



Cornell University
School of Industrial and Labor Relations
Employment and Disability Institute

Community and Workforce Development

Inmate to Citizen

Core Training Series: Module I

Using Person-Centered Practices
to Facilitate the Successful Re-entry
of Inmates with Special Needs into
Community Membership Roles

Carol Blessing
Thomas Golden



MISSION AND VALUES

Cornell University is a learning community that seeks to serve society by educating the leaders of tomorrow and extending the frontiers of knowledge.

In keeping with the founding vision of Ezra Cornell, our community fosters personal discovery and growth, nurtures scholarship and creativity across a broad range of common knowledge, and engages men and women from every segment of society in this quest. We pursue understanding beyond the limitations of existing knowledge, ideology, and disciplinary structure. We affirm the value, to individuals and society, of the cultivation and enrichment of the human mind and spirit.

Our faculty, students and staff strive toward these objectives in a context of freedom with responsibility. We foster initiative, integrity, and excellence, in an environment of collegiality, civility and responsible stewardship. As the Land Grant University for the State of New York, we apply the results of our endeavors in service to the community, the state, the nation and the world.

The Employment and Disability Institute, in the School of Industrial and Labor Relations, holds strongly to these values. Our mission is to provide a learning environment which

cultivates inclusive and accessible communities for individuals with disabilities. We seek to provide resources and information to individuals attempting to manage diversity in the workplace, community, and American life. We are committed to ensuring that Americans with disabilities, including youth, are provided with the opportunities and supports needed to attain their goals in settings, environments, cultures and communities of their own choosing — based on their respective interests, preferences, and capacities.

“I would found an institution where any person can find instruction in any study.”

— Ezra Cornell

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ACKNOWLEDGEMENT & INTRODUCTION

Using Person-Centered Practices to Facilitate the Successful Re-entry of Inmates with Special Needs Into Community Membership Roles.

A Workbook for Supporters, Planners and Providers

Welcome to the “*From Inmate to Citizen*” Core Training Series. The goal of this series is to develop a learning collaborative between service staff within the correctional system, the parole system and the community at large that facilitates the successful re-entry of inmates with special needs into valued community membership roles upon release from prison.

The series will be conducted over three distinct sessions each comprised of two full days of training to give participants time to learn the material during class time and to apply the material between each session within the day to day operation of a given department.

Participants will be both learners and teachers throughout the series in order to customize the theories of person-centered approaches to the distinct considerations and conditions of the Special Needs Units across the New York State correctional system. These efforts will make a remarkable contribution to the existing research pool in this unique area of service delivery to people who have developmental disabilities.

We look forward to taking this journey with you!

This Series was developed by the Community and Workforce Development Unit within the Cornell University Employment and Disability Institute.

It has been sponsored by the NYS Developmental Disabilities Planning Council (Grant #C019652) in conjunction with the NYS Department of Correctional Services and the NYS Division of Parole



“Beneath the favorite tale of the moment a deeper story always lies waiting to be discovered”

Thomas Moore

AGENDA

Agenda Day 1:

9:00	Welcome
	Review Agenda for Day 1
	Ice Breaker
9:30	History of Social Trends
10:45	Break
11:00	Citizenship and Community Contributions
12:00	Lunch
1:00	Basic Quality of Life Standards
2:00	Quality of Life Exercise
3:00	Summary of Day/Questions

Agenda Day 2:

9:15	Review Agenda for Day 2
9:30	Role of the Service Worker
10:30	Break
10:45	Base Standards of Person-Centeredness
12:00	Lunch
1:00	Base Standards, continued
2:00	Applied Learning Assignment
3:00	Summary of Day 2 Session Evaluation
	END OF CORE I TRAINING

HISTORY OF SOCIAL TRENDS FOR PERSONS WITH DISABILITIES

Over the last century, we have seen a major evolution in the way individuals with disabilities are perceived, interacted with, treated, and supported. From the late 1800s and the reform model to the medical and development model of the 1950s and 1970s, we now enter the functional supports era of service and supports delivery for individuals with disabilities. As the models have evolved they have struggled to foster general acceptance of disability. As a result individuals with disabilities have been afforded more and more opportunity to fill their roles in society as productive citizens.

While medical and expert models of rehabilitation have focused on “decreasing perceived deficits” through “systems control,” the functional supports model has built upon the past successes in integrated living and employment options to ensure individuals with disabilities person-centered services and supports focusing on “natural connectedness” to ones community. This evolution in rehabilitation service delivery has been strongly supported by federal mandates set forth in several key pieces of legislation including the: Individuals with Disabilities Education Act with its increased emphasis on inclusion and effective transition planning for youth; the Rehabilitation Act of 1973 as amended with its increased emphasis on choice and empowerment; the Americans with Disabilities Act (ADA) of 1990 ensuring community living and working access for all American Citizens regardless of disability;

and most recently the Ticket to Work Act removing disincentives to work.

The functional supports model starts with some basic questions:

- What does the person want?
- What are the person’s dreams and aspirations?
- What is the person good at?
- What kinds of things does the person dislike?
- How does the person define quality?
- What does the person need to achieve desired outcomes?
- Where does the person want to live?
- Where does the person want to work?
- What types of family and social connections does the person desire?
- What types of experiences has the person had to assist them in answering the above?

