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PERSON-CENTERED PLANNING

"Principles of Person-centered service planning and delivery and how they apply to direct support service provided by the staff person"

What is Person-centered planning

Person-centered planning is a set of approaches designed to assist clients to plan their life and their support. Health care professionals who assist clients to develop their plan of care attempt to discover and focus on what is important to the individual. Person centered planning and delivery of care is more client driven than the previous medical model approach. Delivery of care is done using the information about what is important to each individual. Delivery of care using the person-centered style is tailored to individual's needs, wishes, and unique preferences.

Person-centered planning (PCP) is most often used with individuals with disabilities to help a person have positive control over their lives. Person-centered planning was developed in response to specific problems with the way society, including caregivers, respond to persons with disabilities. For example, instead of a caregiver defining clients by their disabilities and diagnoses, a client is defined by the person they are and what uniquely makes them "an individual".

Why is Person-centered planning important

A central idea behind PCP is empowering the client. When clients have positive control of their life and support this results in:
- o Self determination
- o Increased independence
- o Growth of relationships
- o Increased fulfillment
- o Fosters Holistic healing (addressing needs of the person as a "whole")

A Core Concept of Person-centered planning and delivery of care is to create a balance between "What is important TO and What is important FOR" each individual

What is important TO a person (this list is "client" driven)

What is important TO a person is what makes each client unique. Individuals who receive services are generally more focused on what is important TO them, such as:
- o People to be with / relationships
- o Things to do
- o Places to go
- o Ritual and routines
- o Status and control
- o Things to have / possessions

A care plan developed using PCP philosophy includes "What is important TO" a client

What is important FOR a person (this list is "service" driven and "medical model")

What is important FOR a person is a great focus of the caregiver and paid service personnel. Caregivers focus on elements of client's life, such as:
- o **Issues of health**
    - ✓ Prevention of illness

- ✓ Treatment of illness and medical conditions
- ✓ Promotion of wellness (diet, exercise)
  - o **Issues of Safety**
    - ✓ Environment
    - ✓ Well-being (physical and emotional)
    - ✓ Free from fear

What is important FOR a client is what "others" (caregivers) see as necessary to help a person be valued and a contributing member of the community. Health and safety may not be as important to the client as it is to the caregiver. This creates the unbalance.

Health care professionals who use the person-centered model should be able to answer the following questions about their clients:
1. What is important to the client?
2. What is important for the client?
3. Is there a good balance between "important TO" and "important FOR?"
4. What does the client want to learn, what do we need to learn?

*Remember: No-one does what is important for them unless the task is important to them.

Here is a simple example:

Sally does not value bathing regularly. It is difficult for the caregiver to get her to shower in the AM. It is important to Sally to watch her morning talk show and she has said she is not a morning person. Sally is also particular about certain products she uses to shower. The caregiver is scheduled from 10a-3p. The caregiver tries to get Sally to shower every morning, and to no avail, Sally resists.

When a person-centered approach is used with Sally, her care plan would be more specific about what is important TO Sally. The care plan continues to address the fact that Sally requires assistance for her shower. Her care plan would include information about her routines and preferences. When this information is used, she is more compliant. Sally has more control.

The Person-centered care plan may then read:

Sally is a night owl. She tends to sleep in and when she gets up in the morning she watches her favorite news-talk show. She requires some assistance with her showers, and likes to shower after her show. She is able to verbally direct her cares and always uses Dove shampoo.

The caregiver uses the above information. Sally becomes compliant with showers. In fact, she gets into her routine to shower after her program; and she does not want to miss her shower.

Implementation of Person-centered planning requires caregivers to have certain skills
- o <u>Good Listener</u>

  Listen to what is being said and what is meant by what is said. A good listener continues to listen. A caregiver must also observe client's non-verbal cues. If verbal and non-verbal language does not match, the caregiver should act on the non-verbal observation.
- o <u>Action: Acting on what is heard</u>

  If possible, use the information from the client with the delivery of care. Communicate what works in the delivery of care so that other caregivers can use the information for continuity of care.
- o <u>Honesty</u>

  When information we are gathering as caregiver's conflicts with health or safety, there needs to be compromise. Some follow through takes time. Sometimes we cannot help individuals with what they are asking. The client must get honest feed-back. Trust is an essential part of Person-centered planning.

Caregivers should try not to interrogate a client. More useful information is retrieved by being a good listener in a meaningful conversation. Some tips to use for meaningful conversation, for example:
- So, tell me more about that...
- What do you like about....?
- What do you take in your coffee...?
- Are some mornings better than others...?

Caregivers should keep in mind that the client remains in charge of the conversation.

Moving from Service Life to Community Life
- Service life
     This is a medical model and institutional approach to care. While client needs are addressed, the approach focuses on what is important FOR the client.
- Good paid life
     This approach includes some of client preferences; however, most of client contact is with their paid caregivers and family.
- Community life
     This "life" is the mission of Person centered planning and delivery of care. There is balance between what is important TO and what is important FOR the client. Client has community support.

As stated, Person-Centered Planning and Delivery of Care is an approach for support cares. This approach uses active listening to discover what is important for the individuals we serve. The planning and delivery of care attempts to balance what is important TO and what is important FOR each client. By allowing clients to have more control over their lives, clients will, hopefully, become more independent and fulfilled. Person-centered approach attempts to help clients to lead a "community life".

The following references the current statute regarding person-centered planning and its service delivery.

MN Statutes 245D.07
Subd. 1a. **Person-centered planning and service delivery.**

A) The license holder must provide services in response to the person's identified needs, interests, preferences, and desired outcomes as specified in the coordinated service and support plan and the coordinated service and support plan addendum, and in compliance with the requirements of this chapter. License holders providing intensive support services must also provide outcome-based services according to the requirements in section 245D.071.

B) Services must be provided in a manner that supports the person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes, consistent with the principles of:

1) person-centered service planning and delivery that:

(i) identifies and supports what is important to the person as well as what is important for the person, including preferences for when, how, and by whom direct support service is provided;

(ii) uses that information to identify outcomes the person desires; and

(iii) respects each person's history, dignity, and cultural background;

(2) self-determination that supports and provides:

     (i) opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication

     (ii) the affirmation and protection of each person's civil and legal rights;

(3) providing the most integrated setting and inclusive service delivery that supports, promotes, and allows:

     (i) inclusion and participation in the person's community as desired by the person in a manner that enables the person to interact with nondisabled persons to the fullest extent possible and supports the person in developing and maintaining a role as a valued community member;

     (ii) opportunities for self-sufficiency as well as developing and maintaining social relationships and natural supports; and

     (iii) a balance between risk and opportunity, meaning the least restrictive supports or interventions necessary are provided in the most integrated settings in the most inclusive manner possible to support the person to engage in activities of the person's own choosing that may otherwise present a risk to the person's health, safety, or rights.