

Writing Person-Centered Treatment Plans and Goals

Russ Turner, MA, MS, Director


Registration & tech help
8:45 – 9:00

Class starts at
9:00







If you have any issues with your connection, please email us at training@peopleinpartaged.org.

Attendance is taken based on your name as it appears in the **Participant** list. Make sure that we know your first and last name so that we can mark attendance correctly. If you cannot rename yourself, please use the **Chat** feature to check in.

Thank you for joining us!




Tools for today's class


- Microphones muted
- Unmute to comment, share, participate verbally
- Use the chat feature to ask questions, comment, share, participate
- Anonymous polling as a way to participate
- Discuss amongst yourselves, then spokesperson can share your group perspective with the large group
- Practice via writing, use notebook

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This training

- ▶ Is made possible by a generous grant from the **OTTO BREMER TRUST**



- ▶ All the teaching materials, handouts, slides and a post test will be made available to CREST, including a recording of this session

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Timeline of Mental Health Treatment in US

Put these in chronological order

MN Governor issues an executive order establishing a subcabinet to develop and implement a comprehensive plan supporting freedom of choice and opportunity for people with disabilities. The MN Olmstead Plan spells out a thorough approach to transform the health care system so people with disabilities can be fully integrated into their communities.

The Americans with Disabilities Act is passed to prohibit discrimination in any firm against those with physical and mental disabilities.

Joint Commission on Mental Health is established by the President to investigate the conditions in state mental hospitals. Six years later the committee publishes "Action for mental health" suggesting that patients be treated in the least restrictive environment possible.

The Jensen settlement led MN Department of Human Services to make major changes in regulations and restriction of people's rights. Results include: serving people in the an environment that is consistent with the person's goals, dreams and aspirations; and training staff in person-centered thinking and planning as well as positive behavioral support and intervention.

First patient is admitted to the "Public Hospital for Persons of Insane and Disordered Minds", the first building in North America devoted solely to the treatment of the mentally ill.

Boston schoolteacher Dorothea Dix visits the East Cambridge Jail, where she first sees the horrible living conditions of the mentally ill. Believing they could be cured, Dix lobbies lawmakers and courts for better treatment until her death. Her efforts lead to the establishment of 110 psychiatric hospitals.

Timeline of Mental Health Treatment in US

A horizontal timeline with a blue line and circular markers. The markers are labeled with the years 1773, 1841, 1955, 1990, 2011, and 2013. A large blue circle is positioned at the right end of the timeline.

1773

1841

1955

1990

2011

2013

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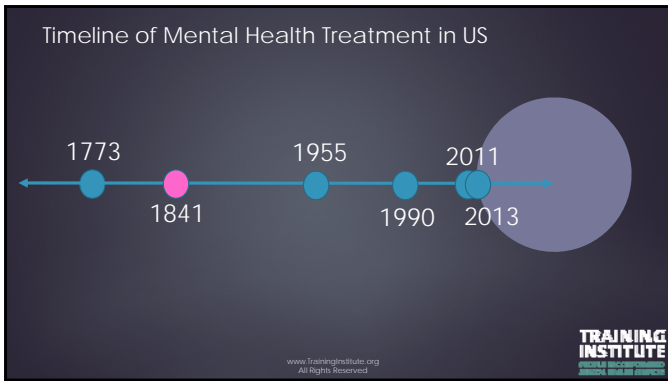
1773

First patient admitted to the "Public Hospital for Persons of Insane and Disordered Minds" in Colonial Williamsburg. This was the first building in North America devoted solely to the treatment of the mentally ill.

A photograph of a large, two-story brick building with a central tower and steeple, identified as the first building in North America devoted to the treatment of the mentally ill.

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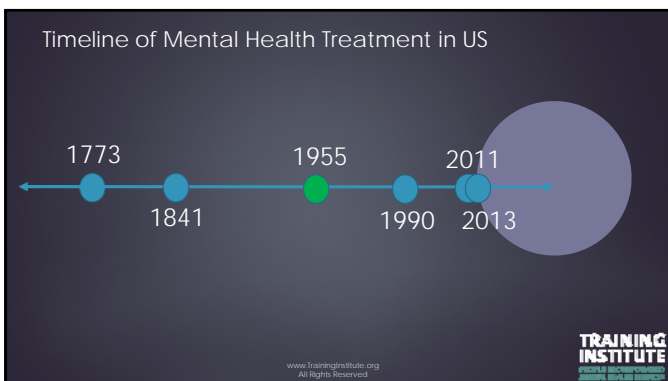


