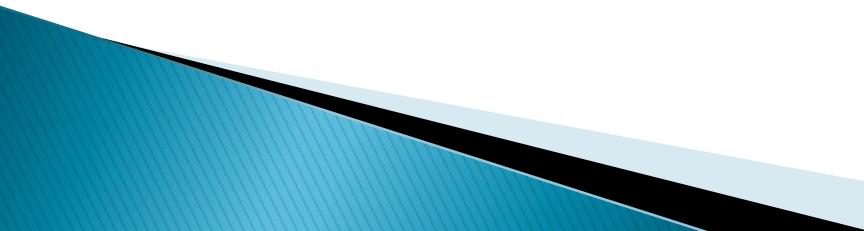


PERSON CENTERED RECOVERY PLANNING: A BEHAVIORAL HEALTH OVERVIEW

OCTOBER 29, 2019
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CONSULTANT

OBJECTIVES

- ▶ UNDERSTAND THE CONCEPT OF PCRCP AS A PROCESS OF BEHAVIORAL HEALTH CARE PLANNING
 - ▶ BECOME FAMILIAR WITH COMPONENTS AND CONCERNS OF PCRCP
 - ▶ DEMONSTRATE IMPORTANCE OF PERSON FIRST LANGUAGE
 - ▶ UNDERSTAND THE DIFFERENCES BETWEEN THE MEDICAL MODEL VS PERSON CENTERED MODEL OF BEHAVIORAL HEALTH CARE
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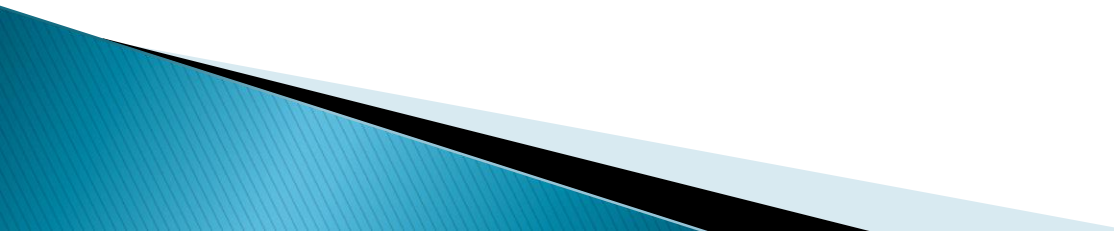
PERSON CENTERED RECOVERY PLANNING

What is it?

A collaborative process between the individual in treatment and his or her supporters (including the providers) that results in the development and implementation of a plan of action to assist the individual in achieving personal goals for their recovery

The International Journal of Person Centered Medicine, Vol 2, Issue 3, 2012, PP 410–420
Janis Tondora, PsyD.; Rebecca Miller, Ph.D.; and Larry Davidson, Ph.D.

GOAL SETTING EXERCISE

- ▶ TAKE OUT A SCRAP PIECE OF PAPER AND WRITE DOWN 3 THINGS IN YOUR LIFE YOU WOULD LIKE TO CHANGE
 - ▶ AFTER EACH ITEM, WRITE DOWN ANY PEOPLE IN YOUR LIFE THAT YOU THINK YOU MIGHT NEED TO HELP YOU ACTUALLY MAKE THE CHANGE.
- 

GOAL SETTING EXERCISE

- ▶ EXAMPLE:

I WANT TO STOP SMOKING CIGARETTES.

- ▶ SUPPORT I WILL NEED

DOCTOR TO WRITE RX FOR CHANTIX

FAMILY TO SUPPORT ME BY SMOKING OUTSIDE

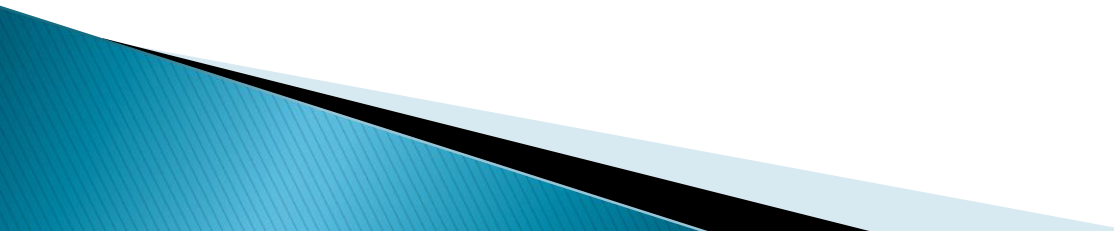
A WALKING BUDDY TO HELP WITH EXERCISE

ETC



GOAL SETTING EXERCISE

- ▶ WHAT KIND OF TOPICS DID YOUR 3 THINGS YOU WOULD LIKE TO CHANGE INVOLVE?
EX: HEALTH GOALS? SOCIAL GOALS? WORK GOALS? FAMILY GOALS? OTHER?

