

Consultant Training Program

Module One: Facilitating the
Paradigm Shift for
Consultants/Support Brokers

Developed by:

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Life

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Module One: Facilitating the Paradigm Shift for Consultants/Support Brokers

- I. Introduction/Overview
- II. Identifying the Components of the Paradigm Shift
- III. What is Participant-Directed Care?
- IV. Exploring the Roles of Participants and Consultants or Support Brokers
- V. Summary and Evaluation

Traditional Case Management

Family Members

Friends

Participant

Agency Services

Staff

Other resources

Participant-Directed Care

Family

Friends

Participant

Community

Agencies

Other Resources

Staff

Consultant/Support Broker

Learning Task One:

Identify the relationship between feelings, knowledge and skills as part of the learning process.

Learning Task Two:

Identify the underlying assumptions of participant-directed care.

Learning Task Three:

Identify the knowledge and skill development necessary for both consultants and participants to move to proficiency in participant-directed care.

Terms in Participant-Directed Care

- Participant-directed care: Also known as self-direction or consumer-direction
- Participant: The person who receives services. Also known as consumer or individual.
- Consultant: Professional who consults with participant in designing care plan. Also known as supports broker or facilitator.

Think of something you learned how to do that was difficult or challenging. How did you feel before you learned how to do it? After?

Accomplishing something new consists of three components:

1. Feeling/emotional components.
2. Knowledge/information components.
3. Acquisition of skills components.

Empowerment:

- Creation of opportunities for self-directed support services.
- Enhances learning, self-motivation and accountability.
- Increases participants' sense of competence and independence.

Assumptions of Participant/Self-Directed Care Models

- Participants are experts on their own care
- Self-directed options should be available regardless of source of payment.
- Some participants prefer to make their own decisions about their care.

Assumptions continued

- Some participants wish to take a more active role in their care.
- Personal assistance services are not medical services.

Assumptions continued

- Participant-directed care may save money with lower administrative costs.
- Participants will exercise their choices and spend money wisely.

Group One:

- Assumption One: Because of professional training, care managers are in a position to best determine what services will support a participant.

Consultant Knowledge/skills?

Participant knowledge/skills?



- Assumption Two: The participant is the “expert” in identification of service needs and preferences.

Group Two:

- Assumption One: Traditional agencies select and employ workers who provide services.

Consultant Knowledge/skills?

Participant knowledge/skills?



- Assumption Two: The participant should be responsible for hiring/firing/supervising.

Group Three:

- Assumption One: Goals/Outcomes determined by consultant with some participant input.

Consultant Knowledge/skills?

Participant knowledge/skills?



- Assumption Two: Goals/Outcomes determined by participant with some consultant input

Group Four:

- Assumption One: Participants receiving public monies should limited decision-making.

Consultant Knowledge/skills?

Participant knowledge/skills?



- Assumption Two: Participants should have maximum choice regardless of source of payment.

Exploring Participant Needs and Desires

- What services would make your life better?
- What activities would make your life better?

- Think about the things you need help with...
- How could supports best fit into how you want your life to be?

- What is the one thing you miss most about your life before you needed support services?
- If supports have always been in place, what do you wish you didn't need help with?

Small Group Exercise:

- One person takes the role of the consultant/support broker.
- One takes the role of the participant.
- Consultant/support broker should begin the process of exploring what the participants wants/needs.

Discussion Questions:

- What was difficult about letting the participant identify needs and wants?
- From the participant's perspective, what was difficult about being asked what you need/want in your life?

Discussion questions...

- Did the consultant feel a need to take over the conversation?
- Did you feel at any time that the participant should not be allowed to make decisions for him or herself?

A final question...

- Does this process go against the grain of what you already know (or have done in the past) in identifying needs with persons requesting services?

Points to remember...

- People may not know what they want or need because they have never been asked.
- It is easy to “rescue” a participant when they are hesitating or having trouble expressing themselves.

Points to remember...

- Making decisions involves risk.
- Transitioning to a participant-directed state of mind involves “letting go” of the need to do the right thing as you see it.