1841

Boston schoolteacher Dorothea Dix visits the East Cambridge Jail, where she first sees the horrible living conditions of the mentally ill. Believing they could be cured, Dix lobbies lawmakers and courts for better treatment until her death in 1887. Her efforts lead to the establishment of 110 psychiatric hospitals by 1880

A black and white portrait of Dorothea Dix, a woman with dark hair, wearing a dark dress, looking slightly to the right. The text 'TRAINING INSTITUTE' is in the bottom right corner.

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1955

The number of mentally ill people in public psychiatric hospitals peaks at 560,000.

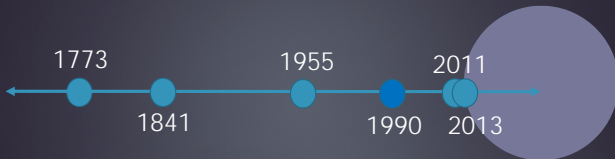
Joint Commission on Mental Health established in 1955 by President Eisenhower to investigate the conditions in state mental hospitals. The committee later publishes "Action for mental health" in 1961, suggesting that patients be treated in the least restrictive environment possible.



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Timeline of Mental Health Treatment in US



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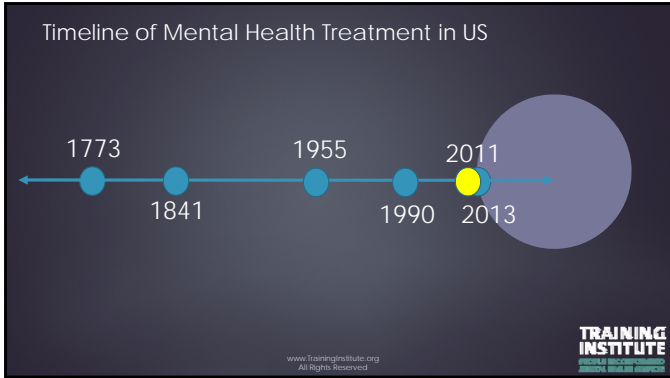
1990

The Americans with Disabilities Act was passed to prohibit discrimination in any form against those with physical and mental disabilities.



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2011

Jensen Settlement

The state of MN and the families of developmentally disabled people reached a settlement in a lawsuit over the restraints used on about 300 people at a state-run institution.



Minnesota Department of Human Services

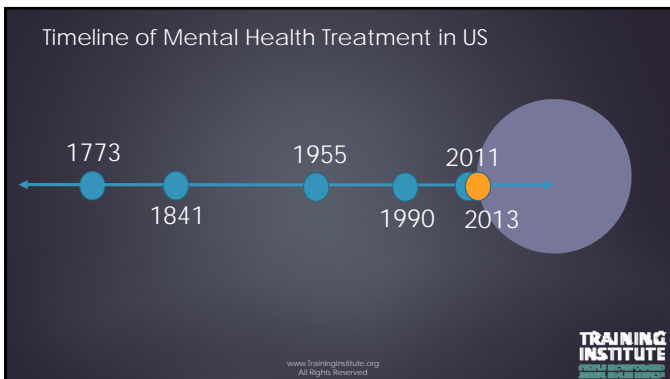
This results in major changes to DHS regulations concerning restraints and restriction of people's rights.

From the Jensen Settlement, DHS agreed:

- To serve people in the an environment that is consistent with the person's goals, dreams and aspirations.
- To train its staff in person-centered thinking and planning as well as positive behavioral support and intervention.

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2013

MN Olmstead Plan

In January 2013, Governor Mark Dayton issued an Executive Order establishing a Sub-Cabinet to develop and implement a comprehensive plan supporting freedom of choice and opportunity for people with disabilities.

The Olmstead Plan spells out a thorough approach to transform our system so people with disabilities can be fully integrated into their community.

Putting the Promise of Olmstead into Practice: Minnesota's Olmstead Plan

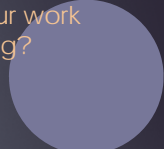


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Timeline of Mental Health Treatment in US



How does this history inform our work and learning in today's training?



