Implementing a Person-Centered Planning Approach in Behavioral Health

Section 1: Overview of Person-Centered Planning

Why Use Person-Centered Planning?

Person-centered planning was first developed to better support individuals with developmental disabilities and older adults. Because of its success, this approach is now encouraged across many areas of care, including work with children and individuals with behavioral health needs. To use person-centered planning effectively, providers often need additional training and support to build the skills and confidence needed for this approach (Choy-Brown et al., 2020).

In the past, treatment planning in behavioral health mainly followed the medical model. This model focused on reducing symptoms, controlling behaviors, avoiding hospital stays, and making sure clients followed treatment instructions.

This course will discuss how person-centered planning promotes engagement, autonomy, and cultural responsiveness in behavioral healthcare. It will identify strategies for involving individuals and their natural support systems throughout the planning process. Finally, it will indicate how to navigate common challenges in person-centered planning.

Person-Centered Planning Defined

Person-centered planning gives individuals the power and support to set their own goals, build a support system, and learn more about their behavioral health condition. It helps them understand why certain treatments are important for their stability. This approach also encourages people to take more responsibility for their own personal growth and recovery (Hamovitch et al., 2017).

Person-centered care recognizes that each person is the expert in their own life. When appropriate, it includes the people who matter most to the client in the planning process. This method helps individuals become more active and connected in their communities, build strong relationships, take control of their lives, and set goals that are realistic and meaningful to them.

Person-Centered Engagement and Autonomy

Person-centered thinking starts with using person-first language, which is an important part of treating people with dignity and respect. According to Mental Health America (n.d.), person-first language is essential for keeping the person at the center of care. This means referring to someone as a person with bipolar disorder instead of saying they are bipolar or borderline. This type of language helps focus on the individual's strengths, experiences, and identity, rather than their diagnosis. It also avoids labels that can create or support negative stereotypes.

The way we think about people influences how we act toward them. To truly use person-centered planning strategies, it is important to begin with a person-centered mindset. This means seeing each person as unique, capable, and deserving of choice and respect.

Person-centered thinking includes the following principles (Stanhope et al., 2021):

- Respecting what is unique about an individual, including their values, preferences, talents, and abilities
- Listening to and responding appropriately to the person's expressed needs, desires, and goals
- Understanding how the person's routines affect their daily life and progress toward goals
- Considering what the person values most, and helping them set priorities based on their perspective
- Recognizing each person's needs as distinct and avoiding a "one-size-fits-all" mindset
- Upholding the person's right to make choices, while also paying attention to safety and wellness needs
- Focusing on the person's point of view, rather than applying your own opinions or assumptions

Starting with person-centered thinking helps create care that supports autonomy, inclusion, and recovery.

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Person-Centered Values and Principles

Person-centered planning is built on a strong set of values. These values are not just ideas on paper. They shape how care is provided and guide every part of the planning process. A person's unique combination of strengths, skills, life experiences, and contributions should be the starting point for all planning efforts.

It is also important to recognize the many factors that shape a person's identity. These include age, gender, culture, ethnicity, beliefs, income level, education, and family background. Each of these elements contributes to the person's individual needs and goals.

There are five key principles that are commonly accepted as the foundation of a person-centered approach (Tondora et al., 2020):

- **Community Presence:** This means helping the person spend time in everyday places that are part of their community. These include where they live, work, and take part in regular activities. Being present in the community helps the person feel included and connected.
- **Choice:** People should have the right to make their own decisions. This includes small daily choices like what to eat or wear, as well as bigger decisions such as where to live, what kind of work to do, and what types of support or treatment to receive. Having choices gives people control over their lives.
- **Competence:** Every person has abilities. This principle focuses on supporting people in doing meaningful activities, with as much or as little help as they need. It allows them to use their strengths and give back to others and their community.
- **Respect:** Everyone deserves to feel valued. Respect means recognizing a person's role in their community and showing dignity to all team members involved in planning. When people feel respected, they are more likely to feel a sense of purpose and belonging.
- **Community Participation:** People need strong relationships to thrive. This principle highlights the importance of being part of a social network that includes close friends and a sense of acceptance. Feeling connected helps improve well-being and promotes recovery.

