Person Centered Care plan

Strengths and Barriers

Sample Strengths:

1. The member takes personal responsibility for their actions
2. The member has a strong support system to help them achieve their goals
3. The member is rebuilding a positive sense of identity
4. The member believes in the possibility of recovery
5. The member has dreams and aspirations to achieve their long term goals
6. The member is regaining control over their life by discovering their skills, assets and abilities.
7. The member has the motivation to make positive changes in their life
8. The member has steady employment or volunteer work.
9. The member is intelligent
10. The member has knowledge about their disease
11. The member is spiritually connected
12. The member is in good physical health
13. The member is in good mental health
14. The member has adaptive coping skills
15. The member is capable of independent living.

Sample Barriers:

1. Difficulty with communication and comprehension due to a cognitive impairment
2. Difficulty with accessing activities/resources due to decreased mobility
3. The member has symptoms related to their mental health that are interfering with their ability to make informed decisions
4. The member does not feel heard when speaking to their providers.
5. The member does not have adequate transportation
6. There is no support available to help the member care for their children
7. The member feels socially isolated
8. The environment in which the member lives poses a risk to their health and safety.
9. The member feels powerless over their life.
10. The member utilizes unhealthy coping mechanisms to deal with stressors.
11. The member lacks financial/material resources
12. The member has a language barrier that leads to issues with communication and comprehension

A person-centered care plan model emphasizes a person’s strengths: positives, assets, skills, and abilities.

It supports the member in making their own decisions.

Some questions to consider during the development –

* What is working well?
* What has helped in the past?
* What things are not working well?

When a member engages in a shared decision making for the development of their care plan the following occurs:

* They learn about their Health
* Recognize that a change needs to be made and are informed about their options
* Understand the pros and cons
* Have the information they need to evaluate their options.
* Are better prepared to speak with their provider
* Collaborate with their supports to make the right decision
* Are more likely to follow through with their plan of care.

Questions to ask the member when developing goals:

* How will you know when your goals are met?
* What will your life look like?

The plan should be developed from a strength-based approach.

See listed sample strengths above.

Barriers are what gets in the way of achieving a goal. They should not be presumed as permanent.

Barriers should be used to focus on helping the member develop new skills and work around problems.

Barriers show the needs of the member – medical necessity, linkage to resources etc and should be used as a starting point to measure progress.

See listed barriers above.