Person/Family Centered Behavioral Health Care-Part of the Recovery Model

December 2015
Objectives (of the Staff)

- Introduce Person/Family Centered Care as a vital part of the Recovery Model
- Review Key Concepts
- Introduce Language Changes
- Keys to Increasing Support for the Person
Objectives (for the Presentation)

- Review current Diamond University Module recommended for all staff
- Introduce other facets of the Recovery Model
- Discuss how training will build upon the overview to the more specific tools/resources for programing
Recovery

“Recovery can be defined as a process of learning to approach each day’s challenges, overcome our disabilities, learn skills, live independently and contribute to society. The process is supported by those who believe in us and give us hope.”

Ruth O. Ralph, PHD University of Southern Maine
Overview

The Person/Family Centered Care Model is built on the premise that health care is best delivered as a partnership between providers, patient, their families and the community. Providers utilize communication techniques that facilitate informed decision making while encouraging patient participation in the design of treatment plans and encouraging self-management.
Successful Outcomes

With the greater partnership between patient and provider, and with patients taking a more involved role in treatment, brings the belief that patients will be more inclined to adhere to treatment and share important information about their response to treatment. This is based on the long accepted principal that involvement in decision making leads to better compliance and more positive outcomes.
Principles/Concepts

- Listening
- Enlisting Community/Family Support
- Self Direction
- Recognizing Patient Talent and Contributions
- Giving Patients Responsibility
Person/Family-Centered Thinking

Includes:

- The importance of listening to the patient
- Discovering what is important to them
- Respectfully addressing significant health or safety issues while supporting personal choice
Life Experiences of the Patient

- Life before illness
- Loss of choices, hopes and dreams
- Entering inpatient care
- Effects of previous trauma on course of treatment
- Cultural aspects of symptoms (isolation, rejection)
- Support systems – family, employer, community support, friends, etc.
- Psychological adjustment milestones
Community Support

- Recognizing that relationships are very important
- Including not only family and friends, but also the community in which the patient lives
  - Example: Support groups such as National Alliance for the Mentally Ill and other groups the patient may identify
Strength Based

- Person/Family-Centered Models are based on recognizing the patient’s strengths, experience and talents. Empowering patients to be active in their treatment involves education regarding their role in self care.
Responsibility

- Person/Family-Centered Treatment Plans try to balance between what is important to an individual and what is important for an individual. The goal of modeling this to/for is to help the patient take more responsibility for their care.
Important To vs. Important For

- Person/Family-Centered Treatment Plans include both what is important to the patient and what is needed to remain at the highest level of functioning.

- **Important To:**
  - “Makes me happy, fulfilled, content: people, pets, daily routines, interests, hobbies” and “places I like to go.”

- **Important For:**
  - “What I need to stay healthy, safe and valued: physical and emotional health; safety and security; activities that help me feel valued in the community.”
Planning Care (Treatment Planning)

- Listening to what the patient is saying
- Developing goals that help patients get more of what they identify as important to them
- Asking the patient:
  - “What goals would you like to accomplish?”
  - “What is important to you to change about your life?”
  - “What do you need to keep you safe and healthy?”
How do we begin?

- Moving care to a Person/Family Centered Model involves change in many areas to include program design, planning care and language.
- Some aspects will incorporate dimensions of the Recovery Model. Community support after discharge becomes an even greater focus in the planning process.
This is the beginning

- As we move our program in this direction, all members of the team will be involved in the discussions, planning and participate in training.
- Your Behavioral Health Managers will be presenting the next steps and discussions will begin at the staff meeting level.
- Remember change is the opportunity for growth.
Overview of Additional Concepts

- The next few slides are an overview of Recovery Model concepts that will be incorporated into further training modules.
- Further resources will be provided by the Clinical Services Team as Diamond Healthcare moves forward with the integration of the Recovery Model.
Stepping Stones of Training
All Staff are Part of the Team

- For successful integration to the Recovery Model recognize that team members cannot work in isolation.
- Multi-Dimensional and Multidisciplinary approach needed.
- Partnerships with other professionals in your facility and outside in the community along with natural supports are critical for success.
SAMHSA’s 10 Components of Recovery in Behavioral Health
Shifting Focus

Shift from symptoms and illness to

WELLNESS and the WHOLE PERSON
Integrative Care

- Body and mind Interaction
- Managing physical health is critical
- Recovery planning includes all aspects of “health”
Process for Shared Decision Making

- Objectively evaluate the individual’s experience
- Clarify individual goals for change
- Consider possible interventions
- Examine pros and cons of each intervention
- Select interventions
- Implement changes/interventions
- Evaluate choices made
- Make any changes based on evaluations
References


