Person-Centered Planning Resources

Person-Centered Planning Practice Profile
Person-Centered Philosophy Ratings
Person-Centered Planning Skills Observer Sheet
Person-Centered Planning Fidelity Review
Person-Centered Planning Self-Assessment for Providers

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

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This packet of information outlines the Wisconsin model of Person-Centered Planning (PCP). This PCP model was developed by the Wisconsin Department of Health Services.

Included in this packet of resources are the following:

- Person-Centered Planning Practice Profile
- Person-Centered Philosophy Ratings
- Person-Centered Planning Skills Observer Sheet
- Person-Centered Planning Fidelity Review
- Person-Centered Planning Self-Assessment for Providers

The model is outlined in the **Practice Profile** document. The Practice Profile identifies the core components of PCP, and outlines what expected use in practice looks like – that is, the fidelity standards for delivering high-quality PCP services. The Practice Profile was developed in partnership with many stakeholders, and involved an extensive literature review.

The Practice Profile takes elements of the planning practice that have sometimes been referred to as "soft skills" and aligns specific and clear measurement to assess to what degree practitioners use person-centered skills and ways of working. A practitioner's use of PCP is observable and measurable.

The subsequent materials assist with the measurement and observation of a practitioners PCP practice.

- **Person-Centered Philosophy Ratings** – used by an observer to capture the practitioner's overall person-centered practice.
- **Person-Centered Planning Skills Observer Sheet** – used by an observer to assess the practitioner's use of person-centered skills within a specific interaction with their client.
- **Person-Centered Planning Fidelity Review** – used by an observer to assess the practitioner's adherence to the PCP model, specifically the Process and Product.
- **Person-Centered Planning Self-Assessment for Providers** – completed by the practitioner, to reflect on their adherence to the PCP model.

Person-Centered Planning Practice Profile

This document outlines the core components of Person-Centered Planning. There are four core components, **P**hilosophy, **P**rocess, **P**roduct and **S**kills. There are three tools evaluate Person-Centered Planning practice. One tool is a self-assessment, to be completed by the practitioner. Two tools, philosophy ratings and skills observer sheet, are to be completed by someone observing a practitioner's practice.

Core component (the 3 Ps)	Contribution to the outcome	Expected use in practice	Developing use in practice	Unacceptable use in practice
A person-centered **philosophy** provides the relational foundation of services, including: • Partnership • Evocation • Support Autonomy • Empathy *A way of being.* Philosophy is measured based on a 20 minute sample of practice and assessed using global ratings (2). The descriptions for expected, developing, and unacceptable come directly from Moyers et al. (2010) global ratings.	Being person-centered rapidly establishes and maintains a productive and caring working relationship. A strong relational foundation is essential to effective services. People tend to experience better engagement and outcomes when practitioners establish a strong, person-centered relational foundation.	• [Partnership] Practitioner actively fosters and encourages power sharing and shared expertise. Person's ideas substantially influence the nature of services delivered. • [Evocation] Practitioner works proactively to evoke the person's experiences, perspectives, strengths and ideas about services. Practitioner evokes hope and confidence. • [Support autonomy] Practitioner adds significantly to the feeling and meaning of the person's expression of autonomy, in such a way as to markedly expand the person's experience of personal choice and control. • [Empathy] Practitioner shows evidence of deep understanding of the person's point of view for what has been explicitly stated as well as what the person means but has not yet stated. On the global ratings scale, expected use would be at least a 4.	• Practitioner incorporates a person's goals, ideas, and values, but does so in a lukewarm or erratic fashion. May not perceive or may ignore opportunities to deepen the person's contributions to services. • Practitioner shows little interest in, or awareness of, the person's experiences, perspectives, and ideas. May frequently provide information or advice. • Practitioner is neutral relative to person's autonomy and personal choice. • Practitioner is actively trying to understand the person's perspectives with modest success. On the global ratings scale, developing use would be a 3.	• Practitioner actively assumes the expert role for the majority of the interaction. Partnership is absent. • Practitioner relies on providing information or advice in the absence of exploring the person's experiences and perspectives. • Practitioner actively detracts from or denies person's perception of personal choice or control. • Practitioner has no apparent interest in the person's worldview or perspective. On the global ratings scale, unacceptable use would be a 1 or 2.