This approach focuses on the uniqueness of the individual, their capacities, their interests and preferences, their needs and ultimately the supports that need to be in place to ensure their success within this context. It recognizes that barriers to success are as much if not more, a product of the environment as they are the individual.

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History of Social Trends for Persons with Disabilities

- Pre Medical Care ~ people died
- Ancient History ~ court jesters, servants
- Reformation ~ people were "possessed"
- 17th Century ~ objects of pity
- 1750 – 1900 – Emergence of the Medical Model & the Argument for Moral Treatment

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History, continued

- 1900-1950 ~ the Rise of Eugenics & a garden variety of therapies
- 1970's ~ Deinstitutionalization (Willowbrook Wars)
- 1970 – 1990's ~ Emergence of Community Care & the Politics of Drug Therapy



EVOLUTION OF SERVICES

Prior to understanding the current implications posed by the functional supports era, person-centered service delivery and the values base and supports defined within legislation like the ADA, it is important for key players in the disability arena to understand the differences between the developmental and functional supports model. These key players include: Corrections and Parole personnel, the rehabilitation practitioner, person with a disability, family member, advocate, educator, and other key players in the disability field.

Understanding the differences in the two models will assist the individual in gaining an understanding of “where” service providers “stand” in their own evolution of the services and supports they provide to individuals with disabilities. This will further assist the individual in making informed decisions regarding where to access services and how to use civil rights legislation afforded them in the ADA to access their communities.

Upon reviewing the comparison, it becomes evident to the reader that the functional supports model promotes the access of individuals with disabilities to live, work, and recreate in their communities as productive citizens. This facilitates a movement away from our current “community-based system,” which falls short

of true integration and inclusion of persons with disabilities into their communities.

Developmental Model

Development of prerequisites
 Continuum-focused
 Deficit-based
 Behavior must be controlled
 Constant services
 System-centered
 Maximize disability
 Regulations determine quality
 Controlled
 Congregate care
 Fit to program

Supports Model

“Pre” means never
 Array of choice based preferences
 Capacity-based
 Environmental causation
 Services and supports as needed
 Person-centered
 Minimize disability through capacity
 Person determines quality
 Encourage independence
 Inclusion
 Fit to person

Developmental/Functional Supports Model Comparison	
Developmental Model	Functional Support Model
Development of prerequisites	*Pre* means never
Continuum-focused	Array of choice (based on preference)
Deficit-based	Capacity-based
Behavior must be controlled	Environmental causation
Constant services	Services and supports as needed
System-centered	Person-centered
Maximize disability	Minimize disability through capacity
Regulations determine quality	Person determines quality
Controlled	Encourage independence

SOCIAL ROLE VALORIZATION THEORY

A "social role" is defined as the combination of functions, relationships, privileges, duties, and responsibilities that a person holds within a given society. These are widely understood, recognized and accepted in the mainstream of society and there is expectation surrounding a person who occupies a particular position within the social system.

Human beings have a need to fill specific social roles in order to be a part of the grand scheme of things. People generally fill many roles at the same time. Expectancies are a core element in the concept of role, regardless of whether a person is filling the role or perceiving the role fulfillment of another person. When people live up to the expectancies associated with a particular role, then people take for granted that the person is carrying out or filling that role. People who violate expectancies associated with a role are apt to be discounted. Consequently the reinforcement of role expectancy is established. Expectations can be conveyed verbally, environmentally, and/or behaviorally. As a result of receiving expectancy "cues" and even demands from the social and/or physical environment, about how one is supposed to behave within a given role the person is apt to, quite literally, live up to the expectations.

Over time, people internalize the role perceptions that others hold of them (either positive or negative) and consciously and unconsciously work to sustain a given role.

There are two ways that a person may end up filling certain roles: either by choice; or, by imposition. Social roles can be viewed across a continuum from deeply devalued to highly valued roles. Many of these roles require certain competencies. Some roles require little to no competency. Social roles can also be considered to be big or small. Big roles fill more of a person's life and tend to be more life defining to and of that person. Small roles fill less of a person's life, and may only be carried out in some places and/or some times and tend to be less life defining. For example the role of employee, parent, spouse, student can be viewed as big roles. Big roles can also include prisoner, drug addict, child abuser, etc. Examples of small roles might include: bank customer, voter, tenant, chiropractor patient, etc. The value attached to the big roles a party holds will have more impact on the life of that person than the value attached to the smaller roles.


Value-attributed to various social roles within the population tend to be generally agreed upon by most members of a society. For instance, the role of administrator, doctor, and athlete are more likely to be

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Social Role Valorization Theory

(Wolfensberger)

- People who have characteristics that are not valued within the culture are cast into devalued status.
- This subordinate status creates and perpetuates expectation of and social acceptance for rejecting, distancing, oppressing, punishing and even killing of people who carry a devalued role.



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SRV, continued

- Consequently, it is critical to enable, establish and/or defend valued social roles for people, particularly those at value risk, by using means and methods that are valued by the society within the culture.

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valued in general than the roles of mental patient, homeless person, criminal, or even trash collector.

The fewer the roles one has, the more isolated one is likely to be. A person who holds few roles--and especially few big roles--may do all sorts of things that can be seen as maladaptive or socially unacceptable. The need for people to fit in to society some how-some where is so strong that holding a socially devalued role is preferable to holding no role at all. Consequently, it is imperative for service providers of people who are in devalued roles to find ways to explore and exploit the talents, interests and capacities of the person in order to help to establish and claim positive roles of social reciprocity within the mainstream of our communities.

