Person-Centered Care for Behavioral Health

Not us…

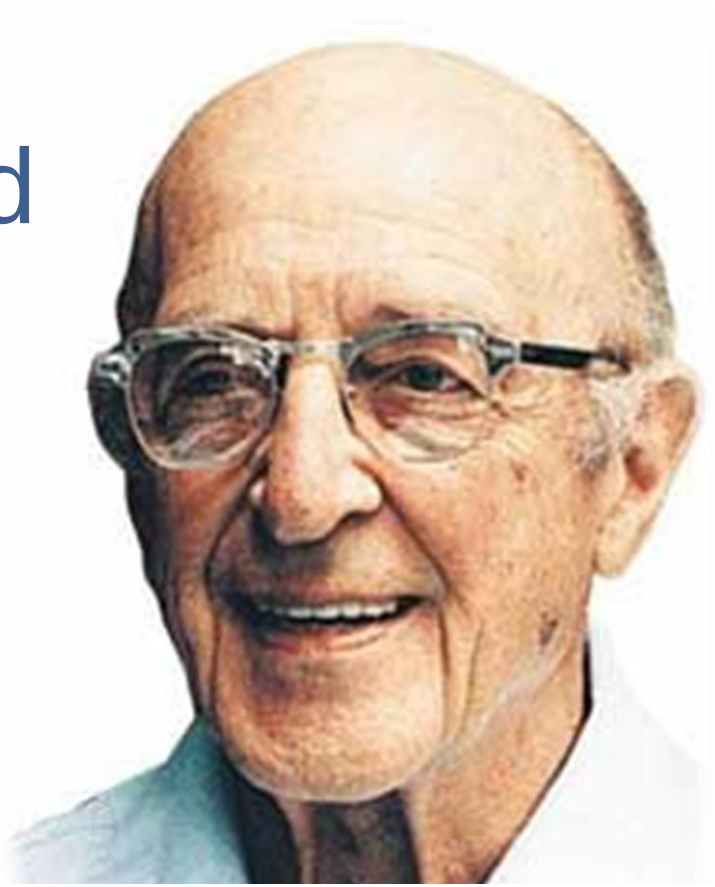
Us!


EAST NORTH
INTERSTATE 90
53
Madison
LEFT LANE
90 WEST
Airport
Minnesota
14-4

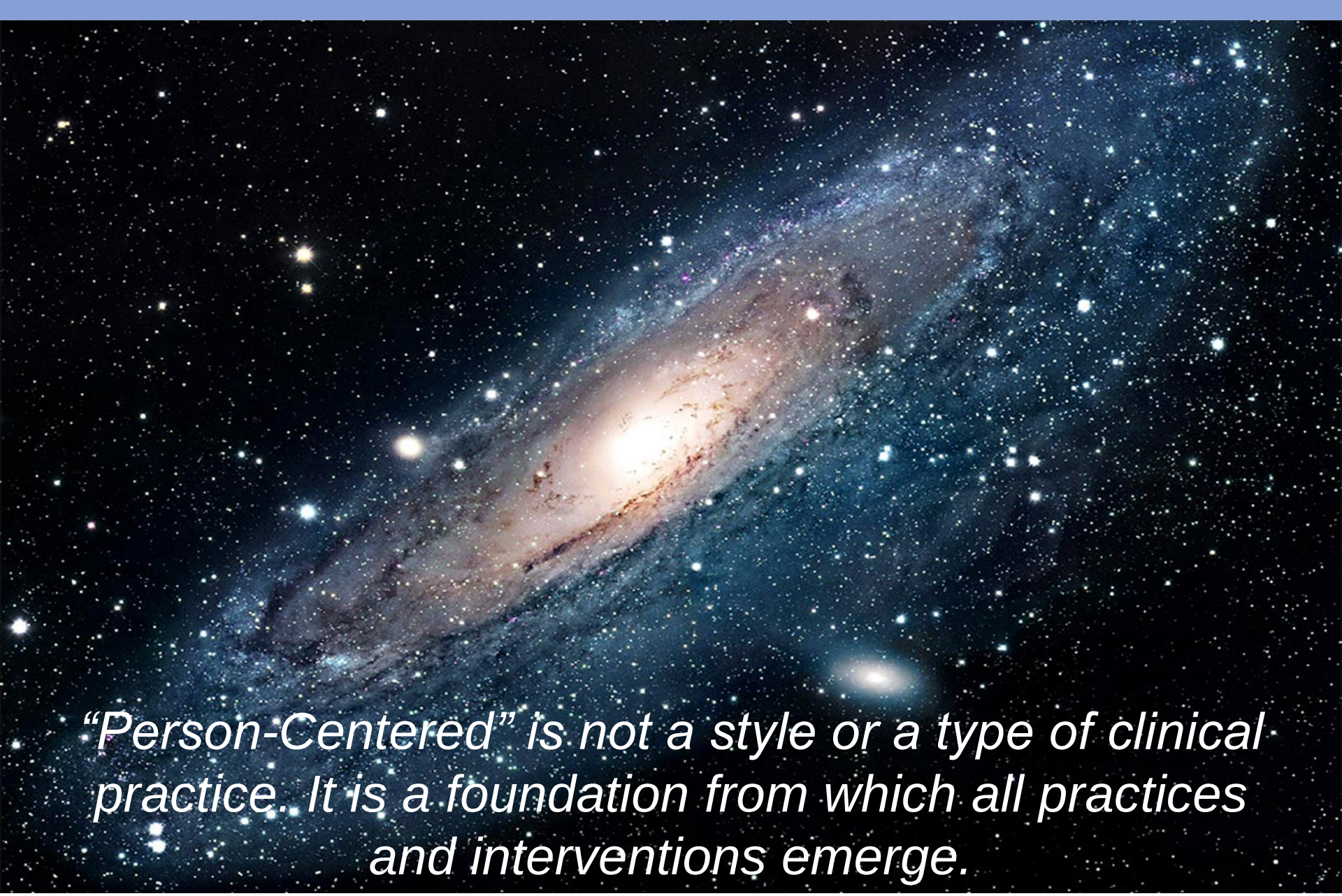
No, not yet.

