

## Collaborative Care Plan

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Consumers, who live with a mental health condition, and loved ones working together using clear, supportive, and 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

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, 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 there is no one-size-fits-all approach to treatment. 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.

The following principles seek to maximize consumer engagement in the collaborative care process.

*Principle 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*

No fault is attributed to any of these parties for the mental illness.

*Principle 3: Consumer-Driven Care*

Consumer responsibility, ownership, and self-empowerment enhance 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 be more agreeable to family participation in care.

*Principle 4: Shared Decision-Making*

Shared decision-making that helps consumers achieve their self-determined life goals can empower consumers and encourage them to take ownership and responsibility for their care. As such, clinicians shall share their expertise with patients, provide them with available options, and allow them to choose their preferred course of treatment. Clinicians should support consumers in their decision, except in cases of impaired capacity.

*Principle 5: 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 and its potential forms and outcomes should be encouraged before an emergency situation and potential necessity for involuntary treatment.

*Principle 6: 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. Establishing clear and transparent agreed upon methods of communication between consumers, families and clinicians builds and enhances trust.

*Principle 7: 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 8: Strengths not Deficits Based*

Emphasize the strengths of the CCP participants as opposed to deficiencies. Respective contributions should be acknowledged and respected.

*Principle 9: 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 10: 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 11: 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 12: 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 consumer 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”. This CCP uses 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 often connotes 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?**

**Similarities Among What Three Parties Want**

**Differences Among What Three Parties Want**

**2. Key Treatment Details and Responsibilities**

**Care team**

<i>Party</i>	<i>Contact Information</i>
Consumer	
Clinician	
Caregiver	
Other	

**Diagnosis (clinician)**

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**Treatment Responsibilities**

<i>Item</i>	<i>Who and What</i>
Medication	
Therapy	
Other	

**Medication(s)**

<i>Name</i>	<i>Dose</i>	<i>Time(s) to Take</i>

**Therapy**

<i>Date</i>	<i>Who Attends</i>	<i>Agenda</i>

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**Self-care** (e.g. grooming, house chores, meals, exercise, meditation, etc.)

<i>Item</i>	<i>Describe (including schedule)</i>

**3. Consumer Triggers / Early Warning Signs that Consumer May Need Help**

<i>Trigger / Early Warning Sign</i>	<i>Who Responds (clinician, caregiver, consumer)</i>	<i>Response / Coping Strategy(ies)</i>

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**4. 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. Complete the below statements:

**Consumer to Caregiver: You make me feel better when...**

**Consumer to Caregiver: You make me feel worse when... (including triggers, concerns)**

**Consumer to Clinician: You make me feel better when...**

**Consumer to Clinician: You make me feel worse when...(including triggers, concerns)**



**Caregiver to Consumer: You make me feel better when...**

**Caregiver to Consumer: You make me feel worse when... (including triggers, concerns)**

**Caregiver to Clinician: You make me feel better when...**

**Caregiver to Clinician: You make me feel worse when...(including concerns)**

**Clinician to Consumer: You make me feel better when...**

**Clinician to Consumer: You make me feel worse when...(including concerns)**

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**Clinician to Caregiver: You make me feel better when...**

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**Clinician to Caregiver: You make me feel worse when...(including concerns)**

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## 5. Responsibilities and Results

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

<i>Time Frame</i> <small>(indicate daily, weekly, monthly)</small>	<i>Responsibility</i> <i>I will...</i>	<i>Intended Result (what: impact on consumer, caregiver, clinician)</i>


**Consumer to Caregiver and Clinician**

<i>Time Frame</i> <small>(indicate daily, weekly, monthly)</small>	<i>Responsibility</i> <i>I will not...</i>	<i>Intended Result (what: impact on consumer, caregiver, clinician)</i>

**Caregiver to Consumer and Clinician**

<i>Time Frame</i> <small>(indicate daily, weekly, monthly)</small>	<i>Responsibility</i> <i>I will...</i>	<i>Intended Result (what: impact on consumer, caregiver, clinician)</i>

**Caregiver to Consumer and Clinician**

<i>Time Frame</i> <i>(indicate daily, weekly, monthly)</i>	<i>Responsibility</i> <i>I will not...</i>	<i>Intended Result (what: impact on consumer, caregiver, clinician)</i>

**Clinician to Consumer and Caregiver**

<i>Time Frame</i> <i>(indicate daily, weekly, monthly)</i>	<i>Responsibility</i> <i>I will...</i>	<i>Intended Result (what: impact on consumer, caregiver, clinician)</i>

**Clinician to Consumer and Caregiver**

<i>Time Frame</i> <i>(indicate daily, weekly, monthly)</i>	<i>Responsibility</i> <i>I will not...</i>	<i>Intended Result (what: impact on consumer, caregiver, clinician)</i>


**6. Notification of Concern**

**Consumer to Caregiver**

<i>Notify by (in-person, call, text, email)</i>	<i>Concern / Include Clinician?</i>

**Caregiver to Consumer**

<i>Notify by (in-person, call, text, email)</i>	<i>Concern / Include Clinician?</i>

**7. Planned Discussions**

<i>Parties</i>	<i>Time</i>	<i>Topic</i>


**8. Conflict Resolution**

<i>Gravity (minor, moderate, serious)</i>	<i>Issue(s)</i>	<i>Parties in Conflict</i>	<i>Final Decision</i>

**9. Incapacitation**

**Clinician decides**

Description
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**10. 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 comfort, provided that their 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**

Making the Eight Dimensions of Wellness developed by Peggy Swarbrick 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?

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

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