Core component (the 3 Ps)	Contribution to the outcome	Expected use in practice	Developing use in practice	Unacceptable use in practice
A person-centered **process** includes these elements: • Engagement • Assessment • Understanding • Prioritization • Planning *A way of doing.* Use the self-assessment tool to reflect on your practice.	Engaging is the process of establishing a helpful connection and working relationship. Assessment and planning are essential functions of any human service work. Providing these services in a person-centered process enhances client engagement, satisfaction, and service outcomes. A person-centered plan helps to focus service delivery and provides a useful roadmap of how *recovery* will occur: "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." (7)	• [Engagement] Practitioner spends some time in engagement with frequent listening prior to administering the assessment. • [Assessment] Assessment embodies partnership with the person. Practitioner works proactively to evoke the person's experiences, perspectives and strengths. • [Assessment] Practitioner and person identify and describe symptoms, needs, barriers and risk factors. • [Understanding] Practitioner shows clear evidence of understanding the person's experiences and perspectives. • [Prioritization and informing] Prioritization and focus of services is a negotiated and collaborative process with shared expertise. • [Prioritization] Autonomy, personal choice, and preferences are honored to the extent possible. • [Planning] Plan goals/objectives are individualized and recovery-orientated. • [Planning]The person has full input into goal development. • [Planning] The person's natural supports and strengths are identified, cultivated and engaged. • [Planning] The written plan features the person's own words (use of quotations). • [Planning] Services are collaboratively identified, responsive to medical, safety, and physiological needs, and focused on wellness.	• Practitioner spends minimal time in engagement with some listening prior to administering the assessment. • Practitioner shows lukewarm or erratic partnership. Practitioner misses opportunities to deepen understanding of the person's experiences or perspectives. • Practitioner minimally involves person in identifying symptoms, needs, barriers, and risk factors. • Practitioner shows some evidence of understanding of the person's experiences and perspectives. • Prioritization of goals and focus of services is somewhat negotiated. • Practitioner is neutral relative to the person's autonomy, personal choice, and preferences. • Planning involves some of the person's input. • Plan goals/objectives are somewhat individualized and recovery-oriented. • The person has some input into goal development. • The person's natural supports and strengths are moderately identified and somewhat cultivated. • The written plan sporadically features the person's own words (use of quotations). • Services are mostly collaboratively identified, mostly responsive to medical, safety, and physiological needs, and focus somewhat on wellness.	• Practitioner jumps into information gathering (Q&A) without taking time to engage. Confusing small talk versus meaningful conversation. • Practitioner provides answers and solves problems for the person, rather than seeing them expert of their own life. • Practitioner focuses on a diagnosis versus seeing the whole person. • Does not involve person in identifying symptoms, needs, barriers, and risk factors. • Practitioner has no apparent interest in understanding the person's experiences or perspectives. • Prioritization of goals and services is driven by the practitioner. • Practitioner actively detracts from or denies autonomy, personal choice, or preferences. • Planning excludes input from the person. • Plan goals/objectives are generic and deficit-orientated. • The person has no input into goal development. • The person's natural supports and strengths are not identified or acknowledged. • The written plan does not feature the person's own words. • Services are not collaboratively identified, are somewhat responsive to medical, safety, and physiological needs, but do not focus on wellness.

Core component (the 3 Ps)	Contribution to the outcome	Expected use in practice	Developing use in practice	Unacceptable use in practice
The **product** of person-centered planning represents meaningful outcomes.	A person-centered **plan** results from the process. The plan is a written document that evolves during the delivery of services and embodies the person-centered philosophy. Outcomes are the bottom line of services. Careful examination of outcomes can provide the basis of process improvement and professional development.	• Documentation logically follows from the plan; is regular, timely, and accurate; and consistently uses person-first language. • Plans are regularly monitored and updated as services progress. • Outcomes of planning and services are examined by practitioners and supervisors with management support. • Effective measures are set up for the collection, analysis, and reporting of meaningful data. This could include administering a standardized client satisfaction survey, structured practitioner self-assessment, or supervisor evaluation. • Data informs process improvement and professional development. These activities are monitored and documented. • Practitioners have individualized professional development plans.	• Documentation somewhat follows from the plan; is mostly regular, timely, and accurate; and occasionally uses person-first language. • Plans are somewhat monitored and occasionally updated as services progress. • Outcomes of planning and services are occasionally examined by practitioners and supervisors with some management support. • Measures are set up for the collection, analysis, and reporting of meaningful data, but rely on practitioner self-report. There is an absence of client-specific measures. • Data is not used to inform process improvement and professional development. • Practitioners create an annual work plan that is occasionally monitored.	• Documentation is generic and disjoined from the plan; is somewhat regular and timely; and never uses person-first language. • Plans are rarely monitored or updated as services progress. • Outcomes of planning and services are not examined by practitioners and supervisors. • No measures are in place. Exclusive reliance on practitioner self-report. • Data is not used to inform process improvement and professional development. • Practitioners have no work plan.