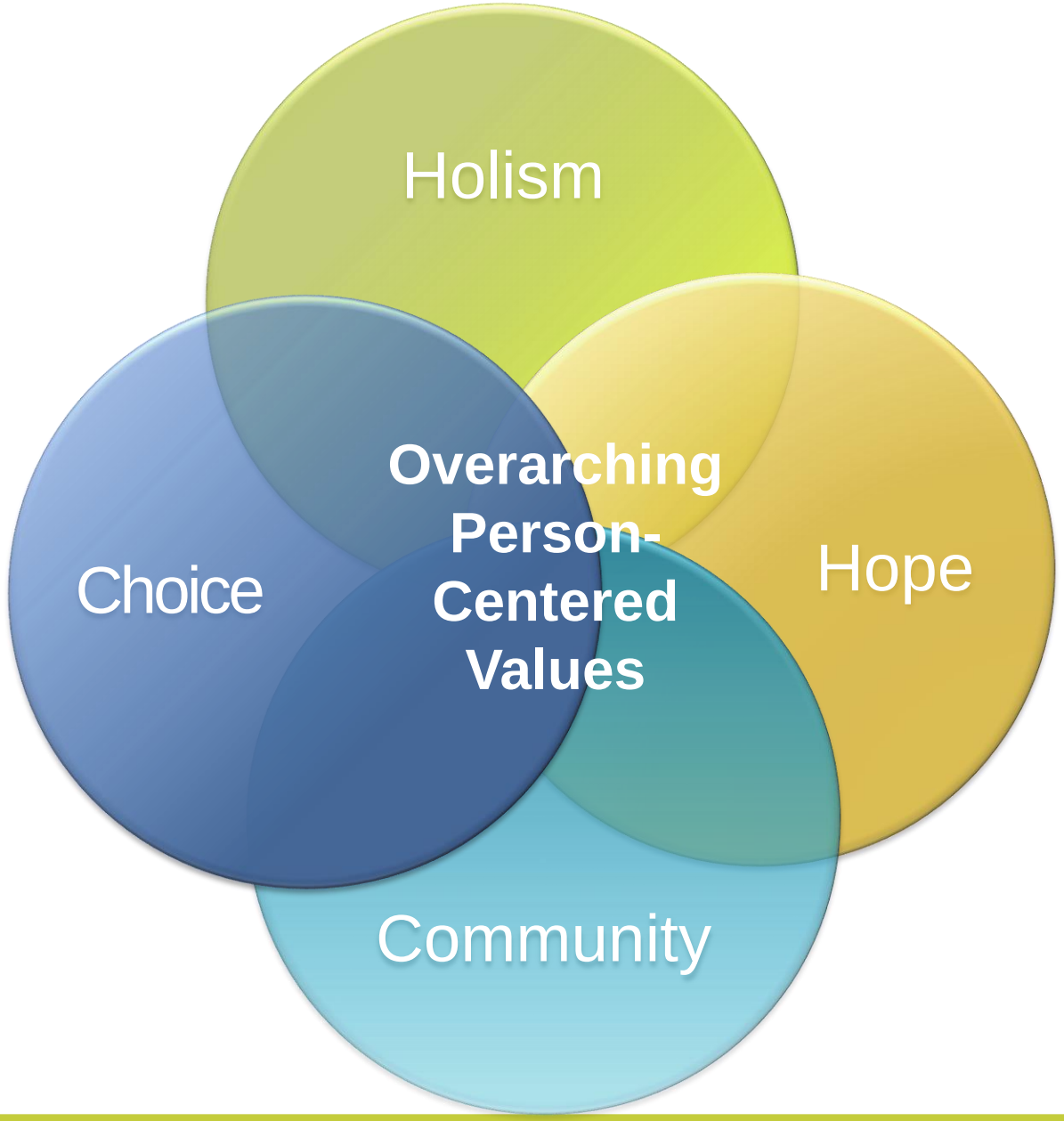
Being Person-Centered

To grow and change people need a healthy climate that includes: ***genuineness, acceptance & empathy***.



"In my early professionals years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?" – Carl Rogers


"Person-Centered" is not a style or a type of clinical practice. It is a foundation from which all practices and interventions emerge.


Holism
Choice
Overarching Person-Centered Values
Hope
Community

How did we get here?

