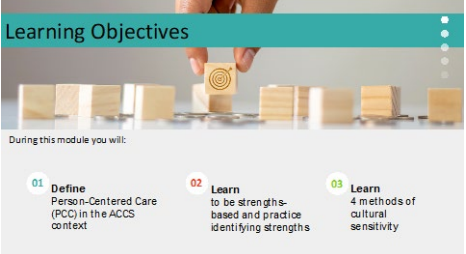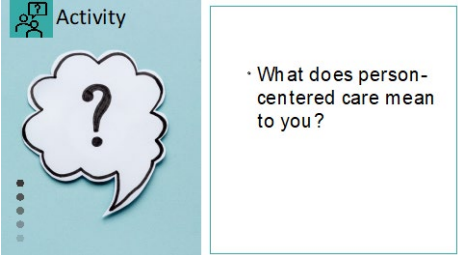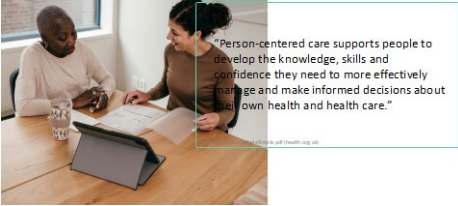# Person-Centered Approach
Facilitator Guide

*Note: This module has 2 handouts:*
1. Self-identification interview activity (slide 19)
2. Tool: Interrupting Microaggressions (slide 25)

Slide 1	**Slide 1: Title Slide** Introduce Trainers
Slide 2	**Slide 2: Learning Objectives** **Explain:** During this module you will: - Define Person-Centered Care (PCC) in the ACCS context - Learn to be strengths-based and practice identifying strengths - Learn 4 methods for cultural sensitivity
Slide 3	**Slide 3: Activity** **Ask:** What does person-centered care mean to you? Ask participants to write in chat or say out loud.
Slide 4	**Slide 4: Defining person-centered care (PCC):** **Read slide:** "Person-centered care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care."

Defining Person-Centered Care (PCC)	**Explain:** As opposed to traditional medical services, person-centered care involves the person served in decision-making about their care and in keeping with their personal health care goals, rather than decisions that are made without them, and that are based primarily on clinical outcomes. PersonCentredCareMadeSimple.pdf (health.org.uk)
Slide 5 	**Slide 5: Defining Person-Centered Care (PCC)** *continued* **Explain:** "Person-centered care means <u>persons served have control</u> over their services, including the amount, duration, and scope of services. - Person-centered care is <u>respectful and responsive</u> to the cultural, linguistic, and other social and environmental needs of the individual. - Person- and family-centered treatment planning is a <u>collaborative process</u> where care recipients participate in the development of treatment goals and services provided, to the greatest extent possible. - Person-centered planning is <u>strength-based</u> and focuses on individual capacities, preferences, and goals. - <u>Individuals and</u> <u>any supporters they want included</u> (e.g., families, friends, other providers) are core participants in the development of the plans and goals of treatment." *Person- and Family-centered Care and Peer Support	SAMHSA*
Slide 6	**Slide 6: Activity** ***Facilitator instruction:*** *After asking questions – put previous slide back up so participants can review list.* **Ask:**

	Looking at the list we just reviewed: • Which points would be most important to you in your work? • Which points may be most challenging?

Slide 7
 	
Key Attributes of a Person-Centered care (PCC) Approach
 	
The service provider perspective is that the people served are authorities of their own lives.
 	
An emphasis is on shared humanity - all humans have a natural tendency toward growth and healing.
 	
PCC emphasizes always treating care recipients with dignity, compassion, and respect.
	Slide 7: Key attributes of a person-centered care (PCC) approach:
	
	Explain:
	
	• The service provider perspective is that the people served are authorities of their own lives.
	  ○ The role of the provider is to support the person to achieve their own goals.
	  ○ The person being served is in the driver's seat – they set the course of their services and treatment; ACCS staff is the passenger and navigator.
	  ○ This may be especially challenging when the service provider considers the choices or goals of the person served are not in their own best interest or may lead to worse rather than better outcomes. Bringing these issues for discussion with the integrated team and supervisor can help you to better embody a person-centered approach.
	
	• An emphasis is on shared humanity - all humans have a natural tendency toward growth and healing.
	
	• PCC emphasizes always treating care recipients with dignity, compassion, and respect.
	