(Wolfensberger, 1998).

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The Argument for SRV

The greater the degree of competencies a person is perceived as having, the more deviant the person can be and still be accepted by others. — Marc Gold

Less Common Statistically common Less common

Negatively Valued Typical Prevalent Highly Valued

EXERCISE: CULTURAL TRENDS ACROSS THE DECADES

During the decade in which you attended high school:

What were the fads?

What were the scientific discoveries?


Who were the idols?

What did your mom/dad tell you about sex?

Where did you see people with disabilities?

Directions:

1. Separate into small groups based on the decade you went to high school.
2. Identify a small group reporter and recorder
3. Reflecting back on your high school experiences answer the adjoining questions.
4. As responses are generated the individual recording should do so on flip chart paper.
5. At the end of the exercise: the individual reporting should share the group responses.



Cultural Trends Across the Decades Exercise

During the decade in which you attended high school:

- What were the fads?
- What were the scientific discoveries?
- Who were the idols?
- What did your mom/dad tell you about sex?
- Where did you see people with disabilities?

CITIZENSHIP AND COMMUNITY CONTRIBUTIONS

Person-centered practices presume the critical nature of community connectedness as the primary vehicle through which human beings define and realize themselves. Yet people who have disability labels have been excluded from the mainstream of society for centuries. Despite valiant attempts on behalf of persons with disabilities, this history of denied access to and involvement in community life has led to social acceptance and perpetuation of the devaluation of certain groups of people. It has led to people not knowing how to connect to and with one another through the formation of strong social bonds. Person-centered planning processes attempt to surface, identify and highlight the unique talents, gifts and capacities inherent in everyone. Efforts are taken to explore and discover where in the (real) world these gifts can be shared, appreciated and reciprocated, where people's contributions and social roles are valued. This simply cannot happen in isolated or segregated environments. It cannot occur in environments that claim to have exclusive capability to supply all the resources and energy to the people who are seeking services. It is not something to be done "on" or "to" a person.

Community building rattles the foundation upon which the concepts for traditional service provision have been built. It presumes the creation of partnerships and the development of collaborative relationships beyond the typical framework of roles and scope of work embedded in traditional service structures by reaching out to others who may be better suited to moving a

person nearer to his or her object of focus. Community building requires intentional thought, action and the vision of inclusive communities.

In his work entitled, "What's Worth Working For? Leadership for Better Quality Human Services," (1989), John O'Brien discusses the need to develop high quality services for people who have severe reputations. He notes that when someone with a significant disability depends on services in the realm of housing, personal assistance and occupation, services become life defining. O'Brien poses a single question in which to frame the discussion of this work: "How can we use our resources to assist people who rely on us to live better lives?"

The answer to this question, according to O'Brien, lies in the ability of service providers to actively engage in situations that are complex, emotionally charged and oftentimes ambiguous in nature.

Services shape people's experience of community life. The policies and day-to-day practices of a service organization profoundly influence where a person ultimately lives and works; what activities fill up the days; who the person gets to know and where in the world a person belongs; the way in which the person understands themselves or how others come to understand them.

“Clearly it is in our human grasp to see each other differently, to change our structures so that the barriers are leveled and to embrace each other's presence as full members of human society”

Judith Snow

The challenge to service organizations is to find ways in which the services that are provided to the person lead to the experience of five universally valuable outcomes:

- Having and growing in relationships
- Opportunities to be a contributing citizen
- Having authentic choices to make
- Having the dignity of valued social roles, and
- Sharing in typical community places & activities

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Citizenship & Community Contributions (O'Brien)

5 Valued Experiences	5 Valued Accomplishments
1. Sharing in meaningful exchanges	1. Supporting community presence
2. Growing in relationships	2. Supporting community participation
3. Experiencing respect for who I am; having a valued social role	3. Supporting valued social roles
4. Contributing (what am I here for?)	4. Supporting contribution
5. Making choices	5. Supporting opportunities to choose

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O'Brien's 5 Valued Outcomes

Have Respect! Isolation

poor reputation Go Places!

Make Choices! Low expectations

no power Loneliness

Be Somebody!

Share Relationships!

EXERCISE: POTENTIAL FOR CITIZENSHIP CONTRIBUTIONS

Who in the world are you?

Within the context of your family.....

Within the context of your faith.....

Within the context of your neighborhood.....

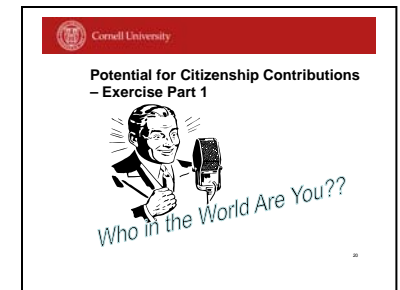
Within the context of your employment.....

Within the context of your leisure.....

Within the context of your networks.....

Directions:

1. Within the context of the large group identify the various social and community roles you fulfill.
2. Record responses on flip chart paper.



EXERCISE: GIFTS, ABILITIES AND NATURAL TALENTS

Write your answers to the following questions:

What hobbies or special interests do you have?

What are your “specialties” – the things everyone looks to you to do or to bring to gatherings?

