PCCP: An Emphasis on Engagement and Cultural Humility

BHA Annual Conference
May 2017
Diane Grieder, AliPar. Inc.
Learning Objectives

Following this workshop, attendees should be able to:

1. Understand that the service recipient’s cultural worldview is a large part of person-centered planning practices, from engagement to goal setting to shared decisions about appropriate services.

2. Recognize how an individual’s stage of readiness, with a focus on strengths and the person’s own goals are also engagement strategies.
Well my brother was always the bright one, I always felt rather dim by comparison...
In PCCP the provider role changes

From:
• powerful
• all knowing
• doing it all
• professional

To:
• collaborative
• mentor / consultant
• skill building / support
• humanistic
Person-Centered

• There is agreement between provider and person re:
  Goals
  Tasks
  Participation and roles

• The relationship with the provider is experienced as:
  Collaborative    Empathic
  Respectful      Trustful
  Understanding    Hopeful
  Encouraging      Empowering
The Logic Model of Planning

Request for services

Assessment

Understanding

Prioritization

Goals

Strengths/Barriers

Objectives

Services

Outcomes
Why Strengths?

- Critical component of PCCP because focusing *solely* on deficits/barriers ignores the resources a person has on which to build their efforts towards recovery.
- Focusing on strengths may help the individual to form a goal.
- Provides the practitioner with the WHOLE view of the individual.
- Point of engagement with the focus person.
The Strengths Assessment

• Amplifying wellness in the midst of problems and challenges.

University of Kansas, School of Social Work
The Strengths Assessment

• One of three tools developed by University of Kansas (Charles Rapp)
  – People who are successful in living use their strengths to attain their aspirations and goals
  – Helps the individual to identify, use, build upon and reinforce their inherent strengths
Strengths Based Inquiry as a Key Practice

• Strengths-based assessments are developed through in-depth discussion with the individual as well as attempts to solicit collateral information from designated others.

• Similarly, thoughtful consideration is given to not just the individual’s potential strengths and resources but those available in the family, support network, service system, and community at large.
Strengths

• Environmental factors that will increase the likelihood of success: community supports, family/relationship support/involvement, work.
• Identification of the person’s best qualities/motivation.
• Strategies already utilized to help.
• Competencies/accomplishments.
• Interests and activities, i.e. sports, art.
  • (Identified by the consumer and/or the provider)
Four Elements of a Strengths Assessment

• 1) Qualities & Personal characteristics  
  – Unique individual attributes

• 2) Talents & Skills  
  – Abilities, competencies and accomplishments

• 3) Environmental Strengths  
  – Resources, relationships, natural supports

• 4) Interests & Aspirations  
  – Hopes and dreams, source of motivation
Strengths Based Inquiry as a Key Practice

• SBA as it relates to plan development:

  – Objectives are broken into small, meaningful steps that have a high probability of success.

  – Goals and tasks are written positively; something the person will do, not what they will not do, e.g., power struggles

  – Target dates are set for the accomplishment of each task (not “on-going”); Offers sense of forward momentum and an assumption re: experience of success
Examples of Strengths

• Motivated to change
• Has a support system – friends, family
• Employed/does volunteer work
• Has skills/competencies: vocational, relational, transportation savvy, activities of daily living
• Intelligent, artistic, musical, good at sports
• Has knowledge of his/her disease
• Sees value in taking medications
• Has a spiritual program/connected to church
• Good physical health
• Adaptive coping skills
• Capable of independent living
Who Identifies Strengths?

- The individual
- The practitioner
- Family members and other natural supports

This is about partnering with people....
Using Strengths in Planning

- Strengths should be identified in the narrative summary to present the balanced view of the person.
- Strengths can be used in a WRAP plan, and/or the Recovery plan in terms of goal development, the objectives and the interventions.
- An **objective** (to help someone better manage their stress) might be to do some creative writing/painting on a daily basis in order to help reduce stress (if they like to write or paint).
- A **self-directed intervention** might be for the person to volunteer to teach music lessons at the senior center weekly (if they are an accomplished musician).
Sample Questions

• **Personal Strengths**: e.g., What are you most proud of in your life? What is one thing you would not change about yourself?

• **Interests and Activities**: e.g., If you could plan the “perfect day,” what would it look like?

• **Living Environment**: e.g., What are the most important things to you when deciding where to live? What resources are available in your community?

• **Employment**: e.g., What would be your ideal job?

• **Learning**: e.g., What kinds of things have you liked learning about in the past?

