NY Connects Information & Assistance (I&A): Core Skills Refresher, Options Counseling (OC) and Person-Centered Counseling (PCC)

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Learning Objectives

- Understand definitions, terms, and concepts of Options Counseling/Person-Centered Counseling within the context of the National Options Counseling Standards.

- Experience the usefulness of the skills and tools of Options Counseling/Person-Centered Counseling.

- Advance supporting quality of life and community maintenance of older adults, persons with disabilities and persons with Alzheimer’s disease and other dementias and their caregivers including addressing Behavioral Health and Substance Use Disorders concerns.
Activity: Introductions
Activity

Pair off with someone that you don’t know, or know very little, and introduce yourself to that person.

- There are two rules:
  - Do not share what you do professionally, your job, position, degrees or title
  - No questions of the other person when they introduce themselves
- Then switch to allow the other person to introduce themselves to you following the same two rules.

- Please start and spend about 2-3 minutes each introducing yourself
Debrief

- What was it like to introduce yourself by talking about personal things instead of professional things?
- How did you decide what to share and how much?
- What if a professional person wanted a lot of personal information about you – how would you approach that?
- Why does this matter for our work here today?
Information and Assistance

- Standardized comprehensive screening process, personalized counseling to help consumers make informed decisions and access available long term services and support options.

- Long term services and supports options for older adults, individuals of all ages with disabilities, and caregivers.

- Available by telephone; face to face meetings at the office, in the community or in the home; or email.

- Online resource directory of providers of long term services and supports
Building a New Approach

New York State Health Commerce System (HCS)
Secure web portal managed by the New York State Office of Information Technology Services (ITS)

Uniform Assessment System (UAS-NY)
Secure, web-based software application housed in HCS.

NY Connects NWD
Screen: Separate module/application contained within the UAS-NY

UAS-NY Assessments:
Adult and Pediatric Assessment Instruments for individuals served in NYS Medicaid home and community-based long term care setting

NY Connects I&A
AAA I&A

MO S COMPASS
34 Best Practice Workflows for Aging Services and Supports

Reporting

Billing

Tracking
No Wrong Door (NWD) Screen

- Individuals making inquiries about community long term services and supports (LTSS) will go through a No Wrong Door screen,
  - collects preliminary financial and functional data,
  - points to potential needs and program eligibility.
- This screen may be conducted over the phone or in person by trained, designated NY Connects (NWD) staff.
  - User roles and user authorization is required to access the system.
Uniform Assessment System (UAS)-NY

- A secure, web-based software application platform accessible through the HCS portal.

- The UAS-NY contains electronic adult and pediatric assessment instruments for individuals being served in New York State’s Medicaid home and community-based long term care settings.

- Some AAAs may be conducting selected assessments within the UAS-NY.

- Access to a particular application is based on the user’s defined role, rights and authorization.
Challenges

- Demand and uptake remain unpredictable
- Appropriate infrastructure for demand management and resourcing
- Customising technology to ‘enable’ online interaction
- Balancing person-centeredness with requirements.
- Avoiding a sense of de-personalization
Setting up your Equipment
Video Activity:
Getting the Whole Story
Debrief

- What did the I&A Counselor do that helped facilitate the call?
- What things did the I&A Counselor do that made the call more challenging?
- What would you and why?
It begins with Good Telephone Communication Technique
Talk with a Smile in Your Voice

- Be kind, polite, direct, enthusiastic and speak with a strong voice.
- Try to have little or no background noise, e.g., loud radio.
- Don’t be too familiar.
- Do not yell or talk to others in the room while you are on the telephone.
- Do not eat, drink, or chew gum while talking on the telephone.
- Always have your computer open to the entry screens
- When answering the telephone and the caller did not hear your introduction and says, “Is ______ in?” DO NOT respond with: “Yes.” - This is confusing to the caller. Instead, answer by saying, “This is he/she” or “Speaking.”
Close the Call Correctly

When the conversation is completed:

- Make sure that the caller has no more queries.
- Use “Goodbye, thank your for calling,” or some other appropriate closing to indicate the conversation is ended.
- Let the caller put down the receiver first so they don't feel you have cut them off.
Transfer Calls Quickly and Correctly

- Correct transfer of a call requires the person who answers the telephone to get adequate information for correct referral.

