



Office of Healthcare Information and Counseling Person-Centered Thinking Toolkit

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Introduction

Created for team members within the State Health Insurance Assistance Program (SHIP), Senior Medicare Patrol (SMP) and the Medicare Improvement for Patients and Providers Act (MIPPA) programs, this resource provides an overview of person-centered thinking, actionable ideas for how team members can implement person-centered practices in their day-to-day work and outlines a variety of person-centered tools and resources for use.

Team members can use this toolkit on their own for personal reflection, with their coworkers to engage in interactive skill-building and are encouraged to incorporate the content of the toolkit into initial and ongoing training for team members.

This toolkit was developed through work conducted by the [National Center on Advancing Person-Centered Practices and Systems \(NCAPPS\)](#) to strengthen person-centered thinking among SHIP, SMP, and MIPPA team members. NCAPPS would like to acknowledge the contributions of team members who provided their real-life experiences and stories for this toolkit, including members of the Person-Centered Thinking Workgroup.

Reflection Activity #1

Throughout this resource, team members will have the opportunity to view videos, participate in reflective activities, and complete person-centered tools to advance their understanding of person-centered thinking. Before beginning to engage with the content, note your response to the following question:

What does “person-centered” mean to you in your role as a team member who works on SHIP, SMP, or MIPPA programs? This could range from values, qualities, experiences, or interactions you have had with people you support.

A large, empty rectangular box with a thin black border, intended for a person to write their reflection on the question provided above.

You'll have a chance to revisit your initial response at the end of this resource.

Systems-Centered vs. Person-Centered Thinking

Historically, systems, organizations, and professionals have often made decisions *for* people without truly listening to them and being responsive to their individual needs, wants, or beliefs. Instead, systems have assumed what is best for people without their input, controlling their lives and maintaining power over them.

Spurred by advocates in the 1970s and 1980s, this mindset began to shift with the “nothing about us without us¹” movement which has served as the foundation for person-centered approaches. “Nothing about us without us” means that the person in question should be included and actively involved in decisions that impact their lives instead of having decisions made for them by other people.

In the video below, Dr. [Beth Mount](#), the co-developer of one of the original methods of person centered planning, [Personal Futures Planning](#), and an activist and artist focused on person-centered design describes the difference between systems-centered and person-centered approaches:



Video link: <https://www.youtube.com/embed/y77y7XW8GtE?feature=oembed>

¹ Carmel, J. (2020, July 22). “Nothing about us without us”: 16 moments in the fight for disability rights. The New York Times. <https://www.nytimes.com/2020/07/22/us/ada-disabilities-act-history.html>

Reflection Activity #2

After viewing the video by Beth Mount, note your responses to the following questions:

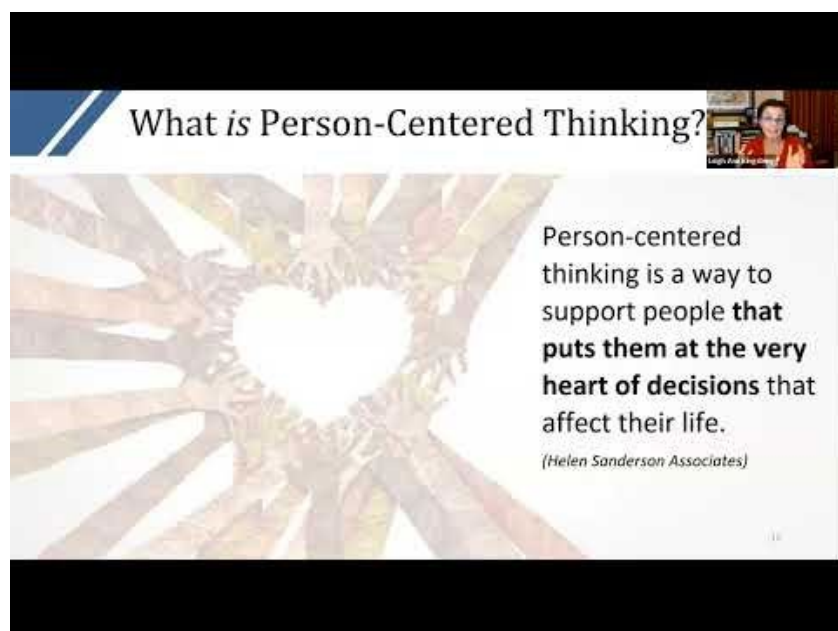
What are the characteristics of a person-centered approach? How does it differ from that of a systems-centered approach?

What are some opportunities you see in your own work to shift thinking from systems to people?

What is Person-Centered Thinking?

NCAPPS defines person-centered thinking as focusing language, values, and actions toward respecting the views of the person and their loved ones. It emphasizes quality of life, well-being, and informed choice.

In the video below, [Leigh Ann Kingsbury](#), a disability consultant and gerontologist who has used person centered practices to support people with complex healthcare needs and disabilities for more than 30 years, outlines some core definitions of person-centered thinking across different sectors to identify common themes, characteristics, and values.



Video link: https://www.youtube.com/embed/ClfoI7hR4_I?feature=oembed

Reflection Activity #3

After viewing the video by Leigh Ann Kingsbury, note your response to the question below:

How would you define “person-centered thinking” in your own words?

Throughout this resource, there are real stories from team members across the country that demonstrate how person-centered thinking shows up in the work you do every day. After reading the story, complete the accompanying reflection questions to connect concepts to their application.

Team Member Story and Reflection Activity #1

“I received the following referral: I have a person who needs a face-to-face meeting to go over Medigap Supplemental Insurance. The person is 84 years old and recently received her husband’s income which places her over income for the [Medicare Savings Program Qualified Medicare Beneficiary \(QMB\)](#) level that pays premiums and coinsurance for Medicare Part A and B like Medigap. To qualify for QMB benefits, you need to meet specific income limits. The person was experiencing stressors from her medical bills. She talked to two Medigap plans and both covered Part B excess charges.

