

Infusing Person-Centered & Participant-Directed Competencies into Required Generalist Curriculum

2014 CSWE APM



Panelists

- ❑ **Nancy Hooyman**
University of Washington
- ❑ **Doreen Higgins**
University of Wisconsin–Green Bay
- ❑ **Anissa Rogers**
University of Portland
- ❑ **Mark Sciegaj**
Pennsylvania State University

What We Will Cover

- ❑ Larger Context: Changing World of Practice
- ❑ Person-Centered/Participant-Directed Approach
- ❑ Partnerships Project Overview
- ❑ Engaging Faculty/Overcoming Resistance
- ❑ Implementing Curricular Change
- ❑ Tool Kit Overview
- ❑ Next Steps with Your Curriculum

The Larger Context: The Changing World of Practice

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The Changing World of Practice

❑ Affordable Care Act

❑ Section 2402a Facilitate PC/PD

- DHHS is to ensure that states develop service systems that are person-centered and responsive to the needs and choices of beneficiaries including their desire for self-direction

❑ Section 3506 Facilitate Shared Decision Making

- DHHS is required to establish a program that develops, tests, and disseminates certificated patient decision aids

The Changing World of Practice

❑ Affordable Care Act

- ❑ Section 2703 Medical (Health) Home Expansion
 - Coordinated care to ensure access to a multi-disciplinary array of services to treat the “whole” person” from a person-centered perspective
- ❑ Section 2405 Aging and Disability Resource Center Expansion
 - Single integrated entry point for both persons with disabilities and older adults: PD programs to be in every community (Community Living Connections)

The Changing World of Practice

- ❑ Veteran-Directed Home and Community Based Services
- ❑ Federal Long-term Care Commission 2013
 - ❑ Participant-directed LTSS (PD-LTSS) is an option that would facilitate successful rebalancing efforts
- ❑ Increasing numbers of people of all ages want options of choice and control
 - ❑ Autonomy central to sense of self
 - ❑ Growing diversity of American population
 - One size does not fit all



Across All Types of Populations and Settings

Developmental Disabilities

- Self-Determination
- Individual/Family-Directed
- Centers for Independent Living

Mental Health

- Recovery

Medical

- Informed Consent/Decision Making
- Shared or Participatory Decision Making

Aging and Disability

- Person-Centered
- Consumer-Directed

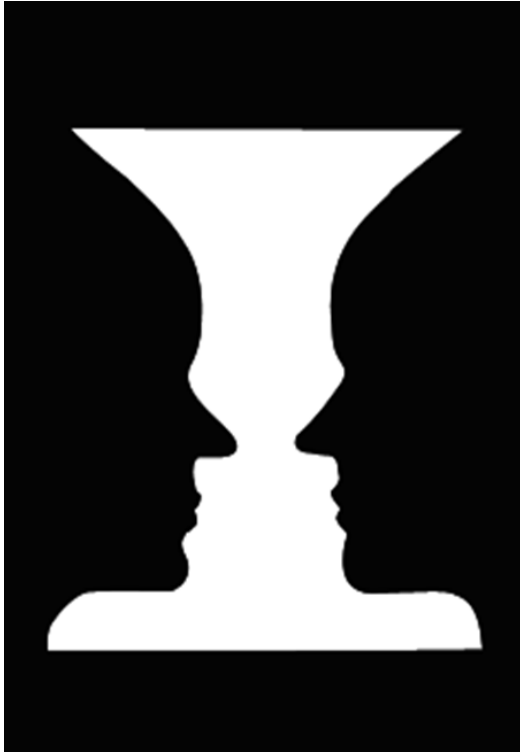
Person-Centered Care & Participant-Directed Practice

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"I'm afraid you've had a paradigm shift."

The Paradigm Shift from “Expert” to Coach and Trainer



What is a Paradigm Shift?