What Does Elena Want?

Elena arrives for her first treatment planning meeting after completing an intensive outpatient program. She's met by Jade, who welcomes her into a small, comfortable conference room. Instead of launching into assessments, Jade offers tea and explains the purpose of the meeting.

"Today is about you, what matters to you, what you want for your life. We're here to support that," Jade says.

Elena glances around the room, eyes settling on the whiteboard labeled: Your Vision, Your Voice.

She relaxes a bit. "Honestly, I want to stop feeling like I'm starting over every 6 months. I want stability, for real this time. I also want to see my niece more and maybe finish my dental assistant program."

Jade nods. "That's a powerful vision. Can we talk about what has helped you stay stable in the past, and what's gotten in the way?"

Elena pauses, then speaks with quiet confidence. "When I had structure and felt seen, I did better. But when people assumed I was lying or lazy, I gave up."

How Person-Centered Care Differs From the Traditional Medical Model

In the past, treatment planning often focused on what a person could not do and what problems were getting in the way of their ability to function. This type of planning centered on deficits and barriers. In contrast, person-centered planning focuses on the individual's strengths, abilities, and goals. It helps people use their talents and dreams as tools for recovery. Person-centered practices offer a clear way to connect the right support and resources with what the person wants to achieve.

Person-Centered Planning

Key differences between traditional and person-centered planning include how and when the planning occurs.

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Traditional planning is typically a one-time event, completed at the beginning of treatment or during major transitions, such as changes in diagnosis or placement. This approach often focuses more on system requirements than on the individual's unique preferences.

In contrast, person-centered planning is an ongoing, flexible process that evolves with the person's changing needs, goals, and circumstances. It emphasizes the individual's voice and active involvement, allowing for regular updates and adjustments to reflect what matters most to them throughout their recovery or care journey.

Person-centered planning has been shown to contribute to improved coordination between service providers and service recipients, enhanced health outcomes, and increased client satisfaction (Edgman-Levitan & Schoenbaum, 2021; Nolte, 2017). Research has indicated that if a person has a voice in and is invested in their treatment, they are likely to follow through with the aftercare plan at home and remain stabilized (Krist et al., 2017).

Person-Centered Care

Traditional care often places the provider in control and the individual in a passive role. Person-centered care encourages the individual to take an active role in decision-making about their own care.

Person-centered care promotes:

- Ongoing engagement between the person and the provider
- Shared decision-making, where the person's voice guides the direction of care
- Adaptability, as the person's needs, hopes, and preferences change over time

This approach is now widely recognized as a best practice standard in healthcare (Santana et al., 2018).

Promoting Cultural Responsiveness

Traditional treatment planning often overlooks a person's cultural beliefs, values, and identity. It may not include meaningful conversations about how culture impacts treatment. In contrast, person-centered planning recognizes the importance of understanding and respecting each individual's cultural background.

Providers using a person-centered approach must be able to interact respectfully with people from different cultures. This includes being aware of how stigma and discrimination may affect someone's willingness to seek behavioral healthcare. Societal stigmas often attach to both having a behavioral health condition and receiving services, and these stigmas may be stronger in some cultural communities than in others.

Person-centered planning promotes cultural sensitivity by:

- Encouraging open discussions about cultural identity, including gender, religion, sexual orientation, ethnicity, and age
- Recognizing how cultural values influence beliefs about illness, healing, and support systems
- Helping people build self-esteem by honoring their personal and cultural identity
- Supporting the development of coping skills to handle stigma, discrimination, or bias

Cultural differences may also contribute to feelings of isolation, lack of support, or disconnection from peers and community. These issues can negatively affect recovery.

That is why it is essential to:

- Avoid stereotyping or making assumptions.
- Understand each person's unique cultural experience.
- Use the assessment process to gather information about values, beliefs, and preferences.

A goal of person-centered planning is to promote healing through self-acceptance and to reduce feelings of alienation. Respecting cultural identity is a powerful way to help individuals feel seen, valued, and supported in

their recovery journey.

