Person Centered Treatment Planning: Making Recovery Real

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Workshop overview

• Introductions and welcome
• Can the treatment plan become a real tool?
• Introduction to core elements of person centered treatment planning
• Demonstration of Web based Training Module
• Open dialog
The Problem

Disengagement

- 18-67 percent (with a median of 58%) fail to engage in outpatient services after a hospitalization (Kreyenbuhl et al., 2009)
- Reasons include lack of trust, poor alliances with providers, not being listened to, and not being given the opportunity to make decisions and collaborate in treatment

Evidence based practices moot if cannot engage people in services
Questions for Consumers

• Have you had an experience of a treatment plan process that was helpful?
• Have you had an experience of a treatment plan process that was not helpful?
For Providers

• Is your treatment planning helpful in your work with consumers --or has it become just another exercise, a meaningless paperwork requirement?
What does a good treatment planning process look like?

Kendall’s account
Person Centered Treatment Planning

• Wide recognition for its effectiveness in setting the stage and creating opportunities for change.
• Key intervention strategy in recovery.
• Through this process a road map towards recovery is created.
• Critical is the emphasis of hope, self-determination and self-efficacy.
• Promotes the values of Trauma Informed Care – Choice, Trust, Safety
Person Centered Treatment Planning

- A paradigm shift in the traditional relationship between care-providers and care-receivers.
- With the focus on empowerment (the antithesis of compliance,)
- Change of the power dynamic between providers and consumers.
- Establish a common ground for productive and meaningful interactions between consumers and providers.
Person Centered Treatment Planning

• With the centrality of person centered treatment planning the individual takes center stage thereby creating an opportunity to make recovery real.

• Structures the assessment, service planning and implementation around personal goals identified by the consumer.
Person Centered Treatment Planning

• Focus on
  • Health
  • Employment
  • Education
  • Social
  • Leisure
  • Financial
  • Housing
What does research tell us..

Stanhope and colleagues conducted a study entitled the National Council’s Enhanced Access and Retention Quality Improvement Initiative

Sample
  • 10 geographically diverse CMHCs
  • 84 providers and 367 consumers

Randomized Controlled Trial

Methods

PCP Intervention

- Experimental sites received 2 days virtual training and monthly coaching
- Combined with collaborative documentation & WRAP
- Control sites treatment as usual

Measures

- Monthly clinician report of medication adherence (Yes/No)
- CMHC level data on number of no-shows
Medication Adherence

Month

Medication Adherence

Experimental

Control

(B=0.022, p=<0.00)

(B=0.004, p=0.2532)
Conclusions

Intervention was associated with greater rates of service engagement and treatment adherence

Variation among CMHCs

Limitations

- Combined with collaborative documentation
- CMHC’s self selected to participate
- Outcomes limited
Demonstration Person Centered Treatment Planning E-Module
Group Exercise

Person Centered Treatment Planning
CPI Mission

To support the New York State Office of Mental Health’s mission to promote the widespread availability of evidence-based practices to improve mental health services, ensure accountability, and promote recovery-oriented outcomes for consumers and families.
Accessing CPI’s Website Portal for Consumers and Families

- Go to www.practiceinnovations.org
- Click on the right most tab “Consumers and Families”
- Click on any video or link to begin
- All resources are free and no login is required
In summary
<table>
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<tr>
<th>Traditional Service Planning</th>
<th>Person-Centered Planning</th>
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<tr>
<td>Plans are designed with the goal of meeting “medical necessity” criteria or other criteria set by regulatory bodies</td>
<td>Self-Determination is paramount – regulations don’t erase our values</td>
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<td>Plans are primarily deficit based, as defined by providers</td>
<td>Plans are based on visions, strengths, desires and obstacles as defined by the individual</td>
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<td>A focus on what providers see as important</td>
<td>A focus on what is important to the individual</td>
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<td>A process where the professional is in the “driver’s seat”</td>
<td>A process which puts the person in the “driver’s seat”</td>
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<td>A process which values the expertise of the provider</td>
<td>A process which values both the expertise of the individual and the facilitation skills of the worker</td>
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Identify the person’s life goals

Identify interests, strengths, and internal and external resources

Identify internal and external barriers

Articulate short-term objectives that are: Behavioral, Measurable, & Achievable

Detail action steps:
To be taken by person
To be taken by others
Clinical services
Rehabilitative supports
Dialog
Contact Information

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