members thought were crucial to consider in someone's recovery. Life domains include those things cited by people as important to their "quality of life," or being significant in their recovery. They include housing, employment, family, physical health, cultural and spiritual well being, self-advocacy, legal issues, financial concerns, safety, alcohol and drug use, and other considerations. The consumers on the committee then decided to reword the milestones as "I" statements and were able to frame them in the acronym "recovery." A poster was developed from this effort and has become the front page of the milestone document. This poster has been posted in all Stanislaus County Behavioral Health and Recovery Services Adult System of Care programs. Consumer response has been overwhelmingly positive. Many consumer led support groups now use this as a starting place for in-group discussions about recovery. Other consumer feedback and discussion includes: the idea that there is not one 'right' way to describe recovery; that recovery is not linear; that recovery needs to be self-defined; that there are common barriers to recovery; and that these milestones provides a good "jumping off point" for these discussions.

The next step in this Quality Improvement project, which is currently underway, is to develop outcome measures that are based on these milestones. Two Teleforms were developed for consumers to fill-in (or bubble). The first Teleform asks our consumers to mark what milestone they believe most closely matches where they are at in their recovery. The second Teleform asks consumers to indicate the top three recovery life domains they feel need to be addressed in their recovery.

Finally, systems of treatment stages were developed from these milestones. The milestones were compared to the Stages of Change Model (described by Prochaska and DiClemente and others). It was found that the milestones paralleled the stages of change process very well. This was a wonderful and unexpected development. Eight treatment stages were then defined that addressed each particular milestone and stage of change. The title and definition of each stage involved consumer and staff input, review and feedback. The line-up between the stages of treatment and the milestones was adjusted slightly to be consistent with the format used in the Substance Abuse Treatment Scale (SATS -

described by Mueser and others), and to have two stages for each of the four main stages of change. A Teleform was developed for staff to complete that identifies what stage of change they evaluate the consumer to be currently at in treatment. All three Teleforms (two bubbled by the consumer, one by staff) are done on the same day. This data is currently being collected on a quarterly basis.

This offers line staff and administrators insight of where consumers see themselves in recovery compared with the service provider’s perceptions of them within our recently developed stage of change paradigm. Asking our consumers to self-rate themselves on where they see themselves in recovery also brings up recovery kinds of conversations between consumers and their providers. Ultimately, programs could design and provide services that are more closely aligned with both the stages of change and the milestones of recovery for individuals we serve.

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Attachments:

- Page 4.....Milestones as “T” statements
- Page 5.....Consumer Generated Milestones in Recovery from Mental Illness
- Page 6.....Recovery Life Domains
- Page 7 – 10.....Subjective and Objective Indicators
- Page 11.....Mental Health Recovery Treatment Stages (MHRTS)
- Page 12.....Crosswalk Comparison Between Milestones and Stages of Treatment
- Page 13.....Teleform: Milestones
- Page 14.....Teleform: Recovery Life Domains
- Page 15.....Teleform: Stages of Treatment (MHRTS definitions to be printed on reverses side)

Milestones in Recovery from Mental Illness

R	I begin to recognize my inner distress but may be unable to identify what it is.
E	I begin to examine my distress with the help of others.
C	I choose to believe that hope exists.
O	I start overcoming those symptoms that keep me from examining what is important to me in life.
V	I voluntarily take some action toward recovery.
E	I start to enjoy the benefits of mutual recovery.
R	I am responsible for my own recovery.
Y	Yes , helping others strengthens my recovery.

Recovery is Possible!



Behavioral Health and Recovery Services

A Mental Health, Alcohol and Drug Service Organization

Sponsored by the Stanislaus County Board of Supervisors
January 2004

Consumer Generated Milestones in Recovery from Mental Illness

“Recovery is Possible”

Milestone #1

Beginning awareness of problem(s) within oneself.

Milestone #2

Willingness to discuss problem and accept help.

Milestone #3

Begin to believe that hope and recovery are possible.

Milestone #4

Coping with symptoms and examining life circumstances. (Consumer-identified symptoms that interfere with recovery have been sufficiently managed so as to allow one to start to examine life circumstances.)

Milestone #5

Takes action step(s) directed towards recovery.

Milestone #6

Actively participates in mutual aid, peer support and/or treatment. Begins to experience benefits of recovery.

Milestone #7

Takes ownership/responsibility for one's own recovery.

Milestone #8

Being of service to others strengthens one's own recovery.

