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Recovery Oriented Practice: The Road to Building Person-Centered Planning into Services

Webinar: Part 1

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Materials Adapted From:
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Learning Objectives

- Increase understanding of person-centered care and recovery principles
- Describe person-centered assessment and recovery planning practices within CRS
- Describe how to further build on one's recovery-oriented practice
- Consider learning more

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History of Traditional Services to a Recovery-Oriented System

- **Institutional Reform Period**
  - o 1960s-1970s: Many individuals with disabilities were cared for in institutions under the medical model
  - o The professionals controlled the planning process.
- **Deinstitutionalization Period**
  - o 1960s-1980s: Individuals were released from institutions into community settings
  - o Developmental and behavioral model of service delivery (focus on changing behavior or enhancing skills to behave developmentally appropriate)
  - o Focus was on the person's deficits (limiting aspect of person's life)

Adapted from Community Mental Health from Central Michigan   3

History of Traditional Services to a Recovery-Oriented System Cont.

- **Recovery-Oriented System**
  - o 1980s to present-shift has occurred with focus on people's strengths, person-centered services, and shared decision making
  - o Early visionaries in the developmental disability field originated Person-Centered Planning (PCP)
  - o PCP builds upon a person's preferences, choices, and abilities in assessment, planning, reassessment and ongoing services.

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"Many providers feel they are already person-centered in their daily work. However, being truly person-centered often requires a far more profound shift in attitudes, policies, and practices than is often realized…It is different than 'well-intended' practice as usual."

~Grieder & Adams, 2014
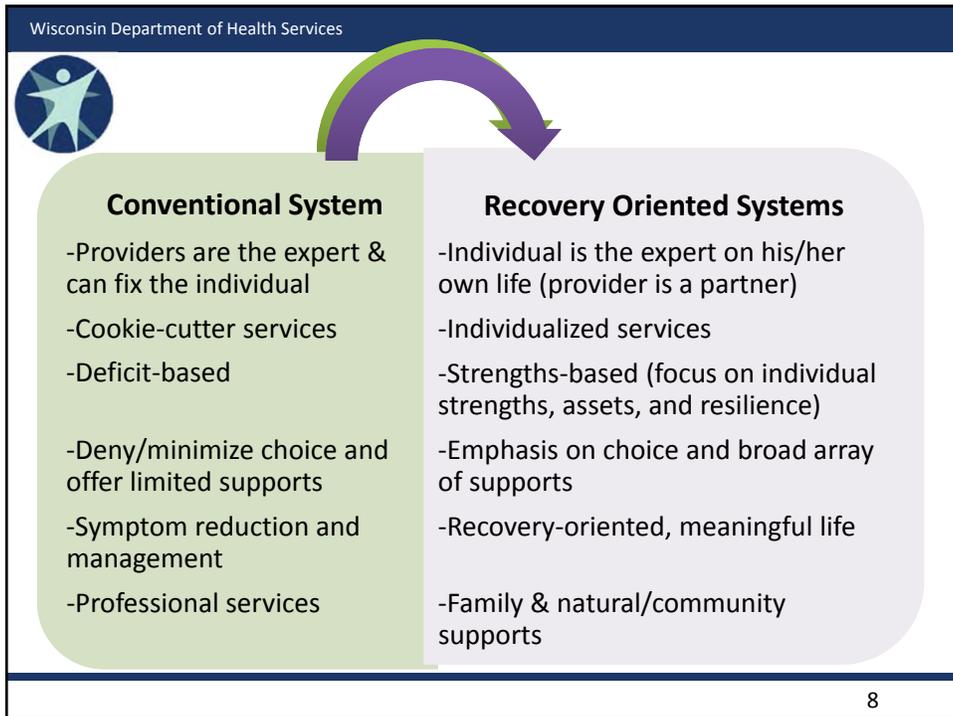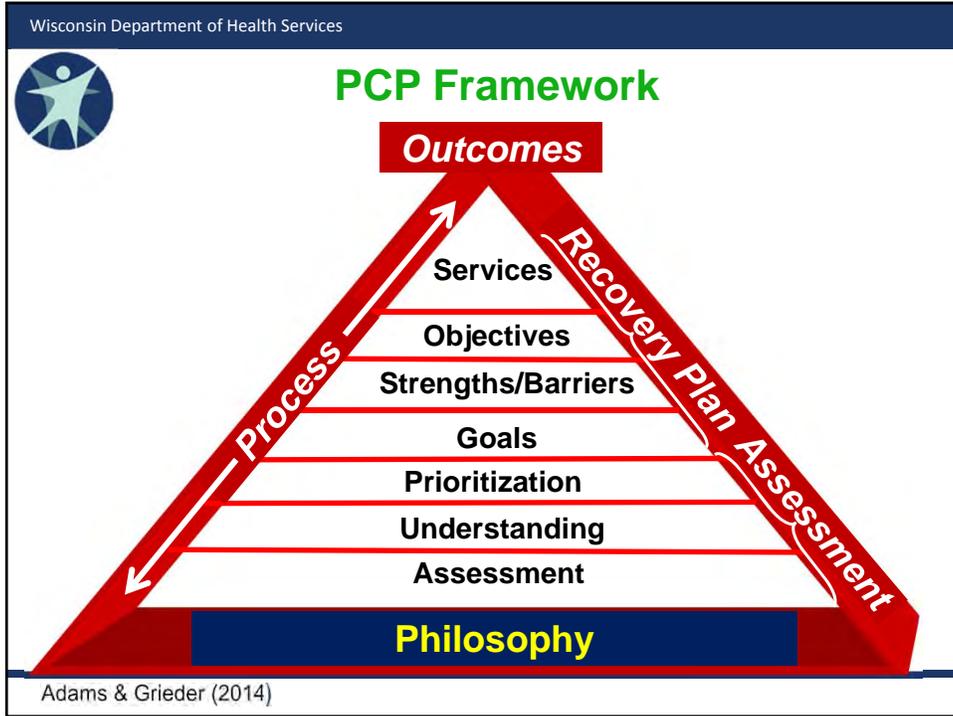
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Finding Their Voice