- ❑ “one conceptual world view is replaced by another” (Thomas Kuhn, 1962)
- ❑ A change from one way of thinking to another

Person-Centered Care

- ❑ First implemented with adults with disabilities
- ❑ Values of community inclusion, dignity, respect
- ❑ Individual at center of planning process
- ❑ Plan reflects on what is most important to the person, their capacities, strengths
- ❑ Focuses on person's life, not just services

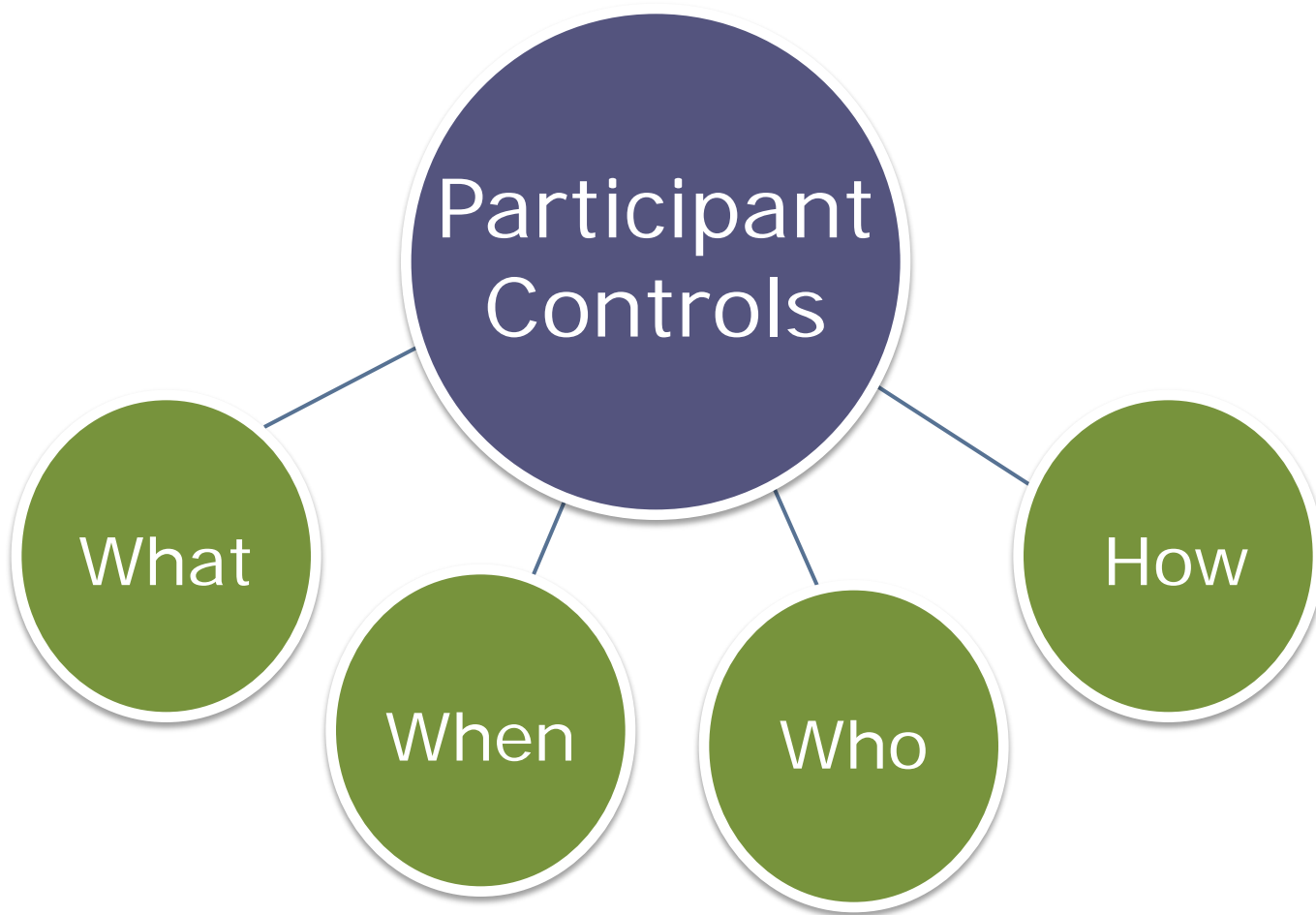
Person-Centered Planning



Participant-Direction

- ❑ Shift from traditional model in which decision-making and managing authority is vested in professional
- ❑ Premise that person receiving services:
 - ❑ is in best position to identify needs and goals and direct and manage own care
 - ❑ has decision-making authority, including to hire, manage, and fire workers

What is Participant Direction?