Key milestones in the recovery process from mental illness, developed by consensus groups of consumers and providers. These milestones were developed from the consumers' point of view, identifying those key accomplishments that are commonly a part of the **progression** of their recovery process. There are many other accomplishments in numerous life domains that are a part of the **breadth** of a person's recovery; many listed on the next page.

* NOTE: These are the same consumer generated milestones as the RECOVERY poster on the preceding page, but not worded as 'I statements.'

Recovery Life Domains

Housing and Living Situation

Employment / Vocational / Volunteerism

Family

Physical Health and Physical Well-being

Behavioral and Emotional Well-being

Social Contacts and Activities

Community Knowledge and Access

Cultural / Spiritual Well-being

Self-Advocacy

Legal / Social Service Assistance

Education

Financial

Safety: Personal, Others, Public

Relapse Prevention and Response

Meaningful Roles in Life

Consumer Oriented Milestones in Recovery from Mental Illness
ASOC – QIC Work Group on Milestones in Recovery

Milestone met:	Subjective Indicators:	Objective Indicators:
None yet.	<ul style="list-style-type: none"> - Defensiveness. - Desperation. - Hopelessness. - Anxiety. - Fear. - Worthlessness. - Lack of satisfaction. - Resignation and fatalism. - Disconnectedness. - Unable to identify own feelings. - Unable to identify feelings in others. - Emotionally numb. - Feeling isolated. - Loneliness. - Emptiness. - Unable to feel pleasure. 	<ul style="list-style-type: none"> - Isolation. - Lack of social support. - Loss of self-care. - Unaware of problem. - Inattention to personal hygiene. - Not completing tasks. - Loss of family, housing, job, independence - Unable to describe problem. - Sleep disturbance. - Weight change. - Substance use/abuse, self-medication. - Self-destructive behavior. - Disorganization. - Impulsiveness. - Agitation. - Memory loss. - Attention problems. - Obsessiveness.
1. Beginning awareness of problem(s) within oneself.	<ul style="list-style-type: none"> - Beginning awareness of problem. - Lack of understanding. - Ambivalence. - Some questioning of self. - Realize hitting bottom. - Loss of self-worth. - Many earlier indicators initially may subjectively worsen. - Seeing reality differently than others. - Rationalizations. - Questioning other people. - Reality checking. - Not wanting to admit problem or illness because of what it means to have the illness. - Fear of stigma and labeling. - Spiritual loss. - Internal questioning. - Fear of being powerless over problem. - Self-doubt. - Confusion. - Beginning to realize that problematic alcohol or drug use is not working for me. 	<ul style="list-style-type: none"> - Avoidance or unwillingness to discuss illness. - Any of earlier indicators may worsen. - Start and stop talking about problem. - Express desire to solve problem alone. - On and off questioning. - Variable willingness to verbalize internal questioning. - Reality checking. - Easily coerced, compliant. - Passive resistance. - Listening but not talking. - Showing up but not participating. - Not knowing what to do.

