



Comparing person-centred counselling, person-centred planning and person-centred care

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A warning about making comparisons

- Here are three traditions that use the term 'person-centred' but in rather different ways.
- The following tables distil sophisticated and detailed thinking into a few summary points. The simplification risks distorting and misrepresenting each approach.
- Making three columns implies that (a) there are no other uses of the term; (b) there are more differences than similarities; (c) each strand developed without the influence of the others; and (d) there is no variation within each school. Every one of these implications is an error.
- At their best, they are almost interchangeable. Only as these ideas are degraded do they move further apart.

Everything in one table....

Aspect	Person-centred counselling	Person-centred planning	Person-centred care
Pioneer	Rogers	Wolfensberger	Kitwood
Problem	Distress	Exclusion	Illness
Domain	Counselling & Therapy	Ordinary Ambitions	Paid care & Treatment
Goal	Fully yourself	Inclusion	Discharge
Reach	Personalisation	Community	Dignity

Origins

Person-centred counselling

Developed by Carl Rogers in the 1940s and '50s - contributing to the humanistic school of therapies. More from Prof John McLeod at the University of Abertay.

Person-centred planning

Based on Wolfensberger, Vanier, Gold in the 1960's and '70s and developed in the '80s by Mount, O'Brien, Smull – contributing to disability thinking. See *DH Valuing People* (2001) etc.

Person-centred care

Derived from various sources: Canadian OTs (1983), Tom Kitwood (1980s); patient-centred hospital (1988), NHS *Putting people at the heart of care* (2009). See McCormack & McCance (2010).

Who is it aimed at?

Person-centred counselling	Person-centred planning	Person-centred care
Prime target is people who experience emotional problems that they wish to address over time.	Prime target is disabled people and others who find themselves disempowered and excluded from valued roles in society.	Traditional target is people receiving healthcare and those delivering care, whether in hospital or the community ¹ . Widened to any caring process, including social care.

¹ See, for example, Masterson A (2007) Community matrons: person-centred care planning (part one) *Nurs Older People* May, 19(4): 23-6.

What are we trying to do?

Person-centred counselling

A way to conduct a professional counselling relationship within a service setting. Key values, but an open process.

Person-centred planning

Usually based around a structured process to build a personal life plan in which supports are individually designed rather than selected or adapted from a menu. Service people do not need to be involved.

Person-centred care

A way to redesign what happens in caring situations and services so that overall experience is enhanced. Key elements are: working with service user beliefs and values, being with the person, presence, providing holistic care and services, and reflection.

Values about the person

Person-centred counselling

The person is an expert on their own life and can take charge of it to define their own problems and solutions.

Person-centred planning

The person (along with the family, friends and others they invite) specifies, plans and works towards a great life.

Person-centred care

The person is a non-reducible whole whose opinions matter. Demands care giver attributes (e.g. knowing self), know-how, culture of the care agency, processes and priorities of care giving.

Commitment to the person

Person-centred counselling

Deep listening is the basis for finding out who the person is and wants to be.

Person-centred planning

Deep listening leads to personal goals and then changes the world to make them possible.

Person-centred care

Staff need to spend time with patients, be attentive, care about them and 'go the extra mile'.

Who gets the most from it?

Person-centred counselling

Best with people undergoing life transitions who want change through relationship.

Person-centred planning

Best with people undergoing life transitions who want change through relationships.

Person-centred care

Best with people using complex healthcare systems. See McCormack & McCance for differences between patient-centred care and person-centred care.

Which relationships are in the spotlight?

Person-centred counselling

Emphasises the relationship with one highly trained professional counsellor who creates a non-judgemental, affirming and non-directive therapeutic space.

Person-centred planning

Emphasis on many relationships, most of which are found in ordinary places where people are building a friendly and welcoming community together.

Person-centred care

Emphasis on face-to-face time with the keyworker. Minimise the number of different people involved in care delivery. Requires coordination and a supportive care environment.

A vision of the good life

Person-centred counselling

The good life is living in the moment, exercising constructive freedom, daring and creativity .

Person-centred planning

The good life includes finding valued roles, relationships and contribution in the wider community beyond disability services.

Person-centred care

The good patient experience means contributing to problem definition, treatment decisions and care. The service has clearly defined eligibility, assessment, processes and outcomes, briefly recorded in a single care plan.

Wider impacts

Person-centred counselling

Implications for services – especially counselling, teaching (student-centred approaches) and management.

Person-centred planning

Implications for services – especially disability, personalisation and opportunities for staff to achieve their goals too.

Person-centred care

Implications for services – recruit skilled staff who care about patients, create an environment for reflective practice, minimise bureaucracy, tailor care to individuals – and more.

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