 - WHAT ARE SOME EXAMPLES OF KIND OF SUPPORT YOU LISTED AS NEEDING TO COMPLETE YOUR GOAL?
EX: DOCTOR? FAMILY? FRIEND? OTHER?
- 

COMPONENTS OF THE PROCESS

- ▶ Should promote recovery, not just minimize symptoms
- ▶ Be based on the person's own goals and aspirations
- ▶ Articulate the person's own role and the role of paid and natural supports in assisting with goal achievement
- ▶ Build upon the person's capacities, strengths and interests

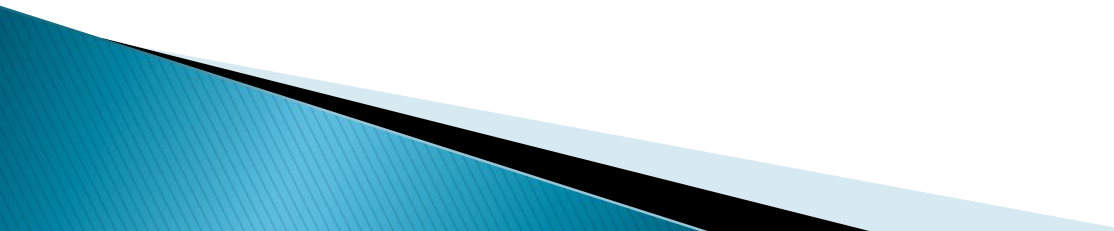
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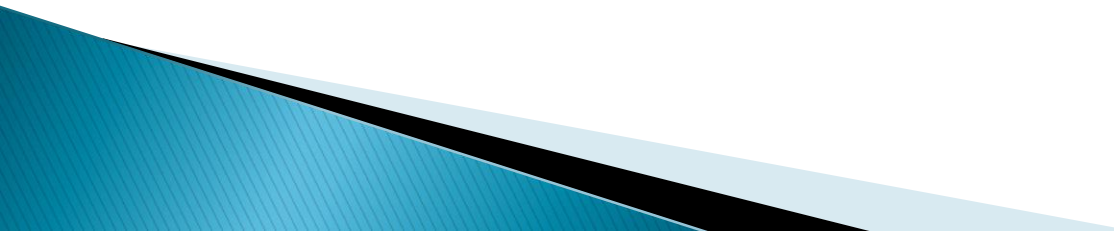
COMPONENTS OF THE PROCESS

- ▶ Emphasize the use of natural community settings
- ▶ Allow for uncertainty, setbacks and disagreements as inevitable steps on the path to greater self-determination