"One of the serious challenges facing the behavioral health field is how to help people find their voice so they can actively participate."

~Grieder & Adam

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PCP Framework

Outcomes

Services

Objectives

Strengths/Barriers

Goals

Prioritization

Understanding

Assessment

Philosophy

Process

Recovery Plan Assessment

Adams & Grieder (2014)

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Conventional System	**Recovery Oriented Systems**
-Providers are the expert & can fix the individual	-Individual is the expert on his/her own life (provider is a partner)
-Cookie-cutter services	-Individualized services
-Deficit-based	-Strengths-based (focus on individual strengths, assets, and resilience)
-Deny/minimize choice and offer limited supports	-Emphasis on choice and broad array of supports
-Symptom reduction and management	-Recovery-oriented, meaningful life
-Professional services	-Family & natural/community supports

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SAMHSA's Working Definition of Recovery from Mental Disorders and/or Substance Use Disorders
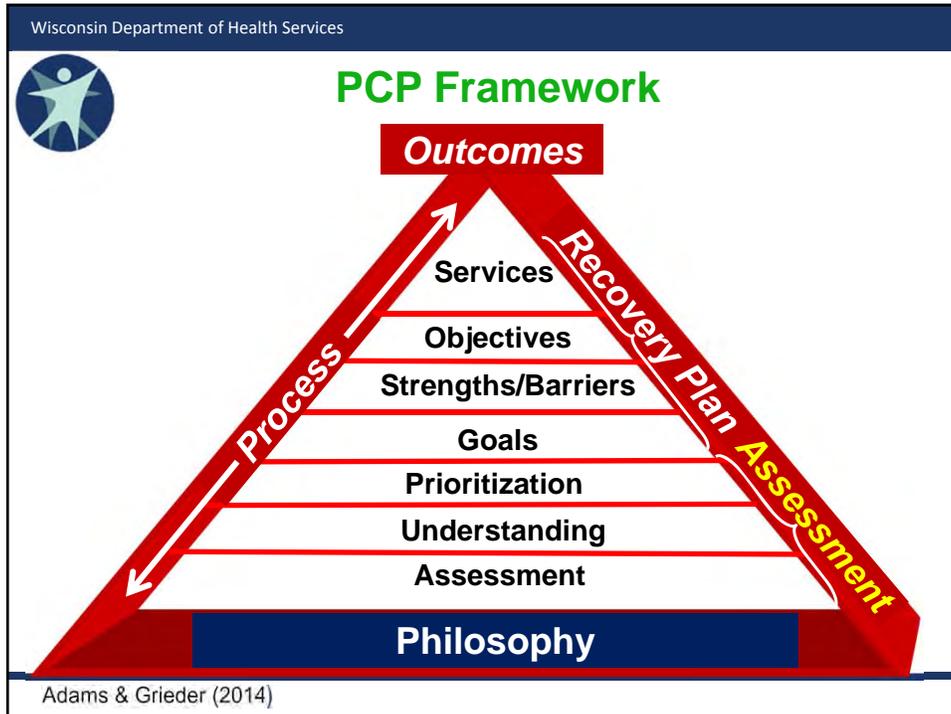
A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Health, Home, Purpose, Community