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Topics for today:

- ▶ Cultivate a person-centered mindset for working with person you serve
- ▶ Identify ways to begin planning collaboratively
- ▶ Recognize the power of language when writing person-centered plans
- ▶ Practice writing realistic and achievable goals

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Definition:

Efforts, particularly of professionals involved in a person's life, that share power with individuals and recognize each person as a whole individual with unique strengths, assets, interests, expectations, cultures, and goals.

Person-centered practices are structured in ways to support individuals' comfort and their ability to express choice, control, and direction in all aspects of services and supports.

From: MN DHS Person-Centered, Informed Choice and Transition Protocol, January 2017

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Person-Centered Mindset

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Worker's Mentality

Who steers the ship?



Worker provides the ship and is a deck hand


Client steers

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Worker's Mentality

Who drives the ships?



Worker is the expert of: resources, supports, treatment modalities

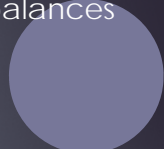
Client is the expert of: their life, their situation, what has/hasn't worked before, what they are willing to try

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Person-Centered Mindset

Acknowledges Power Imbalances



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Power Imbalance

- ▶ Worker has something that the client wants or needs
 - ▶ Answers
 - ▶ Applications
 - ▶ Medications
 - ▶ Resources
 - ▶ Referrals
 - ▶ Etc.


perception

- ▶ Worker may be seen as the gate-keeper to what they need/want
- ▶ Worker may be seen as the only person standing in their way
- ▶ We need to acknowledge ways that people may perceive a power imbalance


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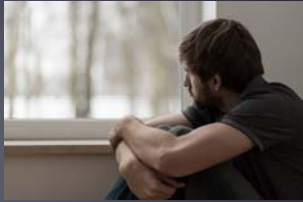
- ▶ People can receive a power imbalance from the worker (feel "less than")
- ▶ But they can also feel powerless because of the system or our policies and procedures.





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Recognizing,
acknowledging,
validating,
times when people
might experience loss
of power and control




 Breakout Rooms  Chat

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Empowering Mindset – ACE

- ▶ Autonomy
- ▶ Collaboration
- ▶ Evocation




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Empowering Mindset – ACE

- ▶ Autonomy
 1. Do I believe the person has the right to make decisions about their care?
 2. Do I let the person decide what is best for them?
 3. Is there space for the person to speak their mind, and be listened to?
 4. Does the person have complete freedom to be and to choose?
- ▶ Collaboration
- ▶ Evocation

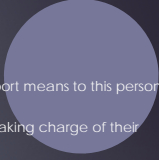


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Empowering Mindset – ACE

- ▶ Autonomy
- ▶ Collaboration
 1. Do I work for and with the person?
 2. Do I take the time to ask and understand what support means to this person and try to follow those expectations?
 3. Am I supporting them through their journey or am I taking charge of their journey?
- ▶ Evocation



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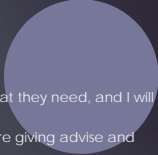

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Empowering Mindset – ACE

- ▶ Autonomy
- ▶ Collaboration
- ▶ Evocation

1. Do I believe that the person already has within all that they need, and I will help them explore what is within?
2. Do I evoke ideas and answers from the person before giving advise and answers?
3. Do I ask what they believe is the best course of action for them, instead of telling them what is best for them?

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Maybe something here on “how” we communicate

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Before Planning

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Build the working relationship before building the treatment plan

- ▶ This will make the person feel supported and safe
- ▶ The working relationship has a big influence over if someone sticks with the treatment
- ▶ They will be more invested and therefore creating the treatment plan will be easier to make.

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Support

- ▶ What does support mean to the person?
- ▶ What does support look like?
 - ▶ It's your job to try to fulfill their expectations of support if it falls within your role and boundaries.
 - ▶ (if it is outside your role or boundaries, collaborate until together you have defined what the support will look like that you are both comfortable with)

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Support

- ▶ What does support mean to the person?
- ▶ What does support look like?
- ▶ If someone doesn't know how to answer these questions you can ask:
 - ▶ Who are the people who know you best and support you best?
 - ▶ What is it that you like about the way they support you?

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Safety

- ▶ What does safety mean to you?
- ▶ What does safety look like?
 - ▶ It's your job to make sure every person feels safe (within your role and boundaries). There is a difference between safe and uncomfortable. We will all feel uncomfortable at times in the working relationship, but that might just mean we are being stretched and we are growing. A person cannot heal and see progress if they feel unsafe.