- When a call must be transferred, tell the caller to whom he/she will be transferred, “I’ll give you Ms Brown; she handles those matters; just a moment, please.”

- Be sure you are transferring the caller to the proper person.
Be sure you are understood

- Speak distinctly at a moderate pace, with enough volume to be heard clearly.
- Stay with your caller. Don't give important information when the caller doesn't appear to be listening.
- Use everyday language. When you must use a term callers may not understand, explain it.
- Repeat, or spell out, information.
- Check on the person’s understanding of what you have said.
- Encourage questions.
**OARS**

- **Open-ended Questions**: usually start with words like When, How, What, Who (but not Why)
- **Affirmations**: developing a sense of safety for the person that you are not blaming or judging.
- **Reflective Listening**: to allow the person to hear their own words, and experience your understanding
- **Summarizing**: statements throughout the interview that capture the main points made by the person, and as a way to transition
Managing A Conversation – Completing Data Entry

- Explain you will be entering data and why
- Short well crafted questions presented in a conversational style and targeted to gather needed information
- Explain what you will be gathering in each section of Statewide Client Information System and NWD screen
- Give an estimate of time for each section and tell consumers periodically how much progress has been made
Managing a Conversation – Respectful Communication

- Explain that you are entering data
- Ask for a moment if text is being entered
- Practice supportive phrases: thank you for your patience; I know this is taking longer than you may have thought; I want to be sure that I get your information entered correctly; once this is entered we won’t need to do this again,...
Other I&A Considerations

- A standardized protocol for calls
- Practice use of the different screens
- In phone communications there are no non-verbals to provide additional clues or to reassure consumers – a NY Connects Information and Assistance Specialist must rely on what they hear
- Equally what Specialists say is critical to the consumer
- Open-ended questions, close listening, clarifying and asking for detail and summarizing to check accuracy are key skills
Options Counseling /Person-Centered Counseling
Person-Centered Counseling

- Problems we are trying to solve are adaptive, complex, and ever changing
- Person-Centered Counseling uses principles and flexible foundational approaches to reach people where they are and to provide adaptive solutions - impact and outcomes should drive interventions
- Person-Centered approaches are broad, highly applicable and malleable to the situation
Definition

- Person-Centered Counseling (PCC) is based on the core values of individual **choice**, **direction**, and **control**.

- PCC is also based on the principle of ensuring people have enough support to experience typical, inclusive, and preferred opportunities in a culturally relevant way.
A Person-Centered Counseling (PCC) professional helps people from a variety of circumstances sort and manage the many choices they have to make.

- They do this by helping people consider what's important to them and for them and how they would like to balance these aspects of their lives.
- They help people connect to natural supports, adaptations, and accommodations, along with services and programs as make sense given the person's preferences.
- They support consideration of future needs in a proactive way, trying to understand what is meaningful to the person.
I don’t want to tell you....

People will have concerns about what information they are willing to share, whom they share it with, and in what way.

Sensitive issues include:

- Using public programs
- Providing financial information
- Acknowledging criminal history
- Challenges experienced in ability to care for self (or their loved ones)
Defining Options Counseling / Person Centered Counseling

- An interactive and individualized process
  - individuals, caregivers, or their families are assisted in
    - evaluating LTSS options
    - making decisions based on individual’s values, needs and preferences, and cost.
- A distinct and specialized service offered by NY Connects.
- Usually offered in person but may be conducted over the telephone.

