



Michigan Department of Health & Human Services

Individualized, Strength-Based Planning

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Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

Person Centered Planning

- Is the assistive, collaborative *process* that occurs *throughout* the person's (and support's) experience

Sources and Technical Requirements

Person-Centered Planning:

“**Activities** associated with the development and periodic review of the plan of service, including all aspects of the person-centered planning process, such as pre-meeting activities and external **facilitation** of person-centered planning. This includes writing goals, objectives, and outcomes (identifying amount, scope, and duration) and ways to measure achievement relative to the outcome methodologies; attend person-centered planning meetings per invitation; and documentation. Monitoring of the individual plan of service including specific services, when not performed by the case manager or supports coordinator, is included in this coverage.”

Sources and Technical Requirements

Medical Model:

“An impairment of the normal state of the living animal or plant body or one of its parts that interrupts or modifies the performance of the vital functions...”

Sources and Technical Requirements

Michigan Mental Health Code:

“The responsible Mental Health Agency for each recipient shall ensure that a person-centered planning process is used to develop a written individual plan of services in partnership with the recipient.”

“An individualized Plan of Services shall establish meaning and measurable goals with the recipient.”

“The Individualized Plan of Services shall address, as either desired or required by the recipient, the recipient’s need for food, shelter, clothing, healthcare, employment opportunities, educational Opportunities, legal services, transportation, and recreation.”

Sources and
Technical
Requirements

HCBS: The Golden Thread:

Screening – Intake –
Assessment – Pre-planning –
Planning Meeting – Written
IPOS (SMART) – Supports and
Services – Adjusting the Plan

Sources and Technical Requirements

SAMSHA: Recovery Definition:

“A *process* of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

The PCP Process and “Recovery- Oriented”

Facilitation of the PCP with the goal of making the process “Recovery Oriented”

Defining “Recovery” in the context of Planning supports and services

Linking supports and services to the recovery goal of the individual

Sources and Technical Requirements

Medical Necessity:

“Services, Supports and Treatment that is:

Designed to assist the beneficiary to attain or maintain a sufficient level of *functioning* in order achieve goals of community inclusion and participation, independence, recovery, or productivity.”

Sources and Technical Requirements

MHSA Provider Manual: Medical Necessity:

“Determination that a specific service is medically (clinically) appropriate, necessary to meet the needs, consistent with the person’s diagnosis, symptomatology and *functional impairments*, is the most cost-effective option in the least restrictive environment, and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of services.”

Understanding “Recovery Orientation

What is the difference between *Facilitation* of a dialog for the: Recovery “From” versus “Recovery “OF”

The goal of the plan is the Recovery *of* critical life functions that matter most to the person

That have been lost to disability

A
Definition
of
Recovery
for
Planning
Goals

The recovery *OF* specific critical life functions

identified by the individual

in any domain

that have been lost or impeded by specific Symptoms and Conditions

Recovery Orientation in Person Centered Planning

Develop a **Goal** for the recovery of a **critical life function**

Medical necessity is a description of the way **specific** symptoms/conditions prevent the person from performing specific critical life functions

Identification of achievable steps (**Objectives**) that target the specific symptoms

Interventions assistive strategies, supports and services needed to assist with attainment of objectives

Sufficiency standards are the amount, scope and duration of supports and services needed for Interventions

Practitioner Role and Skills

The main practitioner skill is
“advanced facilitation”

Facilitation creates movement of
the person being served to the
active role

Practitioners become the
assistive/collaborative partner

The assistive/collaborative
relationship is the tool for change

Practitioner Vs Guy in A Diner

Intuitive Responses based upon

- Past experiences
- Common knowledge
- Preferences

Intentional Dialog

- Solid knowledge and interpersonal techniques
- Evocation over intuitive advice
- Assistive/Collaborative dialog

Strength- Based

Practitioner Approach (assistive/collaborative)

- Authenticity
- Empathy
- Belief in the person

Person (as the expert)

- Talents, abilities, capacities
- Past success
- Desire for recovery

Motivational Interviewing and PCP

Advanced facilitation skillfully based upon the way the brain works in a dialog

Applied to the Person-Centered Planning Process

Assistive strategy for helping a person or their circle to bring the goal into recovery focus

Motivational
Interviewing

Autonomy

Collaborative

Evocative

Compassionate

Motivational Interviewing

Engagement

Focus

Finding and
Strengthening Direction

Planning

Individualized/Medical Necessity

Medical Necessity seeks to identify the *specific symptoms* and *specific conditions* and describe the way they interfere with a person's ability to perform *specific* critical life functions.