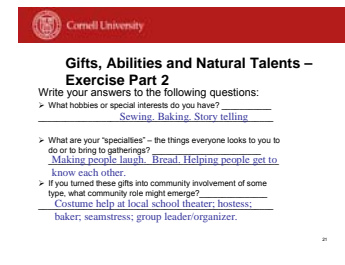
If you turned these gifts into community involvement of some type, what community role might emerge?

Directions:

1. Individually write your answers to the adjoining questions using the worksheet provided.
2. When done and requested pair up with a colleague and share your responses.

Answer the following:

- A. What do you have in common?
- B. What quality or traits does our partner have that you think are admirable?
- C. What roles could your partner play in the community?

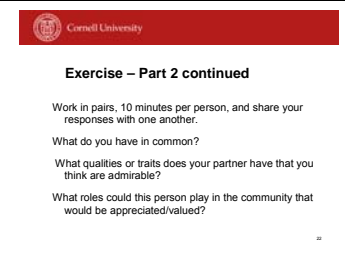


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Gifts, Abilities and Natural Talents – Exercise Part 2

Write your answers to the following questions:

- What hobbies or special interests do you have?
Sewing, Baking, Story telling
- What are your “specialties” – the things everyone looks to you to do or to bring to gatherings?
Making people laugh, Bread, Helping people get to know each other.
- If you turned these gifts into community involvement of some type, what community role might emerge?
Costume help at local school theater, hostess, baker, seamstress, group leader/organizer.



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Exercise – Part 2 continued

Work in pairs, 10 minutes per person, and share your responses with one another.

What do you have in common?

What qualities or traits does your partner have that you think are admirable?

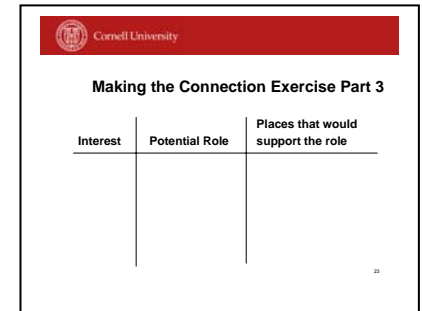
What roles could this person play in the community that would be appreciated/valued?

EXERCISE: MAKING THE CONNECTION

Interest	Potential Role	Places That Would Support the Role

Directions:

1. Continuing to work in pairs, select one or two interest areas and corresponding potential role and identify places in a typical community that would support that role(s).
2. Be prepared to share your findings.



BASIC QUALITY OF LIFE STANDARDS

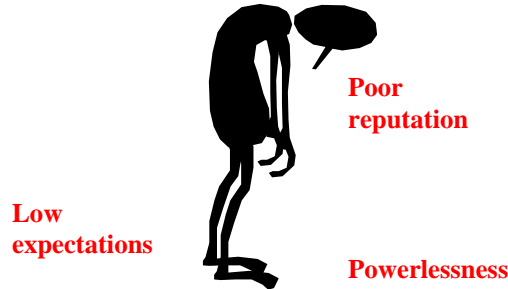
Traditional approaches to supporting people who have disabilities typically provide services in separate or specialized environments that have been designed to address the specific needs of the particular group of people. The segregation of people with disabilities from the mainstream of community life leads to the unintended outcomes of isolation, loneliness, powerlessness, severe reputations and low expectations for those who are recipients of these services.

O'Brien (1989) challenged human service organizations to look at the use of existing resources and find ways in which the service delivery system could assist individuals with disabilities toward the identification and realization of lives that are reflective of the same quality of life standards enjoyed by people who experience valued social roles in society.

The quality of life standards referenced by John O'Brien include:

- Community Presence** - the person experiences daily activities and experiences in the typical places most people use in any community
- Choice** - the person makes informed choices based on a wide range of options and experiences
- Respect** - the person is recognized as a contributor to the community. These contributions are considered by most to be meaningful and a valued component of the relationship, experience, etc.
- Community Participation**- the person spends time with people who share similar interests, talents and capacities in mutually beneficial social exchange
- Competence**- the person is given opportunities to identify and build on existing strengths and skills in the on-going process of personal development

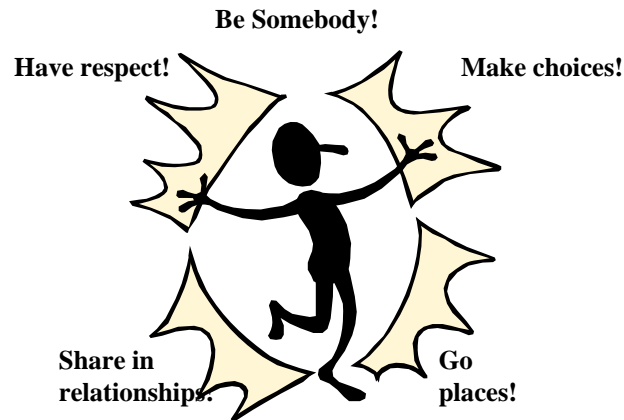
Moving From This:



Isolation

Loneliness

To This:



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Basic Quality of Life Standards
for people in the general population

- **Community Presence** – the person uses the natural community on a regular basis for living, learning, socializing and earning.
- **Choice** – the person has experiences and opportunities that empower authentic informed choice/decision-making.
- **Respect** - the person holds community roles that are recognized, appreciated, valued. Talents are expressed. There are relationships of reciprocity (give & take).

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Basic Q of L continued

- **Community Participation** – the person spends lots of time with people who are not paid to be with them. They have real friends and allies.
- **Competence** – the person builds on existing skills on a regular basis. Uses and expands skills in on-going personal development.

SELF DETERMINATION AND CHOICE

Self-determination grew out of the independent living and disabilities rights movements that were begun during the sixties when individuals began to speak out against the commonly held belief that the condition of having a disability was an illness that was treatable only through on-going interventions by experts. People with disabilities began to demand greater say in and control over the types of services and supports they received and increased access and inclusion in the community at large. In the 1980's John O'Brien introduced five valued experiences and accomplishments as a means to explore the nature of interacting with and/or providing services and support to individuals with disabilities.

System reform relies upon the design of services that are built upon the intention to support people toward the valuable outcomes of community presence, community participation, having valued social roles, recognized and appreciated individual contribution and having real opportunities to make choices.

During the 1990's notable proponents of self-determination such as the Robert Woods Johnson Foundation (RJWF), forged four governing principles that serve as the framework for self-advocates as they speak out across the country for the right to enjoy a life that is self-determined

The Four Robert Wood Johnson Principles:

Freedom: the ability to plan a life with supports, rather than purchase a program.

Authority: the ability to control a certain sum of dollars to purchase supports.


Responsibility: accepting a role in the community through competitive employment, organizational affiliations, and general caring for others in the community and accountability for spending public dollars in life enhancing ways.

Support: through use of resources, arranging formal and informal supports to live within the community

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Self – Determination & Choice


- Self – Determination grew out of the Independent Living Movement in the late 60's
- It emerged, in part, as a reaction to the medical model...



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...and was then fueled by the Developmental Model...




Continuum of Services...From Cradle to Grave

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Leading to frustration with the traditional service model...

The Sequence of Delivering Services



PERSON DREAM SUPPORT RESOURCES

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...Self-Determination Spelled Freedom

- Freedom to plan a life with supports rather than purchase a program
- Authority to control dollars to purchase supports needed and wanted
- Responsibility to be a contributing citizen
- Support to use resources to live, learn and earn in the natural community

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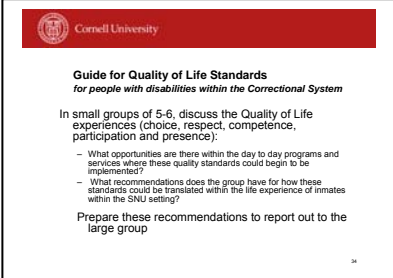
EXERCISE: GUIDE FOR QUALITY OF LIFE STANDARDS

What opportunities are there within the day-to-day programs and services where these quality standards could begin to be implemented?

What recommendations does the group have for how these standards could be translated within the life experience of inmates within the SNU setting?

Directions:

1. In small groups of 5-6, discuss the Quality of Life experiences (choice, respect, competence, participation and presence)
2. Answer the corresponding question in the adjacent section.
3. Prepare these recommendations to report out to the large group.



The thumbnail shows a document titled "Guide for Quality of Life Standards for people with disabilities within the Correctional System". It contains the same text as the main page, including the two questions and the three directions. The document is from Cornell University.

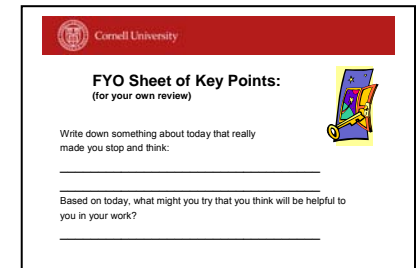
EXERCISE: FOR YOUR OWN REVIEW

Write down something about today that really made you stop and think:

Based on today, what might you try that you think will be helpful to you in your work?

Directions:

1. Reflecting on the day, answer the questions to the left.
2. Prepare to share your responses if so inclined.



THE ROLE OF THE SERVICE WORKER

The traditional role of the human services worker arose, in part, from the desire of the worker to be of some help to those who enter the service delivery system. The service delivery system, also partly responsible for the role of the worker, developed a structure that was designed to contain the services and supports that the system says that it has to offer the person who comes in search of them. The structure arose in response to meeting the needs of a variety of key stakeholders - most of whom were the benefactors that provided the funds for services - which, in turn, gave rise to the bureaucracies and hierarchies of services that are so familiar on the landscape of the human service delivery system today.

The average user of services, according to Michael Kendrick, (2000), does not have much say over the type, nature and frequency of the supports s/he receives, except in some cases to either reject the service entirely or to resort to an "advisory" position. Generally speaking, it is others that hold the decision-making power in the design and delivery of services.

“A poor quality service will tend to require the person to fit to it rather than the reverse.”

Excerpt from Kendrick's "Right Relationships"

Unfortunately, the practice of standardizing services in an effort to provide equitable distribution to the ever-growing numbers of service users has led to depersonalization and a "one size fits all" approach to delivering services. The result is a delivery system that is responsive to the needs of the system rather than to the needs of the individual.

Systems that are designed to be flexible in response to the unique interests and needs of the individual are more likely to actually work for people than does the traditional system approach that relies solely on standardized methods for delivering services. Fortunately there is recent interest from the field in integrating person-centered values into many existing service systems. Person-centered values and practices when used in combination with other best practices, plays a pivotal role in putting the human back into the center of human services.

