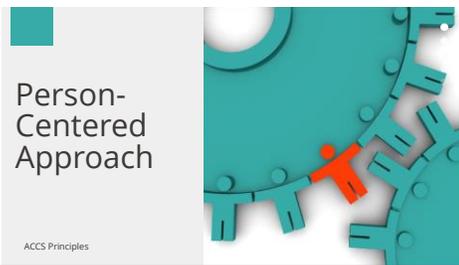
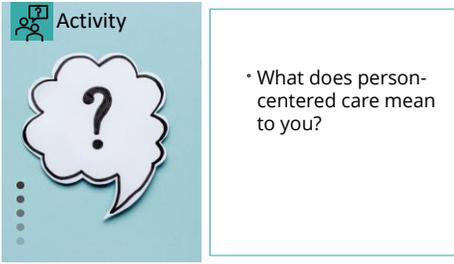


Person-Centered Approach Facilitator Guide

This module has:

- Handouts(2) :
 - Self-identification Interview Exercise
 - Tool: Interrupting Microaggressions
- Videos(2):
 - Strength vs. deficit model
 - Microaggressions
- Breakouts(1):
 1. Self-identification-Building the 3 Cs

<p>Slide 1</p> 	<p>Slide 1: Title Slide</p> <p><i>Introduce Trainers</i></p>
<p>Slide 2</p> 	<p>Slide 2: Learning Objectives</p> <p>Explain: During this module you will:</p> <ul style="list-style-type: none"> • Define Person-Centered Care (PCC) in the ACCS context • Learn to be strengths-based and practice identifying strengths • Learn 4 methods for cultural sensitivity
<p>Slide 3</p> 	<p>Slide 3: Activity</p> <p>Ask: What does person-centered care mean to you?</p> <p><i>Ask participants to write in chat or say out loud.</i></p>

Slide 4

Defining Person-Centered Care (PCC)



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.”

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 \(health.org.uk\)](https://www.health.org.uk/person-centred-care-made-simple.pdf)

Slide 5

Defining Person-Centered Care (PCC)



Slide 5: Defining Person-Centered Care (PCC) *continued*

Explain:

- “Person-centered care means persons served have control over their services, including the amount, duration, and scope of services.
- Person-centered care is respectful and responsive to the cultural, linguistic, and other social and environmental needs of the individual.
- Person- and family-centered treatment planning is a collaborative process where care recipients participate in the development of treatment goals and services provided, to the greatest extent possible.
- Person-centered planning is strength-based and focuses on individual capacities, preferences, and goals.
- Individuals and any supporters they want included (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

Activity



• Looking at this list, which points would be most important to you in your work?

* Which seems most challenging?

Slide 6: Activity

Facilitator Instruction:

After asking the questions below – put the previous slide back up so participants can review the 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.

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



Using PCC in Practice: **Engagement**

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.

- Engage the person served by providing assistance with goals of the person's choosing

Definition:

Engagement 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.

- Engage the person served by providing assistance with goals of the person's choosing.

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



Using PCC in Practice: **Empowerment**

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.

Slide 9 : Using PCC in Practice: **Empowerment**

Definition:

In a mental health context, empowerment 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.
- 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



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

Slide 10: Using PCC in Practice: Non-Judgment

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:

Mention examples where a clash in values might engender a judgmental response from the provider:

Facilitators can use these examples or examples of their own

- 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 expressed the desire to stop using their meds

Slide 11



- 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 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?

Slide 12

Slide 12: Strengths – Video

(1:25 minutes)

Explain:

Now we are going to talk about the importance of focusing on strengths. Here is a video of Olivia Richards, an advocate describing a strength vs. deficit model.

Strengths



Show Video clip from Strengths
Video: Olivia Richard Strengths based vs Deficit based model of care (1:25)
<https://youtu.be/KxzdfRs764w>

Ask:
 After the video, ask participants about their reactions

Slide 13
Strengths

PCC employs a strength-based approach.
 Providers shift from asking "what's wrong with you" to "what's strong with you?"

<p>Deficit-based</p> <p>I will not drink alcohol or use substances for the next month</p> <p>I will stop spending time with people who are not good for me</p>	<p>Strength-based</p> <p>I will NOT drink alcohol or use substances for the next month</p> <p>I will use my strength of caring about other people to learn two new social skills for making friends</p>
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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.