	Facilitator note:
	Mention the Quote from Patricia Deegan:
	"The concept of recovery is rooted in the simple yet profound realization that people who have been diagnosed with mental illness are human beings."
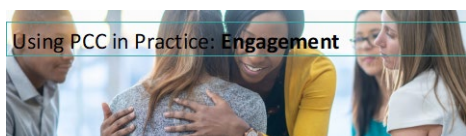
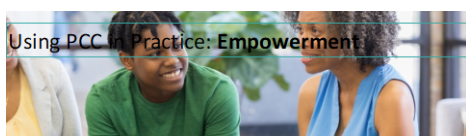|	
Slide 8	**Slide 8: Using PCC in ACCS practice: Engagement** **Definition:** <u>Engagement</u> is the strengths-based process through which individuals with mental health conditions form a healing connection with people that support their recovery and wellness within the context of family, culture and community. o Engage the person served by providing assistance with goals of the person's choosing. **Facilitator note- explain:** • If the person has difficulty identifying personal goals, efforts should be made to help them develop and communicate personally meaningful outcomes of services. • ACCS staff's role is to foster autonomy, independence, and self-determination.
Slide 9	**Slide 9 : Using PCC in Practice: <u>Empowerment</u>** **Definition:** In a mental health context, <u>empowerment</u> refers to the level of choice, influence and control users of mental health services can exercise over events in their lives, and the key to empowerment is the removal of formal or informal barriers and the transformation of power relations between individuals, communities, etc. **Explain:** • Some individuals have very little experience being asked about their personal goals or have little trust that their personal goals will be reflected in their service plan. • Some have a long history of institutionalization and/or messaging that there is little hope for recovery from a -mental health condition. **Facilitator note – add:** • For those individuals, ACCS staff "hold the hope" and continue to convey that recovery is possible; • time and effort is spent getting to know the person and exploring possibilities, interests, and motivation for change within a range of domains of health and wellness

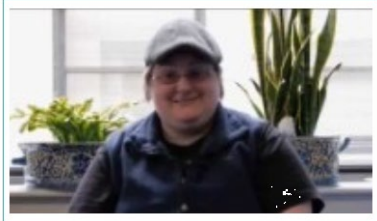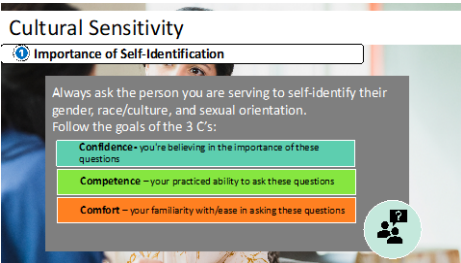| Slide 10	**Slide 10: Using PCC in Practice: <u>Non-Judgment</u>**

Using PCC in Practice: Non-judgment
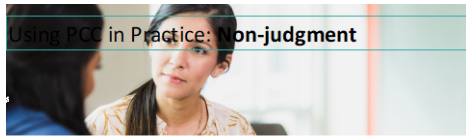 	
ACCS staff and clinicians cultivate professionalism that centers care around the person served, and that puts one's own judgements to the side when values or cultures clash. One works for a stance of non-judgment with respect to challenging behaviors and uses language that promotes recovery that is:
 	
• Non-judgmental
• Respectful of the person's perspective and life experience
• Avoids labeling the person
	Explain:
	
	Non-judgment:
	• ACCS staff and clinicians cultivate a professionalism that centers care around the person served, and that puts one's own judgements to the side when values or cultures clash.
	• One works for a stance of non-judgment with respect to challenging behaviors and uses language that promotes recovery (that is non-judgmental, respectful of the person's perspective and life experience, and avoids labeling the person based on their diagnosis or other attributes).
	
	Facilitator notes:
	Facilitators can use these examples or use some examples of their own
	• Examples where a clash in values might engender a judgmental response from the provider:
	   ○ The person served expresses their interest in continuing to smoke marijuana or drink alcohol because both are legal and the individual does not feel either affects their symptoms or recovery
	   ○ The person served has gained a lot of weight and does not have any interest in attempting to eat healthier or become more active
	   ○ The person served has expressed the desire to stop using their meds

Slide 11	**Slide 11: Activity** **Ask:** Can you think of other examples where a provider's or peer specialist's perspective might clash with the perspective of the person served?
Activity ? • Can you think of other examples where a provider's or peer specialist's perspective might clash with the perspective of the person served?	
Slide 12	**Slide 12: Strengths – Video** **Explain:** Here is a video of Olivia Richards, an advocate describing a strength vs. deficit model.

