Person Centered Care Planning Questionnaire — Provider (P) Version

Tondora, J., & Miller, R. (2009). Yale Program for Recovery and Community Health.

Please indicate the degree to which you agree or disagree with the following statements about your experiences of treatment planning.

The scale ranges from 1 for strongly disagree to 5 for strongly agree, with the following options in between. It also is possible to check DK if you feel you do not know how to rate a specific item.

1 Strongly disagree | **2 Somewhat disagree** | **3 Neither agree nor disagree** | **4 Somewhat agree** | **5 Strongly agree** | **DK I don't know**

		1	2	3	4	5	DK
1.	I remind each person that she or he can bring family members or friends to treatment planning meetings.						
2.	I offer each person a copy of his or her plan to keep.						
3.	I write treatment goals in each person's own words.						
4.	Treatment plans are written so that each person and his or her family members can understand them. When professional language is necessary, I explain it.						
5.	I ask each person to include healing practices in his or her plan that are based on his or her cultural background.						
6.	I encourage each person to include other providers, like vocational or housing specialists, in their meetings.						
7.	I include each person's strengths, interests, and talents in his or her plan.						
8.	I link each person's strengths to objectives in his or her plan.						
9.	I make sure that plans include the next few concrete steps that each person has agreed to work on.						
10.	I include those areas of each person's life that he or she wants to work on (like health, social relationships, getting a job, housing, and spirituality) in his or her plan.						
11.	I try hard to understand how each person accounts for what has happened to them and how they see their experiences based on their cultural background.						
12.	I include in treatment plans the goals that each person tells me are important to them.						
13.	I develop care plans in a collaborative way with each person I serve.						
14.	I encourage each person to set the agenda for his or her treatment planning meetings.						
15.	I use "person-first" language when referring to people in the plan, i.e., "a person with schizophrenia" rather than a "schizophrenic."						

PLEASE TURN OVER

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		1	2	3	4	5	DK
16.	I consider cultural factors (such as the person's spiritual beliefs and culturally-based health/illness beliefs) in all parts of the treatment planning process.						
17.	I let each person know ahead of time about their treatment planning meetings.						
18.	I include goals and objectives in treatment plans that address what each person want to get back in his or her life, not just what he or she is trying to avoid or get rid of.						
19.	I explain to each person how much time they have to work on each step in their plan.						
20.	As part of planning meetings, I educate each person about his or her rights and responsibilities in care.						
21.	I identify an explicit role and action step(s) for each person in the interventions section of his or her plan.						
22.	I also identify explicit roles/action steps for each person's supporters in the interventions section of the plan.						
23.	I offer education about personal wellness and self-determination tools such as WRAP and advance directives as part of the planning process.						
24.	The interventions and action steps identified in the plan encourage the person's connection to integrated/natural settings and supporters (rather than segregated settings designed only for people with mental illness).						
25.	I ask about cultural beliefs and areas of each person's cultural background that I do not understand to enhance the cultural relevance of the planning process.						
26.	I support people in pursuing goals such as housing or employment, even if they are still struggling actively with medication adherence, sobriety, or clinical symptoms.						
27.	I offer education about peer-based services and mutual support groups as part of the planning process.						
28.	If requested or needed, I utilize bilingual/bicultural translators throughout the care process.						
29.	I build attention to each person's cultural preferences and values into the process of writing a person-centered plan.						
30.	Each person is involved in the treatment planning process as much as he or she wants to be.						
31.	I identify the purpose of each intervention in the plan to link it to the person's identified goals and objectives.						
32.	I give each person the chance to review and make changes to his or her care plan.						

The most positive part of treatment planning has been…

_____

One thing I would improve about doing treatment planning would be…

_____

THANK YOU!