- Jensen Settlement
- Olmstead Plan
- SAMHSA

https://mn.gov/dhs/partners-and-providers/program-overviews/long-term-services-and-supports/person-centered-practices/

Table 1: Covered populations and level of accountability

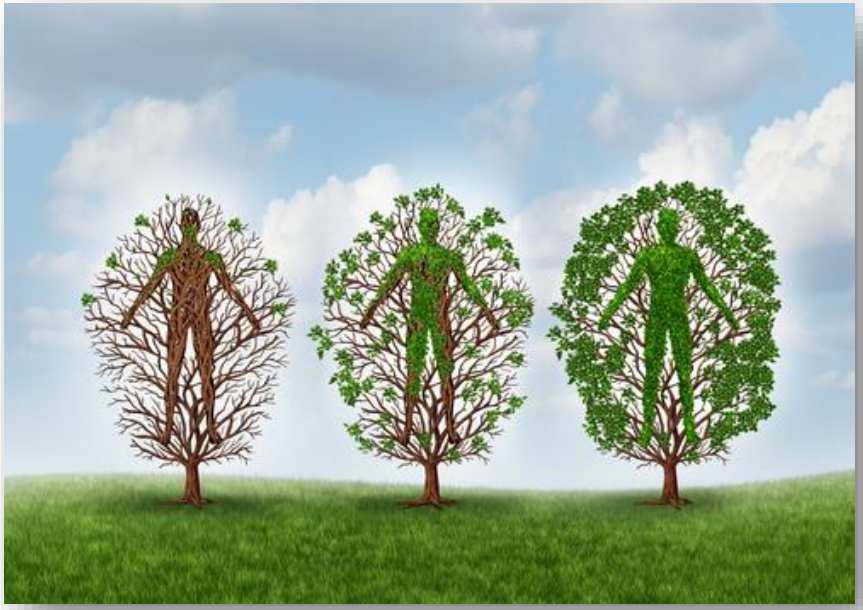
Population	Level of Accountability	Monitoring	Subject to corrective action/ remediation
People with disabilities, including people with mental illness, who receive disability waiver services regardless of program or age (must adhere to Part One) • Of this group, those making a transition from one residence to another (must adhere to both Part One and Part Two)	Required practice	Lead Agency Review	Yes
People who receive Rule 185 case management or relocation services (must adhere to Part One) • Of this group, those making a transition from one residence to another (must adhere to both Part One and Part Two)	Required practice	Not at this time	No
People with mental illness who are not on a waiver and but receive mental health targeted case management, regardless of age (must adhere to Part One) • Of this group, those making a transition from one residence to another (adhere to both Part One and Part Two)	Recommended practice	Monitoring upon lead agency request	No
Older adults who use community-based long-term supports and services through the Elderly Waiver, Alternative Care program, or Essential Community Supports (must adhere to Part One) • Of this group, those making a transition from one residence to another (must adhere to both Part One and Part Two)	Required practice	Elderly Waiver (fee-for-service) and Alternative Care recipients: Lead agency review Elderly Waiver (managed care organization): Monitored by health plan; information reported to DHS Essential Community Supports: No	Elderly Waiver (fee-for-service): Yes Alternative Care: Yes Elderly Waiver (managed care organization): Yes Essential Community Supports: No

Table 2: Responsible professionals

Support planner (includes lead agency staff and contracted case managers)	Role	Level of Accountability
Waiver/Alternative Care case manager	Develops a plan that adheres to the protocol	Required
Care coordinators	Develops a plan that adheres to the protocol	Required
Rule 185 case manager	Develops a plan that adheres to the protocol	Required
Vulnerable adult and adults with developmental disabilities case manager	Develops a plan that adheres to the protocol	Required
Adult mental health targeted case manager	Develops a plan that adheres to the protocol	Recommended
Children's mental health targeted case manager	Develops a plan that adheres to the protocol	Recommended
MnCHOICES certified assessor	Contributor (MnCHOICES assessment will address many of the required elements)	Required
Relocation services coordinator	Contributor	Required
Moving Home Minnesota case manager	Contributor	Required