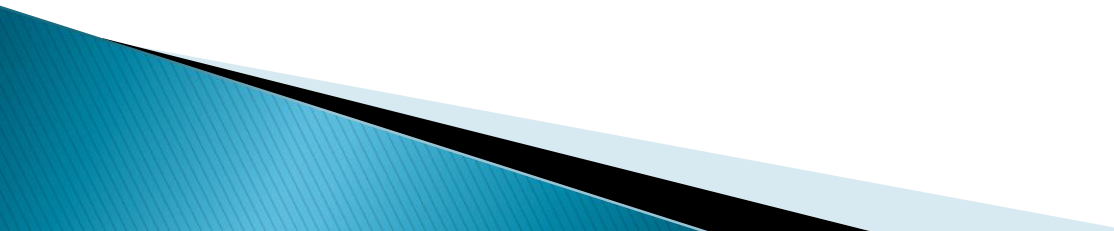
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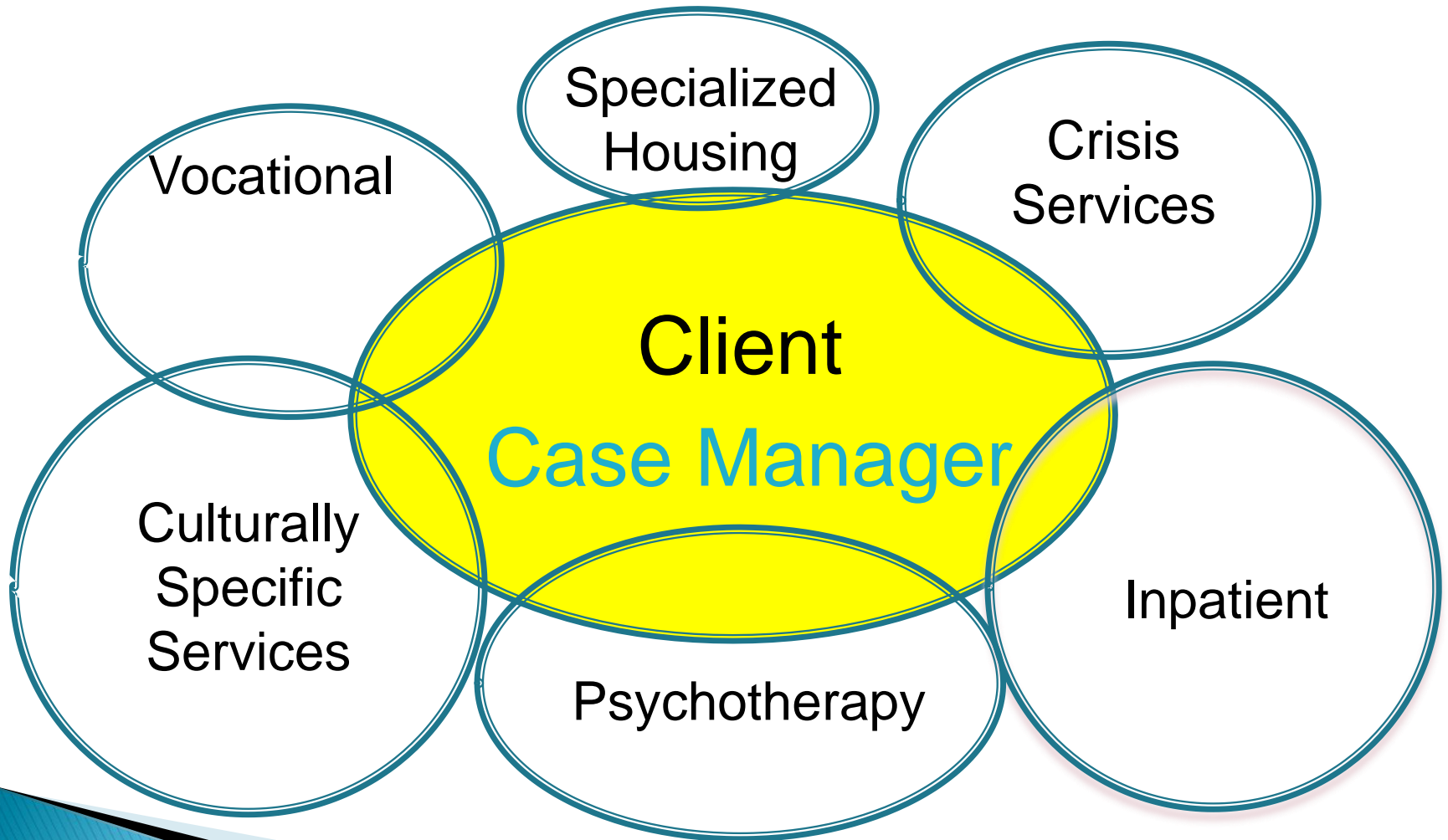
HOW DOES THE SYSTEM HELP OR HINDER PCRP?