In his essay, "The Empowering Value of Life-Giving Assumptions About People," (2001), Michael Kendrick articulates a series of assumptions that underscore critical values from which one must conscientiously work toward in order to support the humanity of every person, particularly of those persons who are currently or are at risk of being socially devalued. These life-giving values include:

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The Role of Power in Relationship


It is normal enough for most people to believe that their personal values are in the proper place. Frequently, people tend to see the need for others to improve in this regard long before they recognize their own shortcomings...

~Michael Kendrick

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The Traditional Role of the Service Worker

- Expert
- Authority
- Professional Boundary-Setter
- Advisor
- Powerful
- Fixer

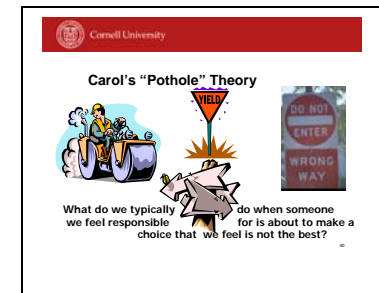


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The Importance of the Human in Services

- Experiences humility in appraising our own values
- Believes that disability dictates level and type of support, not personhood
- Recognizes our capacity to do harm-even in spite of our good intentions
- Upholds that people are constantly learning and growing

- Recognizing the humanity and dignity of all people, regardless of perceived or real impairment;
- Attributing the status of person to an individual vs. substandard status labels
- Supporting human will and freedom
- Recognition that justice is a birthright
- Believing that people thrive in the fullness of community
- Knowing that growth is ever possible
- Upholding that people are meant for relationships and love
- Conviction that people can and should contribute to life



UNDERSTANDING INFLUENCE

It is impossible to separate who we are from what we do. Yet time after time service workers will insist that they arrive to work in the morning, leaving home life at home, ready to face the day with "professional objectivity" in service to the people to whom they are being paid to provide services--whether they like the person or not. Many providers of service live with the delusion that the core set of personal values and beliefs that they spent a lifetime developing do not in any way influence the experience that is cultivated in the course of their relationship with the person to whom that service is rendered. Michael Kendrick (2001). Illustrates the power of the person who is in a service provider role.

It is normal enough for most people to believe that their personal values are in the proper place and that they usually behave in a virtuous and blame-free way. Frequently, people tend to see the need for others to improve in this regard long before they recognize their own shortcomings. Naturally, if we become too smug and complacent in our view of ourselves it puts in place a very significant barrier to moving ahead. Yet, we live in a time when individuals, agencies, governments and many other bodies are awash in self-congratulatory proclamations. "Politically correct" speech and thought is everywhere evident, and this compounds the difficulty of undertaking a more genuine search for the authenticity of our actual lived values.

It is simply too easy and reassuring to our self-esteem to uncritically presume we are blameless in our values and motivations, thereby depriving us of the growth and wisdom that comes with seeing ourselves as we really are, complete with shortcomings, limitations and the many layered falseness and ambiguity that is present in all people. These need not halt our progress towards some increased measure of virtue and coherency, as it is the facing of ourselves that we ultimately gain ground. However, this kind of personal scrupulousness does require both courage and humility. While such traits are seen in individuals of substance and character, it is all the more rare to witness these in our social institutions. The tendency of organizations to revert to a kind of "regression to the mean" tends to blunt the kinds of penetrating truths that are needed for progress.

Both as individuals and as a society we must be exceedingly careful to recognize the role our values and assumptions play in shaping the way people with disabilities get treated. It is tempting to believe that we are blameless in this regard and that our values and assumptions cannot be faulted. Nevertheless, the poor progress many people with disabilities are experiencing in getting closer to their dreams and hopes for their lives should give us pause. Further, the quite reversible deprivations and degradations of people with disabilities at the hands of their society should also make us wonder if the reassuring rhetoric we hear about society doing its actual best is, in reality, a self-congratulatory myth.

The Role of Power in Relationships:

"It is normal enough for most people to believe that their personal values are in the proper place. Frequently, people tend to see the need for others to improve in this regard long before they recognize their own shortcomings..."

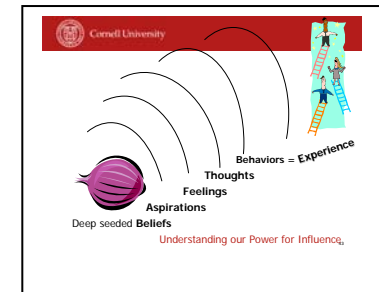
-Michael Kendrick

Much rests not simply on who we see ourselves to be but also who we may actually be underneath the veneer of socially acceptable behavior we can use to disguise ourselves from ourselves and others. At the same time, we are very much capable of, sincerely and with great care, choosing values and assumptions that bring added life possibilities much closer for people who would otherwise be denied them. It is this wonderful potential to bring out the good in all of us, that is the prize that awaits those who take up the problem of deep attitude with concern and hope. We must learn to frame our choices much more clearly as being those that are life-giving and those that are life-denying in order to see more clearly the better way ahead.

1

¹ Michael Kendrick

Opening Keynote Presentation For the Congress
“Crossing Boundaries” (“Over Grenzen”), Hosted By
Stichting Perspectief, Wageningen, Netherlands,
September 12-15, 2001



BASE STANDARDS FOR PERSON-CENTERED PRACTICES

Person-centered planning has become a familiar term in the service delivery world. In many ways the term has taken on a life of its own. People attend training in order to become “person-centered.” Organizations boast of being “person-centered” in the delivery of services to people who have disability labels. So common has the language of person-centered practices become that there is a danger that what is being assumed as person-centered work is really the “same-soup-in-a-different-cup syndrome.” What this means is that we run the risk of putting the newest trendy label on what we have always been doing!

