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**Adult Services Practice Notes**

Dedicated to providing information on excellent family-centered practice with adults and their families.

**Person-centered Thinking**

When you get to work, what makes your day? How can you tell if it's going to be a good one or a bad one? Take just a moment to think about it and write some answers in the box at the bottom of this page. Are the things you wrote "big things" or "little" ones? For many people, finding the coffee already brewed or no crises in their voice mail are enough to get the day off to a good start, while no creamer or several panicky messages are enough to ratchet up the tension.

Now, choose one of the people you serve—maybe one with whom you're finding it somewhat difficult to work. What would that person say if you were to ask the same questions—what makes the difference between a good day and a bad day? You could try it, and you might be surprised at what you hear: "I got to have a bath and not a shower." "Mom let me help her get dressed without a fight." "The van arrived on time to pick me up." Often the difference between a good quality of life—whether in the workplace, at home, or in formal care—rests on seemingly small details of personal choice. The less ability or opportunity a person has to make and implement those choices, the more important it is for the people and institutions providing them with care or support to listen for and honor those choices to the extent possible.

Human services providers are often very good at identifying and arranging for services, but unless the services are provided in a way acceptable to the people using them, they may not work well—or at all. This can be a source of frustration for everyone concerned, as well as a poor use of time and money. Using the strategies of person-centered thinking makes it possible to get a more detailed view of needs and wishes—not just "6 hours a week of in-home aide services," but "half an hour each weekday morning at 8 to have a shower; hair washed every other day with citrus-scented shampoo" (and more detail should be added). Attention to values and preferences at this level may make all the difference in whether plans succeed or fail, whether from the

***A Quick Taste of  
Person-centered Thinking***

**Make My Day!**

I know it's going to be a good day when I arrive at work and:

I know it's going to be a bad day when I arrive at work and:

Here's what can make my good days better and my bad days less bad:

Adapted from *Person Centered Thinking*, a curriculum developed by The Learning Community for Person Centered Practices

In a wide variety of settings people find themselves receiving acute or long term services and need to take positive control over what is happening with their life. Everyone seeks to have a balance in their lives between what is “important to” them and what is “important for” them (e.g., issues of health). When we find someone needs extensive care because of a disabling condition or serious illness, what is important for them often takes priority over what is important to them.

Where the services are extensive and frequently intrusive, such as in nursing homes and other congregate living facilities, what is important to people can be lost.

—The Learning Community for Person centered Practices, <http://www.learningcommunity.us/about.html>

### Another Quick Taste of Person-centered Thinking

## Important To You or For You?

Think about your worklife for a moment. What preferences and values do you have about your day-to-day activities: What is important *to* you? Then, consider what you need to do daily, both to succeed and to avoid bad consequences: What is important *for* you? Here are some possible examples. Cross out the ones that don't apply and add your own!

#### Important To Me

To watch the 11 p.m. news  
To have quiet time to drink my coffee and plan my day  
To take as much time as I need working with each family

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#### Important For Me

To be at work on time by 7:30 a.m.  
To greet the seniors as soon as the center opens  
To assess new intake families as soon after contact as possible

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Can you think of other areas where what is important *to* you comes into conflict with what is important *for* you? Can you think of areas where what is important *to* you comes into conflict with what is important *to* or *for* your clients or your organization? In these cases, how is the conflict resolved? Compromise? Capitulation? Is there a better way?

Now, remember the person you were finding it hard to serve? What has that person said or otherwise made known about what's important *to* him or her? As a service provider, what have you identified as important *for* him or her? Where are the conflicts? How do you resolve them?

Adapted from *Person Centered Thinking*, a curriculum developed by The Learning Community for Person Centered Practices

point of view of the person or family receiving them or the provider trying to make them available.

## Toward More Effective Services

North Carolina is making comprehensive changes to its long-term services and supports system, creating infrastructures to support individuals' independence, choice, dignity, and flexibility. The Office of Long Term Services and Supports (OLTS) is adapting and refining a curriculum based on person-centered principles and thinking. It has recently been presented to representatives of a wide variety of stakeholders in North Carolina and, based on their input, it will be tailored to fit the needs of case managers and direct care staff mem-

bers across agencies that provide long-term services and supports—county DSSs, aging agencies, adult care homes and nursing facilities, Aging and Disability Resource Centers, and hospital discharge units, to name just a few. The curriculum provides a set of tools (you've had a brief glimpse of two of them) that can be used together or separately, as the situation requires, to make planning with people seeking services and their families more effective because the services are a closer fit with the values and preferences of the people receiving them.

This new curriculum has its roots in a person-centered model called *Essential Lifestyle Planning* (ELP) that is already being used by the NC Division of Mental Health, Developmental Disabilities, and

Substance Abuse Services. This model was originally developed as a tool for helping people with severe disabilities reenter the community, often after years of institutional care. One of the early motivations for its development was the frequent lack of connection between care planning and plans-as-written and what actually happened to the people living with these plans. The goal of its developers, Michael Smull and Susan Burke-Harrison (joined now by many colleagues at The Learning Community for Person Centered Practices), was to help people with disabilities gain more control over their lives. Since its early years, ELP and the person-centered thinking that underpins it have been used with different groups of people in many other settings—

mental health institutions, nursing homes, and cancer care, to name just three.

One of the strengths of person-centered thinking is that once you understand its principles, it can be used to meet the needs of various population groups, including older and younger adults who need support in living with physical, sensory, or cognitive disabilities. Plans and services developed with people who need relatively little support will differ from plans and services for people who need support around the clock. Attention not just to needs identified by the provider (health, safety, etc.) but to the preferences and values of the person (challenge, pleasure, choice, etc.) improve the services and the quality of life of those using them.