This definition directs the writing of goals, objectives and interventions

The sufficiency standards (amount, scope and duration of a service) become more practical and dynamic in the process of recovery, goal or skill attainment

Targeted Issue/Medical Necessity

Biff is unable to get and keep a job because an income is a fierce trigger for buying and using cocaine which results in relapse and return to chronic using. This eventually eliminates his ability to go to work and remain there while handling urges and cravings to leave and get high. Comorbidities with depression, including suicidal ideation and attempts, become high risk symptoms brought on by relapsing and losing his job.

Targeted Issue/Medial Necessity

Phyllis is unable to benefit from mainstream school because she is unable to complete her homework due to preoccupation with friends, telephone and face-book. Her mother struggles to parent her effectively often losing her temper, striking out, or giving up entirely. Phyllis senses that her mother feels unable to parent her and takes advantage of her frustration by opposing her openly

Targeted Issue/Medial Necessity

- Amy is unable to tolerate any unforeseen change in her day and becomes agitated, strikes out at staff hitting, biting and scratching. Staff try to calm her by talking to her and offering treats and other things she likes which is most often temporary and she returns to combative behavior. Staff often resort to physical restraint for safety

The Goal

- It describes ***THE*** critical life function that will be recovered, attained or regained by the person when the symptoms and conditions that interfere are targeted for treatment
- It is what they are seeking (trying to recover)



Biff's Goal

- Drinking gets me arrested. I don't want to jail. I have to go to work and stuff.
- **Goal:** Prevent Drinking from interfering with my life

Phyllis' Goal

If she listened to me,
she might do better in
school and stuff

Goal

- Benefit from parenting (mother)
- Benefit from Mainstream School (Phyllis)

Amy's
Goal

Staff often have to physically restrain her for safety

Goal:

- I want her to be safe and happy in her home

Facilitation Toward Biff's Goal

- I gotta quit using
 - What will this do for you, or solve for you?
 - (Evocative question)
- I'm a mess
 - This isn't how you see yourself. Its not what you expected
 - (Empathetic Reflection)
- No. I had a job and a house and a family
 - You want to get back to they way things were
 - (Simple Reflection – Paraphrase)
- Yes
 - Okay, so the goal is to “recover the relationships that you had when you were working and supporting yourself”.
 - (Summary - Plan)
- Yes! That's it!

(Advanced facilitation using Motivational Interviewing)



Facilitation Toward Phyllis' Goal

- What would you like to see happen? (Open ended question)
 - I want her to listen to me without disrespecting me
- What you say to her is important. (Simple reflection-paraphrase)
 - Yes. But I can't get anywhere
- If she listened to you something different would happen. (Reflection with a twist)
 - Well she might do better in school and stuff
- So the goal is for your daughter to benefit from your parenting (Reflection – guiding)



Intervention Toward Amy's Goal

Staff: What are we doing tomorrow?

Amy: Going to the park.

Staff: Right. Who is taking you?

Amy: You and Rachel.

Staff: Right. What kinds of things are we going to do?

Amy: Have a picnic and feed the ducks.

Staff: Right. And what did we say we would do if it rains?

Amy: Is it going to rain? (becoming agitated)

Staff: No. I don't think so. But remember? What did we say about that?

Amy: We said if it rains we can go to the mall. Is it going to rain? (agitated)

Staff: No. I don't think so. We are going to the park. But what did we say happens sometimes?

Amy: We said it rains sometimes and we have do something else that's fun. Is it going to rain?

Staff: No. I don't think so. But what did we say we will do if it does?

Amy: Go to the mall and do fun stuff?

Staff: Yes. Who would take you there?

Amy: You and Rachel.

Adaptation

The key is to adapt the approach to a person's level of *readiness*

Readiness has many dimensions

Avoid Premature Focus
(Brain Based)

Facilitation For Identification of Objectives

Where to start

First focus on relationship

Use of relationship to begin process of designing objectives

Incremental based upon readiness

Measure progress through increasing readiness and negotiation of objectives

Readiness/Transtheoretical
Model

The purpose of this model is to insure the person will be able to benefit from the practitioner's approach

The practitioner intentionally adjust their approach to match readiness

The purpose of Identifying the "stage" is to have guide the practitioner a guide to designing objectives that are attainable based upon readiness

Transtheoretical Model

Pre-contemplation

- Engagement
- Accurate Empathy

Contemplation

- Emphasize Choice and control
- Explore the Decisional Balance

Preparation and Planning

- Identify what's been tried/worked/not worked
- Develop a plan with incremental characteristics

Action

- Implement plan steps
- Negotiate and Adjust

Maintenance

- Normalize and inventory gains
- Prevention of Regression and Relapse

Relapse or Regression

- Study antecedents
- Develop strategies to manage in the future and strengthen

Precontemplation

Focus on the relationship using empathy

Begin to use the relationship to think deeper

Objectives for Pre-contemplation



Describe at least 2 feelings about what its like to have to participate in treatment/supports/services



Describe one thing you'd like to see happen if you do participate in treatment/supports/services



Give two reasons of your own for working on this goal

Contemplation

Emphasize Choice and
control

Explore the Decisional
Balance

Objectives for Contemplation



Describe 2 things that will be better if you decide to participate in treatment/supports/services



Describe what things will be like if they stay the same



Describe 3 things that will be different if treatment/supports/services helps



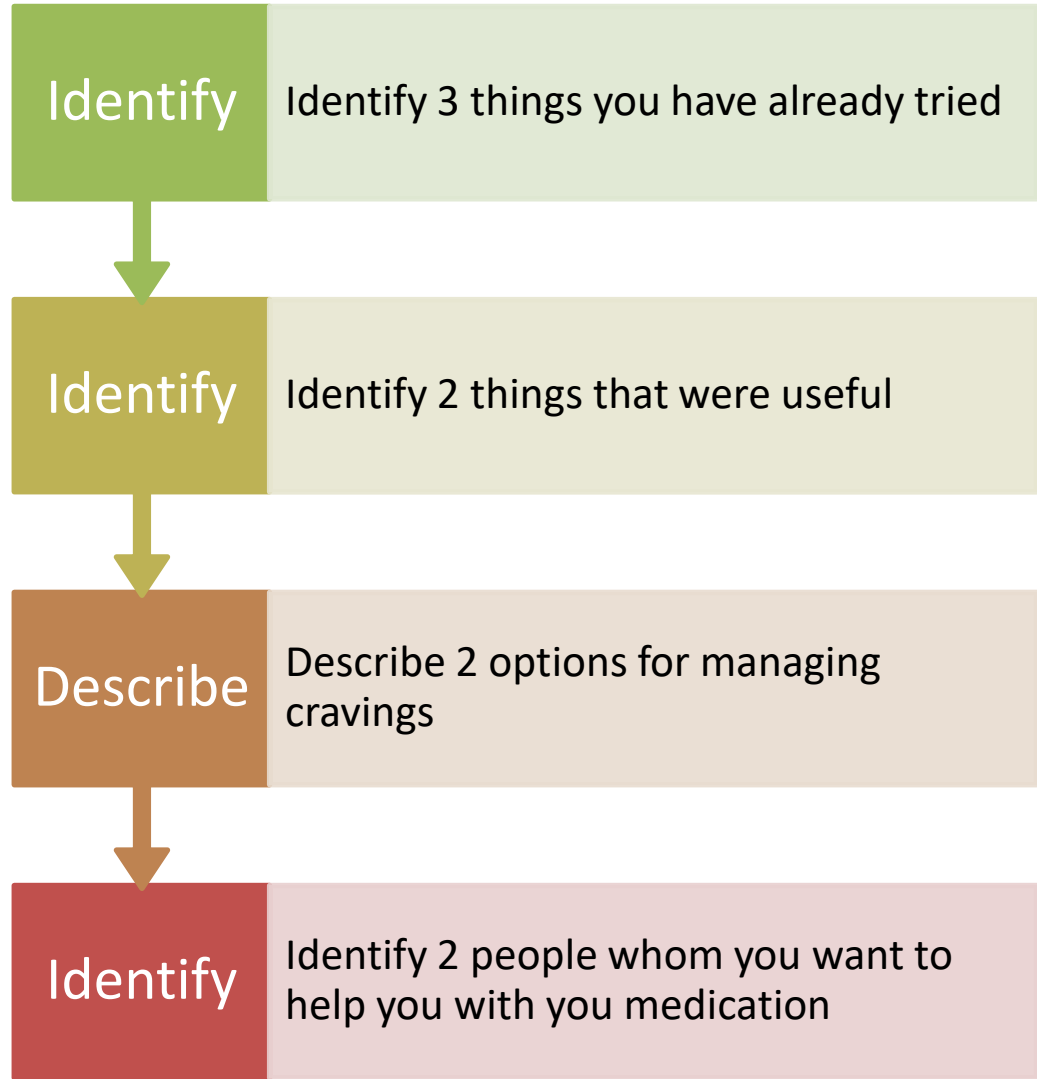
Identify 2 things you could begin working on

