

Collaborative Care Plan

Caring consumers, a person living with a diagnosis of a mental health condition and loved ones working together using clear, supportive, compassionate communication achieve better outcomes. The Collaborative Care Plan (“CCP”) provides a framework for mental health consumers, their loved ones, and clinicians to better communicate. The goal is to facilitate shared decision making by incorporating the expectations, needs, and roles of all participants. Balancing the sometimes conflicting needs of the consumer and their loved ones is a sound foundation for long term recovery. Using the CCP, the consumer's care network together develops treatment objectives, responsibilities, and action plans. Developing a CCP when participants have clarity of mind without the pressures of an unfolding crisis can help mitigate and manage the everyday challenges and extreme uncertainty associated with mental illness. The biggest uncertainty may well be how we will be impacted and behave in a mental health crisis. Moreover, the CCP can make both the consumer and their loved ones feel better about the treatment process as they all have a say and sense of ownership in the process. This dynamic may foster a virtuous cycle of improved interpersonal relations, decreased symptomology, increased consumer compliance, improved self-care, and reduced caregiver fatigue.

I. Principles

The following principles seek to maximize consumer engagement in the collaborative care process. Of the three principal parties in collaborative care, the consumer, the family or other loved ones, and the clinician, it is most often the consumer who is reluctant to participate and early to terminate. Therefore, any and all actions that engage the consumer and keep them engaged are to be emphasized and pursued. The design and implementation of the CCP may be guided by these principles, which may also guide treatment relationships generally. It is important to acknowledge and appreciate that, although there are many treatment approaches, there is no one-size-fits all approach. Treatment approaches must be open-ended and flexible to easily adapt to varying circumstances. They should be revisited often to recognize the evolving nature of a mental illness.

Principles 1: Improved Consumer Outcomes

Consumer outcomes improve if the consumer accepts family involvement in care and families are amicably involved in care.

Principle 2: Consumer-Family-Clinician Alliance is Critical

Consumer-family-clinician alliance is critical. No fault is attributed to any of these parties for the mental illness.

Principle 3: Consumer-Driven

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Consumer responsibility, ownership, and self-empowerment enhances consumer engagement. To maximize consumer engagement, care is consumer-driven. The family and clinician play critical supporting roles. Each party contributes equally, but, in normal course, deference is typically granted to the consumer's preferences and objectives unless their judgment has been substantially impaired. When a consumer is provided more control over the process they are more likely to continue treatment and more agreeable to family participation in care.

Principle 4: Impaired Capacity

Consumers, families, and clinicians should all acknowledge the reality that certain severe mental health conditions can impair someone's capacity to fully understand the nature of their condition and exercise reasonable judgment about their treatment preference. Dialogue about that possibility before it arises should be encouraged before an emergency situation and potential necessity for involuntary treatment arises.

Principle 5: Mutual Respect

Consumers, families, and clinicians have mutual respect for each other's experiences, preferences, and objectives. Experiences living with a condition, supporting someone with a condition, and treating someone with a condition are each respected and considered relevant to informing someone's care, particularly when these views are integrated.

Principle 6: Consumer Illness Objective

The illness is the object of the care, not the family. Treatment should be recovery-oriented and wellness targeted. In family therapy, the family itself is the object of treatment.

Principle 7: Strengths not Deficits Based

Respective contributions are strengths not deficits based. Emphasize the subject's strengths as opposed to deficiencies.

Principle 8: Education and Resources using Evidence-Based Practices and Emerging Best Practices

Consumers and families benefit when they are educated about mental illnesses and have access to appropriate resources. The clinician should be actively engaged in assisting and guiding this. Evidence-based and emerging best practices should guide treatment decisions.

Principle 9: Ongoing Guidance and Skills Training.

Clinicians provide consumers and families ongoing guidance and skills training, especially crisis management, enabling them to better manage the illness.

Principle 10: Well Delineated Uncomplicated Problem-Solving Approach

Preventative approaches to problem solving are always preferred and sought. Using a structured, but flexible, problem solving approach helps consumers, families, and clinicians define and address issues. It is beneficial to break down complicated issues into small, manageable steps that they more easily address.

Principle 11: Validation and Emotional Support of All Parties

Experiences and feelings of each party are validated. Social and emotional support lets consumers and families know that they are not alone. Such a setting allows for open discussion and problem-solving.

II. Instructions

1. Consumer completes all applicable sections first.
2. Caregiver completes next, agreeing to carefully consider consumer's entries.
3. Consumer and caregiver discuss together.
4. Consumer, caregiver, and clinician meet to finalize plan.

We should always strive to use "person first" language, meaning that the person is not defined by their condition. An example of "person first" framing would be "person is living with a diagnosis of bipolar" not a "person is bipolar". We chose to use the term consumer to refer to a person living with a diagnosis of a mental health condition, instead of patient. Patient implies a medical setting, and is typically a passive role in relation to the "doctor."

1) Objectives

Consider not only direct mental health condition management, but also the eight dimensions of wellness.*

What is Important to Consumer

What is Important to Caregiver

What is Important to Clinician

2) Commonalities and Contradictions Among What Three Parties Want

Commonalities

Contradictions

3) Key Treatment Details and Responsibilities

Care team

<u>Party</u>	<u>Contact Information</u>
Consumer	
Caregiver	
Clinician	

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Diagnosis (clinician)

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Treatment Responsibilities

<u>Item</u>	<u>Who</u>
Medication	
Therapy	

Medication

<u>Medication</u>	<u>Dose</u>	<u>Time to Take</u>

Therapy

<u>Date</u>	<u>Who Attends</u>	<u>Agenda</u>

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Self-care (eg. grooming, house chores, meals, exercise, meditation, etc)

Item	Describe (including schedule)

4) Consumer Triggers / Early Warning Signs

Trigger / Early Warning Sign	Who Responds	Response
	Consumer Caregiver Clinician	
	Consumer Caregiver Clinician	
	Consumer Caregiver Clinician	

5) Relationship Sensitivities regarding Mental Health Condition

These sensitivities can substantially impact the consumer's mental health, relationships, and consumer's receptiveness to a collaborative care approach.