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SAMHSA's Working Definition of Recovery

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Strength-based Assessment

- Welcoming attitude: initial building of trust and a helping relationship
- Focusing on goals, preferences and hopes can help engage people
- Setting the stage: understanding the services, individual's desirable changes in the future and participation in the planning process
- Semi-structured assessment works well (have conversational approach while completing domains)

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Strength-based Assessment

- Identifies strengths in multiple categories
  - o Skills, personal characteristics, interests, past successes, hopes/aspirations
- Identifies barriers and risk factors
- Includes individual's preferences and expectation of services
- Stages of Change and Recovery

What is important to you?

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Importance of Understanding: Integrated Summary

- Data collected in the assessment is by itself *not sufficient* for service planning----Moves from **what to why**
- Integrates and summarizes the data that has been collected (including understanding/meaning).
- Summarizes the perceptions of the person served and provides the practitioner's view
- Recommends the course of treatment and determines the level of care.

  ▸ **Is the BRIDGE between the data and the plan!** 14

Prioritization by Person Served

- What comes first?
  - Personal / family values need to be considered
  - Cultural nuances are significant

- Must be the driving force
  - Consistent with concerns / perspective of person served (and family *as appropriate*)
  - Builds upon the person's own expertise

What is important *TO* the person?

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Provider Perspectives in Prioritization

- Basic health and safety (Maslow Heirarchy)
  - Reduction of clinical sx/medical need
  - Practical needs
  - Harm reduction
  - Risk vs. safety

What is important *FOR* the person?

- Legal obligations and mandates

- Community safety

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Example – GREG

I am so lonely. I just want a girlfriend. I used to go to the downtown jazz fests and meet lots of people. But I have been so exhausted lately, I can barely stay awake to go. The meds make me feel like a zombie. Even if I could, I am terrified. Its been 5 years since I had a girlfriend, I wouldn't know where to start…I can't take the bus anymore to get anywhere and I am afraid to go anywhere alone.

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The Right Balance

Let person do what he/she wants

Get person to do what I want

Neglect

Recovery Zone

Control

http://www.patdeegan.com/AboutCommonGround.html

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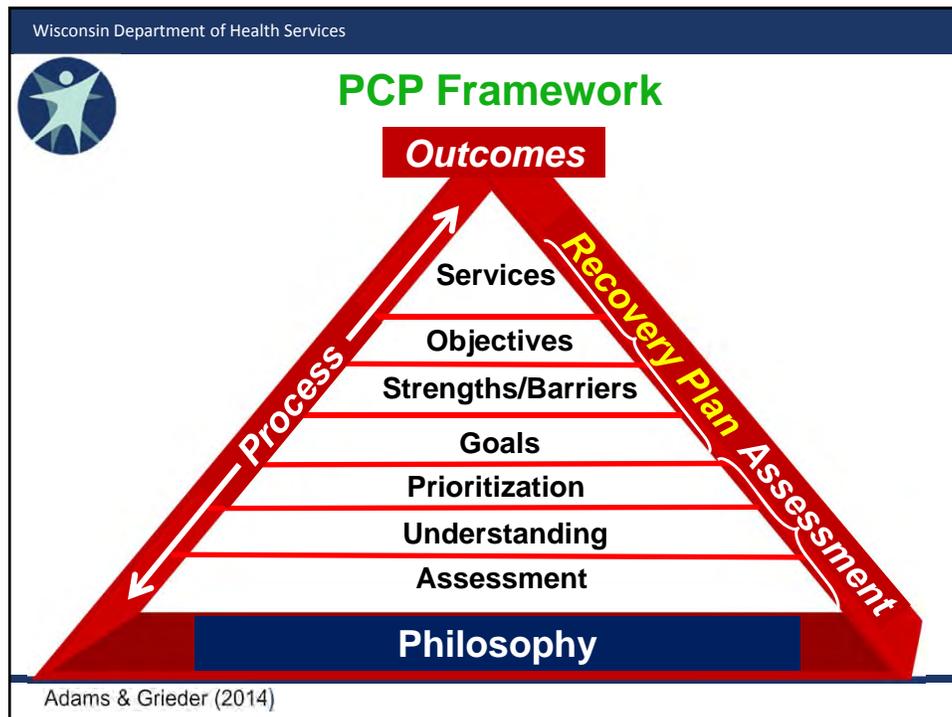
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PCP Recovery Plan