“I met with the person and gave her a copy of the Medigap Rate Chart showing the cost of Medigap premiums. I mentioned that Medicare comes in Parts. Part A = Hospital, Part B = Medical, Part C = Medicare Advantage, Part D = Drug Coverage. Then said Medigap coverage comes in plans, and they cover the 20% coinsurance that Medicare Part A and Part B don’t cover. She then reviewed the Medigap Benefits Page for Part B deductible and Part B excess charges. I explained as she looked over the sheet that there are boxes and those with checkmarks mean that the plan offers that benefit. She asked why there are different premiums from different companies for the same plan. I said it was likely due to actuaries at the insurance company calculating what premium they feel comfortable charging to attract consumers in the most cost-effective way.

“I then mentioned that one Medicare Advantage Plan offers dental and vision for an additional \$13.25 a month. She said that is very important to her since she needs hearing aids. I said none of the Medigap Plans offer hearing aid coverage.

“She then stated when she was on QMB everything was covered. I said, ‘Yes, for hospital and medical expenses and copays.’ She said, ‘My dental and eyeglasses were all covered.’ She had some concerns about hearing aids. I said the QMB level doesn’t cover dental, vision and hearing. It only covers what Original Medicare covers. Original Medicare does not cover dental, vision and hearing. She replied again stating everything was covered, questioning my statement a bit. At this point, I noticed one of the folders she brought to the meeting stated, ‘Duals Special Needs Plan.’ So, I asked her, ‘Is that the insurance coverage you had while on MSP QMB?’ She said, ‘Yes.’ I said, ‘It makes sense why you said everything was covered since Dual Special Needs Plans often cover dental, vision and hearing.’

“Since she was very interested in getting dental, vision and hearing coverage, I mentioned we should meet again to do Medicare Advantage Plan comparisons.”

Reflection Questions

What principles and values of person-centered thinking stand out in the story?

What else would you recommend to a team member in a similar position?

Why Person-Centered Thinking Matters

In the video below, [Leigh Ann Kingsbury](#) explains why person-centered approaches are critical when interacting with and supporting older adults.



Video link: https://www.youtube.com/embed/osCaLc_Hys?feature=oembed

Reflection Activity #4

Can you think of additional reasons why person-centered thinking matters for the people you support?

Person-Centered Thinking in Action

Person-centered thinking includes everyday actions and behavior that shifts us away from systems-centered action to person-focused, person-directed action. When we act in a person-centered way, there is clear intent, thought, and commitment to centering the person as the expert of their life.

In the following video, [Leigh Ann Kingsbury](#) outlines how person-centered thinking occurs on 3 different levels: individual action; organizational action; and program, policy, and community action.



Video link: https://www.youtube.com/watch?v=13JCOiv9C_k

Reflection Activity #5

How does person-centered thinking show up in your work?

How does person-centered thinking show up in your organization?

How does person-centered thinking show up in policies/your community?

Balancing Important To and Important For

At the heart of person-centered thinking is the foundational concept known as “Balancing Important To with Important For.” This concept is built on understanding what *matters to the person*—the elements of the person’s life which they value (even if we do not), and what their goals, interests and hopes are—balanced with, does the person have what they need to be healthy and safe, and feel welcomed in their community? We cannot have one without the other. From a system’s perspective, it would be unacceptable if someone were healthy and safe, but felt miserable because things important to them were not present. Equally, we cannot support the notion of choice and new experiences or risk without regard for responsibility. In the words of [John O’Brien](#), a key founder of person-centered planning, it is not okay to “abandon someone to choice” with no regard for the potential impact of their actions on themselves or others.² As [Mary Lou Bourne](#), a long-term service and supports system consultant, notes, “choice has boundaries.”³ You can read more about choice, boundaries, and control [here](#). Note, the article was published in 2017; since that time, “culture and identity” and “purpose and meaning” have been added as elements of “Important To.”

“Important To” and “Important For” are connected to each other. Almost no one does the things they need to be healthy and safe, for any length of time, unless those things, or some aspect of them, are important to the person. There are tradeoffs between elements of our lives that are important to us—some elements take priority over others at different times in our lives.

We also make tradeoffs between those things that are important to us and for us. Sometimes we recognize that we need to do something that is important for to have something else that is important to. Here’s a real example from a person-centered planning facilitator of the tradeoff between “Important To” and “Important For”:

Hazel’s Story

Hazel lives in her own home, in a cul-de-sac, in an older neighborhood. Most of her neighbors are retired. She has 3 grown children and several young grandchildren. One of Hazel’s favorite activities is cooking; and she particularly loves to cook for her family. Having a traditional “Sunday dinner” with her adult children and the grandchildren is a favorite weekly ritual. Hazel is recently widowed and it’s a comforting ritual to have her family together, even if just for a couple hours.

Hazel experienced several significant losses over the past two years, including the death of her husband following a long and difficult illness, and the sudden death of her sister, to whom she was very close, in a car accident. Hazel’s grief has been life-altering, and she stopped leaving her house or engaging with her friends. She began ordering from Amazon and other online retailers. Her house has become filled with boxes, piles of magazines, bills, papers, trash, and other items she doesn’t use.

² O’Brien, J., & O’Brien, C. L. (1998). *A Little Book about Person Centered Planning*.

³ Smull, M., & Bourne, M. L. (2017, April). *Choice and Control*. Support Development Associates. Retrieved October 2, 2023, from <https://sdaus.com/wp-content/uploads/2023/03/Choice-Control.pdf>

Hazel no longer prepares the weekly dinner for her family. Her kitchen is no longer easily accessible, and her adult children do not want to bring the grandchildren over because it is virtually impossible to navigate around the house due to all the piles, especially the trash. Hazel's children have tried helping her clear out her house, but she is unable to maintain the upkeep on her own. Hazel's children have told her that she is "hoarding" and she needs to consider professional help to get the house cleared out; and they want her to consider therapy for both the hoarding and her grief. She has been unable to do either. Hazel reports she feels completely stuck and overwhelmed, and she misses seeing her grandchildren regularly and cooking Sunday dinner for her family. She adds that loss of family time to her sense of grief. But she has been unwilling to consider bringing someone in to help clean out the house and says she doesn't like telling a stranger her problems.

Tradeoffs

We know that cooking for her family and spending time with her kids and grandchildren is **important to** Hazel. We also know that clearing out some of the piles and the trash in her house, and addressing the impact of grief in her life is **important for** her.