- ▶ WHAT IS THE MEDICAL MODEL?
 - ▶ WHAT IS RECOVERY ORIENTED SYSTEM OF CARE?
 - ▶ WHAT IS PERSON CENTERED SYSTEM OF CARE?
- 

SYSTEM CONTINUED

- ▶ MEDICAL MODEL = TRADITIONAL SYSTEM OF CARE. PHYSICIAN DRIVEN.
 - ▶ RECOVERY ORIENTED MODEL = DRIVEN BY INDIVIDUALS WITH LIVED EXPERIENCE AND THEIR FAMILIES/SUPPORT SYSTEM
 - ▶ PERSON CENTERED MODEL = DRIVEN BY STRENGTHS AND ABILITIES AND PERSONAL PREFERENCE
- 

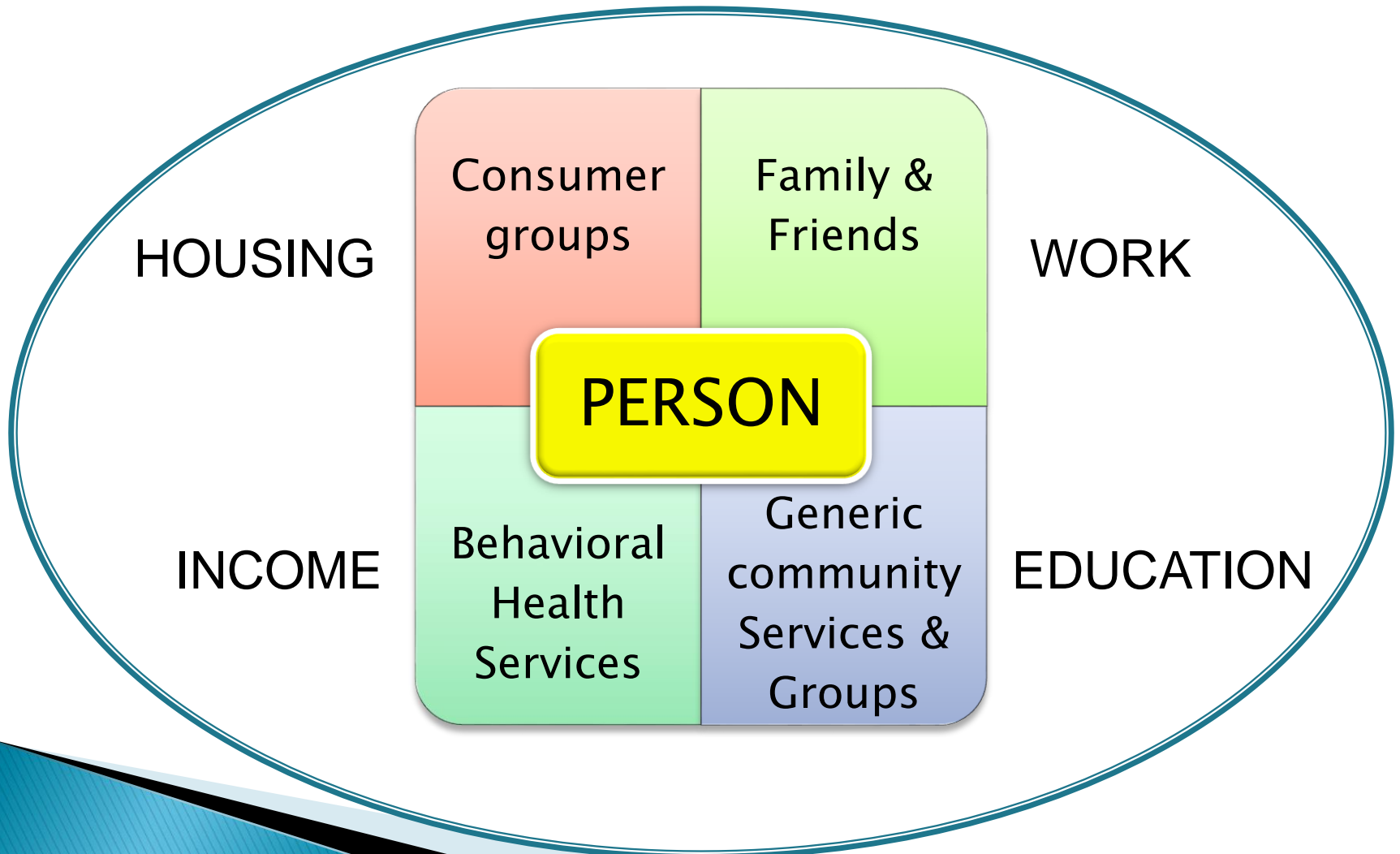
TRADITIONAL SYSTEM *SWADDLES* PERSON WITH SERVICES



A Recovery-Oriented System *Supports* but Does Not Surround Individual

Trainor, Pomeroy, & Pape, 1993 Canadian Mental Health Association

INDIVIDUAL



Disease centered medical model

Professional role

- ▶ Hierarchical
- ▶ Paternal
- ▶ In-charge
- ▶ Holds the important knowledge
- ▶ Responsible for treatment
- ▶ Disease is focus