- **Person-Centered Planning Format:**
  - Larger Goal(s): Individual's stated goal(s) in their own words
  - Strengths/Barriers
  - Objectives (Short-term Goals): Small steps the Individual will take to accomplish goal(s)
  - Interventions/Services to assist the person with accomplishing the objectives and goal(s)
  - Transition/Discharge Criteria

  The individual signs the plan and is given a copy

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Planning: <u>Goals</u>, Objectives & Interventions

o Long term, global, and broadly stated

o Goals reflect the individual and provider's "meeting of the minds"

o No more than 1 or 2 goals at a time (can depend on program)

   ▪ Takes more than 6 months to accomplish

o Life changes as a result of services (could be related to discharge criteria)

o Ideally expressed in person's words

o Written in positive terms, toward recovery

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Goals and Dreams

PCP says practitioners should try not to dismiss the person's goals and dreams even if they seem impossible.

Sometimes providers will need to "peel the onion" to determine the underlying reasons for the person's interests.

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Barriers/Assessed Needs

Challenges as a <u>result</u> of a mental health and/or substance use disorder

- o Need for skill development
- o Intrusive symptoms
- o Lack of resources
- o Need for assistance / supports
- o Challenges in activities of daily living
- o Threats to basic health and safety

What's getting in the way?

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Planning: Goals, <u>Objectives</u> & Interventions

- Objectives (short-term goals)
  - o Individualized steps (3mo., 6 mo.) to reach the larger goal(s)
  - o Designed to overcome the barriers
  - o Behavioral, Achievable, Measurable, Time-framed
  - o Directly related to the clinical summary

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Objectives: Missing Parts

o Ron will plan and prepare meals for all residents.

  What's missing?

o Within 3 months, Shonda will practice coping strategies.

  What's missing?

Behavioral, Achievable, Measurable, Time-framed?

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Objectives: Missing Parts

o Ron will plan and prepare meals for all residents.

Within six months, Ron will independently plan and prepare 4 different meals for all residents.

o Within 3 months, Shonda will practice coping strategies.

Within 3 months, Shonda will utilize coping strategies to manage her anger 75% of the time when she gets upset as evidenced by self-report

Behavioral, Achievable, Measurable, Time-framed?

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Interventions/Services

o Steps taken by the team to help bring about the changes described in the objectives (short-term goals) to ultimately reach the larger goals

o Interventions are activities and services provided by the members of the team
- Professional and/or peer provider
- Individual and family themselves
- Other supports within the community

| Right intervention | Right intensity | Right duration/frequency |

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Five Critical Elements

Staff Member's Name & Qualifications

Job Title

Modality/Service

Frequency/Intensity/Duration

Purpose/Intent/Impact

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What is Missing in this Intervention?

o Sue will meet with John every week to assist John in looking for a job.

What's missing?

o CBRF staff will assist Sally with reminders

What's missing?

Name, Qualifications, Job Title, Modality, Frequency, Purpose

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What is Missing in this Intervention?

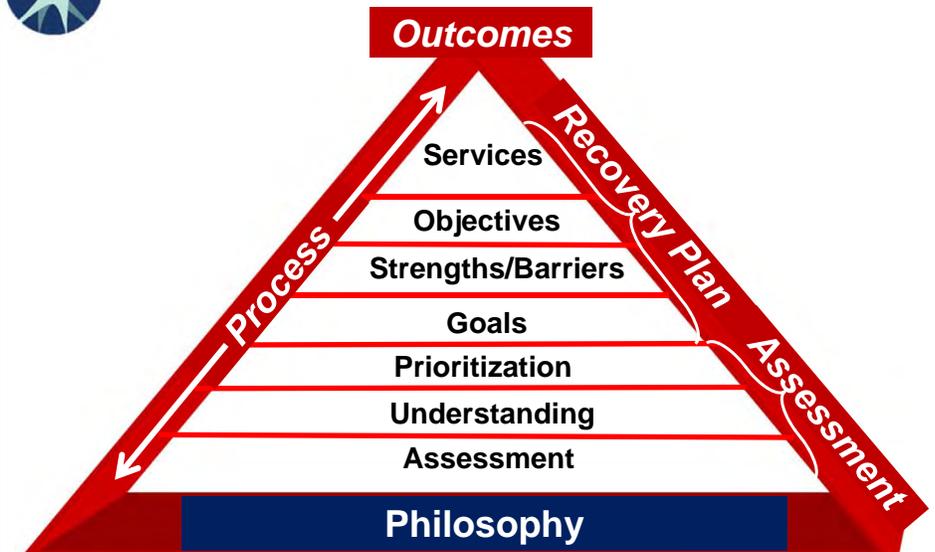Sue will meet with John every week to assist him in finding a job.