Hazel feels stuck. But when a person-centered planning facilitator spent time with her and helped her sort through all the options she had, Hazel was able to see the connection between hiring someone to clear the house, participating in grief counseling, AND then being able to get back to her routine of weekly Sunday dinners with her family. It still seemed insurmountable, but she was able to see how her grief was affecting her ability to spend time with her beloved family.

In this perspective, spending time with her family is still **important to** Hazel, and she is willing to do something that is **important for** her to get back to the **important to** activity. Although previously she said she did not want to hire someone or participate in counseling, these activities are now tradeoffs she will make to create some balance in her life and have something that is **important to** her.

In the following video, [Michael Smull](#), a leader in efforts to develop person-centered systems, the co-developer of Essential Lifestyle Planning, and founder and chair emeritus of the Learning Community for Person centered Practices, explains the concept of "Important To" and "Important For," and discusses some person-centered thinking tools that can be used to document the information.



Video link: <https://www.youtube.com/watch?v=VDqERIxM4HM>

Examples of Important To and Important For

Rituals and routines • Morning, evening, bedtime • Transition • Grief and loss • Birthday • Cultural • Holiday • Vacation • Spiritual • Comfort, wellness, illness • Weekly, monthly, annual, seasonal	• I read daily spiritual affirmations every morning before the rest of my day begins. • I want quiet time in the morning for a few minutes before I chat with anyone while I drink my coffee, with a little cream and no sugar, in my “world’s best cat mom” mug. • When close friends experience a significant loss, I send small handwritten notes for a year afterward to remind them someone remembers. • My family and I try to do Sunday dinner with kids and grandkids at least once a month. • We practice Shabbat in our family. • My morning text to my daughter to just say “good morning.” • My brother and I take a sober vacation every summer to help reinforce our commitment to sobriety and continuing need to support each other
Things in the person’s life that support status and control	• I still live independently in my own home. • I am the Secretary of the Assisted Living Resident’s Council. • I manage my money (with some help from my son). • I am the only Aunt!
Culture and identity	• I love wearing clothes that represent my ethnicity and heritage. • I participate in religious services of my faith; and I wear jewelry representative of my faith (e.g., Star of David necklace, a Cross, etc.). • I always have a Pride flag hanging on my front stoop. • I enjoy honoring and celebrating culture-specific holidays, such as Ramadan.

Examples of Important To and Important For

People and relationships	• I spend time regularly with lifelong friends (ladies' weekend!). • I try to schedule time with my adult children and their families on their schedules. • I visit my brother a couple of times a week in memory care.
Rhythm and pace of life	• I am methodical—I must plan my days to accommodate my health. • I use a weekly calendar to plan my days • I love a mid-day nap! • I like being busy and moving from project to project. I always have something going on. • I love being able to pick and choose what I want to do, or don't want to do. • I like sleeping in – or at least, not setting my alarm every day.
Purpose and meaning	• I am the neighborhood gardener. I am a master gardener and I enjoy helping people with their own yards and gardens. • I no longer do it, but when I was young, my spouse and I were emergency foster parents for more than 40 infants. • I am a retired therapist specializing in grief; I think of it as an honor to help people during a time many consider their darkest days.
Belongings and activities	• I wear a small gold ring daily that matches one my daughter wears. • My iPad. It helps me stay connected to others when I don't feel well enough to leave my house. • My favorite small desk that was my father's. • Volunteering at the humane society and the library.

While many people can tell us clearly what is important to them, we have learned that simply asking “what is important to you?” is generally too broad of a question and does not always produce the kind of detail that is needed. We define *Important To* as “the elements of the person’s life that help them feel *satisfied, content, fulfilled, happy and comforted*. We can learn what kinds of things support these elements of a person’s life by exploring:

I. Example from an Area Agency on Aging (AAA)

Session setting

“In early July 2023, I received a call from a PACE program located in our AAA building. A PACE recipient was disenrolling and the PACE program asked to schedule an appointment for her to reinstate in Medicare, plus any appropriate supplement plan. On occasion, if a person doesn’t feel as though PACE is a good fit, we can help them transition back to Medicaid or Medicare.

“We met with the participant in our offices right away to avoid a gap in her coverage. It turned out she had received a sizeable inheritance which made her ineligible for Medicaid, and this was the reason she could no longer participate in PACE, unless she self-paid. The inheritance also made her ineligible to continue living in her income-based housing. There were also several other factors contributing to her need for assistance in this situation:

- She lives with some cognitive limitations due to a stroke, including short-term memory limitations.
- She uses a wheelchair.
- Her inheritance is governed by a trustee.
- She is under financial conservatorship and a trustee for the inheritance is the conservator. This situation makes it difficult for her to access her fund and limits her ability to make her own decisions.
- Her adult son lives with her and is her primary caregiver. He is not working, and he did most of the talking for his mother.
- All indications are she cannot live on her own.

Session details

“We proceeded to Medicare.gov to get started, only to find that the system did not recognize her Medicare number. We discovered that all Medicare information goes to the trustee’s business address. Once we had the appropriate zip code for that address, we were able to proceed. We were able to reestablish Medicare A & B, and Part D. We also compared Medicare Advantage plans.

“Her son stepped out of the office for a moment, and I spoke more directly with the beneficiary. I could see that while information retention would likely be an issue, she was fully cognizant and rational. She had no trouble comprehending or understanding our questions or following the conversation. To be honest, we were initially a bit concerned about her situation and the risk of elder financial abuse, but a

few leading questions reassured me her son has been acting in her best interests.

“When her son returned, we discussed the importance of contacting an Elder Law attorney, and we provided a list of those offices in our county. We also reviewed a checklist of resources for:

- Apartments in our county
- Transportation resources
- A comprehensive list of local food sources for congregate meals, Meals on Wheels, and food pantries.
- In-home support should that become necessary.