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Try it out

 Discuss

Find a partner and ask each other:

- ▶ What does support mean to you?
- ▶ What does safety mean to you?
- ▶ (only share what you are comfortable sharing)

- How did it feel to be asked these questions?
- With this information do you feel they would be better equipped to help you?

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Recovery

- ▶ What does recovery mean to you?
 - ▶ How will you know when you have reached your recovery goal?
 - ▶ What do you want tomorrow to look like? Next year to look like?
 - ▶ If everything was exactly how you wanted it, what would like be like?
- ▶ Just know, some people will have a block to future-oriented thinking and they can't think about next year or see the hope of recovery because they are just trying to get through the day. Great question to ask, but don't push it to hard, just get an idea of what they are broadly wanting to accomplish with you.

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Build the working relationship
before building the treatment plan

- ▶ Support
- ▶ Safety
- ▶ Recovery



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FOR THE BEST PEOPLE

Balance

Important
TO FOR



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Important TO and Important FOR

Important to = quality of life referring to things in life we value, that bring us happiness, help us feel comfortable, help us feel fulfilled.

- Relationships
- Control
- Status
- Things to do, places to go and things to have
- Rituals or routines or pace of life



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FOR THE BEST PEOPLE

Important TO and Important FOR

Important for = quality of life referring to what keeps us living healthily and safely

Health:

- Prevention of illness
- Treatment of illness / medical conditions
- Promotion of wellness

Safety:

- Environment
- Physical and emotional
- Free from fear

Sense of belonging
Sense of purpose

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Balance

- ▶ Ask about what is important to them.
- ▶ Ask what they think is important for them to get to the recovery they are wanting.
- ▶ Ask what other people in their lives (people who support them) think is important for them.



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Other good questions to ask or listen for before planning:

- ▶ Tell me what brings you strength when things are challenging?
 - ▶ Have you been through something like this in the past? How did you overcome/ get through a big change in our life before?
- ▶ What are some ways in which a provider of yours was not helpful in the past?
- ▶ What do people like/admire about you?
- ▶ How have you been misunderstood by others?

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Language in Writing Plans

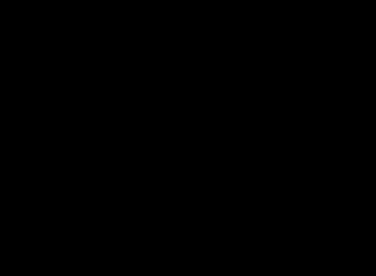


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MENTAL HEALTH SERVICES

Power of the *Case File*:

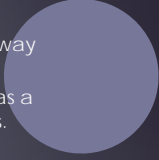
- ▶ Do people receiving support feel as though their paperwork accurately represents them?



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MENTAL HEALTH SERVICES

Person-Centered Plan Cover Page

- ▶ First page of their file
- ▶ The person is introducing themselves the way they want to be introduced.
- ▶ Other providers are not just viewing them as a diagnosis or going off what their chart says.
- ▶ Clive's Cover Page



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MENTAL HEALTH SERVICES

Who is the file/treatment plan for?

- ▶ A file is a paper trail of a person's story
- ▶ Is it written in a way they would write it, or do they agree with the way it is written?
- ▶ Is it written so they can understand it?

Best case scenario they tell their own story the way they want it to be told

- ▶ Use their name and pronouns
- ▶ Use quotes
- ▶ Write to together

JAR·GON

n. special words or expressions that are used by a particular profession or group and are difficult for others to understand

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Professional "Languages"

Discuss professions that have "their own language". Chat in 3 examples.

- ▶ Mechanical/ Car repair
- ▶ Legal/ lawyers
- ▶ Medical
- ▶ Financial
- ▶ Military
- ▶ Technology / IT
- ▶ Sports
- ▶ Anything in fine print

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Human Services Jargon:

- ▶ Acronyms:
ARMHS, CADI
- ▶ Words that have a different meaning in our professional context than in other contexts:
Community, Terminated

It is essential that when we are talking with, and making plans with people that we use language they know and can understand!

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Check In:

- ▶ When writing, who is the intended reader?
- ▶ Do you know whether or not the people you are writing about understand what you've written?
- ▶ Do you know whether or not the people you are writing about agree with how you have described them?

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Writing the Plans

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Evoking

They are the captain of the ship!
Evoke before Suggesting!