Traditional versus PD Services

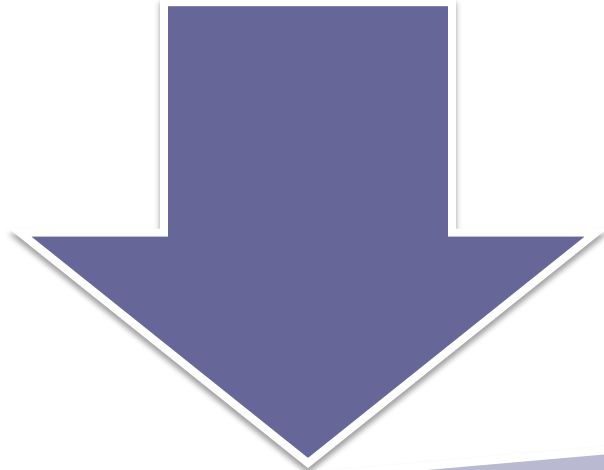
Traditional



Participant-Directed



Shift in Responsibility for Risks



Relationship is between the program and the provider

Provider is accountable for health, welfare, and outcomes

Participant is responsible for decision-making, safety, and adequacy of services

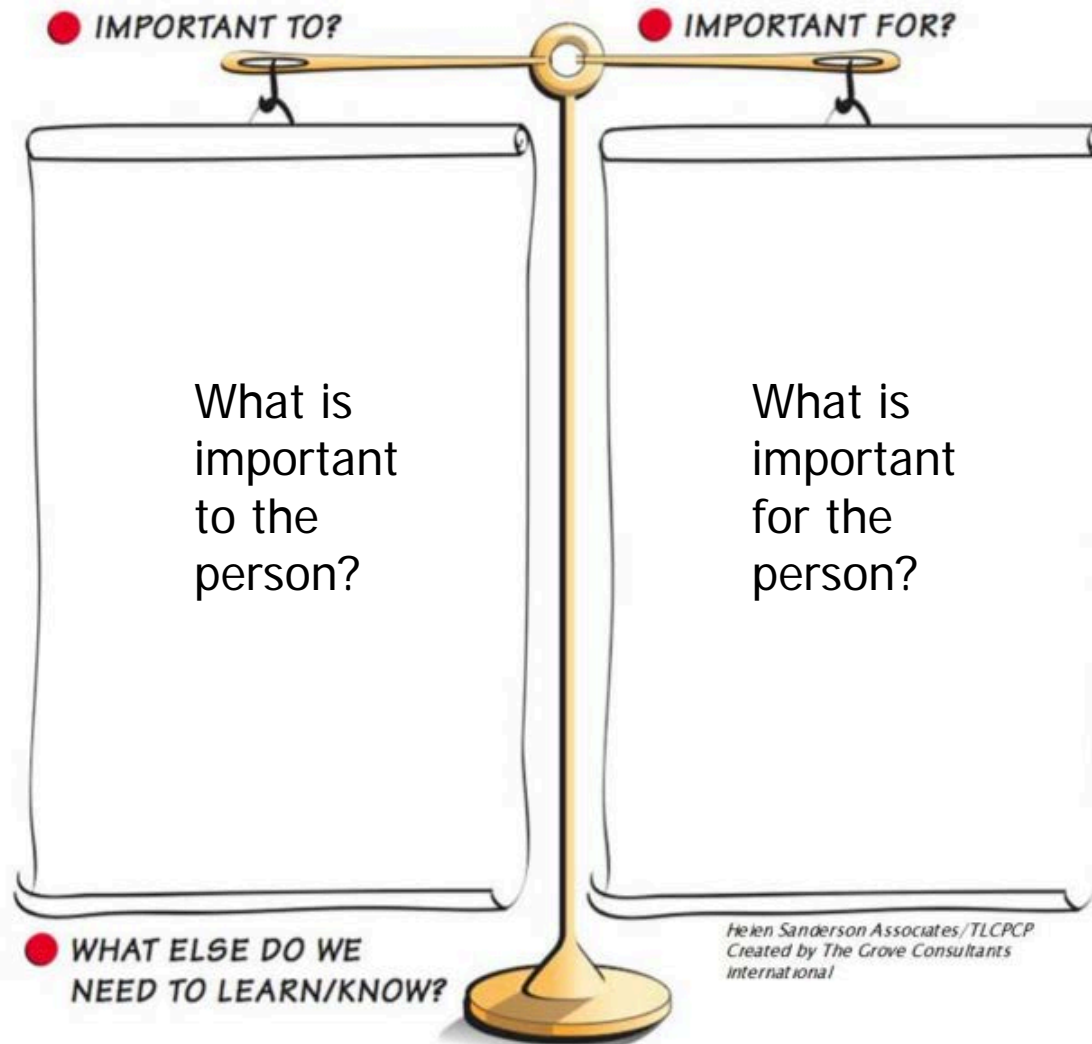
Participants have the opportunity to learn from their mistakes