In the paper entitled “When People Matter More Than Systems”, Michael Kendrick discusses that person-centered work begins within each and every one of us and radiates out toward others. Our deep-seated belief systems guide the way in which we interact with other human beings. In other words, the planning processes we engage in with people are a mirror image of what we believe about a person or about a group of people. These core beliefs define our degree of what Kendrick has coined as *person-centeredness*. Simply thinking that we are being person-centered does not make us person-centered, it is what we actually *do* that ultimately reveals what we think really matters. It is thought giving rise to words leading to action that in turn, creates the experience with a person.

(March 2000 Keynote Presentation for the Conference “The Promise of Opportunity”)²

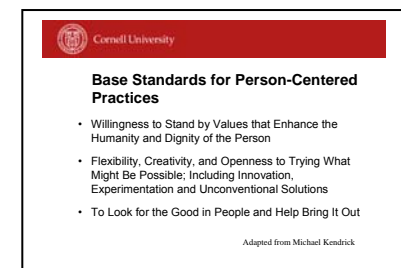
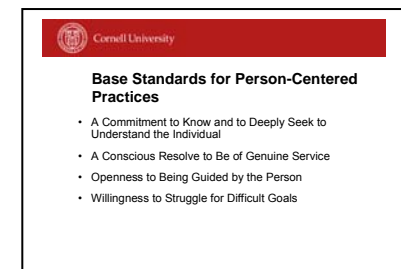
In thinking about what we think about people with whom we are planning it is helpful to evaluate our actions against the following seven touchstones of person-centeredness:

- A commitment to know and seek to understand
- A conscious resolve to be of genuine service
- An openness to being guided by the person
- A willingness to struggle for difficult goals
- Flexibility, creativity and openness to trying what might be possible
- A willingness to enhance the humanity and dignity of the person
- To look for the good in people and help to bring it out

To summarize, person-centered planning is not something we do to someone, nor is it something from which everyone necessarily benefits. It is not an outcome of service delivery. It is not so we can just write a great plan. Person-centered planning is the beginning of listening to and understanding what matters to people from their own perspective. It is a means for shared discovery and for developing genuine partnerships and collaborations in our effort to walk with a person as they embark on their personal journey. It is the springboard for developing the next roadmap to an individually identified vision for the future.

“It is so easy to change our language without changing our structure or our culture”

John O’Brien



EXERCISE: CREATING CONDITIONS FOR CHANGE

In the days immediately following this critical event, what were you thinking?


What words best describe how you were feeling?

What do you remember were the actions and conditions that helped you to get through this experience?

What qualities, capacities and/or skills did you discover in yourself as a result of going through what you went through?


Directions:

1. Each individual should think about a point in their life when a critical event occurred that dramatically impacted their life.
2. When reflecting on this time, answer the questions to the left as requested by the instructor.
3. Be prepared to share your responses if so inclined.

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Creating Conditions for Change
A Universal Experience - Exercise

- Everyone at some point in their life experiences a critical event that dramatically alters the landscape of their life.
- Take a moment to think about yours.
- In the days that immediately followed this event what were you thinking? What words might best describe how you were feeling?
- Working within the group, without revealing your personal stories, discuss and record the answers to these questions for a large group report out.

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A Universal Experience - Exercise
Continued

- It is clear that you have all made it through that time in your life.
- **What do you remember were the actions and conditions that helped you to get through this experience?**

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A Universal Experience - Exercise
Continued

- Finally, think about the dimension that this experience added to your character.
- What qualities, capacities and/or skills did you discover in yourself as a result of going through what you went through?
- What good came out of the experience?

HALLMARKS OF PERSON-CENTERED PRACTICES

Originally developed by the New York State Office of Mental Retardation, the hallmarks of person-centered practices have been adapted to serve as a point of reference from which one might assess the degree to which the services that are being provided are in alignment with the underlying values of person-centered practices. The reference points, or hallmarks, encompass eight primary areas that are easily transferable regardless of the population to whom services are being provided (i.e., students, inmates, recipients of mental health services or services designed for individuals with developmental disabilities, etc.)

Hallmark #1: the planning processes and course of service clearly articulate the individual's vision for a desirable future and individualized responses to that vision.

Hallmark #2: people who know and who care about the individual are included in the design of the plan and subsequent service. People who can assist the person in moving forward toward the goal(s) are included in the planning processes.

Hallmark #3: The person is the lead in making life-defining choices related to where to live and work and in relationships. The person is provided experiences from which to make informed and educated decisions. Opportunities for making decisions are a part of the daily routine.

Hallmark #4: Naturally occurring and generic community resources are utilized whenever possible. (For example, the person has a checking account at the local bank instead of going to the case manager/rep payee for money. The person attends yoga classes at the local gym rather than a special group set up for people with a specific disability diagnosis)

Hallmark #5: Care is taken to identify and cultivate the person's interests and talents in the context of supportive community environments that facilitate association with people who share similar interests, capacities and talents

Hallmark #6: Existing resources are used in innovative ways to better support the person's interests, capacities and needs. The person is provided as much control over resources as is possible.

