Person Centered Care Planning

Passion to Purpose, Progress to Practice

Hope is like the sun, which, as we journey toward it, casts the shadow of our burden behind us. - *Samuel Smiles*

We are all on a personal journey of growth and discovery. Our individual journeys allow us to pan for agency within and draw on the resources that are naturally available to us, the sun, the air, the soil and proactively seek out support. This might be water to survive and grow or fertiliser to flourish and blossom. This applies equally to people with personal and professional experience of mental health. Connecting with our own struggles leads us to think about the nature of resilience, how it can be developed, and reflected back to those we support.

Philosophy: Rooted in Recovery Ethos

Process: Reflecting on Practice

Plan: Written Agreement

Purpose: Meaningful Life

yale program for recovery and community health

Person-centered care planning (PCCP) has increasingly been recognized as an essential intervention to restore fundamental freedoms to persons living with mental ill health and to transform the systems of care which serve them. The potential power of person-centered care planning has led to a call for its wide-spread adoption by many stakeholders around the world, but despite this sense of urgency, there remains much confusion regarding what PCCP looks like in practice, and how exactly it differs from traditional models of treatment planning. In considering the entirety of high-quality person-centered care planning, we have found it helpful to think of it as consisting of 4 component elements, each beginning with the letter P: Philosophy, Process, Plan and Purpose.

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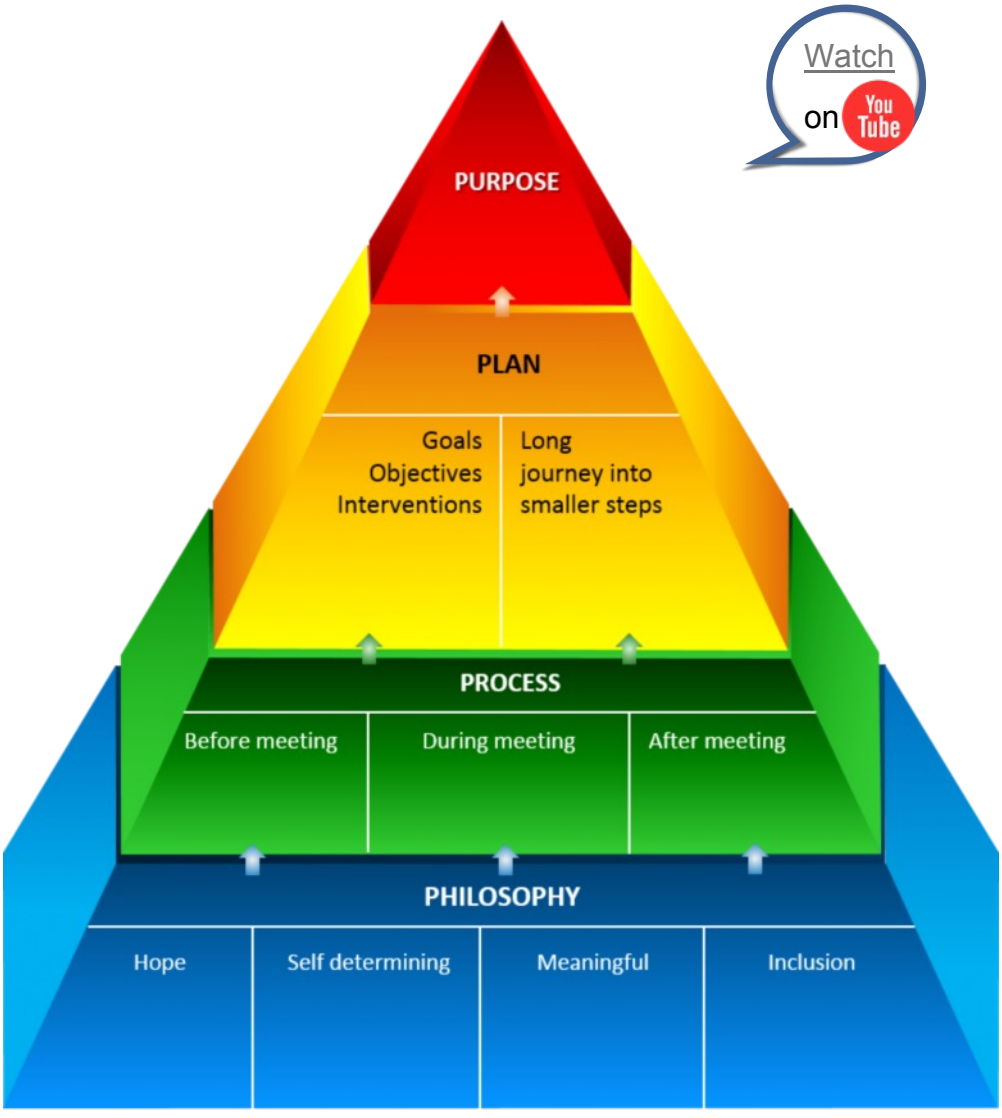

Janis Tondora, Larry Davidson (Yale),
Sarah Rae, Manaan Kar Ray (Cambridge).