Ways to Honor Cultural Identity

Culturally responsive person-centered planning goes beyond awareness. It requires deliberate actions that affirm and integrate each person's cultural identity into their care. One essential strategy is asking open-ended, respectful questions during the assessment and planning phases, such as "Are there any cultural or spiritual beliefs that influence how you think about health or recovery?" or "Who in your life provides support in a way that reflects your values?" These questions can open the door to deeper understanding and trust.

In practice, honoring cultural identity might mean:

- Including traditional healing practices alongside clinical interventions
- Offering language interpretation services
- Accommodating dietary needs and religious observances

For example, a provider working with a Muslim client may schedule appointments around prayer times or fasting periods, while a clinician supporting an Indigenous client might incorporate talking circles or community elders into the recovery process. These adjustments signal respect and increase the likelihood that individuals will engage with their treatment plan.

Providers must also be aware of the historical and ongoing impacts of racism, discrimination, and systemic inequity, which can affect a person's willingness to participate in care. Acknowledging and validating these experiences helps reduce power imbalances and strengthens the therapeutic alliance. When cultural values are explicitly acknowledged in planning meetings, individuals feel seen, respected, and empowered to shape a recovery journey that aligns with their identity. This approach not only builds trust but also improves outcomes by fostering a sense of belonging and self-determination.

Person-Centered Planning and Recovery

Person-centered planning and recovery-oriented care are closely connected. Both approaches focus on helping individuals define and work toward their own vision of a meaningful life. Recovery is a dynamic and personal process that can look different for everyone, but there are several widely accepted elements that guide recovery-oriented practice.

At its core, recovery-oriented care is person-centered, culturally responsive, and self-directed. The primary goal is to improve a person's quality of life, defined by them, not simply to reduce symptoms. Recovery supports balance across mind, body, and spirit, and aims to help individuals live with purpose, connection, and hope.

While recovery means different things to different people, clinical definitions often include:

- Better management of ongoing behavioral health symptoms
- Healthier relationships with significant others
- The ability to live and/or work in the community with greater independence
- The development of meaningful social connections

The Substance Abuse and Mental Health Services Administration (SAMHSA, 2024) describes recovery as a process of personal growth in which individuals enhance their health and well-being, take control of their own lives, and work toward achieving their full potential.

No Wrong Door

People find their way to recovery in many different ways. Some may enter treatment after a hospitalization or release from detention, while others may seek help while living at home. Person-centered planning supports a "no wrong door" approach, meaning that no matter how a person comes into care, the goal is to meet their needs and help connect them to services that match their situation. This model ensures that access to care is flexible, responsive, and based on the individual's unique path.

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When providers and support networks work collaboratively with the individual to create a treatment or recovery plan, the person is more likely to stay engaged and succeed in reaching their goals (Tondora et al., 2022).

A recovery-oriented, person-centered plan does more than reduce illness. It promotes wellness and long-term recovery by ensuring the plan (Stanhope et al., 2021; SAMHSA, 2016):

- Reflects the person's own goals and dreams.
- Starts from where the person is right now.
- Expresses hope and the belief that recovery is possible.
- Builds on the person's strengths, talents, and interests.
- Connects the person with natural supports and community resources.

Honoring Aspirations

Sometimes, a person may set goals that seem unrealistic to the team. In these moments, it is important not to dismiss the goal outright. Instead, take time to explore the meaning behind the goal, what values, hopes, or needs might be driving it (Tondora et al., 2022). This process, often called "peeling the onion," allows you to uncover the core desire and reshape the goal in a way that is both meaningful and achievable.

Elena's Recovery

Meeting with Jade, Elena opens her notebook. Inside are lists she's created:

- What gives me peace
- What makes me feel strong
- What I want for my future

> **Elena:** "I've been thinking. I know I still have stuff to work on, but recovery isn't just about stopping the bad stuff. It's about building the life I want."
>
> **Jade:** "Absolutely. What does that life look like for you now?"
>
> **Elena:** "I want to finish my certification. Maybe volunteer at the recovery art group that helped me. I want to be there for my niece's dance recital. I want mornings where I don't wake up feeling like I already failed."

Elena didn't enter care through a crisis. She wasn't mandated or hospitalized. She self-referred after years of starts and stops. This time, it was her decision and that mattered.