Strengths	**Ask:** After the video, ask participants about their reactions *video: Olivia Richard Strengths based vs Deficit based model of care (1:25)* *https://youtu.be/KxzdfRs764w*
Slide 13 Strengths PCC employs a strength-based approach. Providers shift from asking "what's wrong with you" to "what's strong with you"? ⚠ **Deficit-based** 👍 **Strength-based** I will not drink alcohol or use substances for the next month I will not drink alcohol or use substances for the next month I will stop spending time with people who are not good for me I will use my strength of caring about other people to learn two new social skills for making friends	**Slide 13: Strengths** **Explain:** • PCC employs a strength-based approach. • Providers shift from asking "what's wrong with you" to "what's strong with you"? Examples of treatment goals that are strength-based vs. deficit based, and leverage strengths for positive growth. • <u>Deficit-based:</u> I will not drink alcohol or use substances for the next month <u>Strength-based:</u> I will use my motivation for change to learn at least two new coping strategies that work for me for managing stress • <u>Deficit-based:</u> I will stop spending time with people who are not good for me <u>Strength-based:</u> I will use my strength of caring about other people to learn two new social skills for making friends
Slide 14 Activity **?** Think about a person-served that you have encountered or worked with. • What are their strengths? • How do they use their strengths?	**Slide 14: Activity** Think about an individual served in a mental health system that you have encountered or worked with. **Ask:** • What are their strengths? • How do they use their strengths?
Slide 15	**SLIDE 15: Activity – Group Breakout Exercise** *(8 mins total)* **Facilitator instructions:**

Activity
 	
Marty is 35 years old living alone in a small apartment connected to his parents' home. He is very intelligent, patient and easy-going and is good at computers. Marty is in recovery from heroin (2 ¼ years) and cocaine (8 years). He smokes a pack of cigarettes a day in his apartment. He has diagnoses of SUD, PTSD, ADHD, atherosclerosis, and depression. Marty has meds for depression and is on methadone. He is independent for most ADLs and IADLs. He says he is alone most of the time and states he is lonely. He would like to go back to school to complete his degree but does not feel ready to do this yet. He loves being on the water (boat, fishing) but says he does not get out much. He says he needs a counselor as soon as possible. He would like help applying for SSDI because he is recently blind in one eye due to an accident.
 	
• What are Marty's strengths? Also consider his interests.
 	
• How might you write a treatment goal that could leverage one of his strengths and keep him interested?
	• **Read** out loud the brief scenario and questions on the slide.
	• *Be sure to leave slide up during the breakouts*.
	• Split participants into groups of 3 to 5
	• **Instruct groups to:**
	  ○ Take 5 minutes to answer the two questions.
	  ○ Pick one person on your team to record the answers and report.
	• **After bringing groups back together:**
	  ○ ask a couple groups to present their answers and discuss.
	  Facilitator notes - possible answers:
	  <u>Strengths & interests:</u>
	    ○ Intelligence, computers, patience, easy going, fishing, biking
	  <u>Potential Treatment Goals:</u>
	    ○ Note the focus would be on what Marty expressed he needs (person-centered) but also there is a need to attend to clinical risks (e.g., continued support for his recovery and social support).
	    ○ He is not yet ready to go back to school so this should be revisited at a later date.
	    ○ Examples:
	      ▪ "schedule a vision test to establish eligibility for and benefits from SSDI (leverages his intelligence and it is empowering because he is scheduling is own test)";
	      ▪ "Increase my support system by approaching someone else in recovery to go biking or fishing" (leverages his easy-going nature and interests while building supports that will help his recovery).

Slide 16
 	
	SLIDE 16: Practices for a Person-Centered Approach
	
	Explain:
	
	• **Shared understanding**
	  ○ A shared understanding between the provider and the person served around the purpose and targeted outcomes of the work together ensures that the work is meaningful and that there is agreement about when a transition will be indicated.
	  ○ Includes having an understanding about the person's strengths, goals, needs, and aspirations to help facilitate

growth and goal achievement, as well as understanding *how* the person wants to receive services.