“As we wrapped up our discussion, the beneficiary told me she was looking forward to next steps. I asked if there was anything in particular, she was looking forward to and she shared that she hopes that the new place they live has a patio, as she enjoys drinking her coffee outside in the morning (weather permitting) and listening to the news on the radio. She likes it when her son joins her outside. She would also like to someplace where she could have a small pet. She and her son both like pets but she cannot have one right now in her current income-dependent apartment. And she was excited to learn about congregate meal sites. She is worried about her son taking on all the responsibilities and she liked the idea of being able to get out of her apartment a bit on her own and giving him some time to himself to do whatever he wants to do.”

Reflections

What started as a simple request from their PACE counseling, turned out to be far more. While her newly acquired assets are ample to support them, it may take some time and effort to reorganize her protected funds for the needed housing and other costs of living. We’re also looking for the proper resources for her son to become a paid caregiver. She does need his help, but that should be done in a way where he’s paid, rather than directly living off her Social Security income.

They arrived at our offices worried, confused and overwhelmed with the enormity of their situation. When they left, they had not only the Medicare aspect of their needs in place, but also had a clear step-by-step plan of action to resolve all their challenges, including the names of 3 local, well-respected Elder Law Firms who will help them put everything in place while adding an extra measure of protection against any financial abuse for the beneficiary.

Informing Important To and Important For

As this was the first conversation, and much of the focus clearly needed to be on resource development, there may not be a great deal of information that contributes to a robust sorting of “Important To” and “Important For.” However, the reader can see how one might get started. Based on what we know, here is an example of sorting “Important To” and “Important For,” and additional guiding questions that could be helpful if more information were needed. Note that, without further conversation with the beneficiary, we have made some assumptions, again, for the purpose of this example.

Important To	Important For	What else do we need to know?
• Having access to her inheritance • Protecting her assets • Her son as caregiver • Having a patio • Having a daily routine that she enjoys • Possibly using a congregate meal site occasionally • Ensuring her son has time to himself	• Being able to manage some of her own money, even with assistance • Having personal care at home • Having on-going medical care to address any health issues related to her stroke (e.g., hypertension?) or prevent any additional issue (e.g., skin breakdown from sitting in her wheelchair) – and ensuring her providers accept Medicare	• Can her financial rights be reinstated? Does she want to explore this option? • Is her son-as-caregiver a long term solution or do they want to consider other options?

II. Pros and Cons, or Working/Not Working

Sorting Pros/Cons or writing down “what is working right now,” “what is not working right now,” and “what actions will we take” can help untangle what often feels like an overwhelming amount of information that may be spinning around in the person or family’s head. Sometimes getting all the information on paper in a visual way, where the team member and the person can sort through it, and sequence and prioritize can be useful.

Using the prior scenario, the following table shows another way one might capture the Pros/Cons of a couple issues that surfaced in the current situation. This example assumes that there were additional conversations about financial conservatorship and continuing with the beneficiary’s son as caregiver.

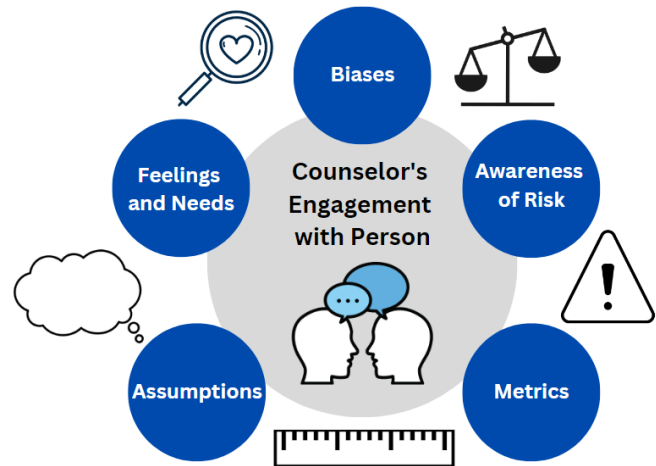
Son as Caregiver		
Pros	Cons	Other questions to explore
• He is a trusted caregiver. • He is reliable and caring. • He needs a place to live at the moment and the beneficiary is pleased she can help as his mother. • He is not working right now, so his schedule is flexible	• The beneficiary worries she will take too much of his time. • Her care makes it difficult for him to have a social life. • If something happens to him, the beneficiary does not have anyone else lined up	• Do they both want this to be long term caregiving situation or is this a temporary solution? • Would they consider additional help from a home care provider? • Can he become a paid caregiver?

Financial Conservatorship		
Pros	Cons	Other questions to explore
• The assets (the inheritance) are protected. • Reduces the risk of financial exploitation and abuse	• Restricts the beneficiary's right to access to her own money. • Requires additional steps and planning when she needs funds	• Does the beneficiary fully understand the conservatorship and the reasons for it? Is she in agreement or would she like to pursue rights reinstatement? • Could she engage a Supported Decision-Making team to help with finances instead of being under conservatorship? Who would support this process?

Engaging with Empathy and Compassion

Daily, team members are faced with several competing pressures that can impact their ability to support people fully and effectively in a person-centered way. These pressures range from:

- Conscious and unconscious biases
- Assumptions about the person you are interacting with which often stem from the need to be aware of the risk the person may pose to themselves, to you, or others
- Program metrics and requirements
- Personal feelings and needs



Regardless of the pressures or unique situations you may come across in your role, empathy and compassion are two person-centered mindsets that you can apply to a variety of circumstances. In the video below, Brené Brown, a researcher and storyteller who has studied empathy for decades, discusses the difference between empathy and sympathy:



Video link: <https://www.youtube.com/watch?v=1Evwgu369Jw>

Some examples of how you may engage people you support in an empathetic and compassionate way include:

- **Reflective and confirming listening** - making sure that you are hearing what the person needs you to hear and conveying that understanding back to the person.
 - This may sound like: “I want to be sure I am hearing everything you’re saying...”, “What I hear you saying is...”, or “Is this accurate?”
- **Identifying the feelings you hear** - naming and validating the feelings you are hearing the person express.
 - This may sound like: “That sounds really tiring...”, “I hear the frustration you’re experiencing...”
- **Exploring needs** - identifying what the need underneath the feelings may be and helping the person feel in control.
 - This may sound like: “What do you need?” offers space for the person to reflect and inform you; or “Here’s what I will do...”, placing the onus on you and not the person to figure out next steps.