Patient role

- ▶ Subservient
- ▶ Obedient
- ▶ Passive
- ▶ Recipient of knowledge
- ▶ Responsible for following treatment
- ▶ Host of the disease



Person centered model

Person's role


- ▶ Personal power
- ▶ Personal knowledge
- ▶ Personal responsibility
- ▶ Person in context of life is the focus
- ▶ Person is self determining

Professional's role

- ▶ Power sharing
- ▶ Exchange information
- ▶ Shared decision making
- ▶ Co-investigator
- ▶ Professional is expert consultant on journey



PCRP MODEL

- ▶ STRIVES TO HONOR THE PERSON AND THEIR CHOICES
 - ▶ UTILIZES STRENGTHS AND ABILITIES
 - ▶ UTILIZES FAMILIES AND SUPPORT SYSTEMS (IF THEY EXIST FOR INDIVIDUALS)
 - ▶ REMAINS AWARE THAT BEHAVIORAL HEALTH DISORDERS ARE OFTEN CYCLICAL IN NATURE AND DOCTORS, THERAPISTS, NURSES, OTHER PROFESSIONALS ARE NEEDED AT MANY POINTS THROUGHOUT TREATMENT.
 - ▶ BUT THE PERSON REMAINS THE FOCUS AND THE DRIVER OF CARE
- 

Five Stages in the Recovery Process

Appalachian Consulting Group, Inc. (with quotations from Patricia Deegan)

Impact of Illness



“The shattering of one’s world, hopes and dreams.”

There are times when the person is **overwhelmed by** the disabling power of the illness. The impact of the illness is the dominant experience in a person’s life and the person is having difficulty functioning.

The **danger** is that the person will re-define **identity** in mental illness terminology that will automatically limit her future.

The **role of services** is to decrease the emotional distress by reducing the symptoms and communicate that there is life after diagnosis.

Life is Limited



“We both gave up. Giving up was a solution.”

There are times when the person has **given into** the disabling power of the illness. He doesn’t like the way his life is, but believes that this is the best he will ever be. He is not ready/able to make a commitment to change

The **danger** is that the person will have identified so strongly with the negative stigma of the illness that he cannot see any **possibility**.

The **role of services** is to instill hope, a sense of possibility, and to rebuild a positive self-image.

Change is Possible



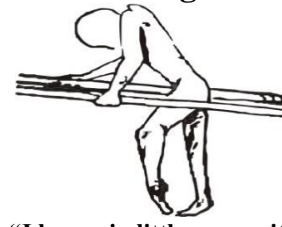
“The fragile flame of hope and courage.”

There are times when the person is **questioning** the disabling power of the illness. She believes that there may be more to life than she is currently experiencing and is beginning to believe her life can be different.

The **danger** is that she will be afraid to take the necessary **risks**, or be discouraged to do so, and remain in the ‘life is limited’ stage.

The **role of services** is to help her see that she is not so limited by the illness and in order to move on she will need to take some risks.

Commitment to Change



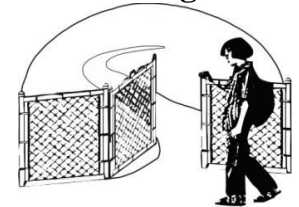
“I began in little ways with small triumphs and simple acts of courage.”

There are times when the person is **challenging** the disabling power of the illness. He believes that there are some possibilities, but he is not sure what they are. He is willing to explore what it will take to make some changes.

The **danger** is that he will not get the skills, resources and **supports** that he needs to do what he wants to do and will become frustrated and give up.

The **role of services** is to help the person take the initial steps by helping him identify his strengths and needs in terms of skills, resources and supports.

Actions for Change



“We rebuilt our lives on three corner stones of recovery - hope, willingness and responsible action.”

There are times when the person is **moving beyond** the disabling power of the illness. She knows the direction she wants to go, but is not sure that she can do it. Yet she is willing to begin to take more responsibility for her life.

The **danger** is that she will begin to doubt her ability to function on her own and to take **responsibility** for her own actions.