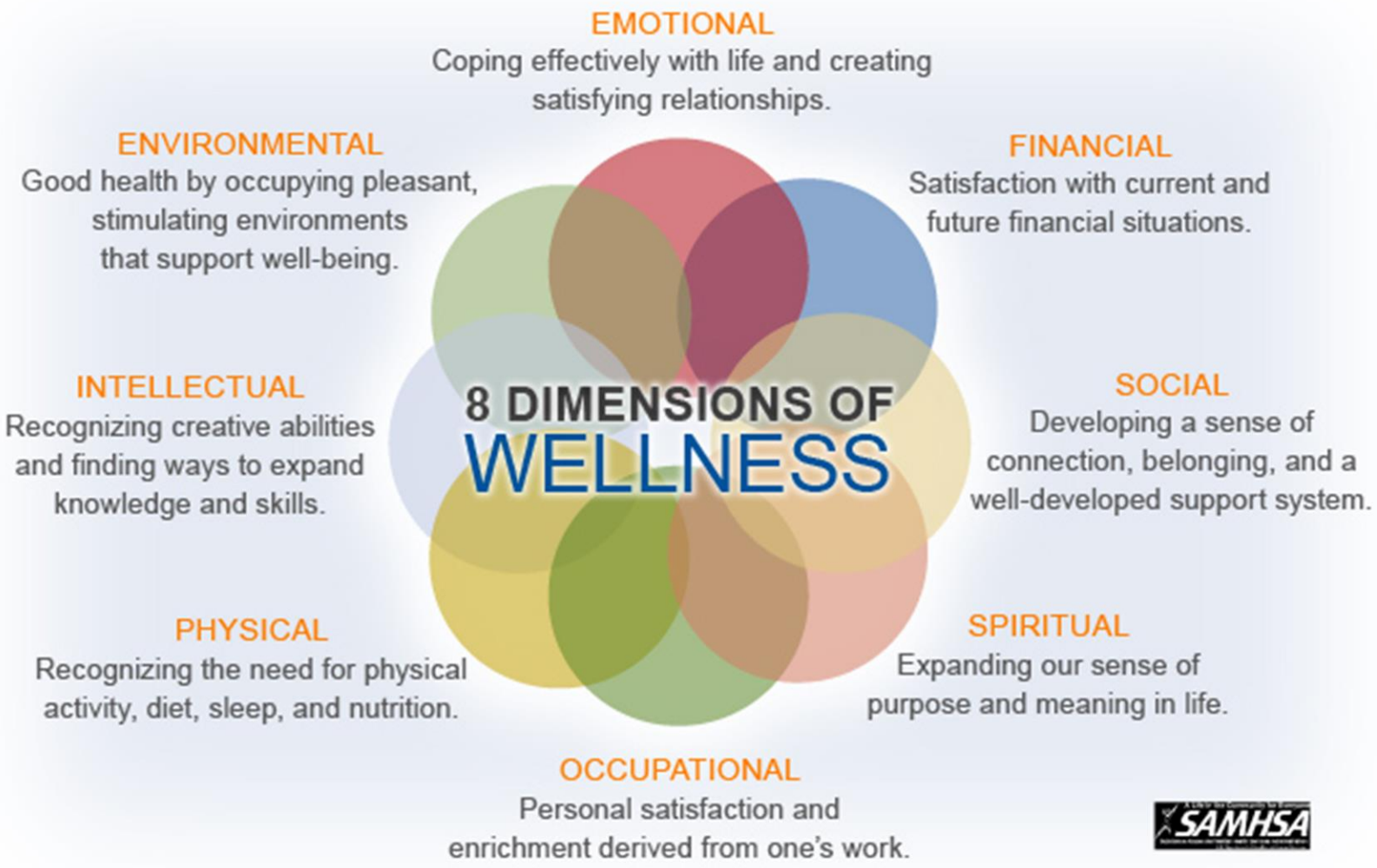
"Minnesota is moving toward person-centered practices in all areas of service delivery."

PCC is a **Recovery-Oriented** Practice



"Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

Substance Abuse and Mental Health Services Administration SAMHSA


EMOTIONAL
Coping effectively with life and creating satisfying relationships.
ENVIRONMENTAL
Good health by occupying pleasant, stimulating environments that support well-being.
FINANCIAL
Satisfaction with current and future financial situations.
8 DIMENSIONS OF
WELLNESS
INTELLECTUAL
Recognizing creative abilities and finding ways to expand knowledge and skills.
SOCIAL
Developing a sense of connection, belonging, and a well-developed support system.
PHYSICAL
Recognizing the need for physical activity, diet, sleep, and nutrition.
SPIRITUAL
Expanding our sense of purpose and meaning in life.
OCCUPATIONAL
Personal satisfaction and enrichment derived from one's work.
SAMHSA


RECOVERING CONSULTANT
RECOVERING PATIENT
RECOVERING PSYCHIATRIST
RECOVERING PSYCHOLOGIST
RECOVERY
RECOVERING REGISTRAR
RECOVERING OCCUPATIONAL THERAPIST
RECOVERING PSYCHIATRIC NURSE
RECOVERING SOCIAL WORKER
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Is PCC really any different?

Traditional/Historical

- Deficit-based
- Fixing problems
- Compliance
- Control: professional judgment and decision making
- Goals decided for the person
- Fits person and TX plan into the program parameters
- Stabilization is the desired result

Person-Centered

- Strength-based
- Skills and education
- Choice
- Partnership/shared decision making
- Driven by the individual's goals
- Individualized
- Quality of life is the desired result

Shifting lanes from traditional to Person-Centered Care

Key PCP #1: Treat people with dignity and respect.

Addict, Borderline, Schizophrenic	Person's name
Case	Person's name
Dirty UA	Positive UA
Manipulative	Ensuring needs are met
Denial	Pre-contemplating change
Resistant	Reluctant, cautious
Case manager	Care coordinator