Team Member Story and Reflection Activity #2

“The client and I met in-person at my office. Her appointment was during the open enrollment period for Medicare Part D and Medicare Advantage plans, which is a very busy, stressful time of the year.

“Her husband had just passed away and she knew nothing about her Medicare coverage and was told she needed to make an open enrollment appointment. At first, I treated it like any other open enrollment appointment and asked if we were just looking over her drug plan or if she wanted to look into the other parts of Medicare. She was super confused to start off with and was very emotional. I took her cue and let her explain her situation to me and then we started at the beginning.

“I changed my way of counseling to more of a new-to-Medicare appointment where I explained all the parts of Medicare and helped her look into all of her options. I believe that throughout the appointment she became more confident, and I showed more empathy, etc. towards her and her situation. By the end of the appointment, she was confident in what coverage she had and her options if she should choose to change her coverage. We also were able to look over her drug plan and find her one that was much cheaper for the coming year.

“The outcome was very similar to my expectations at the beginning of the appointment but how we arrived at that outcome was much different than anticipated. I would like to think that I was compassionate and empathetic to her situation and explained things to her in a way that she would understand. I try to start my counseling sessions now with the client taking the lead in the conversation and allow them to explain their situation to me so we can make sure to address all their needs.”

Reflection Questions

How did the team member show empathy and compassion during this interaction?

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Have you ever had an experience where you wished you had been more person-centered? If so, describe the experience below and what you might do differently in the future.

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Cultural Responsiveness

Cultural responsiveness is about understanding, including, and responding to the different cultural elements and characteristics that a person may bring to their interactions with you. Practicing cultural responsiveness means that you value diversity, look to further your cultural knowledge, and work towards creating spaces where diversity is valued.⁴ It does not mean that you need to know everything about a person's culture, but rather that you remain open, flexible, and adaptable to the person and their culture.

Below are some tips, adapted from [Northeastern University's 5 Culturally Responsive Techniques for Educators](#), as to how you can take a culturally responsive approach within your own work:

1. **Listen to the person's story.** Everyone comes to us with a history and set of experiences. Help the person draw on their own learning to create their path forward.
2. **Ensure the suggestions you're making are relevant to the person and their cultural experiences.** E.g., if family or community is of the utmost importance to the person and they have family support, recognize that suggesting a systems-centered solution may not resonate with the person, or it may be near the bottom of their priority list.
3. **Use the opportunity to learn from the person** – be curious, ask questions, and become comfortable saying “tell me about....” or “I am not very familiar with that experience, or that belief, or that ritual...can you tell me more about....?” Ask whether there are things that you can do to accommodate them, such as bringing in a language interpreter if the person would like support to communicate.
4. **Consider the space in which you meet.** Is it welcoming to all? Are there cultural references that others may not understand, or about which they'll make assumptions? Do you have visible acknowledgements of other cultures (e.g., a Pride pin on your bookshelf, a cross on the wall, photos of people of other cultures)? Is there a space in which you can meet that may be more “neutral” for someone new, with whom you do not yet have a relationship?
5. **Use the time you have to build trust.** Techniques 1-4 will help with this, as will your own humility, openness, and honesty.

⁴ Hopf SC, Crowe K, Verdon S, Blake HL, McLeod S. Advancing Workplace Diversity Through the Culturally Responsive Teamwork Framework. *Am J Speech Lang Pathol*. 2021 Sep 23;30(5):1949-1961. doi: 10.1044/2021_AJSLP-20-00380. Epub 2021 Jul 27. PMID: 34314257.

Reflection Activity #6

List out the aspects of your own culture that might influence the way you approach people and situations. For example, values, beliefs, daily routines, communication style, etc.

Person-Centered Thinking Tools for Team Members

There are a variety of person-centered templates or “tools” that can prompt person-centered conversations and help team members organize information about the person.

Tools can be downloaded from:

- Charting the LifeCourse: <https://www.lifecoursetools.com/>
- Helen Sanderson Associates Person-Centred Thinking Tools: <http://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/>
- Support Development Associates: <https://sdaus.com/resources-2/>
- Doing a web search for person-centered tools!

It is important to note that it is not the tool that makes the process work, as much as it is the team member’s listening and discovery skills. The tools are there as a guide. You do not need a template to complete a tool. For example, if a team member does not have quick access to the Good Day/Bad Day tool, they could create two columns on a sheet of paper and indicate “good day” on the left side and “bad day” on the right.

A few examples of tools that team members may find useful to complete with the person include:

Tool	When/How to Use
One-Page Description - Used to summarize information about what others appreciate (“like and admire”) about a person, what is important to them, and how they can best be supported.	To organize information, you learn about the person at initial intake or throughout your time working with the person. The profile focuses on highlighting the most important things about the person so you or someone else can quickly reorient yourself to them and how to best assist them. Can also be helpful as a way for someone new to gain an understanding of the person before they meet them.
Relationship Map - Identifies who the person’s close relationships are and how they are supported by people in their lives.	To identify who around the person can help support them with their needs and wants. Helps create a picture of what level of support the person has and who else may be available if the person needs more support than they currently have.

Tool	When/How to Use
Good Day/Bad Day - Can help us learn what we can do to support a person to have more good days and less bad days. *Good and Bad* are pretty concrete terms. Many people will say things like “any day I get up is a good day!” Another way to think about “bad” days is to ask about days that are stressful, challenging for some reason, difficult, tiring, etc. One way to use: ask the person to just walk through a typical weekday and a typical weekend day. Tease apart the information you learn to understand what happens on days that are “good days” or what happens on days that are stressful and difficult.	May be useful to fill out during conflict when the person is explaining why they have a bad day and to seek solutions for how to help them turn it into a good day.
Rituals and Routines - • Daily (e.g., rituals to start or end the day, or carry the person through the day, such as texts to children) • Not daily, but still consistent (e.g., weekly/monthly events such as church, game night, book club) Not frequent, but still important (e.g., birthdays, anniversaries, other celebrations, holiday rituals)	Can be used when looking to connect the person to other community resources that matter to them.
What's Working/Not Working - This is a picture of “right now.” It helps us understand areas of a person’s life that they would change if they could and what they want to continue - from their perspective and also the perspectives of people in their lives.	You can use the information from rituals and routines, and good day/bad day to tease this apart. This tool can be used when a person expresses dissatisfaction to understand what about the situation is not working for them and how to improve it.
Charting the LifeCourse Life Trajectory for Exploring - Understand the person’s vision for their lives and what they do and don’t want.	Can be used when the person is not clear about what they want for themselves, to determine where they are trying to go. Can help create an anchor as something to work toward, and is best supported by understanding what is “Important To” and “Important For.”
Charting the LifeCourse Integrated Supports Star - Mapping current services and supports, problem-solving for a specific need, or planning the next steps. The star can help explore current needs, identify gaps, or plan how to access supports for the future.	Can be used when the person may need or want more support than they currently have to identify supports in their lives, but to also discover other supports they can use.