Consumer to Caregiver

You make me feel better when...

You make me feel worse when... (including triggers)

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Consumer to Clinician

You make me feel better when...

You make me feel worse when...(including triggers)

Caregiver to Consumer

You make me feel better when...

You make me feel worse when... (including concerns)

Caregiver to Clinician

You make me feel better when...

You make me feel worse when...(including concerns)

Clinician to Consumer

You make me feel better when...

You make me feel worse when...(including concerns)

Clinician to Caregiver

You make me feel better when...

You make me feel worse when...(including concerns)

6) Responsibilities and Results

Establishing responsibilities and results takes away some of the uncertainty of mental health management, which can be a significant source of stress. Consumers, caregivers, and clinicians

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shall use their best efforts to keep their reasonable responsibilities, but it also recognized that this will not always be possible. Where the behavior is unreasonably repeated, there shall be no discussion, and certain actions should result. Where any party is unable to keep his/her responsibility, the matter will be carefully reviewed and discussed. Good results shall result from good behavior, and bad results shall result from bad behavior. Often the focus of mental health treatment is on bad behavior with little or no recognition of good behavior. Recognition and rewards for good behavior should encourage consumers to remain healthy.

Consumer to Caregiver and Clinician

Time Frame	I will...	Result (by who, what)
Daily Weekly Monthly		
Daily Weekly Monthly		
Daily Weekly Monthly		

Time Frame	I will not...	Result (by who, what)
Daily Weekly Monthly		
Daily Weekly Monthly		
Daily Weekly Monthly		

Caregiver to Consumer and Clinician

Time Frame	I will...	Result (by who, what)
Daily Weekly Monthly		
Daily Weekly Monthly		
Daily Weekly Monthly		

Time Frame	I will not...	Result (by who, what)
Daily Weekly Monthly		
Daily Weekly Monthly		
Daily Weekly Monthly		

Clinician to Consumer and Caregiver

Time Frame	I will...	Result (by who, what)
Daily Weekly		

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Monthly		
Daily Weekly Monthly		
Daily Weekly Monthly		

Time Frame	I will not...	Result (by who, what)
Daily Weekly Monthly		
Daily Weekly Monthly		
Daily Weekly Monthly		

7) Notification of a Concern

Consumer to Caregiver

Notify Method	Concern
In person Call / Text Email Inv Clinician	
In person Call / Text Email Inv Clinician	
In person Call / Text Email Inv Clinician	

Caregiver to Consumer

Notify Method	Concern
In person Call / Text Email Inv Clinician	
In person Call / Text Email Inv Clinician	
In person Call / Text Email Inv Clinician	

8) Planned Discussions

Topic	Participants	Time

9) Conflict Resolution

Gravity	Issue	InvParties	Override
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Minor Moderate Serious			
Minor Moderate Serious			

10) Incapacitation

Clinician decides.

Description

11) Crisis Preparation

The application of the Collaborative Care Plan may significantly reduce crises, but we should always be prepared to address a crisis. Crisis preparation allows a consumer to feel more control and comforted, provide that his/her previously articulated treatment preferences are respected. Taking these measures in advance also positions family members to better manage a crisis. The best approach is to complete a Psychiatric Advance Directive (“PAD”) (<http://www.nrc-pad.org/>). The PAD includes a statement of your treatment preferences, including where you wish to receive treatment (home, hospital outpatient, hospital inpatient), treatment you prefer to receive, treatment you do not wish to receive, including medication and other arrangements while ill. The PAD should include specific provisions concerning those the consumer may care for such as a child, spouse etc. If you are unable to complete a PAD, it may still be helpful to have this discussion with your caregiver and clinician.

*Eight Dimensions of Wellness

The Eight Dimensions of Wellness

Making the Eight Dimensions of Wellness part of daily life can improve mental and physical health for people with mental and/or substance use disorders.

What is Wellness?

Wellness is being in good physical and mental health. Because mental health and physical health are linked, problems in one area can impact the other. At the same time, improving your physical health can also benefit your mental health, and vice versa. It is important to make healthy choices for both your physical and mental well-being.

Remember that wellness is not the absence of illness or stress. You can still strive for wellness even if you are experiencing these challenges in your life.

What Are the Eight Dimensions of Wellness?

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Learning about the Eight Dimensions of Wellness can help you choose how to make wellness a part of your everyday life. Wellness strategies are practical ways to start developing healthy habits that can have a positive impact on your physical and mental health.

The Eight Dimensions of Wellness are:

1. Emotional—Coping effectively with life and creating satisfying relationships
2. Environmental—Good health by occupying pleasant, stimulating environments that support well-being
3. Financial—Satisfaction with current and future financial situations
4. Intellectual—Recognizing creative abilities and finding ways to expand knowledge and skills
5. Occupational—Personal satisfaction and enrichment from one's work
6. Physical—Recognizing the need for physical activity, healthy foods, and sleep
7. Social—Developing a sense of connection, belonging, and a well-developed support system
8. Spiritual—Expanding a sense of purpose and meaning in life

<https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness>