

## **Understanding the Importance of Having a Person-Centered Approach to Providing Support**

### **Training Objectives:**

- \*Basic knowledge and understanding of Person-Centered Thinking
- \*Understand the importance of PCT and who is responsible for implementation
- \*Understand that PCT is a paradigm shift

PCT training is for all PPRS employees and contract staff. This training is for PASA staff, HCA Class B staff, administrators, managers, supervisors, volunteers and anyone that may represent PPRS.

Our goal is to provide on-going opportunities to learn how to implement PCT. This training is to set the stage for future required trainings that will be available through our website. We will provide the opportunity via discussion boards to connect with other providers and share the ways you have changed environments to be more PCT (of course leaving out all PHI and personal information).

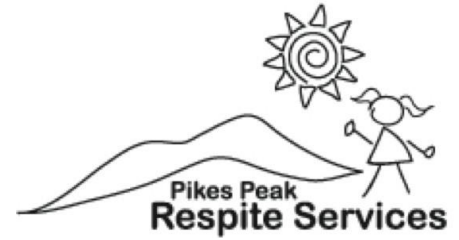
As you work through becoming more proficient in PCT, there will be opportunity to share the knowledge you have learned in an open training, or you can submit your stories of success on how you have seen PCT have a positive impact.

Phase One: Introduction to PCT and PPRS plan for continuing commitment to PCT. Phase one will also provide an understanding of person-centered language and making the shift to person friendly speech. Phase one will also focus on communication. Understanding of Phase One will be demonstrated through a reflection sheet to be reviewed prior to phase two.

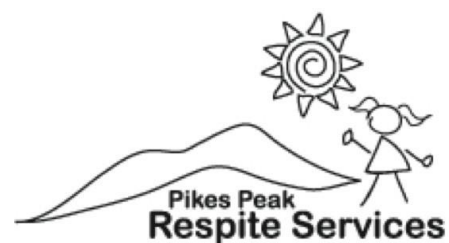
Phase Two: We will be getting to know our providers to help make the best referrals possible to our families.

Phase Two Bonus (not required at this time): Attendance to a meeting such as an IDT, SP revision or meeting involving at least

## PPRS Person Centered Thinking Training



two people who have had PCT training (a community centered board representative such as a service coordinator and one of our admin staff would be ideal)



Phase Three: The focus for this phase is to get to know those we serve, are there routines and rituals that are meaningful? Are the right people attending meetings based on the support they provide? We will look at relationship mapping, delve into what is working and what is not working. Attendance to a one-hour face/face training with a PPRS PCT trained administrative staff or log into [pikespeakrespiteservices.com](http://pikespeakrespiteservices.com) to watch and respond to the recorded training. Phase three will focus on environments, rituals, schedules and being in a supportive role.

Beverly Seemann has been providing and facilitating supports through a grass- roots agency that she created. Providing respite for one individual which quickly grew into an agency with 130 providers working with 200+ individuals and families. Beverly has been progressive with person-first language and professionalism with staff trainings for ten plus years and she is excited to see the national Medicaid driven organized approach to support and care. Beverly recently attended PCT training and after extensive research, is bringing to you this exciting PCT training that pertains to the services we provide.

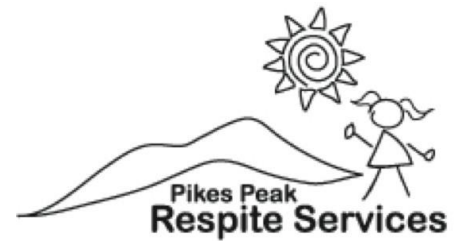
## Phase One

### **A. What is Person Centered Thinking ?**

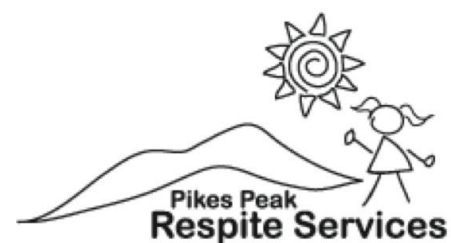
*Person centered thinking is: A methodology that is being implemented across the globe and more importantly in your country, state, neighborhood and the company you represent! PCT begins with you and it is everyone's responsibility to implement and practice PCT in everything we do from the care we provide to the plans we contribute to and the language we use.*

### **B. Principles of PCT:**

1. Individuals, family members (of their choice), natural supports such as neighbors, community members, involved classmates, friends, buddies from social organizations etc are invited, welcomed and supported as full participants in service planning.
2. Plans are based on individual needs and are meant to be flexible and responsive while adhering to rules and regulations.