Preparation and Planning

Identify what's been
tried/worked/not worked

Develop a plan with
incremental characteristics

Preparation/Planning



Action

Implement plan steps

Negotiate and Adjust

Action

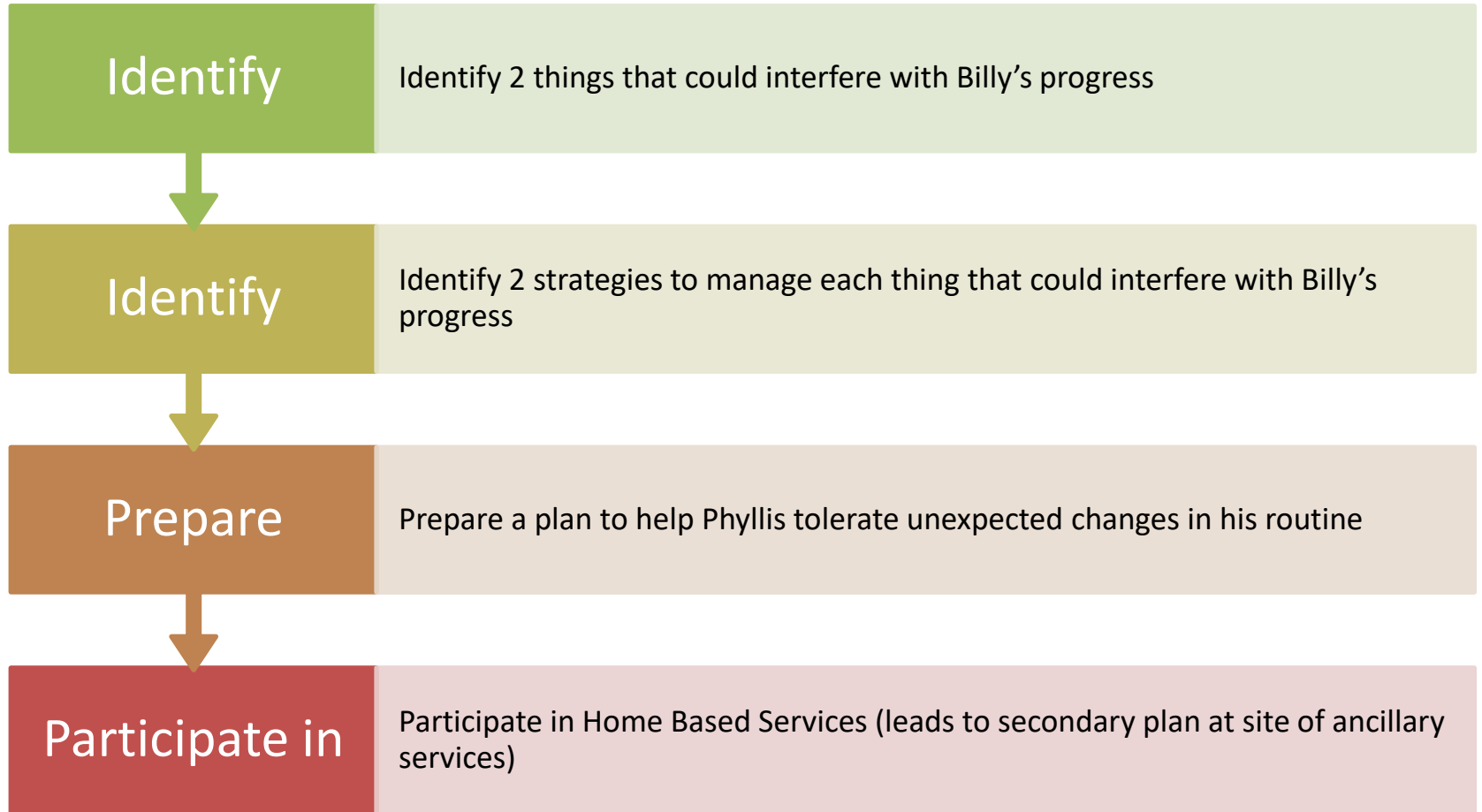


Maintenance

Normalize and inventory gains

Prevention of Regression and
Relapse

Maintenance



Relapse and Regression

Study antecedents

Develop strategies to manage in the future and strengthen

Relapse/Regression

Describe

Describe your goal now that you have had a set back

Describe

Describe 2 things you learned from this relapse that will help you next time

Describe

Describe 2 things that might be a challenge for your recovery in the future

Describe

Describe 2 strategies for each challenge that will help you stay on track.

Interventions

- Interventions are not written for the diagnosis
- Interventions are not written for the goal
- They are written as assistive strategies for ***EACH*** behavioral Objective

Interventions

- Facilitate a discussion that allows him to vent his frustrations about being forced to be in treatment
- Facilitate a discussion to help Biff describe the reasons other people say he needs treatment
- Facilitate a discussion to help Biff describe reasons of his own for participating

Sufficiency Standards

- The right amount of supports and services
- Sufficient in both **amount** and **duration** necessary to achieve the objective
- Within the **scope** of practice of the person providing the intervention

Sufficiency Standard

- Amount = 1X/week