• **Stress**: e.g. What coping strategies work for you?
Sample Questions

- **Financial:** *e.g.*, Would you like to be more independent with managing your finances? If so, how do you think you could do that?

- **Lifestyle and Health:** *e.g.*, Do you have any concerns about your overall health? What are those concerns? Tell me a bit about your mental health: What does a good day look like? A bad day?

- **Choice-Making:** *e.g.*, What are some of the choices that you currently make in your life? Are there choices in your life that are made for you?

- **Transportation:** *e.g.*, How do you currently get around from place to place? What would help?

- **Faith and Spirituality:** *e.g.*, What type of spiritual or faith activities do you participate in?

- **Relationships and Important People:** *e.g.*, Who is the person in your life that believes in you? Who do you count on? Who counts on YOU?

- **Hopes and Dreams:** *e.g.*, Tell me a bit about your hopes or dreams for the future?
Don’t Let Strengths Sit on a Shelf!

STRENGTHS
Key Practices in PCCP: Language

Honors PCCP values in written and spoken values:

- Uses person-first terms
- Avoids overly negative connotations
- Fosters a mentor/collaborative relationship
- Defers to the person as “the expert”
RECOVERY MAY BE A JOURNEY;

BUT IF YOU NEVER GET ANYWHERE,

IT CAN EASILY BECOME A TREADMILL.

Joe Marrone,
Institute for Community Inclusion
Strengths as the Basis of the Plan

- **Working in pairs:**
  - Interview each other using strengths-based questions. Feel free to ask follow-up questions to better capture his/her strengths.
  - What did it feel like to be asked these kinds of questions?
  - What was challenging about answering them?
  - How might you ask these questions better way?
  - What did you learn from this experience?
Stages of Change

Pre-contemplation

Contemplation

Preparation

Action

Maintenance

Relapse

Prochaska and DiClemente
Another view of the stages of recovery...

<table>
<thead>
<tr>
<th>Impact of the illness</th>
<th>Life is limited</th>
<th>Change is possible</th>
<th>Commitment to change</th>
<th>Actions for change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overwhelmed</td>
<td>Not ready to commit to change</td>
<td>Believes there is more to life</td>
<td>Willing to explore possibilities</td>
<td>Taking responsibility for a new direction</td>
</tr>
</tbody>
</table>
The Essential Question

Why is this person not motivated?
The Essential Question

For what is this person motivated?
## Stages of Recovery and Treatment

<table>
<thead>
<tr>
<th>Ohio</th>
<th>Village</th>
<th>Prochaska &amp; DiClemente</th>
<th>Stage of Treatment</th>
<th>Treatment Focus</th>
</tr>
</thead>
</table>
| Dependent unaware  | High risk/Unidentified or Unengaged | Pre-contemplation      | Engagement         | - outreach  
- practical help  
- crisis  
- intervention  
- relationship  
- building |
| Dependent aware    | Poorly coping/Engaged/not self-directed | Contemplation/preparation | Persuasion         | - psycho-education  
- set goals  
- build awareness |
| Independent aware  | Coping/Self responsible          | Action                 | Active Treatment   | - counseling  
- skills training  
- self-help groups |
| Inter-dependent aware | Graduated or Discharged          | Maintenance            | Relapse Prevention | - prevention plan  
- skills training  
- expand recovery |
Stage of Change & Planning

• Just as with the assessment of strengths, your impression of the individual’s stage of change should inform the development of objectives and interventions on the person-centered care plan, e.g.,

  – A more modest, learning-oriented objective assuming pre-contemplative stage of change:
    • Gary will identify two negative consequences of substance use as evidenced by correctly stating these to SA counselor in weekly SA rehab group for 3 consecutive weeks.

  – A more ambitious, behaviorally-oriented objective assuming action stage of change:
    • Gary will demonstrate active use of coping strategies to manage triggers and reduce cravings as evidenced by discussing strategies he has used that worked in weekly SA rehab group for 4 consecutive weeks.
MOTIVATIONAL INTERVIEWING

• Based on Stages of Change.

• Assumes motivation is fluid and can be influenced.

• Motivation influenced in the context of a relationship.

• Principle tasks - to work with ambivalence and resistance.