3. At PPRS the individuals we support, request providers and schedules based on their individual needs. If needed additional providers can be added to the team at the discretion of individual/team.
4. At PPRS we believe that PCT starts with you and will be reflected through our words and actions at all levels from direct support provides to administrator.



At PPRS we look forward to participating in writing plans with those who implement PCT and witnessing the positive impact that is sure to follow.

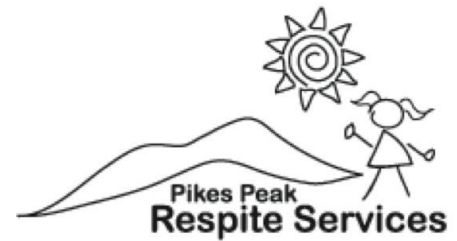
### **C. Person First Language**

As you learned in orientation, person-first language (PFL) is important to acknowledge, learn and practice by using PFL in your work and everyday life. How do you describe to your friends what you do for work? How do you introduce someone you support to a lay person in the community? How do you introduce someone you support to a law enforcement officer in an emergency versus to a new physician that will be a new long term member of your team.

I have always found it interesting to share what it is I do to provide for my family. I respond with something along the lines of- I have created a company to meet the need of services in our community- we contract providers to work with individuals that may have a diagnosis such as autism, cerebral palsy or a genetic disorder. I typically receive one of two responses: a) wow! You are a martyr, I could never do what you do...you must have the patience of a saint, what a blessing! Or b) curiosity about the services we provide that makes my face light up as I answer your questions. I love sharing what it is that PPRS does and has accomplished, I am proud that we provide services to many different populations, but I don't want someone to think I am a martyr for what we do. You see, those we serve have enriched my life way more than I can ever hope to enrich theirs. My perspective is that I have learned patience by throwing all my schedules out the door when it came to meeting the needs of my very routine and schedule orientated toddler that happened to have a diagnosis of autism. A simple change in language in how we describe what it is we do and who we provide supports to can change someone's whole perspective on someone that may have a diagnosis.

Reflection 1: Please describe your position at PPRS using PCT. (Use sheet attached or if on-line follow instructions)

Food for thought: Your brother Todd, who is 19, but looks older due to facial hair and style of dress is in the front yard at friend's house of who you are visiting. You can hear your brother vocalizing happy noises and he is



gleefully tossing leaves into the air and running through them. The next thing you hear is what can be perceived as angry voices that have started barking orders at your brother and you can see through the window as you approach that Todd is not responding to their commands. As you approach outside, the LE officers draw



their guns- what do you think might be the first thing out of your mouth to the officers?

If you are providing supports as a professional and the same scenario happened while you are on shift, would your response be the same as if you were in sister role?

### D. Communication

The ability to communicate using many different forms of communication, recognizing that verbal communication makes up very little of out every day interactions. Many of us know people that may wave their hands and arm as they express themselves with high-pitched squeals, and that can mean excitement and happiness. The same types of sounds and movements for someone else can indicate extreme distress- it is important to know how individuals we care for communicate and look for alternate forms and make sure you are passing this information along by making notes in the care plan binder and contacting PPRS office.

Communication Charts can be effective in breaking down communication and applying possible meaning and actions. Look at the following chart for my communication and how my office mates have interpreted what it may mean now that they know me.

When this Happens	What Beverly Does	What it May Mean	What We Do (Office Mates)
A Voicemail is left	Has voicemail interpreted from voice to written format	Could not understand message that was left- person spoke too quickly	Give time to read message that has been converted to text
A trainer/presenter isn't speaking loudly during their presentation	Ask person sitting near to repeat what the trainer/presenter said	Could not hear the message	Repeat the part of the presentation that was missed
Someone asks for a return phone call	Asks if it is ok to respond via text or email	Afraid that I will miss something during the phone conversations	Explain that Beverly is hard of hearing and electronic communication is preferred.



Through the years my communication and behaviors have been broken down by those making assumptions that perhaps I was rude if I didn't respond to verbal communication, even though the speaker may have not gotten my attention prior to beginning a conversation with me.

Reflection 2: On your reflection page, write down your example of communication (doesn't have to be verbal) using the chart.