2. Willingness to discuss problem and accept help.	<ul style="list-style-type: none"> - Resignation without responsibility. - Giving up without the empowerment of surrender. - Spiritual openness. - Unaware that recovery is possible. - See illness, not just problem. - Start to connect behavior to problems and circumstances in life. - Becoming aware of the impact of alcohol or other drugs on my wellbeing. - Becoming aware of how medications interact with other substances. 	<ul style="list-style-type: none"> - Made appointment with service provider. - Gathering information on illness. - Made decision to get help. - Made choice to give medications a chance to work. - Compliance with treatment. - Passive compliance. - Self-identification of illness. - Increased understanding of illness. - Willing to discuss problem. - Willing to accept help. - Willingness to accept support.
3. Begin to believe that hope and recovery are possible.	<ul style="list-style-type: none"> - Distancing from self-identification with problem "I'm not my mental illness". - Acceptance of illness experienced as empowering. - Beginning to believe that "recovery is possible" - Experiencing a spark of hope. - Start to believe that it is okay for life to be good. - Recognize that stigma can be addressed - Less shame and guilt about mental illness - Begin to feel revitalized by a cultural/ spiritual connectedness beyond just self, and that this connectedness could be a resource that is helpful in recovery. - Increased awareness of personal appearance. - Begin to believe that recovery from problematic alcohol or drug use is possible. 	<ul style="list-style-type: none"> - May move quicker if prior experience with other recovery in self or others. - Increased planning for the future. - Starting to talk in a positive future oriented language. - Increased willingness to discuss the illness. - Improved hygiene. - Initiate conversations with others. - Improved self-care.
4. Coping with symptoms and examining life circumstances. (Consumer-identified symptoms that interfere with recovery have been sufficiently managed so as to allow one to start to examine life circumstances)	<ul style="list-style-type: none"> - Begin to consider forgiveness of self and others. - Start to examine life's circumstances. - Begins to identify which symptoms are important to them to address in order to examine their life circumstances. - Coping with symptoms. - Appropriate medications may be viewed as helpful. - Interest in learning more about mental illness and its treatment. - Thinking about a life beyond just managing the mental illness. - Start to identify connection between triggers / situations and symptoms. - Able to avoid triggers. - Awareness that total elimination symptoms is not as important as taking responsibility for own actions and moving forward in recovery. - Recognition that living environment effects recovery. - Discrimination between multiple symptoms and multiple causes / illnesses. - Not letting symptoms stop from 'being in action'. - Self-acceptance starts to replace internalized stigma. - Became almost like own case manager. - Return of resiliency in life. - More aware of own strengths. - Emotional acceptance of symptoms. - Realistically sees symptoms for what they are. - Not feeling as stuck. - Exploring and investigating resources to cope with symptoms. - Experiences increased hope. 	<ul style="list-style-type: none"> - Increased ability to recognize and identify feelings. - Coping with triggers. - Avoiding situations with triggers. - Willing to engage in conversations about life's circumstances. - Able to self-identify and prioritize which symptoms are important to be addressed. - Beginning to ask questions about recovery. - Learning from how others are managing their symptoms. - Return of sense of humor. - Increased socialization. - More time spent in the community. - Less social isolation. - Making use of groups. - Increased motivation in life as evidenced by increased hygiene, grooming, and self-care. - Showing up more frequently at work or social situations. - Successful management of symptoms. - Reduction in problematic alcohol or drug use.

<p>4. Continued</p>	<ul style="list-style-type: none"> - Examine what it means to have a mental illness. - Beginning to manage problematic alcohol or drug use. 	
<p>5. Takes action step(s) directed towards recovery.</p>	<ul style="list-style-type: none"> - Starts to practice forgiveness of self and others. - Educate self on recovery and asks self "what does recovery mean to me?" - Healthy fear of relapse. - Increased self-esteem. - Increased energy. - More willing to examine painful / fearful aspects of illness in a way that does not trigger symptoms. - Intentional use of coping skills with specific symptoms. - Experience an attraction to environments that support recovery. - Discovery of multiple choices in managing symptoms. - Hanging onto things that matter. - Value role in life. - Increased interest outside of just the illness. - Feeling of being "back on track." - Feeling good about abstaining from problematic alcohol or other drug use. 	<ul style="list-style-type: none"> - Increased interaction with people that support recovery. - Avoiding people and places that don't support recovery or that stigmatize. - Seeking information about recovery. - Attending groups. - Increased communication with others. - Increased family participation. - Inquiring about self-help groups. - Increased research about illness. - Increased decision-making ability. - Making decisions and taking actions directed toward recovery. - Increased exercise and activity. - Increased interest in personal spirituality and/or supportive community. - Increase internal motivation. - Increased awareness of physical/mental/social/spiritual needs. - Trying-out recovery activities in spite of fears. - Abstaining from problematic alcohol or other drug use.
<p>6. Actively participates in mutual aid, peer support and/or treatment. Begins to experience benefits of recovery.</p>	<ul style="list-style-type: none"> - Recovery happens every day. - Forgives self and others. - Stigma put in its place. - Illness put into perspective. - Realizing "I am not alone." - Not regretting the past as an intentional recovery practice. - Realizing that active recovery is more than just the management of symptoms. - Actively working recovery program. - Realization that the more actively recovery is worked, the more benefits are experienced. - Greatly increased hope for continued improvement. - Honesty, open-mindedness, and willingness experienced as key ingredient in actively working recovery. - Sense of belonging, no longer alone. - Feeling 'cleansed' and more comfortable and at ease. - Sense of serenity. - Feeling empowered about impacting illness. - Increased confidence. - Recovery stories really speak to the person on a deeper level. - Really listening, not just hearing. - Empathy for others developed. - Feeling unburdened and empowered. - Sense of belonging in support and peer groups. - Self-esteem increases. - Reawakening of hopes and dreams. - Specific hopes of "getting my life back" increase. - Feel more on track. - Future expands with each achievement. - Increased responsibility feels good. - Desire to be more responsible for own recovery. 	<ul style="list-style-type: none"> - Makes active use of treatment and seeks perceptions of trusted others. - Link with peers - Increased interest in recovery stories. - Sharing from own experiences with others. - Becoming more open to staff suggestions and/or becoming more open to peers sharing and how this sharing can be applied to one's own experience. - Takes own medications. - Able to proactively plan for continued recovery. - Able to plan relapse prevention and relapse response strategies. - Builds support system. - Practices some tools of recovery. - Increased involvement in the community. - Actively participating in self-help and treatment groups. - Starts doing things that work for, rather than against, one's own recovery.

