



# National Center on Advancing Person-Centered Practices and Systems

## Transcript from a short video “Personcenteredness is About Empathy” from NCAPPS’s Pandemic Wisdom series

*Valerie Bradley is a founder and President Emerita of [Human Services Research Institute](#) a nonprofit consultancy which helps government agencies craft equitable, sustainable, community-based, and person-driven service systems.*

**BEVIN:** Welcome to NCAPPS Shorts - Wisdom During the Pandemic. We're hearing from Valerie Bradley, President Emerita of the Human Services Research Institute. Valerie, what do Person-centered, planning and practice look like in a time of crisis?

**VALERIE:** You know, person-centered thinking, planning, and practice is really even more important during a crisis. In my view, person-centered practices are really all about empathy. And empathy really gives us insight into what other people are feeling and thinking. And, as we know with social isolation our folks with disabilities are going to have particular challenges just like the rest of us -- although they may be even more exaggerated given their circumstances. So, we need to understand whether people, some of whom are going to be missing friends and social connections, some of whom will be deeply mourning a loss of a job which was where they got their own personal identity, certainly many of them will also be feeling anxiety about their health, their circumstances, and certainly anxiety about the health of those that they care about -- their families who they may not be able to see. So, that empathy that comes with person-centered thinking really puts us in a position to develop strategies for each person that provide the kind of sustenance and reassurance that they need during this period of time.

**BEVIN:** How do we hold onto and maybe even promote person-centered thinking, planning, and practice during this time?

**VALERIE:** Well, person-centered practices really help us to devise strategies that are tailored to each individual. As I mentioned each person who's facing the isolation of social distancing is going to be experiencing it differently. Some people may be depressed because they're not in contact with therapists or staff who may be at home because they are themselves in quarantine. So, it really is important to have strategies that are tailored to each individual. I think particularly about people's relationships. As we know, people with disabilities have a fragile relationships and social circles as it is -- so being able to help them maintain those contacts during this period of time is really important. Coming up, you know, with creative solutions, using technology to help people maintain those connections with friends and loving relationships. Also, helping

them stay connected to their communities, if there are community meetings that go on virtually. Also helping to understand that families are going to be particularly stressed during this period of time --anticipating what they're going to need. And, you know, person-centered practices aren't "one-and-done"; people's needs are going to change. We don't know how long this isolation is going to continue, but I'm convinced that people's needs are going to change as well as time goes on. So, person-centered planning, thinking, practice is even more crucial than it is in whatever normal times are these days.

BEVIN: How do we balance the collective public health concerns with the individual well-being that you're talking about?

VALERIE: Well, I think we're all aware that many of the people being served in public disability systems already have particular health vulnerabilities which put them in the category of people we need to be very concerned about. People with underlying conditions like diabetes, hypertension, obesity, et cetera -- which puts our folks [with disabilities] at significant risk. So, all of those public health protections are important. But again, we also need to understand that what's happening with the situations people find themselves -- isolation, as we know, can sometimes lead to abuse and exploitation. So, because we're not in a position to monitor some of these residential arrangements as we were before the pandemic came upon us we need to be alert to the possible signs that abuse might be taking place. We need to even be collecting some data during this period of time, so we can understand what's happening with individuals in these circumstances. So, yeah, public health is certainly a concern, but we also need to understand what the fallout, potentially, might be, for people who are getting supports -- either in their families, who are also stressed, or in residential situations, or in their own apartments.

BEVIN: Last question, what lessons can we apply from person-centered thinking, planning, and practice to get through this pandemic.

VALERIE: Well, I think what we really need to rethink how we do planning. Certainly, in the last couple years, with hurricanes and other major weather events, we've gotten, you know, better at really thinking about emergency preparedness. But this is a different kind of emergency. One I don't think we've anticipated. One that will stretch on for a number of months. So, really understanding through the planning process, what supports need to be put in place if something like this happens again. What lessons can we draw from this period of time to make sure that when we think about the trajectory of someone's life we also are thoughtful about what to do in cases of longer-term isolation for people. I think Charting the LifeCourse, which really helps us understand the trajectory of someone's life gives us some lessons there for how to think about the need for supports not only when things are going well, but when things deteriorate in ways that we didn't anticipate. I think it's also very important for us, who care about person-centered planning, thinking, practices, to document the kinds of things that went right during this period of time. What lessons can we draw from the interventions we did

make? Where were the innovations? Where were people really practicing these kinds of approaches in ways that really enhanced their well-being and minimized the risk that people were experiencing.

BEVIN: Thanks, Valerie Bradley from Human Services Research Institute.