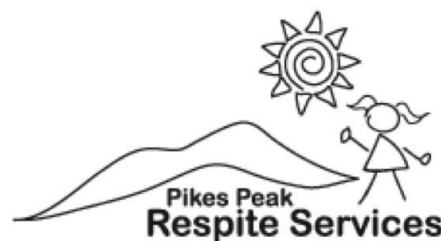
This chart can be broken down and further looked at to determine what is working and what is not working. If we look at an example at different ages or development in the life span and look at meaning we can recognize the importance of the team being aware of all forms of communication an individual may use.

When This Happens	Sally Does This (5 mos old)	What it may mean	We need to
Sally is not smiling or playing with toys	Cries and wriggles, kicks feet	Needs diaper changed, hungry,	Investigate diaper, try snack if diaper is dry & clean,
During playtime	Sally is throwing toys off of her high chair tray	Sally is bored with current toy selection	See if Sally is interested in different toys
In the car	Smiles and moves to music	May like music	might try in different places- might like music to go to sleep to

The point of this exercise is to look at communication differences and what the person sending the message might be trying to convey. Imagine you are in a living situation and nobody is looking at all of your communication and what message you are trying to get across and you start to have a terrible attitude and you begin binge eating and hitting fellow peers. The communication chart might be a good tool to use to look at and get perspective on communication.

The chart can above can be evolved into a learning log.





Date:	What did the person do?	Who was there?	What worked? What needs to be the same.	What did you learn about what didn't work? Changes needed?
Sept 1991	Ran away from home.	Parental Figures lived in the home	Positive relationships with long-distance friends	Living situation wasn't working, would risk safety to leave home
Jan 2003	Had depressive episode through holidays that ended in hospitalization	Nobody	spending time with friends, volunteering at food shelter	Being alone, not having plans during holidays
July 2008	Had depressive episode during July 4th because family didn't extend invitation for family reunion	Friends,	Making friends into family and identifying that family doesn't always share blood	Having contact with family that isn't inclusive

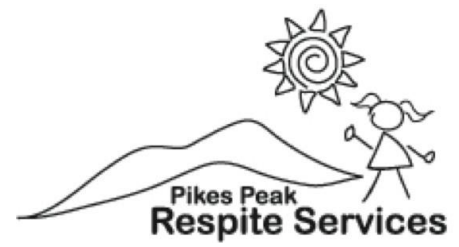
There are a few things based on the above learning log that you can assume about the person in a quick look at the above chart.

- Friends are important
- Depression is a fact of life for health and safety staff should be aware of the signs and symptoms of depression and suicide

We need to be careful when we look at plans and history to not assume that just because there was a one time occurrence of behavior that it will be seen again. This person has not run-away since 1991- is it really fair to that person that this is even on the behavior chart? It is important to realize that people evolve and so should their plans. It is your responsibility to update and make notes and let administrative staff know what you are witnessing. Just think, it could be your notes that make a lifetime of difference.

Reflection 3: Create a behavior chart for someone you have knowledge, this could be yourself, a family member or friend- make sure you remove all identifying information. This chart will be used during Phase two training.

### **E. The Important To and Important For Balance**



Important To	Important For
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What makes up happy, satisfied and content:	Issues of health: prevention of illness, treatment of illness, promotion of wellness
People/relationships, things to do, places to go, rituals or routines, rhythm or pace of life, status and control, things to have	Issues of safety: environment, well being, free from fear
	Be valued and a part of the community

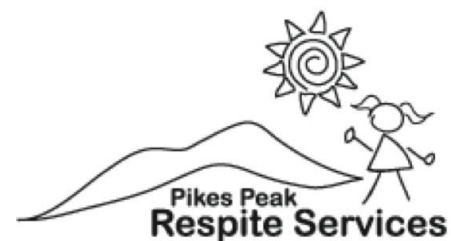
Everyone makes trade offs between what is important to us and what is important for us. Someone may live in Colorado to be close to family and to help support an aging parent but it is important for them to spend time at the beach so they will build in extra vacation time and budget to make sure they get time at the beach. Another example would be Auntie Em likes cake, A LOT, however she also has diabetes and must monitor her sugar intake. Next week, Auntie Em was invited to a birthday party and she is already talking about what kind of birthday cake will be there and how excited she is to go to the party- she loves hanging out with those she loves! How might we support Auntie Em in satisfying her sweet tooth and still be aware of her health?