> **Jade:** "You've done so much on your own terms. What helped you stay with it this time?"
>
> **Elena:** "No one tried to fix me. You asked what I wanted. That's never happened before."

At the end of their meeting, Elena mentions a new dream.

> **Elena:** "It might sound unrealistic, but I've been thinking maybe one day I could lead a group like this. Teach. Mentor."
>
> **Jade:** "What part of that idea excites you most?"
>
> **Elena:** "Helping people feel seen. Like you did for me."

They agree to explore options. Informal mentoring at first, maybe a peer leadership training program later.

Review

What principle of person-centered thinking is reflected when Jade supports Elena's decisions, like finishing her

certification and exploring mentoring, even as they consider her ongoing recovery needs?

A. Community presence
B. **Upholding the person's right to make choices**
C. Recognizing shared decision-making among providers
D. Promoting diagnosis-based planning

Feedback [This principle reinforces autonomy and respects individuals' decision-making power, while maintaining attention to their safety and wellness. In Elena's case, Jade honors Elena's dreams and decisions, even those that are aspirational, without judgment or control. "Community presence" is incorrect because it relates to helping the person be included in everyday environments. "Recognizing shared decision-making among providers" is incorrect because person-centered planning focuses on the individual's voice, not solely provider collaboration. "Promoting diagnosis-based planning" is incorrect as it contradicts the individualized focus of person-centered planning.]

Key Takeaways

- Person-centered planning focuses on individual strengths, goals, and autonomy rather than symptom control or provider-driven care.
- It is a continuous, adaptable process that encourages active involvement and shared decision-making with individuals and their support systems.
- Person-first language is essential for promoting dignity and reducing stigma by emphasizing the person over the diagnosis.
- Cultural responsiveness ensures care is respectful and healing by honoring each person's unique identity, values, and experiences.
- Person-centered planning supports recovery by focusing on self-direction, hope, and meaningful goals tailored to each person's unique path.

Section 2: Strategies for Involvement in the Person-Centered Process

Involving Individuals in Planning

There are several strategies that empower the individual to lead and participate meaningfully in their care.

Those include:

- Use pre-planning meetings to support choice and control, allowing the person to set the agenda, choose the meeting location, select the facilitator, and decide who should attend.
- Encourage the person to lead their own meeting, promoting self-direction, autonomy, and a sense of ownership in the care planning process.
- Collaboratively set the agenda based on the person's preferences, including what topics they want, or do not want, to discuss, to create a comfortable and psychologically safe environment.

Pre-Planning Meetings

A pre-planning meeting usually takes place between the individual receiving services and their case manager or behavioral health provider. The goal is to prepare for the larger person-centered planning meeting. This early meeting helps ensure the person is fully involved in deciding how their planning process will take place. Several key topics are typically discussed.

When and Where Will the Meeting Be Held?

The person should choose the date, time, and location of their planning meeting. It is important to hold the meeting in a setting where the individual feels safe and comfortable. To help everyone participate, meetings

can be scheduled at the person's home, in the evening, or on weekends when family members or friends are available.

Who Will Be Invited?

The individual also decides who should attend the meeting. This should include people who are supportive of their recovery. The provider may help the person understand what "supportive in recovery" means so they can make informed choices about their guest list. In some cases, who is not invited may be more important to the person than who is.

If someone important cannot attend the meeting, they may submit written comments ahead of time or join the meeting by phone or video. On the other hand, if someone is invited who has had a negative influence or has enabled unhealthy behaviors in the past, the provider may need to help manage that person's involvement to avoid disruptions or harm.

Who Will Facilitate the Meeting?

Although many people expect the case manager or provider to run the meeting, that decision belongs to the person receiving services. To make the process truly person-centered, the individual should lead their own meeting as much as possible, with the provider stepping in only when needed. This approach encourages independence, self-confidence, and greater involvement from natural supports and community resources.

How Will the Meeting Be Run?

The planning meeting should be meaningful, respectful, and engaging. It should give everyone a chance to speak and support an atmosphere of teamwork and shared understanding.

What Will the Agenda Include?