Targeted at individuals in need of long term services and supports or their caregivers or families in need of greater decision support.
Goals of Options Counseling/ Person-Centered Counseling

- To provide people with the information they need to make informed choices.
- To provide guidance by matching people’s needs and preferences with available services and supports.
- To help plan for the future.
- To help improve the quality of life of people receiving LTSS.
Elements of /Options Counseling/ Person-Centered Counseling

- Identifying individual, caregiver, or family needs, values, and preferences.
- Identifying individual’s current informal and formal supports.
- Providing information and assistance with connecting to public and private resources.
- Assisting individuals, their caregivers, or family in deciding course of action, allowing for self-determination and a person-centered approach encouraging individuals to lead in selecting the services which best fit their needs.
- Counseling, support and follow-up.
Self-determination AND Person-Centered Approaches

- **Competence:** People need to gain mastery of tasks and learn different skills.
- **Connection or Relatedness:** People need to experience a sense of belonging and attachment to other people.
- **Autonomous:** People need to feel in control of their own behaviors and goals.

A person-centered approach;
- an individualized process responding to the personal goals, preferences, desires, and needs.
Options /Person-Centered Counselors

- Prioritize the person’s needs and wants.
- Identify and include their values and preferences.
- Identify options available to meet their needs.
- Identify the next steps for addressing long-term needs.
- Develop a written “Action Plan” to help guide future decisions and action steps.
How is Options Counseling / Person-Centered Counseling Different from Information and Assistance?

- For individuals, caregivers, and families who need more and ongoing assistance, not just information.
- Requires more time than the average I&A call.
- Encourages individuals to look beyond immediate needs to plan for the future.

**Most helpful** for people who are:
- contemplating future planning for LTSS.
- experiencing a major life changing event.
- Caregivers needing help providing continued care.

Or transitioning from:
- School-based systems to adult service systems
- Facility-based care to home.
The Steps of Options Counseling/
Person-Centered Counseling
Tools to Guide the Delivery of Decision Support

- Importance and Readiness Rulers.
- Preferences Map.
- Relationship Map.
- Options Counseling / Person-Centered Counseling Action Plan.

The answers to these questions help build an action plan.
Mapping

Options Counseling/Person-Centered Counseling

Relationships Maps

Options Counseling/Person-Centered Counseling Preferences Map

<table>
<thead>
<tr>
<th>WHAT WORKS PROMOTES WELL BEING</th>
<th>WHAT DOESN'T WORK, INHIBITS WELL BEING, PEACE OF MIND, COMFORT, CREATE ISOLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEACE OF MIND, COMFORT, CONNECTION WITH OTHERS</td>
<td></td>
</tr>
<tr>
<td>FAMILY</td>
<td>People who sweep in and take over without even asking me about what's going on</td>
</tr>
<tr>
<td>FRIENDS &amp; NEIGHBORS</td>
<td>Being dependent on others to get around – need shopping, etc.</td>
</tr>
<tr>
<td>INTIMATE</td>
<td>Worrying that I will be a financial burden to my family</td>
</tr>
<tr>
<td>NEIGHBORHOOD</td>
<td>Walking long distances, fatigue easily – Has to use scooter when available at stores, a cane, or holding someone's arm</td>
</tr>
<tr>
<td>SENIOR CENTER</td>
<td>Roland's Birthday, our anniversary and the day he died – I get very sad and miss him so much</td>
</tr>
<tr>
<td>FRIENDS, FAMILY</td>
<td>Knowing what will be covered by my insurance</td>
</tr>
<tr>
<td>FRIENDS &amp; FAMILY</td>
<td>Being in my own home</td>
</tr>
<tr>
<td>PAID SUPPORT PERSONS</td>
<td>Having my house maintained, the grass mowed, repairs made</td>
</tr>
<tr>
<td>NEIGHBORS &amp; ACQUAINTANCES</td>
<td>Being stubborn – I usually get what I want</td>
</tr>
</tbody>
</table>
**Long Term Services and Supports**
**Options Counseling/Person-Centered Counseling Action Plan**