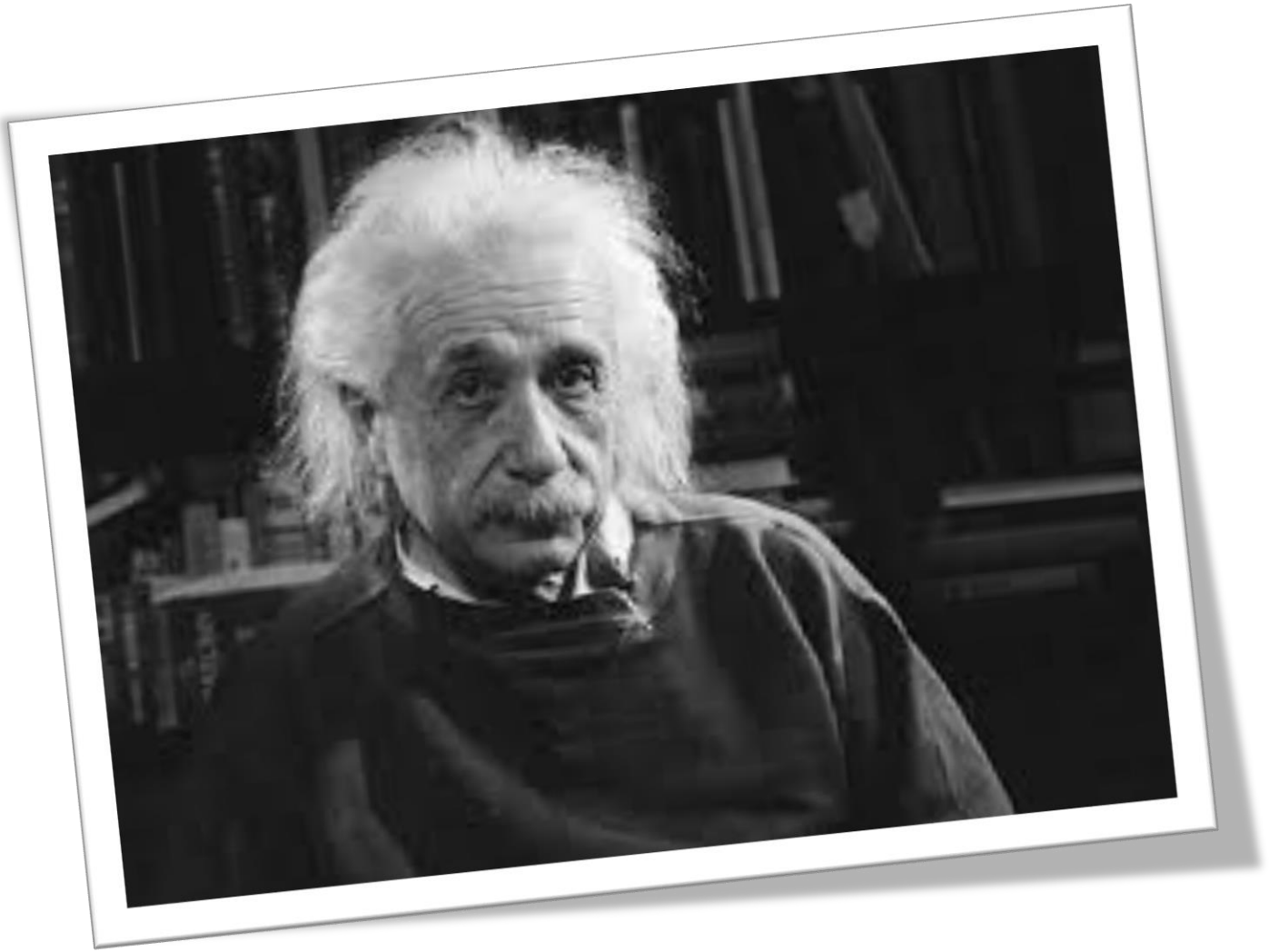
Al

Al, 48, has been referred to you for outpatient care. His second wife is concerned about him because he has been isolating for weeks at a time, ignoring relationships and hygiene, and expressing grandiose and sometimes paranoid thoughts. His speech is pressured, his mood is volatile and he sometimes stays up for days on end. He has had similar episodes in the past and has always had difficulty with social interactions, such as maintaining eye contact and reading social cues. He is emotionally detached. He demonstrates compulsive patterns in his eating and dressing: he insists on eating the same exact meals and wearing the same outfit every day and has held this pattern for several years. He becomes angry and defensive when confronted and refuses to believe that anything is wrong with him. He has reluctantly agreed to see you because his wife has threatened to file for divorce unless he seeks professional help.

Bert

Bert is a man that is passionate about his ideas and solving complex problems. It is not unusual for him to spend months working intensely and independently on a project. To minimize distractions, he prefers to keep everyday things consistent such as eating the same meals and wearing the same outfit. Because his projects take priority, he often chooses working on them over sleep or engaging with his wife and family. Bert is also very protective of his projects and ideas. Having a provider that understands what drives Bert will be important to helping him find balance in his well-being, relationships and sense of drive and commitment.