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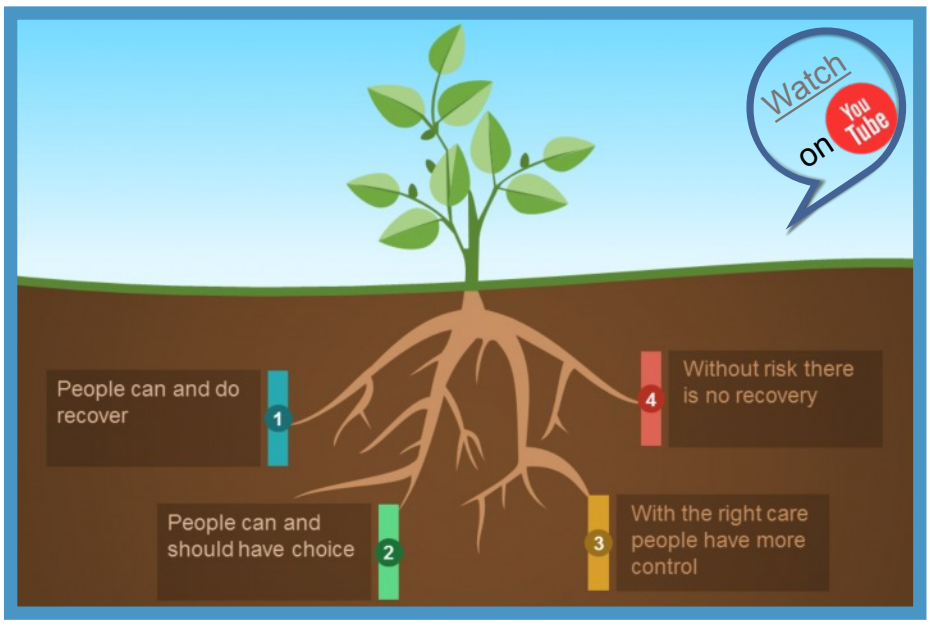
Storms make the Oak grow deeper roots. *George Herbert*

The roots are akin to the philosophy that guide practice. If the roots are healthy, the plant will be healthy. In terms of practice what we get to see is the stem, branches and leaves, so unsurprisingly what we try to ensure is that these are healthy, however we might not pick up the beliefs in which the practice is rooted. This could come from many years of training or experience of working in a traditional model. It is important to be mindful that these roots would have taken a path through dilemmas like care and control, risk and recovery, that is contextual to the practitioners starting line. These roots will often be entangled in firm beliefs of what is compassionate care and a sense of responsibility towards the person one is supporting. In order to preserve what is good one needs to create an environment in which there is slow and careful airing of these deep roots and enough nutrients in the soil to reinvigorate the plant with recovery ethos.

Unfortunately there is also the reverse scenario where one is rooted in recovery ethos, but torrential downpour (a series of unfortunate events) causes water logging effectively changing the beliefs. What we then get to see is a much more conservative approach that is set in a different beliefs. St the surface it is expressed as concern for the person's wellbeing, but in reality has to do as much with the clinicians own anxieties from their previous experience of water logging and fosters dependence. Being able to sense check and articulate ones current belief set might help the roots to thrive again.

Philosophy: First, and arguably most important, is the philosophy of person centered care planning (PCCP). PCCP can only grow out of a culture that fully embraces recovery, self-determination, and community inclusion: believing that people can, and do, recover. Believing that people can, and should, have choice in the decisions that impact their treatment and their lives. And believing that a meaningful life in the community is a fundamental right and NOT something that must first be earned through acts of compliance or demonstration of "clinical stability" – these beliefs are the bedrock in which person-centered care planning is rooted.