Reflection Activity #7

Choose a person-centered tool that looks interesting to you and fill it out for yourself. Blank tools are available at the links or in the Blank Tools section below. After you have completed the tool, consider: what was the experience like for you? In what situations could you see this tool and information being useful?

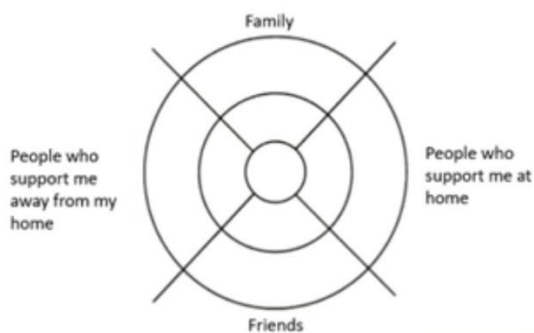
Blank Person-Centered Thinking Tools

Blank person-centered tools are available for you to download and fill out on the following pages. Use them to complete reflection activity #7, but most importantly to explore how to organize information or what questions to ask to learn more about a person and what they want and need.

Downloadable template: My [One-Page Description](#)

My One Page Profile	Your Name	
	Age Occupation	
What people appreciate about me	What is important to me	How to support me

Downloadable template: Adapted from [Person-Centered Planning Relationship Map](#)



- ✓ **FAMILY CIRCLE**
Name the people you love most and who love you most in the center circle, the place of family life - people you trust the most, who know you best, who love and care about you.
- ✓ **PERSONAL NETWORK**
Family, friends, neighbors, classmates, co-workers, church members, helpful teachers (or other paid people).
People you rely on, with whom you exchange friendship and concern, triumphs, struggles, mutual interests.
- ✓ **COMMUNITY NETWORK**
Acquaintances, friends from the past, people who you mostly greet or acknowledge as part of your community life.

Instructions for Completing your Relationship Map:

1. Write each person's name you know and care about on the map. Indicate the nature of the relationship by your placement. ie: family, home support, work/school support, or friends
2. Indicate intensity & strength of the relationship by writing the name closer to the center. Highlight people in yellow who might be involved in your support circle.
3. Look at your map. What do you notice? Do you see any patterns or themes?

Credit: adapted from training developed by Georgia State University's Center for Leadership In Disability

Downloadable template: [Important To/Important For](#)

Important To / Important For

Important to?	Important for?
What else do we need to learn/know?	

Downloadable template: [Good Day/Bad Day](#)

 <i>Good day?</i>	 <i>Bad day?</i>
➔	

What will it take to have more good days and less bad days?

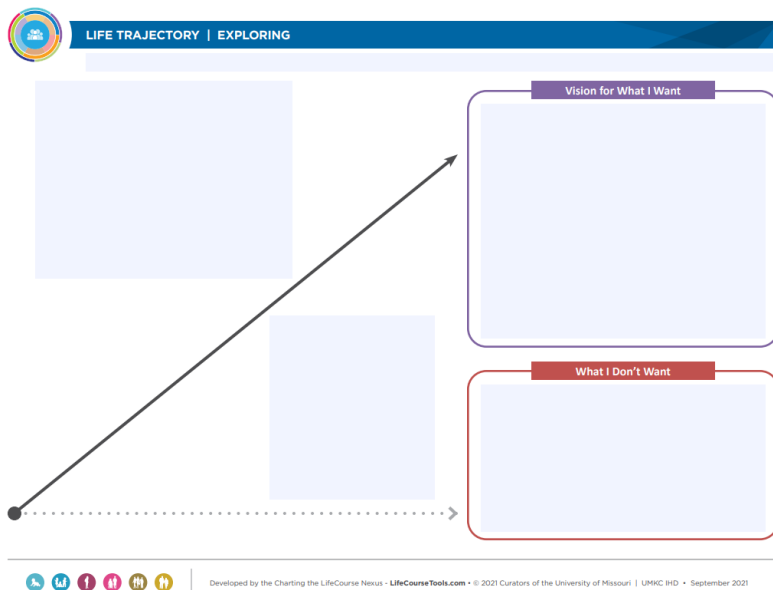
Downloadable template: Adapted from [Rituals and Routines](#)

List of Rituals/Routines	Description
Morning (getting up) Rituals	
Nighttime (going to bed) Rituals	
Arriving at work, school, day center, or where I spend my day Rituals	
Arriving at home Rituals	

