



How Person-Centered is my Practice? A Tool for Practitioner Self-Reflection

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Person-centered care and practices entered national conversations out of broad recognition that systems of healthcare in the United States¹ and worldwide² were delivering care in ways that invalidated the values, preferences, and goals of the healthcare consumer and was inconsistent in its quality and efficiency. Person-centered principles have been written into federal and state regulations (e.g., 42 CFR § 441.540³; MN Statutes, 245D.07, 2012⁴, respectively). Many practitioners wonder what this means for their practice and to what extent they are in line with person-centered principles. Here are some ways to reflect on your work and consider ways to integrate more person-centered practices.

<i>Person Centered Principle</i>	<i>Practitioner Reflection Questions</i>	<i>Practical Example</i>
Treat people with dignity and respect	<ol style="list-style-type: none"> 1. What kinds of open-ended, assumption-free questions can I use to get to know a person? 2. How am I supporting a person's freedom to make choices and even risk failure? 3. Am I consistent in saying and writing things with person-first language (e.g., a person with depression not a depressed person)? Am I consistent in using the person's own language where I can? 	<ol style="list-style-type: none"> 1. What was school like for you? vs. How hard was school for you? 2. A client you see for therapy doesn't want to attend a peer support group you've strongly recommended. Rather than continuing to "make the case" for it, you thank them for considering it and offer to discuss it in the future if they change their mind. 3. You describe Liberty as a person with depression, not a depressed person. Liberty calls her biggest problem "feeling doomed." Instead of asking about symptoms of depression or anxiety, you say, "Tell me about that feeling of doom?"
Encourage growth out of a person's existing strengths and talents	<ol style="list-style-type: none"> 1. How am I balancing efforts to understand a person's strengths with efforts to understand their problems and symptoms? 2. Am I using the person's strengths, talents, and interests to develop treatment goals and steps towards the goals? 3. Am I highlighting small victories with the person as a way to instill hope and encourage effort even when they're scared, demoralized, or unsure of themselves? 	<ol style="list-style-type: none"> 1. After completing a diagnostic assessment with Rosa, you spend time in session 2 to revisit and explore attributes and interests so you're ready for collaborating on her goals for treatment. 2. Ann identifies a goal to reconnect with her adult child with whom she's had a strained relationship. You point out her strengths of humility and perspective-taking could help her accomplish this goal. 3. A client with a history of drinking heavily tentatively reports he had 2 drinks over the weekend. You respond, "In the past you'd drink up to 12 drinks a weekend. What great progress!"





Person Centered Principle	Practitioner Reflection Questions	Practical Example
<p>Support a person to engage more fully in their community and build meaningful relationships</p>	<ol style="list-style-type: none"> 1. How am I encouraging a person to seek support and/or deepen relationships with peers, spiritual leaders, or other kinds of non-professionals where they live, work, worship, and recreate? 2. Am I validating the significance of a person's community in their life? 	<ol style="list-style-type: none"> 1. Denton has attended his church for a long time, but arrives and leaves just for the weekly service. He says he feels at peace there. You and he craft a goal for his treatment plan to join a scripture study group. 2. Sierra shares she's going to participate in a sweat lodge ceremony. You make time to learn more about this tradition and what it means to her.
<p>Listen to and take action based on what the person says they need and want</p>	<ol style="list-style-type: none"> 1. When discussing goals, am I open to personal goals that are about friendships, family members, work, school, pets, or what the person says matters most to them? 2. Am I prepared to provide referrals and possible introductions to professionals, services and resources that suit what the person says they're most concerned about? 3. Do I often ask a person what they think about the care they're getting? 	<ol style="list-style-type: none"> 1. Josie says she's really worried about her job performance in the last year. You change her recovery goal from "reducing anxiety" to "enhancing work performance." 2. Xiong often complains of arm and back pains at his medication management appointments. You help him to identify area massage therapy and acupuncture professionals. 3. You make time to ask your clients, "What about our work together has been helpful for you, or If you could change something about our work together what would it be?"
<p>Make a strong effort to understand the person, what's unique about them (e.g., culture, religion, sexual orientation, etc.)</p>	<ol style="list-style-type: none"> 1. Am I doing all I can to remove communication barriers? 2. Can I catch and remove assumptions or stereotypes I might have from interactions with people? 3. Do I continue to explore a person's uniqueness over the whole time I work with them? 	<ol style="list-style-type: none"> 1. Spanish is Sylvia's native language but uses broken English when you first meet her. You arrange for an interpreter for follow-up sessions. 2. You meet with John who's wearing a t-shirt from a political candidate you dislike. As he describes his marital problems you realize you've begun to assign blame for the marital problems to John and that your political values and assumptions about John are getting in the way of being objective and listening without bias and judgement. 3. After 6 months of therapy, Natasha brings up a new topic. She mentions she rarely feels attracted to men she's dated over the years. While you had planned to update her care plan, you set aside and say, "I'd really like to hear more about this if it's okay."
<p>Seek to balance what the person states is most important to them with what is likely to be important for them</p>	<ol style="list-style-type: none"> 1. Am I able to conceptualize and suggest that a person's disinterest in treating an impairing problem could be a barrier to them attaining a meaningful goal? 2. To what extent do I conceptualize and suggest clinical treatments as a strategy for a person to accomplish their goals rather than focusing on a way to reduce symptoms? 	<ol style="list-style-type: none"> 1. Nicole says she probably won't stop regular alcohol use despite severe hangovers. You discuss how this might impact her ability to be attentive to her child. 2. Reuben says it's really important he get an A in his biology class. His mother shares she's worried he'd stopped taking a mood stabilizing medication. Reuben says he wants to stop taking it but hasn't. You ask, "Reuben, if you were to stop taking your medication, what would that mean for school?"

¹Institute of Medicine. (2001). Crossing the quality chasm: A new health system for the 21st Century. Washington, DC: The National Academies Press. <https://doi.org/10.17226/10027>.

²Miles, A. & Asbridge, J. E. (2017). Person-centered healthcare: Moving from rhetoric to methods, through implementation to outcomes. *European Journal for Person-Centered Healthcare*, 5(1), 1-9.

³Community First Choice, 42 C.F.R. § 441.540 (2012).

⁴Home and Community-Based Services Standards, 245D MN Stat. § 07 (2012).

SUGGESTED CITATION

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