Important To	Important For
Have some cake!!!!	Monitor sugar levels, insulin injections,
Be social	Healthy foods
	Social engagements

What ideas might you have to help support Auntie em have a balance with what is important to and important for her? Remember, healthy and miserable can meet with happy and dead decisions, balance. :)

Reflection 4: Based on the above chart, please write some ideas that you would have to support Auntie Em.

## Understanding the Importance of Having a Person-Centered Approach to Providing Support



**Training Objectives:**

- \*Nuts and Bolts- skill set, location, services provided, goals in caregiving,
- \*Identify provider hobbies, interests,
- \*Identify caregiver personality type, quirks, strengths and weakness as caregiver
- \*PCT training is for all PPRS employees and contract staff. This training is for PASA staff, HCA Class B staff, administrators, managers, supervisors, volunteers and anyone that may represent PPRS.

Our goal is to provide on-going opportunities to learn how to implement PCT. This training is to set the stage for future required training that will be available in the staff portal through our website.

As you work through becoming more proficient in PCT, we encourage you to share the knowledge you have learned by submitting your stories of success on how you have seen PCT have a positive impact via email to any member of our administration team.

**Phase One:** Introduction to PCT and PPRS plan for continuing commitment to PCT. Phase one will also provide an understanding of person-centered language and making the shift to person friendly speech. Phase one will also focus on communication Understanding of Phase One will be demonstrated through a reflection sheet to be reviewed prior to phase two.

**Phase Two:** We want to get to know you!! What do you enjoy in life? Are you a foodie? Do you love spending time outdoors? Are you an introvert? Do you get nervous in crowds and prefer a smaller venue for concerts or sporting events? We want to know about you!! When matching providers, we want a good fit not just based on skill set required and location but also common interests, and quirks that make you unique.

**Phase Two Bonus:** Attendance to a meeting such as an IDT, SP revision or meeting involving at least two people who have had PCT training (a community centered board representative such as a



service coordinator and one of our admin staff would be ideal)

**Phase Three:** The focus for this phase is to get to know those we support, are there routines and rituals that are meaningful? Are the right people attending meetings based on the support they provide? We will look at relationship mapping, delve into what is working and what is not working.

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Training materials will be available at [pikespeakrespiteservices.com](http://pikespeakrespiteservices.com) in the staff portal.

## **Phase Two**

### **Help us get to know you!**

#### **A. What is your current provider skill set?**

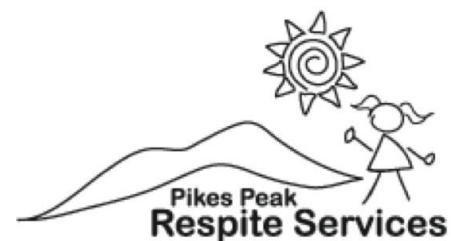
Section A in the retention sheet is all about your skill set, this can encompass your experience, training, and certifications you possess. This can include being a parent or relative caregiver to someone in your family. This can include CNA training even if you didn't pursue your CNA license.

#### **B. What is your speciality in care?**

Many providers have preference as to the type of care they prefer to provide. Some providers prefer to work with individuals with challenging behaviors while other provider prefer to work with individuals that have a medical need such as seizure, help with transfers etc. Some providers have no preference and like to use multiple skills with different individuals while working. What is



your preference? Do you have an age preference? Do you prefer working with teenage males and small children or perhaps the elderly population has your heart.



**C. What locations do you desire?**

PPRS provides services for El Paso, Park, Teller and Pueblo Counties. This is a very large area! Are you willing to work in Pueblo if you have a very long shift or several short shifts? Do you like working in the Woodland Park area or do you prefer to stay in Colorado Springs? We need to know what areas you are willing to work in.

**D. What are your hobbies, quirks, and the things that make you tick?**

PPRS contracts with a very diverse group of people! Ability to communicate using many different forms of communication, recognizing that verbal communication makes up very little of our everyday interactions. Many of us know people that may wave their hands and arm as they express themselves with high-pitched squeals, and that can mean excitement and happiness. The same types of sounds and movements for someone else can indicate extreme distress- it is important to know how individuals we care for communicate and look for alternate forms and make sure you are passing this information along by making notes in the care plan binder and contacting PPRS office.

We look forward to getting to know you!! Please fill out the retention sheet and return. Thank you!

Please direct any questions to Beverly at [cmbev@hotmail.com](mailto:cmbev@hotmail.com)