The agenda should reflect what the person wants to talk about and identify any topics they would prefer to avoid. For example, if someone does not want to discuss their sexual activity while parents are present, this should be addressed during pre-planning. Setting these boundaries in advance helps create a safe and respectful space for the person.

Elena's Pre-Planning Meeting

Elena meets again with Jade for a pre-planning session.

> **Jade:** "This meeting is just for us, for you, really. It's a chance to decide how your upcoming planning meeting should go. We'll talk about where it should be, who should come, and what you'd like to focus on. Sound good?"
>
> **Elena:** "Sounds good. I've never been asked to plan my own meeting before."
>
> **Jade:** "That's the point. You're in the lead now. Where would you feel most comfortable holding the planning meeting?"
>
> **Elena:** "Can we do it in the small room downstairs with the mural? I like the colors. It feels open."
>
> **Jade:** "Absolutely. And what day and time work best for you?"
>
> **Elena:** "Late afternoon, around 4. My uncle can leave work early that day, and I'm more alert after lunch."
>
> **Jade:** "Now, who do you want to invite?"
>
> **Elena:** "Definitely my Uncle Ray. He's been there through everything. Maybe my peer support coach, too. I'm not sure about inviting my mom — she means well, but she tends to talk over me."

Jade: "Would it be helpful to talk through what 'supportive in recovery' means for this meeting? That might help you decide."

Elena: "Yeah. I think I need people there who believe I can actually do this."

They agree Elena will invite her uncle and peer coach. Jade will follow up with her mom to see if she'd prefer to share written thoughts instead.

Jade: "Would you feel comfortable leading the meeting yourself, or would you like me to help guide it?"

Elena: "I want to try leading it. But if I get stuck, I might look at you to jump in."

Jade: "We can do that. I'll have your back."

They build an agenda together on the whiteboard.

Elena: "I don't want to talk about my dating life during the meeting, especially not with Uncle Ray there."

Jade: "Noted. We'll keep that off the table. Your comfort matters."

Elena: "This is the first time I feel like the plan might actually be mine. Like I'm not just a file they're updating."

Jade: "Because it is yours. We're just here to help you build it."

The Planning Team

A strong planning team and supportive relationships are central to person-centered planning. When people feel connected, respected, and heard, they are more likely to engage in their recovery journey and follow through with goals. Combining respectful teamwork with an understanding of each individual's relationship needs lays the foundation for a truly person-centered approach.

The Role of the Planning Team

Person-centered planning is a collaborative process that includes not only healthcare professionals but also the people the individual chooses to involve, such as family members, friends, or others who support their recovery. These supporters, often referred to as the planning team or support network, help the person identify meaningful goals and take steps toward achieving them. The team's composition varies depending on the person's preferences, strengths, and needs.

Identifying Priorities

As you and the planning team learn more about the individual, the next step is to help them identify their top priorities and areas of unmet need. One helpful strategy, based on the Life Domains approach in Mary Grealish's Wraparound™ planning model (Grealish, n.d.), involves asking the person or those supporting them to list and prioritize the areas of life where they want to see the most progress or support. These selected areas then guide the topics for discussion during person-centered planning sessions.

In some cases, individuals may have non-negotiable system mandates, such as requirements related to court-ordered treatment or other legal obligations. While these areas must be addressed, individuals and their support networks can still identify additional priorities that are meaningful to them. They can also help shape how required services are delivered, ensuring the process still reflects their values, preferences, and goals.

Supporting Relationships and Community Connections

Many individuals with behavioral health challenges struggle with isolation or difficulty maintaining relationships.

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Stigma, lack of social opportunities, and withdrawal can all interfere with forming strong social bonds. Person-centered planning must address each person's need for connection, support, and belonging.

This includes encouraging relationships with:

- Friends and family members
- Romantic partners
- Faith-based or spiritual communities
- Peers in recovery or support groups

Strong social ties have been linked to improved well-being. Individuals with meaningful connections experienced better mood and emotional health than those who were socially isolated (Holt-Lunstad, 2024).

