



Person Centered Care Planning

Passion to Purpose, Progress to Practice

Hope is the only bee that makes honey without flowers.
Robert Green Ingersoll

Do we educate people about the promise of recovery from the point of first contact to nurture hope and self-activation?

Do we practice strength-based, culturally-sensitive methods of assessment?

Do we invite people to actively involve friends and family in PCCP meetings to strengthen their natural circle of support which helps sustain their recovery in the community?

Do we provide education to service users so that they can be prepared to participate as equals in the PCCP process?

Do we support the dignity of risk and right to fail and maximize the use of self-directed wellness or advance planning tools?

Do we share a copy of the co-created plan and offer people an opportunity to review it, make revisions, and even disagree?

These are the questions PCCP practitioners challenge themselves with on a daily basis.

Process: Best-practice Person Centred Care Planning (PCCP) is about much more than the treatment plan document itself. PCCP must be fundamentally rooted in a mutually respectful and healing relationship between a practitioner and the person being served. Establishing and maintaining such a relationship may involve significant shifts in how we partner with patients before, during, and after planning meetings. Taking stock of one's current practice by reflecting on the listed questions is a start. This could be done as an exercise in a team or with individual patients looking back on the journey together. Answers sought retrospectively could inform practice prospectively if one remains mindful of their own strengths and areas of development. Sharing ones experience of PCCP with fellow colleagues will give rise to more questions, if an individual practitioner can truly embrace the person they are supporting as their guide, answers too will blossom. The **cross pollination** on offer will bring progress to practice.



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