6. Continued	<ul style="list-style-type: none"> - Want to take care of self. - Increased independence, letting go a little, return of confidence. - Having fun in recovery. - Serenity maintains self-esteem in the face of stigma. - Grateful, sense of gratitude. 	
7. Takes ownership/responsibility for one's own recovery.	<ul style="list-style-type: none"> - Sense that this is "my recovery." - Empowered ownership of own recovery. - Confidence in recovery. - Accepting that recovery is real. - "I want to keep this recovery." - Generating own recovery. - Feels uncomfortable when not following own recovery plans. - Feels security in having own relapse prevention plan. - Partnering with Psychiatrist/ therapist/ counselor in own treatment where possible. - Values treatment providers who convey a belief in "my recovery." - Believes in own recovery. - Desire to work on recovery whether or not the treatment provider is 'recovery oriented'. - Feels increased empathy with others struggling with mental illness. 	<ul style="list-style-type: none"> - Follows relapse prevention plans and strategies. - Shares own recovery stories generally with others. - Participating fully in relapse prevention plans. - Increased future planning. - Increasing ability to take care of one's own needs. - Increasing ability to advocate for oneself. - Increasing use of recovery principles as related to illness. - Improved personal boundaries between self and others. - Becomes proactive in finding a provider that meets my needs as a recovering person. - Becomes assertive in statements to provider about what helping in recovery process.
8. Being of service to others strengthens one's own recovery.	<ul style="list-style-type: none"> - Sense of community. - Volunteer - Feels sense of validation in own recovery. - Strengthens trust in own recovery. - Sense that recovery is "the right thing for me." - Finding meaningful purpose in life. - Feels fulfilled when practicing recovery principles and being of service to others. - Feels peace and gratitude. - Sense of humility, growth, and strength when expressing vulnerability. 	<ul style="list-style-type: none"> - Increased sharing of own recovery stories with others. - Able to bond with others. - Increased volunteerism. - Increased support provided to others. - Balances activity with rest and recreation. - Uses good judgment in forming relationships. - Demonstrates healthy boundaries in relationships. - Increased use of recovery principles in all areas of life.

Mental Health Recovery Treatment Stages (MHRTS)

Assess the stage of mental health treatment that best matches where the consumer is in their treatment and recovery and best matches the recovery milestones they have achieved.

(CHOOSE ONE)

- 0 No mental health problems reported.**
- 1 Pre-Engagement** ---The person does not have contact with a mental health service provider or substance abuse service provider.
- 2 Engagement / Outreach**--- May have a lack of regular contact with treatment provider or lack of a working alliance. May have some beginning awareness of the problem, but not fully willing to accept help or not knowing where to get the right help. Possibly beginning to recognize inner distress, but unable to identify what is causing it.
- 3 Contemplation / Exploration**--- Seeks help and/or has regular contact with treatment provider. Working relationship is beginning to be established. Willing to discuss problem and starting to accept help. Beginning to examine distress with the help and support of others. Increasing openness to information about the illness.
- 4 Recovery Awareness**---Beginning to believe that recovery is possible. Becoming hopeful about the possibility of getting better. Increased willingness to discuss the illness. Increased awareness of the illness and of recovery.
- 5 Stabilization / Beginning Recovery**---Those symptoms identified by the consumer as interfering with their recovery are becoming managed sufficiently to allow the consumer to examine their life circumstances. They are able to self-identify and prioritize which symptoms are important to be addressed. These symptoms are becoming stabilized, possibly with medication and symptom management skills, and learning from others how they are managing their symptoms. Abstaining from alcohol or other drug use if use is problematic. Consumer is actively participating in his or her own treatment and recovery. Setting recovery goals and taking action steps. Increased awareness of physical/mental/social/spiritual needs.
- 6 Active Recovery**---Actively participates in mutual aid, peer support and/or treatment. Begins to experience the benefits of recovery. Practices the tools of recovery. Shares own experiences with others. Links with recovering peers and builds support system. Able to make relapse prevention plans. Responsible for taking own medication.
- 7 Relapse Prevention**---Takes ownership/responsibility for own recovery. Follows relapse prevention plans and strategies. Increased ability to advocate for oneself. Communicates clearly with provider about what is helping in recovery process and with symptom management. Increased use of recovery principles related to illness. Increasing independence and self-sufficiency.
- 8 Maintaining Recovery**---Continued recovery strengthened by generosity toward others and being of service to others. Strong relapse prevention strategies continue to be used. Increased support provided to others. Balances activity with rest, nutrition and recreation. Demonstrates healthy boundaries in relationships. Increased use of recovery principles in all areas of life.
- 9 UNABLE TO RATE**