Albert Einstein

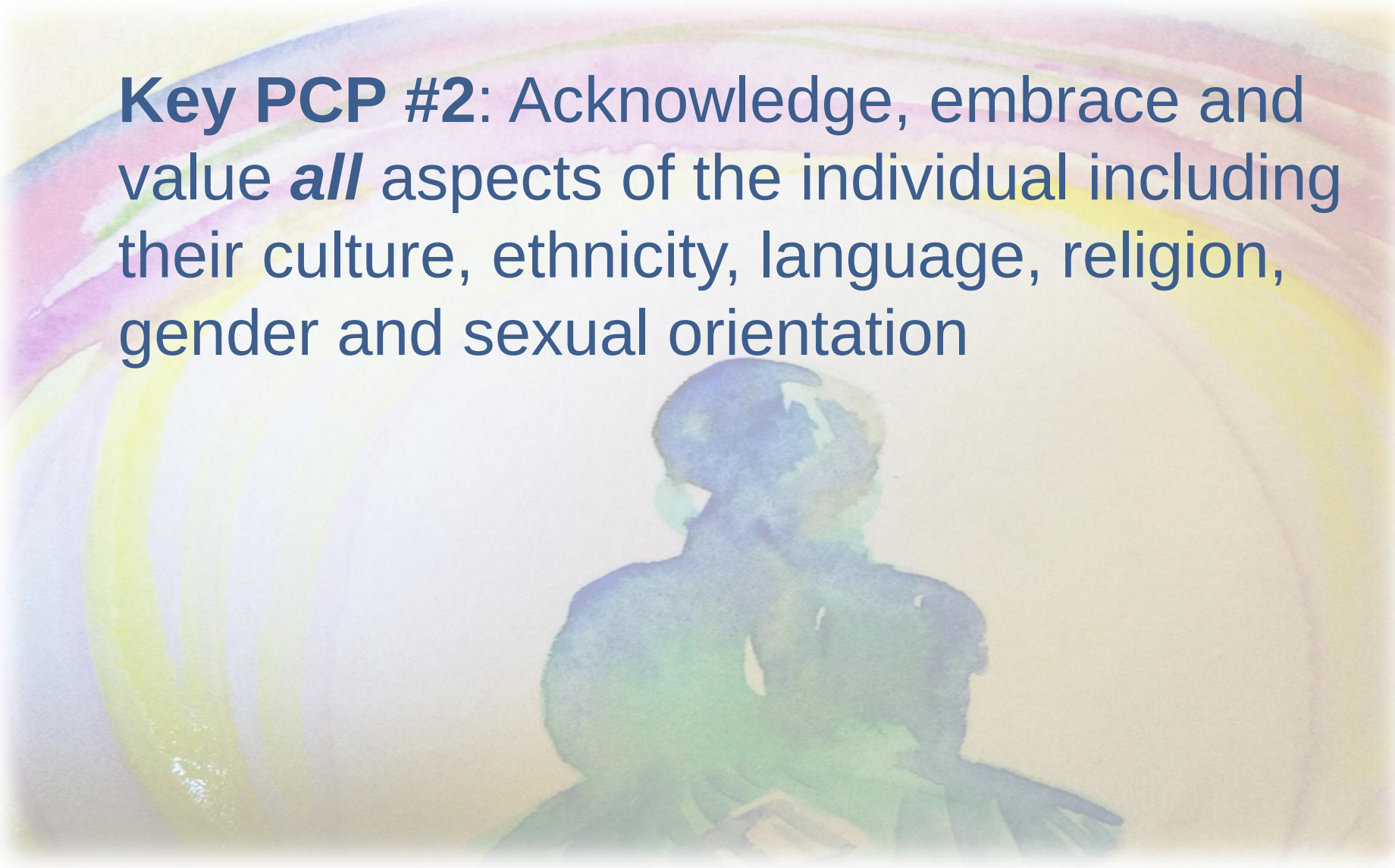


What do we know?

Only then do we ask:

What do we do?

Key PCP #2: Acknowledge, embrace and value ***all*** aspects of the individual including their culture, ethnicity, language, religion, gender and sexual orientation



Key PCP #3: Honor and build on strengths and skills

From Deficit-Based to Recovery or Strength-Based Approach to Care

Presenting Situation: Not taking medication as prescribed.