Effectiveness and quality are measured by the participant



Core Concept

SORTING IMPORTANT TO/FOR



The Partnerships Project

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2012 AAA Staff Survey Finding

- ❑ Social workers or those in social work positions
- ❑ Most necessary work-related training needs:
 - ❑ Participant Direction
 - ❑ Person-Centered Practices

Partnerships Project

- ❑ Prepares BSW and MSW students with PC/PD competencies
- ❑ Targets Aging and Disability Resource Centers (ADRCs) and social work programs in Administration for Community Living's eight Enhanced ADRC Options Counseling states and New York City
 - ❑ Connecticut, Maryland, Massachusetts, New Hampshire, Oregon, Vermont, Washington, Wisconsin
- ❑ Builds upon GeroRich Program's and Gero-Ed Center's successful utilization of planned change model of curricular and organizational change

Curricular Analysis Strategies: Assessing Readiness for Change

- ❑ Review course syllabi
- ❑ Obtain input from curriculum program committee, faculty, students, community partners
- ❑ Despite best curricular analysis and input, resistance may occur
 - ❑ “Curriculum bucket is too full”
 - ❑ Competency fatigue

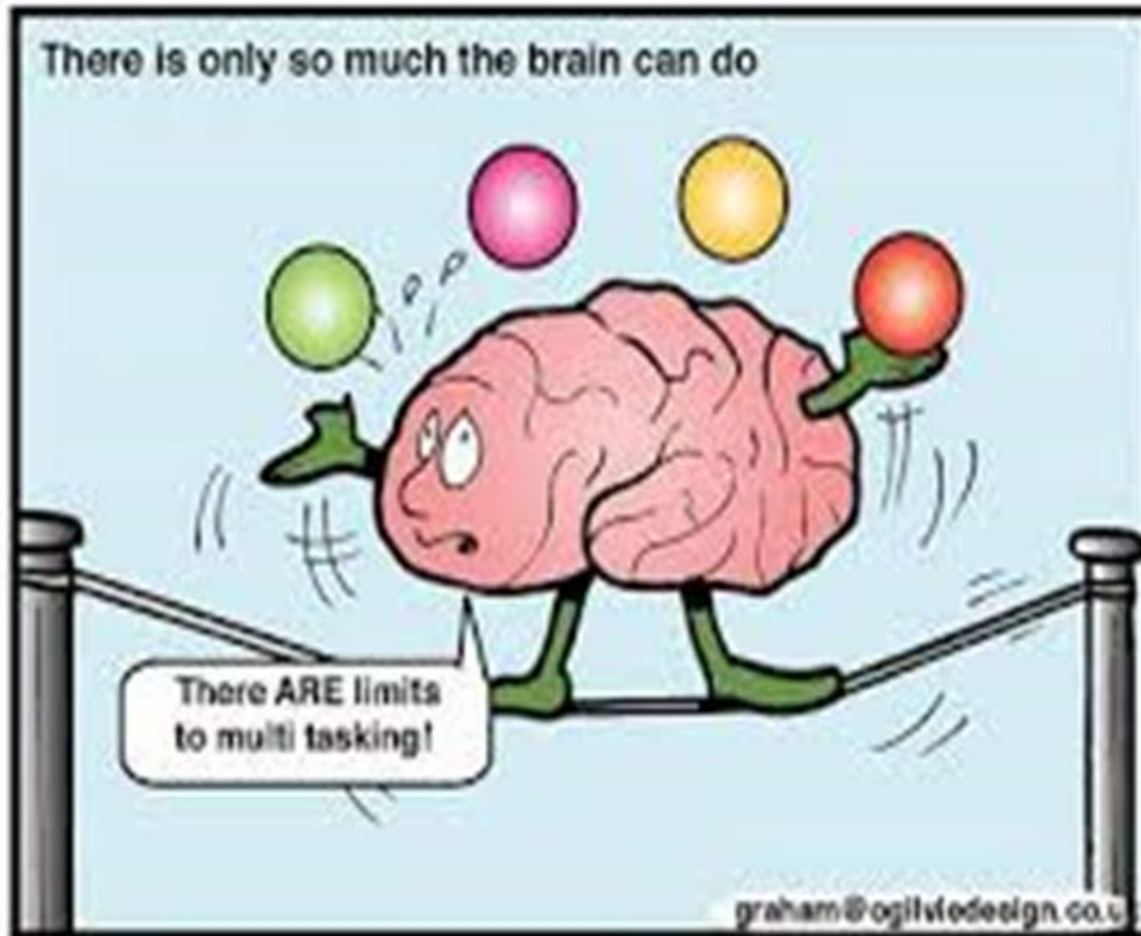
Infusion Approach to Curricular Change

- ❑ The embedding of PC/PD knowledge, skills, and values throughout the entire course, not just one class session
 - ❑ Course description, objectives, assignments, readings, and exercises, where appropriate
- ❑ More than a list of competencies: links course content, readings, class exercises, media, & assignments to the targeted PC/PD & EPAS competencies
 - ❑ *Competencies Teaching Resources* (Matrix)
- ❑ Guidelines for Infusion: Ideal to move toward

Overcoming Resistance

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Asking for One More Thing! Really?



Thinking About “Resistance” ...

□ Resistance (Noun):

- the act or power of resisting, opposing, or withstanding
- the opposition offered by one thing, force, etc., to another

(Dictionary.com)

Small Group Exercise

Engaging Faculty and Relevant Others in Curricular Change

- ❑ What does resistance mean to you and how have you dealt with it in the classroom or field?



Asking Faculty to do One More Thing! Really?

- ❑ Maybe resistance is really just about...
 - ❑ Multiplicity of responsibilities
 - ❑ Information overload
 - ❑ Multi-tasking
 - ❑ Heavy workloads
 - ❑ Limited budgets
 - ❑ Family, friends... having a life!
 - ❑ Our world today

Implementation

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Experiences in Implementation

What experiences have you had in making curricular change?