Sue Daley, BA, Employment Specialist, will meet with John every week for six hours to provide Individual Placement and Support (IPS) services to assist him in identifying, applying, and interviewing for jobs.
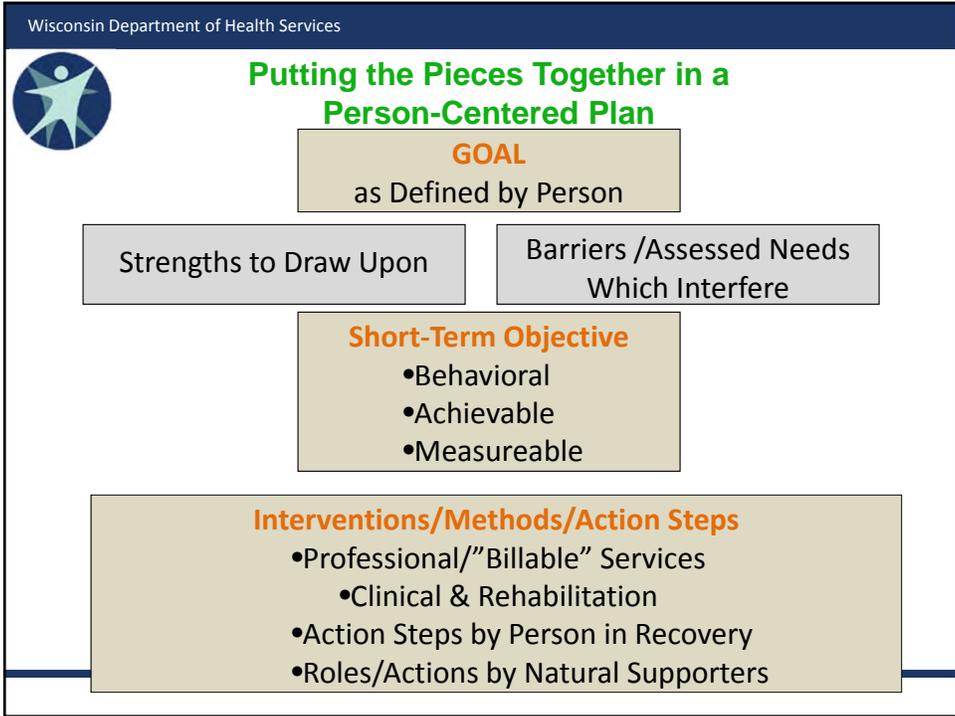
CBRF staff will assist Sally with reminders

CBRF staff will assist Sally daily with reminders for taking her psychotropic medication to manage her depression, as well as monitoring of symptoms and side effects.

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PCP Framework

Outcomes

Process

Recovery Plan

Assessment

- Services
- Objectives
- Strengths/Barriers
- Goals
- Prioritization
- Understanding
- Assessment

Philosophy

Adams & Grieder (2014)

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Putting the Pieces Together in a Person-Centered Plan

GOAL
as Defined by Person

| Strengths to Draw Upon | Barriers /Assessed Needs Which Interfere |

Short-Term Objective
- Behavioral
- Achievable
- Measureable

Interventions/Methods/Action Steps
- Professional/"Billable" Services
- Clinical & Rehabilitation
- Action Steps by Person in Recovery
- Roles/Actions by Natural Supporters

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"What you, as an agency or a provider, do cannot force anyone to recover, but your actions (and even what you believe) can help to create an environment in which recovery may flourish."

~Recovery and Mental Health Consumer Movement in Wisconsin

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Further Learning For Next Week

Person-Centered Planning Fidelity Checklist:

Use the checklist to review an assessment or plan

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Questions???

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Contact Info

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