Core component (the 3 Ps)	Contribution to the outcome	Expected use in practice	Developing use in practice	Unacceptable use in practice
Person-centered **skills** provide the basis for all interactions and the process of planning. These skills include: • Listening • Asking • Affirming • Informing • Supporting Autonomy Note: The only reliable and valid way to assess practitioner skills is through direct observation of practice and use of a structured performance-based assessment instrument.	The level of practitioner skillfulness is a robust predictor of service engagement, client satisfaction, and outcomes of services. Quality listening is one of the most important skills in human service work. Skills are present within a specific interaction *that is not* the administration of assessment.	• [Listening] On average, there are just as many reflective listening statements offered as questions asked, that is, there is a 1:1 ratio of reflection to questions. • [Asking] At least 70% of all questions are open questions to explore person's experiences, perspectives, and ideas. • [Affirming] Specific strengths or positive attributes are identified and affirmed; there are at least 2 affirmations. • [Informing] Practitioner perspectives/ideas are occasionally offered and only with the person's permission. Information is always followed by asking for the person's thoughts. • [Supporting autonomy] Practitioner offers at least 1 statement that highlights the person's sense of control, freedom of choice, personal autonomy, or ability to decide for themselves.	• Some reflective listening statements are occasionally offered. • At least 50% of all questions are open questions to explore person's experiences, perspectives, and ideas. • Specific strengths or positive attributes are identified and affirmed; there is at least 1 affirmation. • Information or practitioner perspectives/ideas are regularly offered and occasionally with the person's permission. Information is sometimes followed by asking for the person's thoughts. • Practitioner may offer 1 statement that highlights the person's autonomy.	• Few or no reflective listening statements are offered. • Most questions asked are closed questions and tend to be oriented to fact gathering. Little to no asking of the person's perspective or experiences or ideas. • No specific strengths or positive attributes are identified; practitioner may offer non-specific praising. • Information or practitioner perspectives/ideas are frequently offered and rarely with the person's permission. • Practitioner does not highlight the person's autonomy.

References

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Person-Centered Philosophy Ratings

Instructions: Observe and listen carefully to the practitioner's interaction with their client. Based on your overall impression, choose a rating using the 1-5 descriptive scale below. The goal is to capture the practitioner's overall person centered practice. Assume a beginning score of 3 and move up or down from there. Source: Moyers et al. (2010). *Revised Global Scales: MITI 3.1.*

Rating →	(Low) 1	2	3	4	5 (High)
Partnership	Practitioner actively assumes the expert role for the majority of the interaction. Partnership is absent.	Practitioner responds to opportunities to collaborate superficially.	Practitioner incorporates person's goals, ideas, and values but does so in a lukewarm or erratic fashion. May not perceive or may ignore opportunities to deepen person's contribution in the session/services.	Practitioner fosters partnership and power sharing so that the person's ideas impact session/services in ways that they otherwise would not.	Practitioner actively fosters and encourages power sharing in the interaction in such a way that the *person's ideas substantially influence* the nature of services delivered.
Evocation	Practitioner actively provides goal(s), in the absence of exploring the person's knowledge, efforts, or motivation.	Practitioner relies on education and information giving at the expense of exploring the person's personal motivation and ideas.	Practitioner shows no particular interest in, or awareness of, the person's own motivations or goals. May provide information without permission or without tailoring it to the person.	Practitioner is accepting of the person's own motivations or goals. Does not attempt to educate or direct if person resists.	Practitioner works *proactively* to evoke the person's experiences, perspectives, and ideas about services.
Support Autonomy	Practitioner actively detracts from or denies person's perception of personal choice or control.	Practitioner discourages the person's perception of personal choice or responds to it superficially.	Practitioner is neutral relative to person's autonomy and personal choice.	Practitioner is accepting and supportive of the person's autonomy and personal choices.	Practitioner adds significantly to the feeling and meaning of the person's expression of autonomy, in such a way as to *markedly expand* the person's experience of personal choice and control.
Empathy	Practitioner has no apparent interest in person's worldview. Gives little or not attention to the person's perspective.	Practitioner makes sporadic effort to explore the person's perspective. Understanding may be inaccurate or may detract from person's true meaning.	Practitioner is actively trying to understand the person's perspective, with modest success.	Practitioner shows evidence of accurate understanding of person's worldview and makes active and repeated efforts. Understanding mostly limited to explicit content.	Practitioner shows evidence of deep understanding of person's point of view, not just for what has been explicitly stated, but what the person means but has not yet said.