Strategies for Success: Help Engage Faculty to Facilitate Change and Implementation

- ❑ Relationship-building
- ❑ Logistics
- ❑ Faculty Recognition
- ❑ Maintaining enthusiasm and being realistic!

Effective Implementation

- ❑ Course Objectives – *By the end of this course, students will be able to:*
 - ❑ Articulate ways to **advocate for consumer access to the services** of social work (CSWE competency, language changed to reflect PC/PD philosophy)
 - ❑ **Describe the philosophy and service model of person-centeredness in the context of social work as well as the roles and responsibilities of social workers, consumers, and agencies** (PC/PD competency linked to CSWE competency)

Effective Implementation

- ❑ Course Requirements – *Theory Application Paper (Linked to course objectives)*:
 - ❑ Pick an issue in which you're interested. Based on what you know about the issue, apply a theoretical perspective to the issue that you think explains the dynamics of it. Include the following in your discussion:
 - How does the theory “explain” the issue (e.g., what “causes” the problem from a generalist perspective, how are people affected by it)? (25 points)
 - How would you intervene with a **consumer** who presented with problems related to the issue? **What would the roles be of the social worker, consumer, and agency using the theory? How does that compare to person-centered, participant-directed approaches?** (25 points)

Effective Implementation

- *Theory Application Paper (continued):*
 - Summarize whether or not the literature supports your ideas. What theoretical perspectives are presented in the literature related to this issue? What theories do others use to “explain” and to intervene with the issue? (25 points)
 - Briefly discuss the strengths/weaknesses to both your perspective and that presented by the literature. **Include a discussion on how these perspectives align (or don't) with strengths/person-centered, participants-directed philosophies.** (25 points)

Take-Away Points

- ❑ Importance of engaging faculty and community partners from inception
- ❑ Emphasize ways to enrich courses rather than “taking away” other elements
 - ❑ Be ready to assist colleagues with changes
- ❑ Connect to what faculty are already doing
 - ❑ Cross-cutting areas: Not just aging and disabilities

Take Away Points

- ❑ Infusion throughout the course, including language
- ❑ Use *Competencies Teaching Resources* matrix as starting point; tailor to fit your program
- ❑ Utilize existing resources from Tool Kit or www.Gero-EdCenter.org
 - ❑ No need to “reinvent the wheel”
- ❑ Curriculum change is often incremental and never proceeds in a linear fashion

**And remember who
ultimately benefits...**