Exploring Individual Preferences for Connection

Each person's experience of community and relationships is different. Some individuals may want help forming new relationships, while others may need support maintaining the ones they already have. What counts as meaningful connection also varies. Some people enjoy group gatherings, while others feel more comfortable in one-on-one relationships.

Providers should explore:

- The person's current support network
- Their desire for more or deeper relationships
- Barriers to connection (e.g., stigma, fear, past trauma)
- What inclusion looks like from their perspective

Establishing Ground Rules for Planning Meetings

When the planning team first meets, setting clear ground rules is essential. This ensures that everyone is treated with dignity and respect, and that the meeting is a safe space for open conversation.

Before the meeting, the person must sign any necessary releases of information to clarify what can be shared. Once introductions are complete, the group should review how they will work together.

Common ground rules include:

- Treat each other with dignity and respect.
- Listen without interrupting.
- Keep information confidential.
- Avoid judging others' ideas.
- Ensure equal participation.
- Ask respectful questions to clarify.
- Attend meetings consistently.
- Hold one another accountable.
- Offer support and encouragement.

Review

What is the purpose of identifying life domains and top priorities during person-centered planning?

A. To ensure that legal mandates are removed from the treatment plan
B. To help the individual focus on short-term goals
C. **To guide discussion topics around areas most important to the individual**
D. To align the plan with provider-selected goals

Feedback [Identifying top priorities ensures that the plan reflects what the person values most and directs support where it's most needed. "To ensure that legal mandates are removed from the

treatment plan" is incorrect because system mandates still need to be addressed. "To help the individual focus only on short-term goals" is incorrect as planning includes both short- and long-term needs. "To align the plan with provider-selected goals" is incorrect because goals must be chosen by the individual, not the provider.]

Key Takeaways

- Pre-planning meetings empower individuals to shape their planning process by choosing the agenda, location, facilitator, and participants.
- Encouraging individuals to lead their own planning meetings promotes autonomy, confidence, and greater engagement.
- Ground rules create a respectful and safe environment for open communication and collaboration during planning meetings.
- Identifying life priorities using tools like the Life Domains approach helps ensure the planning process reflects what matters most to the person.
- Exploring and supporting relationship needs is essential to fostering connection, belonging, and emotional well-being in recovery.

Section 3: Common Challenges in Person-Centered Planning

Managing Challenges

Person-centered planning is not without its challenges. Providers often face complex situations that require balancing personal choice with health and safety, navigating sensitive or uncomfortable topics, supporting individuals with severe cognitive or communication difficulties, and confronting implicit biases that may influence planning decisions. This section explores common barriers to implementing person-centered practices and offers strategies to address them while maintaining respect, inclusion, and shared decision-making at the heart of the planning process.

Balancing "Important To" and "Important For" the Person

An essential part of person-centered planning is understanding the difference between what is important to a person and what is important for them. This distinction helps providers create plans that are both meaningful and supportive of health and well-being.

"Important To"

These are things that bring joy, meaning, comfort, or purpose, defined from the person's own point of view.

Sometimes, a person's words and actions don't align. For example, someone might say that spending time with their children is a top priority, but their behavior may show they consistently choose other activities, like watching TV. When this happens, it's helpful to reflect on the possible reasons behind the mismatch. The person may be facing barriers such as low energy, mental health symptoms, or competing needs.

By observing these inconsistencies, providers can explore deeper goals and help the person identify what might be getting in the way of achieving what matters most to them.

"Important For"

This refers to the supports and resources that help the person stay safe, healthy, and on track with their goals.

These may include:

- Health or safety considerations
- Medication management
- Supportive relationships or services

- Living environments that promote stability
- The provider's professional responsibility to protect the person's well-being

In person-centered care, it's not enough to focus only on what the person wants or only on what professionals think is best. Both perspectives must be considered and balanced.

Managing the Possible Conflict

Sometimes a person's preferences may clash with what is in their best interest. For example, a person in recovery from substance use may want to spend time with friends who regularly drink at bars. While social connection is important to them, being in that environment could increase the risk of relapse.

In these situations, person-centered planning involves respectful and open discussion. Providers should:

- Explore the person's preferences and motivations.
- Ensure they have all the information needed to understand possible risks.
- Help them think through alternative options.
- Involve their support system when appropriate.