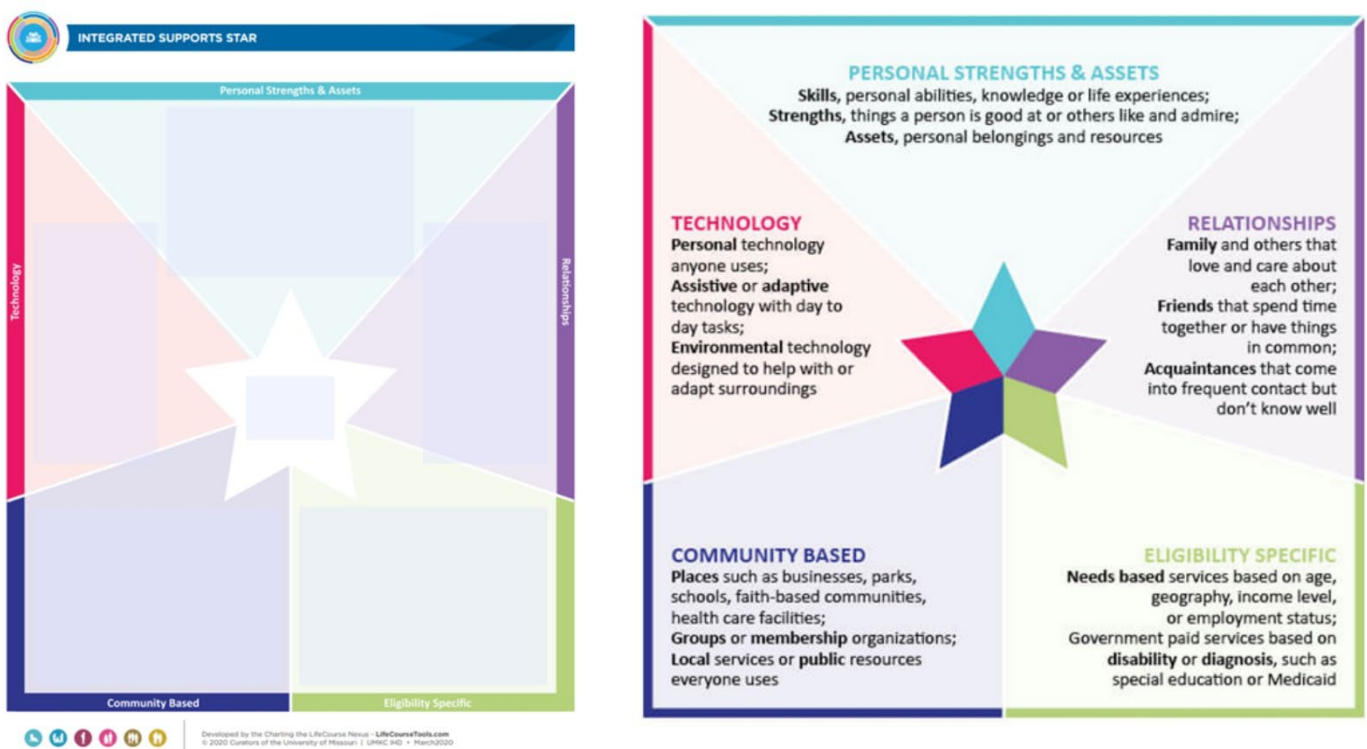
Downloadable template: [What's Working/Not Working](#)

 What's working?	 What's not working?
the person	
family	
staff	
What needs to happen next to build on what's working and change what's not working?	

Downloadable template: [Charting the LifeCourse Life Trajectory for Exploring](#)



Downloadable template: [Charting the LifeCourse Integrated Supports Star](#)



Conflict Resolution and De-Escalation

In your role as a SMP, SHIP or MIPPA team member, you may need to resolve conflict at times between yourself and the person you are supporting, or between the person and someone who is supporting them such as their partner, child, friend, or other loved one. Successfully resolving conflict can build trust between people and improve relationships.

If you receive a phone call or walk-in from a person who is particularly angry or frustrated, work to resolve the conflict by:

- Giving the person space to vent their concerns and frustrations. Don't interrupt or cut them off. Let them have a chance to process their feelings and wait until they have finished before asking questions or raising any issues. After they have expressed their feelings, allow for a few seconds of silence before responding empathetically to what they have just shared with you. If you are meeting in-person, pay attention to your body language and maintain eye contact and openness.
- Listening attentively as they describe why they are angry and what the situation is while taking notes about the information they provide you. Over the phone, this may include providing verbal cues to let them know you are listening such as an occasional "mhmm," "OK," or "oh."
- Confirm with them what you understand the issue to be to ensure you are on the same page.
- Use the same terminology that they do throughout the conversation. Don't use acronyms or assume they know what you do. This can help a person feel more comfortable speaking to you.
- Remember that the person is just trying to solve whatever situation is occurring, and they may be feeling scared or anxious about how this could impact them or someone they love.

If conflict occurs between a person and their loved one, work to re-center the person by:

- Outlining the different choices and options available to the person.
- Facilitating a conversation about the pros and cons of each option while providing information about each option so the person can make an informed decision.
- Encouraging the person to make a final decision in alignment with their needs, wants, and preferences; not anyone else's!

At no point during the conflict resolution process should verbal or physical abuse toward you or anyone else be allowed to escalate. If a person begins to use abusive or derogatory language:

- Tell them that while you are willing to help, you will not be able to do so if they continue to speak this way.
- Be clear about what will happen if the person's behavior does not change i.e., "I will have to end our discussion today" or "I will have to transfer you to someone else."
- If their behavior continues, politely remove yourself from the conversation by walking them out of

the physical location if you are in-person. If you are on the phone, ask them to call the next day or later after they are willing to speak to you in a respectful way. If you are not comfortable interacting with the person again, inform your direct supervisor to discuss options.

Within organizational teams, it is important to develop a strategy for managing conflict and ensuring team members' safety and well-being. For example, teams may designate a "backup person" who can either take over a conversation or alert authorities if a situation has escalated beyond a team members' control. If you are not clear on what this process is, check in with your team. It is always best to be prepared for these types of situations ahead of time should they occur.

Managers should also seek to create a trauma-informed environment by creating space for team members to process difficult conversations by encouraging breaks, supporting time off to attend to self-care, and checking in with team members after particularly contentious calls to see how they want to be supported.

Team members should reflect on how they are feeling after difficult conversations. Do you feel like you just need a few minutes or a day or more to regroup? Do you feel burnt out, sad, or angry? Did anything about the conversation stir up personal trauma for you? How can others both in your professional and personal life support you? Identify what you need to do to ensure that you feel mentally, emotionally, and physically well. In the words of [Eleanor Brown](#), a writer focused on wellness, "Self-care is not selfish. You cannot serve from an empty vessel."

Reflection Activity #8

What does "self-care" mean to you? Write out activities or rituals that support you in feeling balanced in your life.

List out ways that you can support others working with you after a particularly difficult call, meeting, or situation.