The **role of services** is to equip her with the necessary skills, resources and supports so that she can trust in her own decision-making ability and take more responsibility for her life

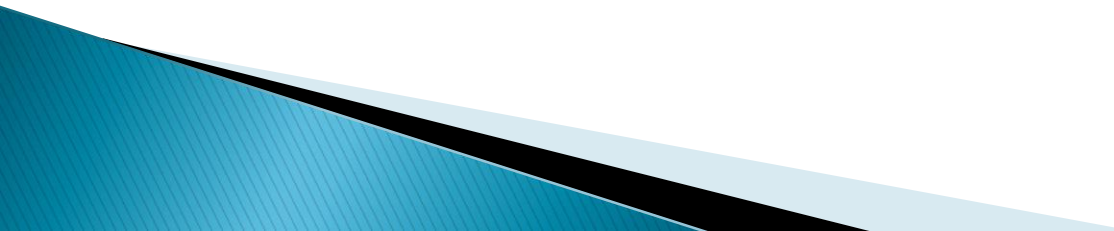
10 PRINCIPLES OF RECOVERY

1. Recovery emerges from hope .
2. Recovery is person driven
3. Recovery occurs via many pathways
4. Recovery is holistic
5. Recovery is supported by peers and allies

SAMHSA 2011



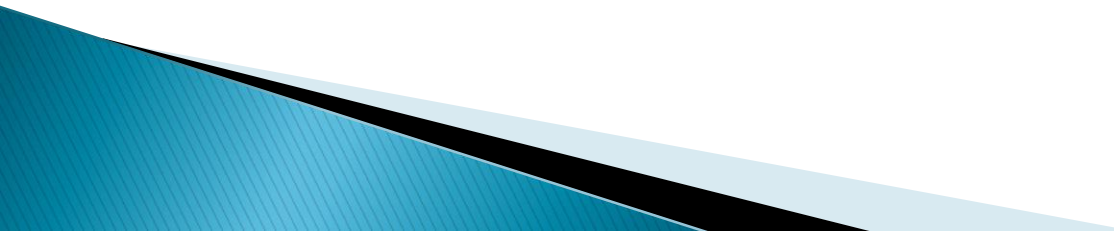
10 PRINCIPLES OF RECOVERY

6. Recovery is supported through relationships and social network
 7. Recovery is culturally-based and influenced
 8. Recovery is supported by addressing trauma
 9. Recovery involves individual, family and community strengths and responsibility
 10. Recovery is based on respect
- 

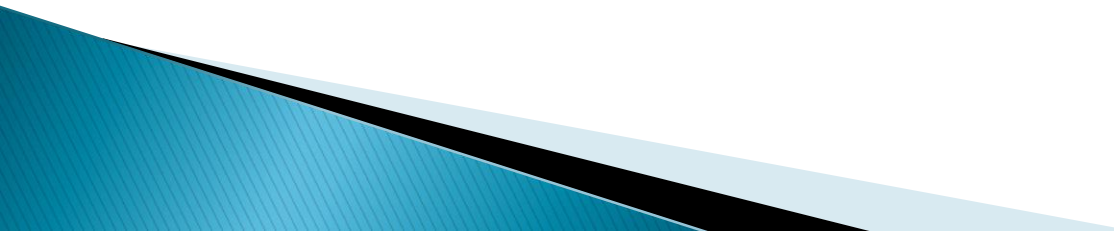
PERSON FIRST LANGUAGE

- ▶ WHAT IS PERSON FIRST LANGUAGE?
 - AN OBJECTIVE WAY OF COMMUNICATING THAT ELIMINATES GENERALIZING, ASSUMPTIONS, AND STEREOTYPES BY FOCUSING ON THE PERSON FIRST.
 - MORE THAN JUST POLITICALLY CORRECT
 - DESCRIBES THE INDIVIDUAL FIRST, CONDITION SECOND. i.e. MISSY HAS DIABETES, NOT MISSY IS A DIABETIC.

