

# CareCertify LLC

## Behavioral Health Series

### BHS-011

## Person-Centered Care in Behavioral Health Settings

### Participant Guide

Group: Group 3: Direct Care Skills | Credit Hours: 1.5

For Home Health Aides, CNAs, PCAs, DSPs & Direct Care Staff

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## Learning Objectives

Upon completing this course, you will be able to:

- Define person-centered care and its core principles in behavioral health
- Distinguish person-centered care from task-focused or diagnosis-focused care
- Apply person-centered communication techniques in daily interactions
- Support client autonomy, dignity, and self-determination
- Adapt care approaches to individual client values, preferences, and goals

## Section 1: What Is Person-Centered Care?

Person-centered care (PCC) is an approach that places the individual — not the diagnosis, not the task, not the schedule — at the center of every care decision. In behavioral health, this means recognizing each client as a whole person with unique strengths, values, preferences, and life goals.

### Core Principles of Person-Centered Care

Dignity and Respect: Honor the client as a unique individual  
 Information Sharing: Communicate clearly and transparently  
 Participation: Involve clients in decisions about their own care  
 Collaboration: Work with clients, families, and teams as partners

## Section 2: PCC vs. Traditional Task-Focused Care

Traditional care often organizes the workday around tasks: medications, meals, hygiene. Person-centered care organizes the workday around the person: their rhythm, their preferences, their goals for the day.

✓ DO	✗ DON'T
Ask the client what matters most to them today	Follow a rigid schedule regardless of client needs
Adjust routines to match client preferences when possible	Make decisions about care without involving the client
Involve clients in setting their own goals	Focus only on what the client cannot do
Acknowledge feelings before moving to tasks	Rush through interactions to complete a task list
Use the client's preferred name and pronouns	Override a client's preferences without discussion

### Section 3: Person-Centered Communication

The words you choose and the way you listen communicate whether you see the person or just the condition. Person-centered communication is active, affirming, and attentive.

- Ask open-ended questions: "What would make today feel good for you?"
- Reflect back what you hear: "It sounds like you want some quiet time this morning."
- Avoid interrupting or finishing sentences for the client
- Check in: "Is this working for you, or would you prefer something different?"
- Validate emotions: "That makes sense — it sounds really hard."

#### SCENARIO

You have a morning routine with your client that typically follows a set order. Today he tells you he wants to skip breakfast and just listen to music for a while.

Response: Respect his preference. Adjust the routine and sit with him while he listens to music. Let him lead. If medically relevant (e.g., he takes medication with food), note the concern and discuss it collaboratively: "I want to make sure you stay comfortable — can we figure out a way to fit your meds in without interrupting your music?"

### Section 4: Autonomy, Dignity, and Self-Determination

Every person has the right to make decisions about their own life, even when those decisions are not what caregivers or family members would choose. Supporting autonomy means respecting those rights — including the right to make imperfect choices — while ensuring safety.

#### Balancing Autonomy and Safety

Clients have the right to:

- Choose their own activities, meals, clothing, and routines
- Decline care they do not want
- Make decisions others may disagree with

Your role is to:

- Inform, not control
- Offer options, not ultimatums
- Document and report concerns through proper channels
- Never override autonomy without clinical or legal justification

## Section 5: Adapting Care to Individual Values and Goals

No two clients are alike. Effective person-centered care requires learning what matters to each individual and letting that guide your interactions.

- Ask clients about their cultural, spiritual, and personal values
- Learn what gives each client joy, meaning, or a sense of purpose
- Incorporate preferred routines, foods, music, and relationships into care
- Recognize that goals evolve — check in regularly
- Document preferences in the care plan and communicate them to the team

### Quick Reference Summary

<b>Core PCC Principle</b>	Dignity, Respect, Participation, Collaboration, Information Sharing
<b>Open-Ended Question Example</b>	"What would make today feel good for you?"
<b>Client Autonomy</b>	Clients have the right to make decisions — even imperfect ones
<b>When Autonomy Conflicts with Safety</b>	Inform and document; do not override without clinical justification
<b>PCC Goal</b>	Care organized around the person, not the task list