## Toward Person-centered Organizations

As you might guess from the two exercises you've tried, the strategies of person-centered thinking are transferable to work situations and can be used in contexts of different sizes: work units, organizations, and communities. Ultimately, OLTS's goal is to create and promote change in the culture of the system that provides support to people with disabilities through more person-centered day-to-day practices. In addition to sponsoring training, OLTS will solicit applications and select four organizations to participate in an intensive process in which person-centered thinking skills are integrated with management and quality improvement best practices. The organizations participating in these pilots will create leadership groups composed of workers, managers, and board members, families and individuals receiving services, and person-centered coaches, to improve the support of individuals, as well as refinement of the organizations' policies and practices.

## Key Values and Principles of a Person-centered System

A person-centered system involves person-centered thinking, planning, and organizations. These guiding principles apply to the system serving all people who need long-term services and supports, and their families. A person-centered system acknowledges the role of families or guardians in planning for children/youth and for adults who need assistance in making informed choices.

To be person-centered means:

- ♦ Treating individuals and family members with dignity and respect
- ♦ Helping individuals and families become empowered to set and reach their personal goals
- ♦ Recognizing the right of individuals to make informed choices, and take responsibility for those choices and related risks
- ♦ Building on the strengths, gifts, talents, skills, and contributions of the individual and those who know and care about the individual
- ♦ Fostering community connections in which individuals can develop relationships, learn, work/produce income, actively participate in community life and achieve their full potential
- ♦ Promising to listen and to act on what the individual communicates
- ♦ Pledging to be honest when trying to balance what is important to and important for the person
- ♦ Seeking to understand individuals in the context of their age, gender, culture, ethnicity, belief system, social and income status, education, family, and any other factors that make them unique
- ♦ Acknowledging and valuing families and supporting their efforts to assist family members
- ♦ Recognizing and supporting mutually respectful partnerships among individuals, their families, communities, providers, and professionals
- ♦ Advocating for laws, rules, and procedures for providing services, treatment, and supports that meet an individual's needs and honor personal goals
- ♦ Endorsing responsible use of public resources to assure that qualified individuals are served fairly and according to need

*I believe that these principles reflect consensus among representatives of individuals receiving and providing long term services and supports, and that they offer the Department a consistent framework within which all Divisions can work.*

—Jackie Sheppard

Assistant Secretary for Long Term Care and Family Services, to NC DHHS Division Directors and Long Term Services and Supports Cabinet, memo dated December 20, 2007

*Adopted by the DHHS Long Term Services and Supports Cabinet, January 10, 2008*

For more about the Office of Long Term Services and Supports in the NC Department of Health and Human Services, visit their website at <http://www.ncdhhs.gov/olts/>. For more about the two-day curriculum under development, go to <http://www.learningcommunity.us/documents/PCTCurriculumDescriptionJuly2006.doc>

To learn more about person-centered practices, visit the Learning Community's website at <http://www.learningcommunity.us/home.html>, which is the source of information about them. The two "Tastes of Person-centered Thinking" are adapted from their training event and used here with their permission.

*Thanks to Ann Eller, Donna Holt, and Jan Moxley, of NC OLTS and Chris Egan, Coordinator, Developmental Disabilities Training Institute, School of Social Work, UNC-Chapel Hill, for help in preparing this issue. —mlm*

## How Does Person-centered Thinking Fit with What I Do Now?

Every human services worker who helps develop supports or programs for clients encounters the problem of plans that don't get done or that don't work, for any of a number of reasons. Person-centered thinking and planning provides tools that can add to the ones you probably use regularly, to help you get a much more focused picture of what clients and families need to thrive, regardless of their setting. Asking the two questions noted here—"good day/bad day" and "important *to/for* me" in the context of your usual assessment can get information about values that improve the chances that the plans you make together will work, as well as helping you identify what might not be working, especially when the *to* and the *for* of individuals and their support system don't match.

Extending and modifying the questions can help if you work with groups, too. Do the people who come to your senior center or adult day program like to start the day off with lots of talk and lots of activity, or do they need to ease into it? Do you have two groups—talkers and easers—and need to plan different ways people can start their day with you? When you listen closely to the individual preferences of the people you serve and how satisfied they are with your activities and programs, you can glean important clues about how to make them more effective and better attended.

Since 1997, adult services workers in county departments of social services (and anyone else who has attended training through CARES) have been acquainted with the principles of family-centered work with adults and their families and with the administrative recommendations for agencies to support them. (See *Family Forum* 4(3) at <http://ssw.unc.edu/cares/famforum/43frame.htm>.) Person-centered thinking can provide additional tools for working with families. And, just as family-centered practice depends on organizations treating employees as they want adults and families to be treated, person-centered thinking can be powerful within a sys-

tem of support: with individuals and families, with direct practice providers within their organization, and also among organizations in a community and state.

Whether you are the person seeking services, the service provider, or manager of a helping organization, Mick Jagger's observation, "You can't always get what you want," is still true. Person-centered thinking strategies don't guarantee that everyone gets everything they want all the time. Instead, the focus is on the struggle to create the best balance possible between what is important *to* individuals and what is important *for* their continued well-being. With closer attention to preferences, it may become much easier to help people get "what they need" more effectively.

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**Coming in the Fall Issue**  
**CARES Training for Spring 2009**  
**and opportunities to learn more**  
**about Person-centered Thinking.**  
**Stay tuned!**

### **ASPN: Adult Services Practice Notes**

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*The aspen is perhaps the world's largest organism. Although some aspen forests cover acres and seem to be composed of individuals in all stages of life, they share a common root system.*

### **CARES**

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