• Goal - to influence change in the direction of health.
### Figure 2-2
Appropriate Motivational Strategies for Each Stage of Change

<table>
<thead>
<tr>
<th>Client’s Stage of Change</th>
<th>Appropriate Motivational Strategies for the Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>▪ Establish rapport, ask permission, and build trust.</td>
</tr>
<tr>
<td></td>
<td>▪ Raise doubts or concerns in the client about substance-using patterns by</td>
</tr>
<tr>
<td></td>
<td>▪ Exploring the meaning of events that brought the client to treatment or the results of previous treatments</td>
</tr>
<tr>
<td></td>
<td>▪ Eliciting the client’s perceptions of the problem</td>
</tr>
<tr>
<td></td>
<td>▪ Offering factual information about the risks of substance use</td>
</tr>
<tr>
<td></td>
<td>▪ Providing personalized feedback about assessment findings</td>
</tr>
<tr>
<td></td>
<td>▪ Exploring the pros and cons of substance use</td>
</tr>
<tr>
<td></td>
<td>▪ Helping a significant other intervene</td>
</tr>
<tr>
<td></td>
<td>▪ Examining discrepancies between the client’s and others’ perceptions of the problem’s behavior</td>
</tr>
<tr>
<td></td>
<td>▪ Express concern and keep the door open</td>
</tr>
</tbody>
</table>

The client is not yet considering change or is unwilling or unable to change.
### Figure 2-2
Appropriate Motivational Strategies for Each Stage of Change
(cont’d)

<table>
<thead>
<tr>
<th>Client’s Stage of Change</th>
<th>Appropriate Motivational Strategies for the Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contemplation</td>
<td>▪ Normalize ambivalence.</td>
</tr>
<tr>
<td></td>
<td>▪ Help the client “tip the decisional balance scales”</td>
</tr>
<tr>
<td></td>
<td>▪ Toward change by</td>
</tr>
<tr>
<td></td>
<td>▪ Eliciting and weighing pros and cons of substance use and change</td>
</tr>
<tr>
<td></td>
<td>▪ Changing extrinsic to intrinsic motivation</td>
</tr>
<tr>
<td></td>
<td>▪ Examining the client’s personal values in relation to change</td>
</tr>
<tr>
<td></td>
<td>▪ Emphasizing the client’s free choice, responsibility, and self-efficacy for change</td>
</tr>
<tr>
<td></td>
<td>▪ Elicit self-motivational statements of intent and commitment from the client.</td>
</tr>
<tr>
<td></td>
<td>▪ Elicit ideas regarding the client’s perceived self-efficacy and expectations regarding treatment.</td>
</tr>
<tr>
<td></td>
<td>▪ Summarize self-motivational statements.</td>
</tr>
</tbody>
</table>

The client acknowledges concerns and is considering the possibility of change but is ambivalent and uncertain.
Figure 2-2

Appropriate Motivational Strategies for Each Stage of Change
(cont’d)

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<th>Client’s Stage of Change</th>
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</thead>
<tbody>
<tr>
<td>Recurrence</td>
<td>▪ Help the client reenter the change cycle and commend any willingness to reconsider positive change.</td>
</tr>
<tr>
<td></td>
<td>▪ Explore the meaning and reality of the recurrence as a learning opportunity.</td>
</tr>
<tr>
<td></td>
<td>▪ Assist the client in finding alternative coping strategies.</td>
</tr>
<tr>
<td></td>
<td>▪ Maintain supportive contact.</td>
</tr>
</tbody>
</table>

The client has experienced a recurrence of symptoms and must now cope with consequences and decide what to do next.
Cultural Competence vs Cultural Humility

**Cultural Competency**
- Develop expertise on multiple cultures, ethnic groups.
- Implies that providers can develop a thorough knowledge of the mores and beliefs of another culture.
- Tends to be regarded as vaguely defined.
- Restricted to “underserved populations” and ethnic populations adversely affected by health disparities.
- *Extremely significant to reducing ethnic, linguistic and racial disparities in health care—yet the concept of culture is broad and expansive.*

**Cultural Humility**
- Goes beyond the concept of cultural competence to encourage individuals to identify their own biases.
- Suggests that providers practice self-awareness and openness throughout the clinical process.
- Encourages providers to engage in ongoing clinical partnerships with clients to foster understanding.
- Acknowledges that it is impossible to be adequately knowledgeable about cultures other than one’s own.
- *(Levi, A, 2009)*
PCCP and Culture

• PCCP is a highly individualized process and strives to respect each person’s unique preferences, challenges, and opportunities. Each of these things are deeply impacted by personal and cultural values.