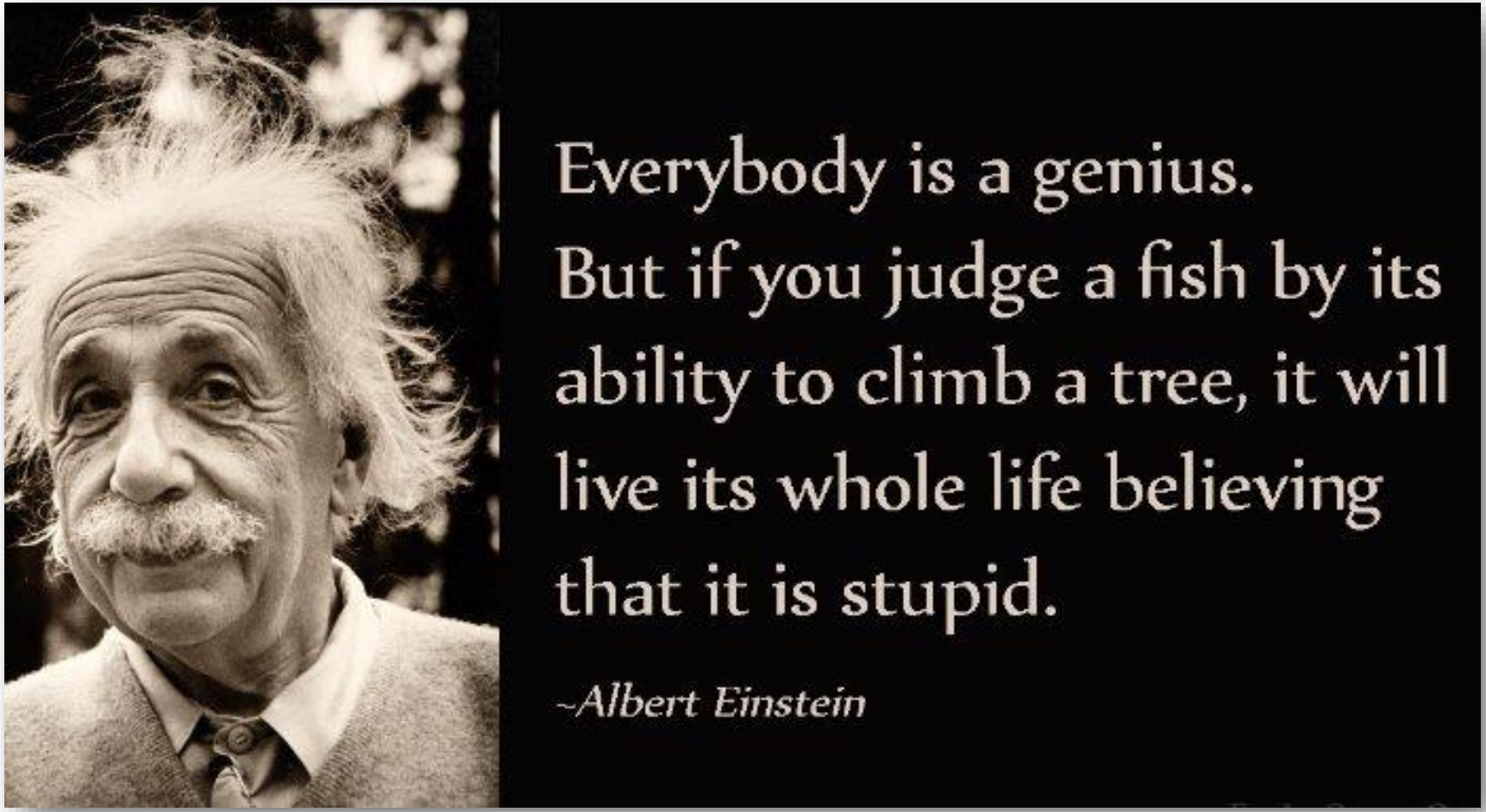
Deficit-Based Perspective & Intervention

Perspective: The person is being difficult, forgetful, or lazy.

Intervention: Increase monitoring of medication and use incentives or withholding privileges to increase “compliance”.

Recovery- or Strength-Based Perspective & Intervention

Perspective: The person prefers alternative coping strategies.
Intervention: Explore why the person is not taking medication as prescribed; provide risk/benefit education; explore available options and the use of medication as one of many tools in the recovery process.


Everybody is a genius.
But if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid.
~Albert Einstein

Key PCP #4:

IMPORTANT ‘TO’…

Those things that help us be content, happy, comforted & fulfilled.

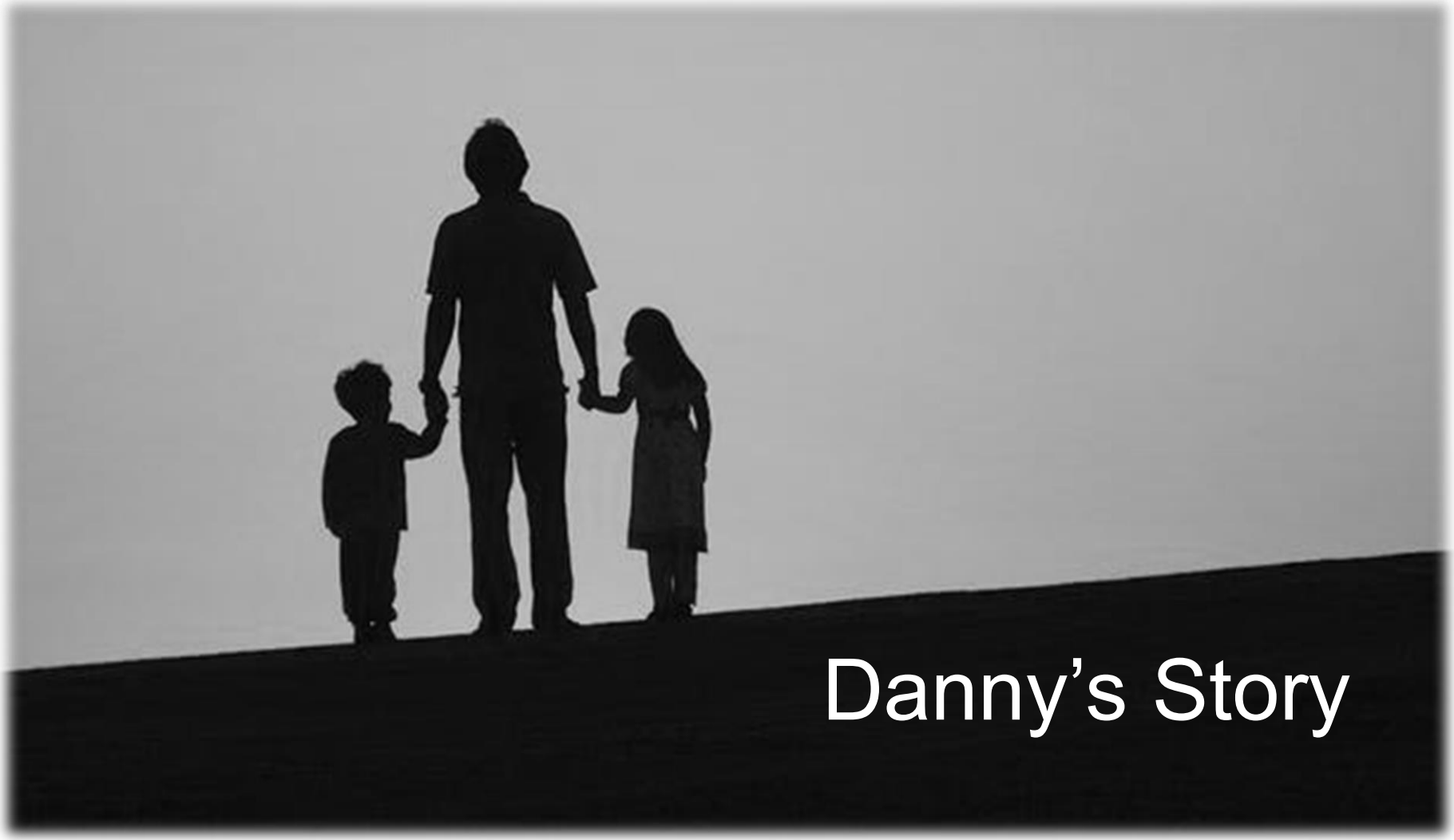
- *People to be with*
- *Things to do*
- *Places to go*
- *Rituals*
- *Status*
- *Independence*
- *Things to have*