- **Relationship**
  o ACCS work occurs in the context of the relationship, so it is important that ACCS staff create a therapeutic alliance with persons served through actively listening, conveying empathy, and having unconditional positive regard for persons served.
  o Start conversations with unconditional positive regard, ask the client what they want, and end with "unconditional positive regard".
  o This means approaching people from the mindset that everyone is doing their best.

- **Cultural Awareness and Sensitivity**
  o Definition:
  Cultural Sensitivity**:** Being aware that cultural differences and similarities between people exist without assigning them a value – positive or negative, better or worse, right or wrong.

  Explain:
  We will cover 4 strategies for demonstrating cultural awareness and sensitivity on the next slide.

Slide 17	**Slide 17: Cultural Sensitivity #1 - Importance of Self-Identification**
	Explain: The process of self-identification is one method that can be used to demonstrate cultural awareness and sensitivity. **Self-identification:** Always ask the person served to self-identify their demographics (e.g., gender, race/culture, and sexual orientation) and to describe their goals and support needs. When asking personal questions follow the goals of the 3 C's: ▪ Confidence - you're believing in the importance of these questions ▪ Competence – your practiced ability to ask these questions ▪ Comfort – your familiarity with/ease in asking these questions
Slide 18	**Slide 18: Let's start at the very beginning**

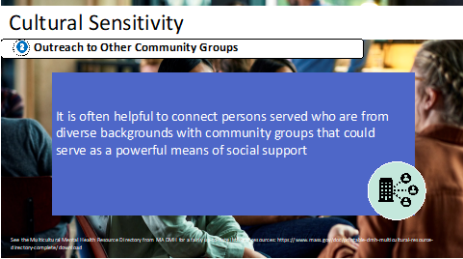|	
Let's start at the very beginning... A good place to start is to frame questions for persons served: • *"I have some standard questions that I ask everyone, some will apply to you, and some won't. I ask them of everyone so I'm not making any assumptions."* • *"These questions give me a good idea about who you are and how I might provide you with the best support and care.. You don't have to answer anything you don't want to answer, and you can always say 'next question' and I'll move on. Not answering a question doesn't count against you ."*	**Explain:** Let's start at the very beginning… a good place to start is to frame questions for persons served. Examples: • *"I have some standard questions that I ask everyone, some will apply to you and some won't. I ask them of everyone so I'm not making any assumptions."* • *"These questions give me a good idea about who you are and how I might provide you with the best support and care.. You don't have to answer anything you don't want to answer and you can always say 'next question' and I'll move on. Not answering a question doesn't count against you ."* **Facilitator Notes -** this way of framing a first encounter or interview: • <u>normalizes the questions,</u> • <u>gives the opportunity</u> for persons-served to be "seen/heard" and • lets the individual know they don't have to answer if they are uncomfortable and don't want to.
Slide 19 **Breakout Activity** **?** Handout#1: Self Identification Which type of questioning felt more comfortable? Why?	**Slide 19: Breakout Activity: Self-identification- Building the 3 C's:** *(7 minutes)* *(refer to Handout #1 –Self-identification interview activity)* **Facilitator Instructions:** Separate individuals into pairs of two: • one plays the treatment team member/interviewer and • the other is the person-served. Scenario: • This is the first time they have met and the treatment team member is trying to get to know the individual better in a culturally sensitive manner. • The person served recently enrolled in ACCS and the treatment team member already discussed some topics with the person served (e.g., housing, employment, family). Provide handout: (Handout #1: Self-Identification Activity) • Assign some interviewers to use Approach A first and • Assign some to use Approach B first.
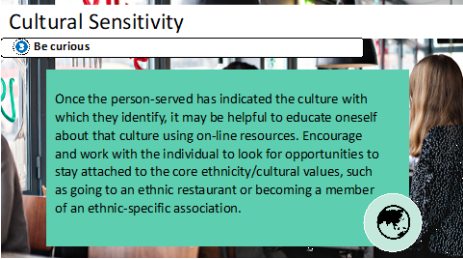
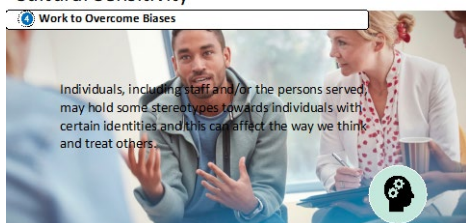|	Instructions to pairs:
	- Take 5 minutes for them to interview their partner using both approaches. Bring everyone back together to discuss: - Ask a couple pairs to share their experience. - Which type of questioning felt more comfortable? Why?
Slide 20	**Slide 20: Cultural Sensitivity Approaches #2: <u>Outreach to Other Groups</u>** **Explain:** It is often helpful to connect persons served who are from diverse backgrounds with community groups that could serve as a powerful means of social support (e.g., Asian American Civic Association, Haitian Mental Health Network). **Facilitator note**: See the Multicultural Mental Health Resource Directory from MA DMH for a fairly up-to-date listing of resources: https://www.mass.gov/doc/printable-dmh-multicultural-resource-directory-complete/download *If conducting the training remotely, also put the link in the chat.*
Slide 21	**Slide 21: Cultural Sensitivity #3: <u>Be Curious</u>** **Explain:** - Once the person-served has indicated the culture with which they identify, it may be helpful to educate oneself about that culture using on-line resources. - Encourage and work with the individual to look for opportunities to stay attached to the core ethnicity/cultural values, such as going to an ethnic restaurant or becoming a member of an ethnic-specific association.