Team Member Story and Reflection Activity #3

“I received a phone call from a beneficiary who lives in a rural town. Before I could greet him and ask what I could help him with, he cuts me off mid-sentence almost yelling into the phone about what he needs help with. He quickly turned and began to explain how everyone has been passing him from one contact to another and no one has been wanting to help him. 90% of what he was saying was about frustration and 10% of it was what he needed help with. I couldn’t find a gap in there to ask him what he needed help with due to him being so caught up with making phone call after phone call with no results.

“I knew I wouldn’t be able to get his attention if I ignored his frustration, so I validated him, so he felt heard, telling him I completely understood where he was coming from and how difficult it is right now to get help or an answer over the phone given that we just came out of the pandemic and things are slowly starting to go back to normal. He responded a lot more calmly, pausing in between his comments while telling me things will never be normal again but it’s what we must work with. I took the chance to ask him what concerns and questions he had for me. He currently had Medicare and Medicaid benefits but no longer wanted his Medicaid benefits, and instead of confusing him and causing more irritation by trying to explain things to him over the phone, I asked him if he would come into the office where I could break everything down for him and show him his coverage and what it would look like if he canceled his Medicaid.

“A week later he came into my office, where I was able to introduce myself. I asked him to remind me what it was he was hoping to accomplish today, and we would go from there. He was tired of having to deal with Medicaid services because he felt it was impossible to get a hold of anyone over the phone. He was also worried that having those services meant the state would take anything he owns, so he thought he’d be better off without it. Instead of making him feel like he was wrong or going against what he wanted, I pulled up his Medicare.gov account where I was able to show him his current plans with Medicare, and the difference with his out of pocket if he was to lose Medicaid services. He expressed that he was confused, scared and angry because he didn’t understand any of his benefits and how they worked together, so his way of solving it was to cancel them. He apologized towards the end of our meeting after finally being able to wrap his head around Medicare/Medicaid. I made sure to remind him of how complicated, difficult, and frustrating *everyone* gets with this, so I completely understood.

“The outcome of the session was that the beneficiary was content and understood the kind of coverage he had, and what each one of his Medicare Parts A, B and D covered. This was not the first time dealing with situations like this one so my intentions were clear before he arrived, making him feel heard and like he had control of his insurance by understanding it and knowing when we could make changes to keep his premiums low. As the session unfolded, the beneficiary was able to smile and show a different side of him. Medicare/Medicaid is a complicated topic and changes frequently so it’s valid to be upset when you are paying for something, and feel you have no control over it due to you just not understanding it because of the lack of resources there are to help guide seniors through these steps.”

Reflection Question

What conflict resolution methods did the team member use?

Team Member Story and Reflection Activity #4

“The Medicare Information Office was short-staffed with two state employees holding the office together. I was working on an upcoming federal report in between meetings and answering our busy 1-800 number. I hadn’t eaten all day and was just heating up my lunch down the hall when a woman came up to me. She was very upset that once again, her Medicare Part B premium was coming out of her Social Security benefit check when it shouldn’t be. Ultimately, she would need to go to another Division to address this issue. I offered a seat in our waiting area explaining I would be back and that I just needed to grab my lunch. She didn’t want to sit and wait but instead, proceeded to follow me down the hall to our break room where my lunch was. When I tried to explain to her that this was something she needed to take up with the Medicaid Division, she became very upset. Her voice started to raise, her hand motions as she talked became big and exaggerated, and her eyes started to narrow. All clues pointed to the fact that this engagement wasn’t going well. I realized at this moment; she was no longer listening to the information I was providing.”

PAUSE: *Reflection Questions*

What competing pressures did you notice?

What did you observe that reflects a person-centered approach?

RESUME NARRATIVE:

“We walked back into my office, I put my lunch that I had just heated up to the side. I closed the door, grabbed my notepad, started asking questions, and talking through the situation. Her demeanor changed once I stopped being focused on all the outside stuff I had going on and focused solely on her. I couldn’t do anything more for her as she still had to talk with the Medicaid Division. Nothing changed in the information that I provided her, but my engagement changed which is all she needed.”

Reflection Questions

What person-centered approaches did you see reflected in the last part of the story?

Is there anything else that you would have done in this position?

Person-Centered Thinking Tips for Team Members

What is Person-Centered Thinking?

Person-Centered Thinking focuses language, values, and actions toward respecting the views of the person and their loved ones.

What does Person-Centered Thinking look like in my role as a SHIP, SMP, or MIPPA team member?

- Being present with the person and removing any distractions that might prevent you from fully focusing on them.
- Knowing your own biases and how they can impact your view of the person. We all make assumptions, but it is important that those assumptions don't prevent you from truly understanding who the person is.
- Practicing active listening. Listening to hear, not to answer.
- Being patient with the person and not rushing them. Remember that if they need more time, you can always schedule another call or meeting with them.
- Demonstrating empathy and compassion through your actions towards the person.
- Meeting the person where they are at, not where you want them to be.
- Paying attention to the way you communicate with the person from your tone of voice to your body language.
- Asking open-ended questions to generate discussion and help you better understand the person's needs and wants.
- Repeating back to the person what you think they said to make sure you understood them and confirm that you are on the same page.
- Pacing how quickly you provide information to the person. Don't overload them with too much information at once. Regularly check in with them throughout the conversation to make sure they are understanding what you are saying, or how you can clarify or better present the information to them.
- Letting the person know that if you don't know the answer to a specific question, you will find someone who does.
- Supporting the person to make decisions for themselves.
- Understanding your own limits as a team member. Don't be afraid to ask for help from your team or take some time to recharge or process.

Final Reflection Activity

Now that you have learned more about person-centered thinking, revisit your response to the very first reflection activity. Has your understanding of what person-centered thinking means to you in your role as a SMP, SHIP, or MIPPA team member changed? If so, why, and how? What lessons will you take with you?

About NCAPPS

The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) is an initiative from the Administration for Community Living and the Centers for Medicare & Medicaid Services to help states, tribes, and territories to implement person-centered practices. It is administered by the Human Services Research Institute (HSRI) and overseen by a group of national experts with lived experience (people with personal, first-hand experience of using long-term services and supports).

NCAPPS partners with a host of national associations and subject matter experts to deliver knowledgeable and targeted technical assistance.

You can find us at <https://ncapps.acl.gov>

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