- Goal** ▶ What changes do they want to make? (wants)
- Specifics of goal** ▶ What realistically could they do/accomplish? (abilities)
- Steps to reach goal** ▶ What do they think they need to accomplish the goal? (needs)

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Making Suggestions

- ▶ Sometimes people don't know what they need or what to do.
- ▶ We will use our knowledge and expertise of resources, treatments, supports, etc.
- ▶ Just don't start with suggesting! Evoke First.
- ▶ If someone needs suggestions, do it in the form of INFORMED CHOICES

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Informed Choices



Give people choices



Helping people to make INFORMED Choices

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Informed Choices

- ▶ Array of options for them to choose
- ▶ Talk about consequence of each choice
- ▶ They get to make the choose,
 - ▶ even if it is not the one we would choose

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Choices are essential

AND offering Choices can sometimes overwhelming:

- Questions can require exploration and reflection
- If you have never been asked they are hard to answer
- You may need to try new things to determine what you want
- Past trauma impacts expressed choices
- What you want may present a risk that should not be supported

From Support Development Associates



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Practice




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Practice- Tasha

Tasha has been referred to your services from a social worker at the hospital. Tasha is being discharged from the hospital after a 10 day stay for acute symptoms of her bipolar disorder 1 with psychotic features. In the referral paperwork you read that she was experiencing delusions and paranoia and became violent with a hospital staff member on her first day. Upon admission into the hospital her toxicity screens came back positive for alcohol and Adderall.

What should you do first?

 *C. Check your assumptions and bias about Tasha based off the information you have read about her*

Check your assumptions and bias about clients with psychosis, bias about substance use, bias about what makes someone a complicated/difficult client, etc.

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Practice- Tasha

When you first meet Tasha she seems very guarded. She does not want to share much about herself and is giving short responses to your questions.

What would be good to talk about with Tasha right now?

 *C. Ask her what safety means to her and how you could best support her right now*

Portray yourself as welcoming, safe and caring. Acknowledging that it is okay for her to mistrust a stranger at vulnerable times this is normal. Listen to her answers and do your best to incorporate them

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
Practice- Tasha


After getting to know Tasha a bit, you have learned she started self-medicating with alcohol 7 years ago, when she first started having auditory hallucinations during a manic episode. During this last episode that landed her in the hospital, she believed the voices got into her head when she was sleeping so she was using Adderall to stay awake for long period of times to prevent this from happening.

Historically, she only has a manic episode every couple years. When she is well, she enjoys her job as a clerk at the local gym. She loves spending time with her family, especially her little nieces.

She is worried that when she becomes unwell again and not thinking clearly, that she will do something horrible, like hurt someone else.

What is important to and important for Tasha?

 Spokesperson share group's answers


 Discuss

- ▶ To: not having symptoms by any means necessary (drinking, drugs); not hurting anyone; her family; her job
- ▶ For: having other effective ways manage symptoms; staying well; staying safe; sleep

Practice- Tasha

You did a great job asking evocative questions with Tasha and found out that to her recovery means, "my manic episodes no longer get away from me. I know I'll always have them, but if I can figure out when it is coming on and not let it get full blown, I think I will be able to live my life like everyone else."

Write a treatment goal for Tasha.

 ▶ This will be different for each person depending on your position/role

▶ Ideally you are writing this collaboratively with Tasha

Options:

1. Goal
 - ▶ Medications that are effective for Bipolar 1 Disorder
 - ▶ CBT therapy focused on coping skills
2. Specifics of goal
 - ▶ Use an app to log moods and changes in behavior that could indicate moving from a normal mood state towards hypomania/mania.
 - ▶ Community resources
3. Steps to reach goal
 - ▶ Harm reduction for substance use or MI/SUD outpatient treatment

Practice- Michael

Michael is needing your services because of ongoing stressors in his life. Years ago Michael was arrested and charged with a felony. Since being released and finishing probation, Michael has had an extremely difficult time finding work and being able providing for himself and his family. At times he was homeless. Michael believes a lot of his legal and financial issues would not exist if he was not discriminated against. He really struggles with depression, trauma, and anxiety. He does not want to be on disability or receive help from the state but he is really struggling.

Which is an example of a Person-Centered Treatment goal?



B. Michael states he is willing to explore trauma-informed treatment options to decrease depressive and anxiety symptoms.