From being 'on top' to being 'on tap' is a fundamental shift in mindset. Embracing this new position is not easy, particularly for practitioners with a lifetime's experience in the traditional way of working. It challenges the paternalistic philosophy where care and control go hand in hand, the reality is that with the right care the person has more control. Clinicians who find themselves feeling solely responsible for outcomes, rather than as a partner to the person they are supporting, often struggle with positive risks, again the reality is that without risk there is no recovery. The beliefs in which PCCP is rooted enables people with personal and professional experience of mental health to step out of their comfort zone and embrace a new way of working that is fundamentally egalitarian and truly rewarding.



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Hope is the only bee that makes honey without flowers
- Robert Green Ingersoll

Do we educate people about the promise of recovery from the point of first contact to nurture hope and self-activation?

Do we practice strength-based, culturally-sensitive methods of assessment?

Do we invite people to actively involve friends and family in PCCP meetings to strengthen their natural circle of support which helps sustain their recovery in the community?

Do we provide education to service users so that they can be prepared to participate as equals in the PCCP process?

Do we support the dignity of risk and right to fail and maximize the use of self-directed wellness or advance planning tools?

Do we share a copy of the co-created plan and offer people an opportunity to review it, make revisions, and even disagree?

These are the questions PCCP practitioners challenge themselves with on a daily basis.

Process: Best-practice Person Centred Care Planning (PCCP) is about much more than the treatment plan document itself. PCCP must be fundamentally rooted in a mutually respectful and healing relationship between a practitioner and the person being served. Establishing and maintaining such a relationship may involve significant shifts in how we partner with patients before, during, and after planning meetings. Taking stock of one's current practice by reflecting on the listed questions is a start. This could be done as an exercise in a team or with individual patients looking back on the journey together. Answers sought retrospectively could inform practice prospectively if one remains mindful of their own strengths and areas of development. Sharing ones experience of PCCP with fellow colleagues will give rise to more questions, if an individual practitioner can truly embrace the person they are supporting as their guide, answers too will blossom. The **cross pollination** on offer will bring progress to practice.

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To plant a garden is to believe in tomorrow.
- Audrey Hepburn

Short-term objectives provide much-needed fuel for the person's efforts as they organize what can feel like an overwhelming journey into a series of smaller, manageable steps all the while sending the hopeful message that we all believe things can, and **will**, change for the better and **soon**!

Plan: The Person Centred Care Planning (PCCP) philosophy and process ultimately informs the co-creation of the formal recovery plan itself. The person centered plan can be thought of as a written agreement between a person and his/her network of supporters – an agreement that outlines a more hopeful vision for the future and how all will work together to achieve it. Content of the PCCP is expressed in person-first language and goal statements, in the person's own words, focus on the pursuit of a meaningful life in the community, not only symptom reduction or treatment compliance. Goals are then broken down into meaningful and measurable short-term objectives that help the individual to overcome any barriers which may be standing in their way. These barriers may include mental health challenges or contextual issues such as stigma and discrimination. Quality person centered care plans incorporate the person's identified strengths in the development of goals, objectives, and a diverse range of interventions – including those that go beyond traditional mental health services, e.g., peer support, holistic or culturally-specific healing practices, and self-management strategies.

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Purpose: Last but not least, person-centered care planning (PCCP) is driven by the recognition that mental health systems have, for too long, enabled a legacy of low expectations for people living with mental health challenges. In this sense, the final "P" of person-centered care planning is its steadfast focus on purpose. In the early phase of recovery the right support is needed to navigate the twists and turns of the journey. However PCCP goes far beyond the reduction of hospitalisation or the maintenance of clinical stability, it holds high expectations for meaningful individual outcomes across a broad range of quality of life areas and achieving ones potential. People receiving mental health services essentially want, and deserve, the same things out of life as anyone else –a home, family, faith, health, etc. People want to **thrive** in their recovery, not just **survive** their illnesses, and PCCP is one tool we can use to help people in this process.

The fruit of a tree falls to its root. - *Croatian Proverb*

What a meaningful life looks like to the individual will determine what that person needs to thrive and flourish. So not only does it take various shapes and forms due to the personal needs and strengths of the individuals, but even for the same individual it will depend where they are on their recovery journey. So no one size fits all, we might find ourselves asking: is there enough water or too much, do the roots need airing, do we need a trellis or protection from the frost or is it time to stand back and give space for growth.

The beliefs in which the practitioners practice is rooted will have a considerable impact on how the tree flourishes and which fruits it will bear.

Good tree makes good fruit.
- *Italian Proverb*

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