

# EFFECTIVE STRATEGIES FOR IMPLEMENTING AND MAINTAINING PERSON- CENTERED PRACTICE

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FORMERLY KNOWN AS  
Putnam Family &  
Community Services

# OBJECTIVES

- ❖ Participants will be able to identify basic principles of person-centered practice and agency or self-practices that promote recovery, and those that signify a possible detour from such culture
- ❖ Participants will be able to apply such principles to policy development and everyday client interactions
- ❖ Participants will be able to compare and contrast practice from a medical model versus a recovery/rehabilitation model point of view

# CREATING A RECOVERY VISION

- ❖ “We envision a mental health system that believes that persons with psychiatric disabilities have the same aspirations and goals as anyone else.
- ❖ We envision a mental health system that is driven by the client’s goals rather than by the system’s goals.
- ❖ We envision a mental health system that does not define people by labels, but sees them first and foremost as people.
- ❖ We envision a mental health system in which persons with psychiatric disabilities can receive the help they need and want without having to pay the ultimate price-their dignity.”

(William Anthony, 1990)

# BASIC PRINCIPLES THROUGH THE “RECOVERY LENS”

- ❖ Recovery is possible.
- ❖ Recovery can occur without professional intervention.
- ❖ Recovery involves more than symptom reduction and can occur even though symptoms reoccur.
- ❖ Recovery is a highly individualized process.
- ❖ Recovery occurs in the presence of someone who believes in and stands by the person.
- ❖ Recovery from the consequences of the illness is sometimes more difficult than recovering from the illness itself.

# VALUES OF A RECOVERY BASED PROGRAM

- ❖ Person Orientation
- ❖ Functioning
- ❖ Consumer Involvement
- ❖ Individualization
- ❖ Self-determination
- ❖ Outcome orientation
- ❖ Support
- ❖ Growth potential

Division Submitted Values



# A RECOVERY BASED PROGRAM APPROACH

## What it Should Do:

- ❖ Focus in on the individual's life goals and needs
- ❖ Encourage the individual to see many possibilities- maximize choice
- ❖ Help the individual to increase competencies
- ❖ Be flexible in admission and program participation criteria
- ❖ Not reject anyone's participation
- ❖ Offer hope-the possibility for change and growth



# WALKING THE WALK VS TALKING THE TALK



- ❖ Intake and admission should be inclusive vs exclusive
- ❖ Programs should offer the least amount of professional intervention needed
- ❖ First encounters should offer hope for recovery
- ❖ Use of peers throughout the agency
- ❖ Peers are truly integrated into the program and not just tokens

# WALKING THE WALK VS TALKING THE TALK



- ❖ Do people ever get discharged?
- ❖ What is the language used by the staff (e.g. schizophrenics, chronic, etc.)?
- ❖ Do the goal plans reflect client wishes or clinician wishes (jargon; diagnosis-related)?
- ❖ Is the word “compliance” used by staff?
- ❖ At the first sign of a problem are clients discharged?



# WALKING THE WALK VS TALKING THE TALK



- ❖ Is there a chance for clients to “interview” the intake worker during the intake?
- ❖ Are clients allowed re-admittance after a failed attempt in the program?
- ❖ Is there a mechanism for client feedback loop?
- ❖ Are clients referred to have “something to do”

# WHAT DO YOU THINK?



- ❑ John gets into an altercation in PROS and breaks the glass front door of the program.
  - ❑ Historically.....
- ❑ Levon wants to stop his anti-psychotic medication. The doctor is very concerned that Levon will struggle greatly and wind up back in the hospital.
  - ❑ Historically....
- ❑ The peer specialist is 25 minutes late to work each day because she says her medications make her groggy in the morning.
  - ❑ What would you do?



# WHAT DO YOU THINK?

- ❑ You are providing pre-vocational HCBS services and you do not believe that the vocational goal that Gerry wants to work on is achievable.
  - ❑ What would you do?
  
- ❑ Jose has entered and dropped out of treatment 6 times in the past few years. He again expresses interest in committing to program.
  - ❑ Historically....



# WHAT DO YOU THINK?

- ❑ Steven wants to attend your PROS but Suzy, who has been attending for 1 year, has very strong feelings against Steven's admission.
  - ❑ Historically....
  
- ❑ It was discovered that Lola has been buying Klonopin illegally to supplement her Klonopin prescription from the program psychiatrist. The Psychiatrist wants to close her from the program.
  - ❑ Historically....

# IN THE AGENCY

- ❑ When you walk into an agency, what things would tell you that the agency is not person-centered/recovery-oriented?
- ❑ What things would tell you that the agency is person-centered/recovery-oriented?



# TOP 5 WAYS YOU KNOW A PROGRAM IS NOT RECOVERY-FOCUSED

1. The PROS program tells you that you must attend a minimum of 3 groups a day, in order to maximize billing
2. You are discharged from treatment because you want to change or discontinue your medication
3. The psychiatrist lets you know that your child is a schizophrenic and will never work or live independently.
4. The program holds a party to celebrate your 20th year in the program
5. You are discharged from treatment because you are a liability



# THANKS!!!



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