HOW PERSON FIRST LANGUAGE IS IMPORTANT

- ▶ HELPS PEOPLE SEE THOSE WITH LIVED EXPERIENCE BEYOND THE LENS OF ILLNESS
 - ▶ IS RESPECTFUL
 - ▶ MODELS RECOVERY/RESILIENCY
 - ▶ POSTIVELY AFFECTS IDENTITY FORMATION
 - ▶ CONTRIBUTES TO IMPROVING ORGANIZATIONAL CULTURE
- 

INCORPORATE PERSON FIRST LANGUAGE

- ▶ TEAM MEETINGS, STAFFINGS, PLANNING MEETINGS, ETC.
 - ▶ USE IN ALL MARKETING MATERIALS AND COMMUNITY PRESENTATIONS FOR YOUR AGENCIES
 - ▶ USE IN AGENCY POLICIES
 - ▶ USE IN ALL TREATMENT DOCUMENTATION...STAFF NOTES, TREATMENT PLANS, ASSESSMENTS, ETC.
- 

MEDICAL NECESSITY

SHOULD BE ABLE TO PROVIDE BEHAVIORAL
HEALTH TREATMENT PLANNING WITH A
PERSON CENTERED PROCESS

AND

BE ABLE TO ESTABLISH MEDICAL NECESSITY
AND THUS RECEIVE PAYMENT FOR BEHAVIORAL
HEALTH SERVICES



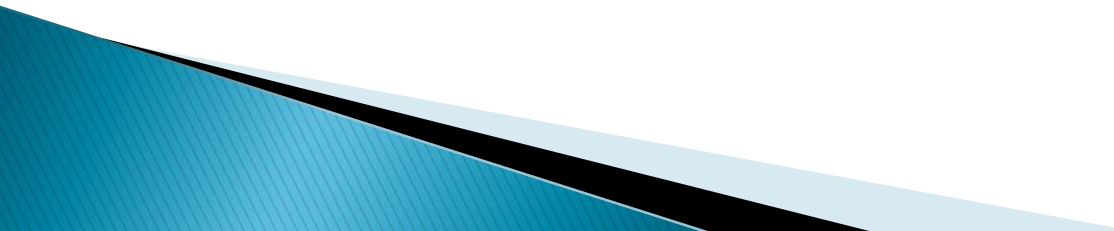
QUICK HIGHLIGHTS FOR PCRCP

- ▶ STRENGTHS ASSESSMENT SHOULD OCCUR AND STRENGTHS FOUND UTILIZED IN PLAN
- ▶ PERSON CENTERED PROCESS SHOULD RESULT IN GOALS AGREED UPON BY AN INDIVIDUAL AND SHOULD BE STATED IN THEIR OWN WORDS
- ▶ OBJECTIVES SHOULD FOLLOW SMART CRITERIA
“MISSY WILL..... AS EVIDENCED BY...”
- ▶ INTERVENTIONS SHOULD BE SPECIFIC AND INCLUDE INDIVIDUAL/FAMILY/SUPPORT PERSON INTERVENTIONS, EVEN THOUGH NOT BILLABLE.
“IND TX 2X PER MONTH, WITH MS. SMITH, IN ORDER TO LEARN COPING SKILLS FOR ANGER”
- ▶ “BILLY WILL GO TO PUBLIC LIBRARY ON WEEKENDS AND CHECK OUT TWO BOOKS”

SMART CRITERIA

- ▶ S = SPECIFIC
- ▶ M = MEASURABLE
- ▶ A = AGREED UPON
- ▶ R = RELEVANT
- ▶ T = TIME BOUND
 - *ATTENDING IS NOT AN OBJECTIVE.

AGENCY CONCERNS ABOUT PCRCP

- ▶ WHO IS INVOLVED IN THE PERSON CENTERED PLANNING PROCESS IN THEIR AGENCY?
 - ▶ WHAT KIND OF QUESTIONS OR ISSUES POP UP?
 - ▶ ARE PEERS INVOLVED AT YOUR AGENCY?
(ADULT, FAMILY, YOUTH?)
- 

TOP TEN CONCERNS

1. Allowing people to make own decisions increases risk and liability
2. Won't be reimbursed because doesn't fit medical necessity
3. Takes too much time
4. Most people are too disabled to pursue recovery goals. Must get clinical issues under control first.
5. Evidence based practices vs person centered care.

6. TONDORA, MILLER & DAVIDSON 2012

TOP TEN CONCERNS

6. Persons with serious mental illness have given up and may not want to make changes.
7. The recovery plan doesn't really drive care, it's only for reimbursement and documentation.
8. We already do person centered care.
9. Person centered planning is the responsibility of the non-clinical practitioners.
10. Emphasizing choice devalues clinical expertise.

TONDORA, MILLER & DAVIDSON, 2012

QUESTIONS?