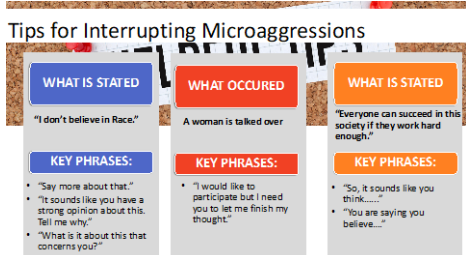| Slide 22	**Slide 22: Cultural Sensitivity #4: <u>Work to overcome Biases</u>**
Cultural Sensitivity Work to Overcome Biases Individuals, including staff and/or the persons served, may hold some stereotypes towards individuals with certain identities and this can affect the way we think and treat others.	**Explain:** Everyone has many identities. • Age, gender, religious or spiritual affiliation, sexual orientation, race, ethnicity and socioeconomic status are all identities. • Some identities are things people can see easily (like race or assumed gender), while other identities are internalized and are not always easy to see (like a disability, socioeconomic status or education level). Individuals, including staff and/or the persons served, may hold some stereotypes towards individuals with certain identities and this can affect the way we think and treat others. **Facilitator Notes:** *Use this example or some of your own.* • For example: Some may assume female clients will be easier to work with than male clients or vice versa. Regular supervision can be an effective method for becoming aware of and minimizing any biases that may affect working with persons served.
Slide 23	**Slide 23: Activity**
Activity ? What other kinds of biases may come up in your work?	**Ask:** What other kinds of biases may come up in your work? Obtain a few responses from participants. Ask also whether they think it is possible for the person served to demonstrate bias toward the treatment team member.
Slide 24	**Slide 24: Activity - Video** **Explain:**

	Microaggressions are also something to be aware of because many of us have biases that may lead us to make assumptions and make statements that could come across as aggressive. Show Microaggressions against White People video. **Facilitator note:** Suggest to participants that they consider their reactions to the video and ask for a few to comment after the video.
Slide 25 	**Slide 25: Tips for Interrupting Microaggressions** *(Refer to Handout 2: Tool - Interrupting Microaggressions)* **Facilitator Notes:** <u>Review the slide:</u> • Give the key phrases on the slide for the first two microaggressions as examples of methods for 'interrupting' microaggressions using key phrases/questions. • For the last microaggression ("Everyone can succeed in this society if they work hard enough"), ask two volunteers to attempt to complete the phrase started on the slide ("So it sounds like you think...."). <u>Handout:</u> Review the Interrupting Microaggressions Handout to generate other ideas. <u>Some points to note</u>: • Avoid asking people 'why' and instead reframe questions into 'how' questions. Asking "why" can sometimes make people feel judged. • If a person served asks YOU some questions that may seem like a microaggression or that is very personal (e.g., sexual identity)– ask them 'Is knowing this going to affect your treatment in some way?' Sometimes you may decide it does make sense to disclose and other times it will not
Slide 26	**Slide 26: Closing Activity**

Closing Activity What's one thing that you will incorporate into your work right away? ● ● ● ● ●	**Ask:** What's one thing that you might be able to incorporate into your work right away? *(Ask them to put it in the chat if virtual)*