• In this sense, culture is central, not peripheral, in PCCP. Culture, in all of its diverse representations, is critical in planning one’s unique journey and pathway to recovery. We think of “culture” very broadly in that it includes the values, traditions, and beliefs associated with all the things that define a person’s identity. This could mean ethnic background, gender, age, sexual identity, family of origin, and any other number of things that define one is and how they see the world
PCCP and Culture

PCCP appreciates these differences and how they might impact the planning process. For example, one individual may focus on independence and autonomy. They may prefer to control their decisions and set goals around things like moving out on their own, going off to college, or starting a career. Another individual at the same stage in life may prefer something very different. Perhaps they wish to involve their parents in decision-making. And perhaps they want to stay in the family home to help out and be a role model for younger siblings. One way is not right and the other wrong. Both individuals are simply pursuing the life they want to live consistent with their own values and preferences. Person-centered recovery planning is highly individualized, and there is no “right” way to do it. The “right” way flexes to accommodate each individual and their preferences.
Worldview

The individual’s “values and reality conditions” can also be described as their worldview or experienced reality.
Individual (Consumer) Worldview
Influences preferences and planning

Providers Worldview
Influences preferences and planning

The Provider and Consumer worldview may differ to varying degrees. The differing perspectives can potentially effect attitude, understanding, decisions and adherence to recommended services.

The provider must be aware of the impact of worldview throughout the engagement, assessment, and decision making process.
World Views: Individualism and Collectivism
(adapted from Nangalia and Nangalia, 2010)

“**I**”

“WESTERN ETHNOS”
- Focus on the person’s agenda
- Relationship as equal
- Must not give advice
- Client is responsible for his or her own destiny

“**We**”

“EASTERN ETHNOS”
- Hierarchy governs personal relationships
- Family /communal obligations
- Respect for age
- Collectivism
- Trust
- Hospitality

YALE PRCH, 2016
Cultural Factors in Assessment

Begin with cultural and demographic factors

**Clarify identity**
- “how do you see yourself?”
- gender, race, ethnicity, sexual orientation, religion, color, disability reference group

**Specify language**
- fluency
- literacy
- preference
Cultural Factors in Assessment

Culturally Appropriate Assessment and Formulation as per DSM-IV (see Appendix I):

- **Cultural identity**: cultural reference groups; language(s); cultural factors in development; involvement with culture of origin

- **Cultural explanations of illness**: idioms of distress; meaning of symptoms in relation to cultural norms; perceived causes; help-seeking behavior

- **Cultural factors related to psychosocial environment and levels of functioning**: social stressors; social supports; level of functioning/disability

- **Cultural elements of the clinician-patient relationship**: clinician’s ethno-cultural background; language; knowledge of patient’s culture
Sample Questions

• How do you identify culturally/racially/ethnically? What is your culture?

• How long have you been living in ...?

• Who do you include as family? Who do you trust?

• Does most of your family live in ...? If not, where are they?

• What does your culture/family say about mental health problems? How does your family respond to you?

• What do you call your problem? What caused it?
Sample Questions

• What is it like for you as a Black woman/Latino woman/Korean man living with mental health challenges?

• Are you a member of a faith community now? If so, would you like the rabbi, priest, pastor, imam, etc. involved in your team?

• Are you guided by an Indigenous Healer in your recovery? Would you like that person involved as part of your team?

• What were the messages about your culture that you received while growing up? About the cultures of others?

• Have you ever experienced racism, police brutality, discrimination and/or other forms of oppression?
The Goal Development Process

- Not all consumers can easily articulate personal goals
- The process of goal development takes time
- Goals often unfold through reflective listening that highlights key things of importance to the consumer
- Consumers are ambivalent about some goals
- A consumer’s goals may change
- Goal formulation is a developmental process
- Goals can be built on the abilities strengths and interests of the individual
Which goals would you like to focus on?

• Some folks find that it’s best to start with goals that are relatively small and have a strong chance of being achieved within the next few months.

• If you choose a ambitious goal that may take a long time to achieve, some find that it’s better to break it down into smaller steps that can be achieved within the next few months.
Which areas of life do you feel most satisfied with?

Which areas of life do you feel least satisfied with?
What would you like to change?

Of the areas you just discussed, what would you most like to change or to have different in your life?
Including Cultural Variables in Goal Development

• The context of an individual’s worldview will impact the goal-development process

• Providers must always remain curious and open to investigate the cultural aspects of developing goals
“If you treat an individual as he is, he will stay as he is, but if you treat him as if he were what he ought to be and what he could be, he will become what he ought to be and could be.”

Johann Wolfgang Von Goethe
Questions/comments/dialog
For More Information contact:

• Diane Grieder
  –AliPar, Inc.
  –diane@alipar.org
  –757-647-8716