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Date: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Person Needing LTSS</td>
<td>Phone Number: _____________________</td>
</tr>
<tr>
<td>Email: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Address: ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

**Challenges to Meet:**

**Preferences and Desired Outcomes:**
Action Planning

Strengths, Possibilities, and Options:

Action to Take, Next Steps and Follow up:

Options Counselor: ____________________________
Video: Options/Person Centered Counseling

Options/Person Centered Counseling
The Skills of Options/Person-Centered Counseling
Requirements for Implementing Options Counseling / Person-Centered Counseling

- Track and document.
- Continued training for Staff.
- Operational protocols, including referral procedures.
- **Consent**
Options Counseling / Person-Centered Counseling ultimately offers assistance by

- Helping the individual sort through and understand the options.

- Facilitating individual decision-making and building a sense of empowerment in the individual.
Good Practices

Purposeful Discovery

- Stay focused and only ask for information that applies to the current issues. Everything should flow from the person’s unique situation and goals.

Be Clear

- Be transparent and upfront about your role - why are you asking a question? ..... it’s required for an assessment, it’s for a program, or it’s to better understand the person’s needs, preferences, or values.
Good Practices

Get Permission

- Do not start formal processes with the person (such as an eligibility assessment) without tying it to a person-centered action step and getting permission first. Work with the person every step of the way to ensure they are in control of the process and it is working for them.

Be Honest

- Make sure people know that you will not be able to answer all their questions or fulfill all their needs. Be honest when you don’t know the answer or make a mistake. It’s very important to be genuine and humble when helping others.
Good Practices

Respect Supporter Views

- It’s okay and normal for family members or other caregivers to have different views than the person.
- Never pit people’s needs against each other. Reassure everyone that their opinions and needs matter – a separate person-centered plan for the caregiver or family member may be needed.

Anticipate Change

- The information a person shares may at first provide only a partial picture of the situation - some of the information may not be reliable - anticipate that the plan may need to be changed or developed over time.
Focus on Strengths, Be Realistic and Address Risk

**Strengths**: there are times when caregivers, professionals, or even the person can get stuck in a pattern of loss and deficit thinking

**Be Realistic**

- A person with a disability who wants a bigger apartment:
  - “Okay let’s figure out how much rent will cost and how that affects your budget.”
  - **Not**: “You will never earn enough to afford your own place. You won’t have any money left over to eat!”
  - **Never**: “You want an apartment? That’s great. I’ll put that on the plan. Now can we talk about some more realistic goals?”

**Dignity of Risk**

- Risk may be supported but the plan is meant to minimize the negative consequences that can occur because of inadequate support/information
Key Challenge

Ambivalence

“I want to do something to improve my situation, but I don’t want to do something.”

- Very few decisions in life are made with 100% certainty.
- *Ambivalence is normal* - part of the change process - part of options counseling / person-centered counseling sessions.
Counselor Skills

Specific Skills

- Simple Reflection
- Open-ended Questions
- Listen Reflectively
- Expressing Empathy
- Affirm
- Avoiding Arguments
- Shifting Focus
- Reframing
- Rolling with Resistance
- Siding with the Negative
Self-Efficacy

- The belief that one can perform a behavior or accomplish a particular task

- Belief in the possibility of change is an important motivator.

- The person, caregiver or family is responsible for choosing and carrying out the plan.

- There is hope in having options available.
Develop Discrepancy

- Motivation for change is enhanced when the person perceives differences between their current situation and their hopes for the future.

- Developing awareness of consequences further helps the person examine options.
Open-ended Questions

- Asking open-ended questions helps you understand the person’s point of view, clarify what they said and elicit their feelings.

- Usually start with “How” or “What”

- Open-ended questions facilitate dialog; they cannot be answered with a single word or phrase and do not require any particular response.
Listening: Active and Reflective

- Active listening
- Focuses attention on the speaker
- Helps keep a discussion moving forward
- Reinforces participant was understood
- Encourages further disclosure
- Acknowledge the emotional component
Expressing Empathy

- Empathy communicates acceptance, while supporting the process of change.
- Acceptance facilitates change.
- Skillful reflective listening is fundamental to expressing empathy.