Gives Michael the control and expresses his willingness to be involved and engaged in the process.

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Practice- Michael

Michael states that during your work together he wants to decrease the depressive and anxiety symptoms so that he can hold a full-time job without his mental health interfering.



List realistic things Michael could do to reach this goal. (of course this would come from Michael, but speculate)



Spokesperson share group's answers

- ▶ Look into medications
- ▶ Look into therapies and alternative treatments
- ▶ Examine changes to sleep, diet, exercise routines

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Practice- Michael

Michael says thinks he is ready to look into medication since he doesn't think he would like talk therapy.

A person-centered treatment goal that includes what he would like to change (goal), what he thinks he could go (abilities) and the step he will take to try to get there (action steps) might sound like:

- ▶ Michael would like to address symptoms of depression and anxiety he has been experiences for several years. He is willing to try an anti-depressant medication. He will make an appointment with a psychiatrist to talk about medications. Michael states "I am willing to take a medication as prescribed for at least one month to see how I see and then will go from there."

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Practice- Michael

Instead of medications, Michael thinks it might be best to address his trauma in hopes of that relieving some depression and anxiety. He is willing to start Trauma-informed CBT and join a local support group.

A person-centered treatment goal that includes what he would like to change (goal), what he thinks he could do (abilities) and the step he will take to try to get there (action steps) might sound like:



- ▶ Michael would like to start therapy to address trauma he has experienced throughout this life and in prison. He will try Trauma-informed CBT in hopes of processing his trauma and become aware of thought processes contributing to his depression and anxiety. Michael will find a therapist and make an initial appointment, as well as find a peer group in his community with the help of his case manager.

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Practice - Wylie Coyote: Refresher

- ▶ 46-year-old male at a MI/SUD treatment center

- ▶ Wylie is experiencing issues with: relationships, finances, housing, health and mental health
- ▶ Wylie reports knows he is struggling with his mental health when he experiences the following symptoms: feelings hopeless, trouble falling asleep, having nightmares, feelings anxious and hyper-aware, and having increased anger and irritability.

Current and Past Diagnoses			
Date	Priority	Diagnosis	Notes
09-05-1993	Primary	Major Depressive Disorder, ICD10: F33.9	Recurrent episodic
11-22-2006	Primary	Liver Cirrhosis, ICD10: K74.60	
03-02-2011	Secondary	Other and Unspecified Alcohol Dependence, ICD10: F10.21	In remission
05-04-2014	Secondary	Post-traumatic stress disorder, ICD10: F43.10	
05-04-2014	Primary	Amphetamines Use Disorder, ICD10: F15.20	
06-01-2015	Secondary	Irritable Bowel Syndrome (IBS), ICD10: K58.9	Periodic, frequent

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Write a treatment plan goal addressing Wylie's current issue

- ▶ Wylie has a history of meth use. He reports struggling with withdrawal symptoms. He has not remained sober longer than 2 weeks. He reports this has a major impact on this housing and work.



Goal

Specifics of goal

Steps to reach goal

Wylie states he would like to work on "understanding replace triggers and cravings". He states keeping a cravings journal that he can process weekly with this counselor will help achieve this. He commits to reframing from non-prescribed mood altering chemicals while in the MI/SUD treatment program. Wylie is determined to seek out and process with his counselor if he begins to experience cravings and triggers.

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Write a treatment plan goal addressing Wylie's current issue


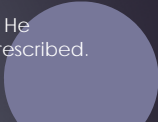
- ▶ Wylie has diagnosis of Cirrhosis of the liver. He inconsistently adheres to medication as prescribed.

Goal

Specifics of goal

Steps to reach goal

Wylie would like to maintain compliance regarding his medication. He will take it as prescribed once a day with his dinner. He states he will meet with his primary care physician with any concerns.

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Write a treatment plan goal addressing Wylie's current issue



- ▶ Wylie lacks healthy coping tools and skills to manage his depression symptoms.

Goal

Specifics of goal

Steps to reach goal

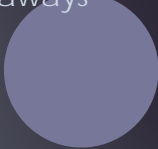
Wylie would like to learn coping skills to reduce depressive symptoms. He will develop and use an emotion regulation coping plan that will include 4 behavior options for him to try when he is feeling depressed. He will read about and attempt grounding techniques. He will discuss skills he find most interesting and effective with his counselor each week.

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Questions, comments, take aways



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