If the conflict cannot be fully resolved, the plan should honor the person's informed preferences, as long as there is no immediate risk of serious harm. At the same time, providers should continue to educate, support, and encourage goals that promote long-term wellness and recovery (National Committee for Quality Assurance, 2018).

Addressing Risk and Liability

While person-centered care emphasizes honoring individual choice and autonomy, it does not override a professional's ethical obligation to intervene when someone presents a serious risk of harm to themselves or others. In behavioral healthcare, risk assessment and risk management are essential components of responsible practice. That said, risk discussions can also be opportunities for growth, learning, and empowerment.

When working with someone who is making decisions that may seem risky, such as staying in an abusive relationship or not following a prescribed medication plan, providers should continue to practice recovery-oriented, person-centered care. This means staying fully engaged with the person, rather than stepping back or relying on the natural consequences of their choices.

Through ongoing dialogue, providers can help the person reflect on their decisions and explore other options.

According to Richmond PRA (2013), best practices in these situations include supporting the person to:

- Explore the meaning behind their choices.
- Understand why the choice feels important to them.
- Discuss the pros and cons of the decision.
- Identify alternative options that may feel more aligned with their goals.
- Collect the information needed to make a well-informed decision.

In the end, the person may choose a path that aligns more closely with recovery, or they may continue to make a choice that the provider feels is harmful. In either case, the provider should respect the person's autonomy while continuing to offer support. If safety is not immediately compromised, it is possible to disagree while still maintaining a therapeutic relationship.

Tackling Sensitive Topics

Many individuals have personal experiences or challenges that are difficult to discuss openly in a group setting. These may include a history of sexual abuse, current sexual activity, past decisions that led to negative consequences, or involvement in illegal activity. It's important to approach these topics with care, sensitivity, and respect for the individual's comfort and boundaries.

To support meaningful and safe communication, providers and planning teams can use several helpful strategies:

- **Allow time to build trust.** Some individuals may need several meetings before they feel comfortable sharing sensitive topics with the group.
- **Offer opportunities for preparation**. Encourage the person to practice what they want to say before the meeting or to bring written notes outlining their concerns.
- **Empower the person's voice**. Support the person in expressing their needs, wants, and goals during the meeting, even if the topics are difficult.
- **Maintain a nonjudgmental attitude.** Respond with openness and understanding, regardless of what is shared.
- **Promote active listening.** Encourage all participants to listen carefully, using both verbal and nonverbal cues to ensure effective and respectful communication.
- **Use reflective listening**. Reflect back what you hear to confirm understanding and validate the person's feelings. This helps build trust and strengthens the connection between the team and the person.

If risk management concerns arise during the meeting, the treatment team should address them in a thoughtful and direct way. Before ending the meeting, it is important to develop and agree on a follow-up plan. This ensures that the person feels supported and that all team members understand the next steps.

Assisting Individuals With Severe Difficulties

When working with individuals who have severe symptoms, cognitive impairments, are nonverbal, or have developmental or intellectual disabilities, their support system may play an even more essential role in the person-centered planning process (Blaskowitz et al., 2019; Fazio et al., 2018). Depending on the extent of the individual's challenges, support persons may need to assist with communication or even make decisions on their behalf, ideally while still reflecting the individual's preferences and best interests.

At the same time, it is important not to overlook the many different ways people may communicate. Even individuals who cannot speak may still express their feelings, preferences, or discomfort in other ways. For example, a person might show disagreement by changing their facial expression or becoming physically agitated (Brady et al., 2016). These nonverbal cues are meaningful and should be recognized and incorporated into the planning process.

Assuming that every individual can communicate in some form, whether through gestures, facial expressions, assistive technology, or other methods, helps foster inclusion, dignity, and respect. It is also essential to speak directly to the person when they are present, even if they do not respond verbally. Including them in conversations shows respect and reinforces their role in their own care.

Attending to Implicit Bias

Implicit bias presents significant challenges to implementing person-centered planning in behavioral health settings. Despite the model's emphasis on individual autonomy, cultural respect, and personalized care, providers may unconsciously allow stereotypes or assumptions to influence decision-making.