Person-Centered Planning Fidelity Review

Process	Fully Present (2)	Somewhat Present (1)	Not Present (0)	Comments
Practitioner spends some time in engagement with frequent listening prior to administering the assessment.				
Assessment embodies partnership with the person. Practitioner works proactively to evoke the person's experiences, perspectives and strengths.				
Practitioner and person identify and describe symptoms, needs, barriers and risk factors.				
Practitioner shows clear evidence of understanding the person's experiences and perspectives.				
Prioritization and focus of services is a negotiated and collaborative process with shared expertise.				
The person has full input in the planning process.				
Plan goals/objectives are individualized and recovery-orientated. The person has full input into goal development.				
The person's natural supports and strengths are identified, cultivated and engaged. Autonomy, personal choice, and preferences are honored to the extent possible.				
The written plan features the person's own words (use of quotations).				
Services are collaboratively identified, responsive to medical, safety, and physiological needs, and focused on wellness.				
Product	**Fully Present (2)**	**Somewhat Present (1)**	**Not Present (0)**	**Comments**
Documentation logically follows from the plan; is regular, timely, and accurate; and consistently uses person-first language.				
Plans are regularly monitored and updated as services progress.				
Outcomes of planning and services are examined by practitioners and supervisors with management support.				
Effective measures are set up for the collection, analysis, and reporting of meaningful data. This could include administering a standardized client satisfaction survey, structured practitioner self-assessment, or supervisor evaluation.				
Data informs process improvement and professional development. These activities are monitored and documented.				
Practitioners have individualized professional development plans.				

Person-Centered Planning Self-Assessment

Philosophy	In Regular Practice (2)	Occasionally in Practice (1)	Not in Practice (0)	Comments
I incorporate the person's goals, ideas, and values.				
I evoke the person's experiences, perspectives, and ideas about services.				
I expand the person's experience of personal choice and control.				
I have deep understanding of the person's point of view.				
Process				**Comments**
I spend time engaging the person with frequent listening prior to administering the assessment.				
The person and I collaboratively complete the assessment.				
The person and I identify and describe symptoms, needs, barriers and risk factors.				
I have clear understanding of the person's experiences and perspectives.				
Prioritization and focus of services is negotiated and are collaboratively chosen.				
The person has full input in the planning process.				
Plan				**Comments**
The person has full input into the development of goal(s), objectives, and services.				
I assist the person in identifying, cultivating, and engaging natural supports.				
Written plan features the person's own words (use of quotations) and consistently uses person-first language.				
Services are collaboratively identified.				
I, with the person and their team, regularly monitor and update plans.				
Product				**Comments**
I, as well as agency leadership, monitor outcomes of plans; modifications or achievement of objectives and goals are visible.				
My supervisor and I meet at least once monthly to discuss elements Person-Centered Planning.				
I have an individualized professional development plan.				
Skills				**Comments**
Within a specific interaction that is not the assessment, at least 70% of questions I ask are open questions.				
I adhere to the 1:1 ratio, offering as many reflections as questions.				
I offer at least two affirmations.				
I occasionally offer my perspectives and ideas, but only with the person's permission.				
When I share information, it is always followed by asking for the person's thoughts.				
I offer at least one statement that highlight the person's freedom of choice and personal autonomy.				