What matters most to a person—their own definition of ‘quality of life.’

IMPORTANT ‘FOR”…

Those things that keep a person safe, healthy, prevent illness & promote wellness.

- *Diet, exercise*
- *Safe housing*
- *Free from fear*
- *Substance-free*
- *Treatment /prevention of illness*
- *Symptom stability*
- *To be valued*
- *To be contributing members of society*


Danny's Story

Key PCP #5: Identify, honor and focus on the individual's desired goals and outcomes.

Key PCP #6: Power with vs. power over, shared decision making, collaborative

PCC Treatment Planning IS the recovery portal

"You keep talking about me in the 'drivers seat' of my treatment and my life when half the time I am not even in the damn car!"

Yale (2009):

- 24% report never having a TX plan
- Of the 75% that did:
  - 50% felt involved 'only a little' or 'not at all.'
  - 50% were not offered a copy of their plan.

What happens when people are involved?

- 68% increase in competitive employment
- 44% decrease in ER visits
- 44% decrease in inpatient days
- 56% decrease in self harm
- 51% decrease in harm to others
- 11% decrease in arrests

2008 Pilot

A Person-Centered, Recovery-Oriented Plan…

- Avoids jargon and is written in a way that the person and their supports can understand
- Identifies the person's strengths and incorporates their strengths into the plan
- Has a sense of who and what is important to the person
- Provides a clear understanding of the purposes and goals of the plan as they relate to the person's hopes, preferences, etc.
- Details how best to support the person (to achieve 'what is important' to the person) in a balanced way
- Is designed around personal recovery goals

Person-Centered Goals

Are determined by the individual

Access and use the person's strengths

Seek to connect what is important **to** and important **for** the person

Aspirations: Ambitious goals are **OK**

"People need to have the dignity of risk and the right to fail"

-Pat Deegan

Connecting the Dots

How will this (short term goal)(these steps) help you make progress toward your (aspiration, long term goal, _____).

How will these goals and steps connect the dots between important ‘to’ and important ‘for’?

…my clients are too sick to engage in PCC.

PCC is a fundamental right of all individuals.

…my clients have no goals.

Even most complex individuals have goals. They just might not be your goals for them. Assess for SOC

...it doesn't fit with evidence-based practices

It fits hand in glove with trauma informed care, motivational interviewing, Illness Management and Recovery (and more).

...PCC is just the 'flavor of the month."

It is here and it's not going away.

Illness Management and Recovery (IMR)

An evidence based practice program that helps people:

- Set meaningful goals for themselves
- Obtain information and learn skills to enhance and maintain their recovery
- Maintain focus on and make progress toward personal recovery goals

Crosswalk

Strategies & Tools

IMR

Open ended questioning

Knowledge & Skills Inventory, Satisfaction with Areas of my Life

Defining recovery and it's personal meaning, setting SMART goals

IMR Goal Tracking Sheet, Satisfaction with Areas of my Life

Psychoeducation to increase knowledge and options, eliciting vision of recovery

IMR Goal Tracking Sheet, Home practice worksheet

Eliciting support for goal achievement, engaging significant others in skills and education

Social Support Worksheet

Holism

All Dimensions of Life are Important

Hope

Hopes, Dreams, and Strengths are the Focus

Choice

People are Able to Make Decisions in Life

Community

Connectedness is Critical to Wellbeing

PCP

Picture of a Life, one-page profiles, Sorting important to/ for, Routines and rituals, Person–Centered Descriptions

MAPS, Picture of a Life, one page profile, Person-Centered Descriptions, Person-centered thinking tools such as Dream Maps

Choosing who is involved in planning, directing entire planning process

Relationship map, Communication chart

Involving supports in planning

* These are some examples of the many strategies and tools used in IMR & PCP

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Crosswalk

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IMR

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- Defining recovery and it's personal meaning, setting SMART goals
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WHERE TO
NEXT?


THE BEST GEAR
FOR
YOUR
ROAD
TRIP

Thank you!

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