For instance, a provider might minimize the person's stated goals in favor of what they perceive as clinically necessary, especially if the goals seem unrealistic or clash with the provider's own cultural norms or beliefs. This bias can surface when providers overemphasize risk management or compliance, defaulting to traditional hierarchical roles rather than collaborative partnerships. Moreover, biases tied to race, gender, socioeconomic status, disability, or age can skew how strengths and goals are interpreted, potentially leading to less engaging or empowering plans.

Person-centered planning requires that providers not only respect what is important to the person but also

recognize their own implicit biases that may interfere with supporting what is important for the person. Actively listening, prioritizing the individual's voice, and seeking to understand diverse perspectives are critical steps toward reducing bias and ensuring equity in planning processes.

Elena's Struggle

Elena has missed two appointments with Jade and hasn't returned messages. When Elena finally comes in for her check-in, she looks tired but open.

> **Jade:** "Hey, I'm glad you made it in. How are you feeling?"
>
> **Elena:** "Just tired. Things got messy last weekend. I don't want to talk about it."

Jade nods, pausing before gently responding.

> **Jade:** "You don't have to share everything right now. I just want to check in on how things have been going. You mentioned before that stability matters to you and that your niece was a big motivation. Still feeling that way?"
>
> **Elena:** "Yeah. But I went to see some friends at a bar, just for an hour. It turned into something else. I didn't even drink. But I knew it wasn't good for me. I just wanted to feel normal again."

Jade recognizes this moment as a tension point between what is important to Elena, social connection and belonging, and what is important for her, protecting her recovery.

> **Jade:** "It makes sense that you wanted to feel connected and not isolated. Social time is important to you. At the same time, being in that setting could be risky for your recovery. Can we talk about what made that feel like the right choice in the moment?"
>
> **Elena:** "Honestly? I was lonely. Everyone keeps talking about how great I'm doing, but I still feel like I'm pretending. I miss feeling like I belong somewhere."

Instead of responding with judgment, Jade leans into curiosity.

> **Jade:** "Thanks for sharing that. Sounds like you're trying to figure out how to stay true to your goals without feeling disconnected. What do you think might help you feel that sense of belonging in a safer way?"

Together, they explore options:

- Reconnecting with her peer recovery group
- Hosting a movie night with her niece and friends at home
- Joining a local art circle for women in recovery

Review

What should remain at the heart of person-centered planning, even when challenges arise?

A. Provider authority and clinical judgment
B. Time management and administrative compliance
C. **Respect and shared decision-making**
D. Standardized care pathways and policies

Feedback [Respect and shared decision-making ensure that the planning process remains person-centered, even in difficult or complex circumstances. "Provider authority and clinical judgment" is incorrect because the individual's voice should drive the planning process. "Time management and administrative compliance" is incorrect because efficiency should not override individual-centered care.

"Standardized care pathways and policies" is incorrect since person-centered planning resists a one-size-fits-all approach.]

Key Takeaways

- Providers must often balance individual choice with health and safety when delivering person-centered care.
- Navigating sensitive or uncomfortable topics requires creating a respectful, supportive environment for open dialogue.
- Individuals with severe cognitive or communication difficulties may need adapted strategies to ensure their voices are heard.
- Confronting implicit biases is essential to maintaining respect, inclusion, and fairness in the planning process.
- Despite challenges, person-centered planning must always prioritize shared decision-making and individual dignity.

Section 4: Conclusion

Course Summary

Now that you have finished viewing the course content, you should have learned the following:

- How person-centered planning promotes engagement, autonomy, and cultural responsiveness in behavioral healthcare
- Strategies for involving individuals and their natural support systems throughout the person-centered planning process
- How to navigate common challenges in person-centered planning

Course Contributor

The content for this course was written by Amanda L. Gayle, PhD.
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Resource

Administration for Community Living - Person Centered Planning
https://acl.gov/programs/consumer-control/person-centered-planning

References

Administration for Community Living. (2021). *Key elements of a NWD system for access to LTSS for all populations and payers.* https://acl.gov/sites/default/files/programs/2016-10/NWD-National-Elements.pdf

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