Stages of Mental Health Recovery and Treatment

9/2004

Crosswalk with Milestones, Stages of Change and Stages of Treatment

Consumer Generated Milestones in Recovery from Mental Illness: (Stanislaus County BHRS)	Stages of Treatment:	Stages of Change:	Stages of Recovery Oriented Mental Health Treatment: (Stanislaus County BHRS)
1. Beginning awareness of problem(s) within oneself. “I begin to recognize my inner distress but may be unable to identify what it is.”	Engagement	Precontemplation	1. Pre-Engagement
			2. Engagement/ Outreach
2. Willingness to discuss problem and accept help. “I begin to examine my distress with the help of others.”	Motivation	Contemplation	3. Contemplation/ Exploration
			4. Recovery Awareness
3. Begin to believe that hope and recovery are possible. “I choose to believe that hope exists.”		Preparation	
4. Coping with symptoms and examining life circumstances. “I start overcoming those symptoms that keep me from examining what is important to me in life.”	Active Treatment	Action	5. Stabilization and Beginning Recovery
			6. Active Recovery
5. Takes action step(s) directed toward recovery. “I voluntarily take some action toward recovery.”			
6. Actively participates in mutual aid, peer support, and/or treatment. “I start to enjoy the benefits of mutual recovery.”			
7. Takes ownership / responsibility for one's own recovery. “I am responsible for my own recovery.”	Relapse Prevention	Maintenance	7. Relapse Prevention
			8. Maintaining Recovery
8. Being of service to others strengthens one's own recovery. “ Yes , helping others strengthens my recovery.”			

NOTE: Milestones and Stages of Mental Health Treatment do not line up perfectly because the Milestones were developed first from a consumer’s point of view; the Stages of Mental Health Treatment were then developed from the Milestones but were adjusted slightly to be consistent with the SATS format and to have two stages for each general Stage of Treatment.

Milestones in Recovery

Consumer

Client Name: _____

Client Number:

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There are many paths in recovery. A number of consumers like you have described the following common milestones along their journey. Starting from the top, the milestone that best describes where I am at in my recovery today is:

Please choose only one.

- I have no recovery needs.
- R** I begin to **recognize** my inner distress but may be unable to identify what it is.
- E** I begin to **examine** my distress with the help of others.
- C** I **choose** to believe that hope exists.
- O** I start **overcoming** those symptoms that keep me from examining what is important to me in life.
- V** I **voluntarily** take some action toward recovery.
- E** I start to **enjoy** the benefits of mutual recovery.
- R** I am **responsible** for my own recovery.
- Y** **Yes**, helping others strengthens my recovery.
- Unknown



9942

Milestones in Recovery Recovery Life Domains Consumer

Client Name: _____

Client Number:

Reporting Unit:

Date:

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1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Recovery Life Domains - Please choose the top three (3) only.

Areas in my life that I most need to focus on in my recovery:

- Housing & Living Situation
- Employment / Vocational / Volunteering
- Family
- Physical Health & Physical Well-being
- Mental & Emotional Well-being
- Alcohol or Drug Use
- Social Contacts & Activities
- Community Knowledge & Access
- Cultural / Spiritual Well-being
- Self Advocacy
- Legal / Social Service Assistance
- Financial
- Safety: Personal, Others, Public
- Relapse Prevention & Response
- Meaningful Roles in Life



**Stages of Treatment:
Recovery Oriented Mental Health Service
Staff**

Client Name: _____

Client Number:

1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Reporting Unit:

1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Date:

/ /

1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Staff Number:

1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please choose only one. For further explanation of each item please see back of form.

- 0. No mental health problems reported
- 1. Pre-Engagement
- 2. Engagement / Outreach
- 3. Contemplation / Exploration
- 4. Recovery Awareness
- 5. Stabilization / Beginning Recovery
- 6. Active Recovery
- 7. Relapse Prevention
- 8. Maintaining Recovery
- 9. Unable to rate

ASOC Risk Level:

1
 2
 3
 Less than level 3