Affirm
- When it is done sincerely, affirming someone supports and promotes self-efficacy.
Replacing Argument with Reflection

- Arguments are counterproductive.
- Defending breeds defensiveness.
- Resistance is a signal to change strategies.

*Respond to resistance to change with nonresistance*

- Repeat the person's statement in a neutral form.

Acknowledges and validates what the person has said and may elicit a new and opposite response.
Managing Resistance

Shifting Focus
- Defuse resistance by helping person shift their focus away from obstacles and barriers.
- Offers an opportunity to affirm person's personal choices and what is working in their life.

Reframing
- When person is denying problems that need to be addressed or is resistant to taking needed steps reframing acknowledges validity of concerns but offers new and more positive interpretation.
Managing Resistance

Rolling With Resistance

- Perceptions can be shifted.
- New perspectives are invited but not imposed.
- The person is a valuable resource in finding solutions to their own problems.

Siding with the Negative

- If person is ambivalent about changes or activities needed, your taking the negative side of the argument evokes a "Yes, but..." person may then consider and express the other (positive) side.
Video: Responding to Resistance

Responding to Resistance
Debrief

- What did the I&A Counselor do that helped facilitate the call?
- What things did the I&A Counselor do that made the call more challenging?
- Why do you think the consent was difficult for the caller and the I&A Counselor?
- What would you do and why?
Why we ask for consent

- Purpose is to help find out what needs you may have and also which service system and kinds of services may assist you. You do not need to answer any questions you do not want to.

- If you do not want some information entered into the data system, you can tell me not to enter it.

- I will be entering the information into the Statewide Client Data System maintained by the New York State Office for the Aging and the UAS-NY Database maintained by the New York State Department of Health.
  - All personal health information and personal identifying information must be kept confidential by law.
  - Only those agencies and individuals assisting you in some way will be granted secure access to see this information.
  - At no time will your personal information be disclosed to third parties without proper authorization.
What people are or may be consenting to

- I would like to ask you some questions so I can understand the situation and then we will talk about what options may be helpful.
- We'd like to confirm or update your information. May I proceed?

- ...questions about your living situation, health and mental health...activities such as cooking, cleaning, and personal care and any difficulties with doing these activities.... state and/or federal benefits you may currently receive and what needs you may have.
Consent Barriers

- Lack of staff time
- Confusion about when consent is needed
- Caution about giving too much information
- Consent form is “just a legal release” for staff to proceed
- Person’s not knowing they can refuse/delay consent
- Person’s language and cultural issues
- Special circumstances
- Inability to comprehend information on the consent form or related educational information
- Staff inability to detect person’s lack of comprehension
Improving Willingness to Consent

Consent forms written in simple sentences

- Create the time for discussing and obtaining consent
- Allow time for questions
- Make sure the person understands
  - Capacity is assumed, but listen for cues that the person may not be understanding – summarize, re-state, or ask questions
- Plan for language assistance in advance of appointment

Documentation

- Following the script
- Written follow-up on verbal consent
- Written attestation of informed consent
Next Steps

Complete the handout
Refining Your Role in Navigating Decision Points

- Why a person-centered plan (PCP)? What can it do to help the caller? Do I feel it is worth the effort?
- What’s my role and the role of the caller in planning? Who else needs to be involved and how? What are the limits of involvement?
- What do I need to make this work for me? How will discovery and planning be paced and organized? How will privacy be ensured? Do I need translators or communication support? What if I don't agree with others or the caller?
- What will I do with the plan once it is prepared? How will I share it? When and with whom will I share it? Which parts need to be shared and tracked?
Karen’s Story

This stuff really does work!
For more Information
ceacw@albany.edu
toll-free 877-496-2780

Thank you!