- Scope = individual therapy
- Duration = 12 weeks
- Review = 12 weeks

Adjusting the Plan

- They are agreements reached through a facilitated person-centered planning process
- People who receive services **do not** have to follow the plan
- Plans are negotiated based on their usefulness to the person
- Practitioners **“facilitate”** adjustments to the plan
- Plan Reviews track progress and provide the forum for adjusting the plan as higher levels of readiness are achieved
- Adjustments are always made in good agreement with the person receiving supports and services guided by the plan

Strength Based/Recovery Plan: Targeted Issue; Goals; Readiness Level for the goal; Objectives written based on level of readiness; and Interventions to assist in achieving each objective

Medical Necessity (What specifically interferes with the ability to perform critical life function to be covered?)					
Goal (The critical life function to be covered)					
Level of Readiness to work on the goal (DARNC)					
Objective 1 (Based on the level of readiness)					
Intervention 1 (Assist with the objective)					
Efficiency Standards (amount, scope duration of support/service to be provided for the intervention)	Type of support/service	Amount/units	Frequency	Start date	End date
Objective 2 (Based on the level of readiness)					
Intervention 2 (Assist on the level of readiness)					
Efficiency Standards (amount, scope duration of support/service to be provided for the intervention)	Type of support/service	Amount/units	Frequency	Start date	End date