- Deficit-based: I will not drink alcohol or use substances for the next month
Strength-based: I will use my motivation for change to learn at least two new coping strategies that work for me for managing stress
- Deficit-based: I will stop spending time with people who are not good for me
Strength-based: 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: Practices for a Person-Centered Approach**

Practices for a Person-Centered Approach



Shared understanding
 • Understanding between the provider and the person
 • Ensures that the work is meaningful and that there is agreement about when a transition will be indicated

Relationship
 • A therapeutic alliance with persons served through:
 • Actively listening
 • Conveying empathy
 • Positive regard

Cultural Awareness/Humility and 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.

(OHL, 2018)

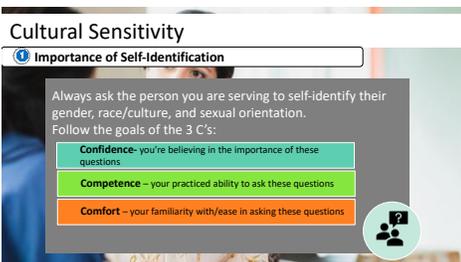
Explain (most of the content below is on the slide):

- **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**
 - 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.
 - Start conversations with unconditional positive regard, ask the client what they want, and end with “unconditional positive regard”.
 - This means approaching people from the mindset that everyone is doing their best.
- **Cultural Awareness and Sensitivity**
 - 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 16



Slide 16: 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 17

How to Start a First Encounter

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."



Slide 17: Let's start at the very beginning

Explain:

This slide provides an example of how one might start an interview the first time the encounter a new person 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."*

Explain:

This way of framing a first encounter or interview:

- normalizes the questions,
- gives the opportunity for persons-served to be "seen/heard" and
- let's the individual know they don't have to answer if they are uncomfortable and don't want to.

Slide 18

Breakout Activity



Handout#1: Self Identification

Which type of questioning felt more comfortable? Why?

Slide 18: Breakout Activity: Self-identification- Building the 3 C's:

(8-minute breakout + discussion)

Refer to Handout:

- *Self-identification Interview Exercise*

	<p>Facilitator Instructions:</p> <ul style="list-style-type: none"> • Read out loud the scenario: <ul style="list-style-type: none"> ○ 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). • Separate individuals into pairs of two and ask each group to pick a recorder & reporter for the later discussion. <ul style="list-style-type: none"> ○ one plays treatment team member /interviewer ○ the other is the person-served • Provide handout: Self-Identification Interview Exercise <ul style="list-style-type: none"> ○ Assign some interviewers to use Approach A first and ○ Assign some to use Approach B first. • Instruct pairs to: <ul style="list-style-type: none"> ○ Interview their partner using both approaches. • Breakout for approximately 8 minutes to practice interviews. • Bring back group for discussion and review. Ask a couple pairs to share their experience. Which type of questioning felt more comfortable? Why?
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Slide 19



Cultural Sensitivity
 Outreach to Other Community Groups

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

Slide 19: Cultural Sensitivity Approaches #2:

Outreach to Other Groups

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:

You may want to provide the group with this resource. 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, put the link in the chat.

Slide 20

Slide 20: Cultural Sensitivity #3: Be Curious

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 21

Slide 21: Cultural Sensitivity #4: Work to overcome Biases

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 22



Slide 22: 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 23

Tips for Interrupting Microaggressions

WHAT IS STATED	WHAT OCCURED	WHAT IS STATED
"I don't believe in Race."	A woman is talked over	"Everyone can succeed in this society if they work hard enough."
KEY PHRASES: <ul style="list-style-type: none">"Say more about that.""It sounds like you have a strong opinion about this. Tell me why.""What is it about this that concerns you?"	KEY PHRASES: <ul style="list-style-type: none">"I would like to participate but I need you to let me finish my thought."	KEY PHRASES: <ul style="list-style-type: none">"So, it sounds like you think....""You are saying you believe...."

Slide 23: Tips for Interrupting Microaggressions

Refer to Handout:

- *Tool - Interrupting Microaggressions*

Facilitator Notes:

Review the slide:

- *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.....").*

Provide Handout: Tool- Interrupting Microaggressions to review and generate other ideas.

Explain:

- *Avoid asking people 'why' and instead reframe questions into 'how' questions. Asking "why" can sometimes make people feel*

	<p>judged.</p> <ul style="list-style-type: none"> • 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
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<p>Slide 24</p>  <p>Closing Activity</p> <p>What's one thing that you will incorporate into your work right away?</p> <p>•••••</p>	<p>Slide 24: Closing Activity</p> <p>Ask: What's one thing that you might be able to incorporate into your work right away? <i>(Ask them to put it in the chat if virtual)</i></p>
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