Hallmark #7: Planning is an ongoing and progressive process. The person has a team of support comprised of individuals who are interested in helping the individuals experience success towards the goals.

Hallmark #8: The person expresses satisfaction with his or her relationships, residential and work life, and daily routines. The person can clearly identify the goals and express satisfaction with the rate of progress being made toward realization of those goals.



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HALLMARKS OF PERSON-CENTERED PRACTICES

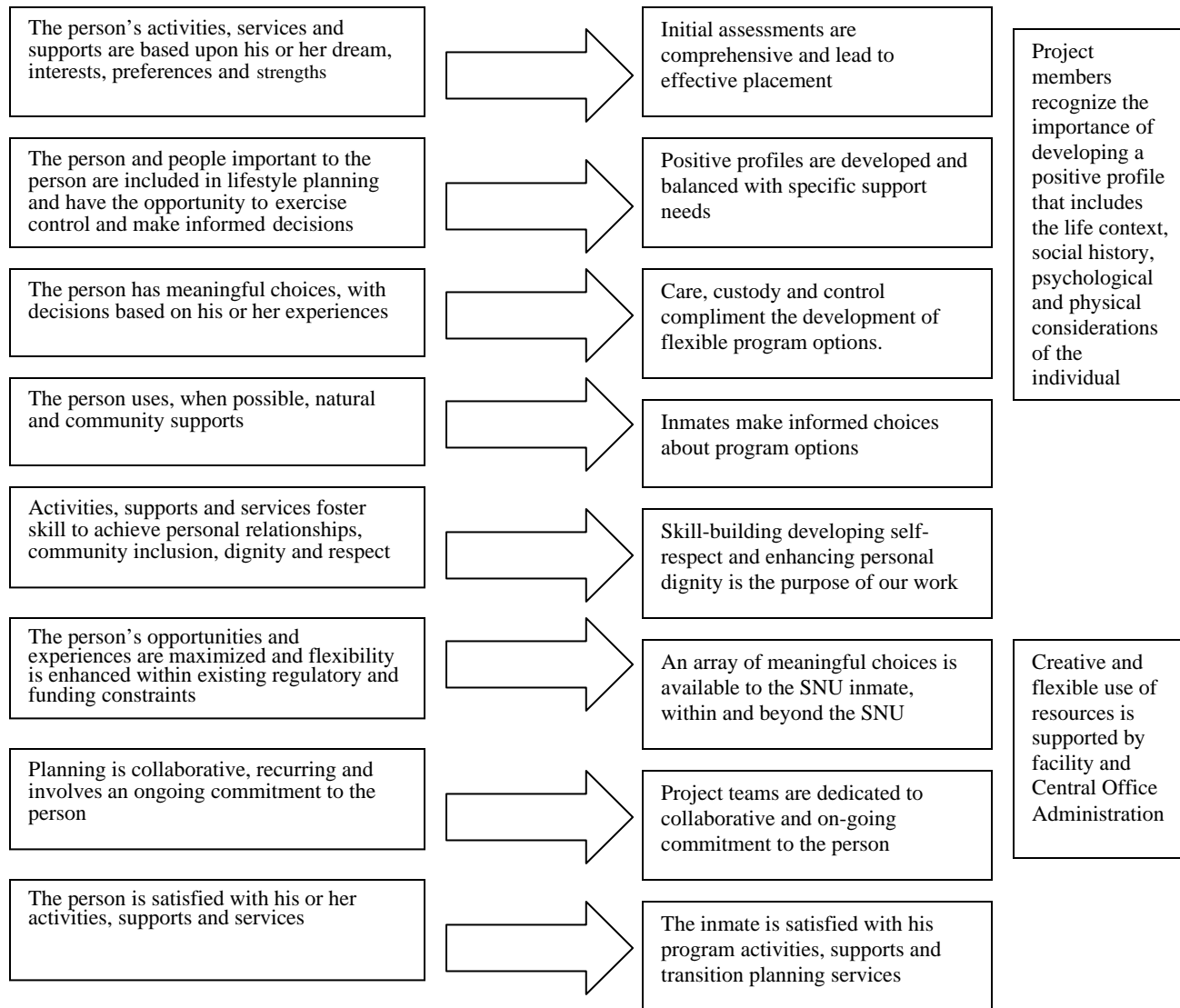
- The person's activities, services and supports are based upon his or her dream, interests, preferences and strengths
- The person and people important to the person are included in lifestyle planning and have the opportunity to exercise control and make informed decisions
- The person has meaningful choices, with decisions based on his or her experiences
- The person uses, when possible, natural and community supports

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HALLMARKS OF PERSON-CENTERED PRACTICES

- Activities, supports and services foster skill to achieve personal relationships, community inclusion, dignity and respect
- The person's opportunities and experiences are maximized and flexibility is enhanced within existing regulatory and funding constraints
- Planning is collaborative, recurring and involves an ongoing commitment to the person
- The person is satisfied with his or her activities, supports and services

APPLIED LEARNING ASSIGNMENT



Directions:

1. Review the list of person-centered planning hallmarks in the far left column.
2. Review the hallmarks as they have been translated to apply to the SNU.
3. Between this and the next Core training, develop a strengths and gaps list for each item representing SNU Hallmarks. Identify those conditions, resources, support, etc. that already exist in your work environment. This is the “what have we already got going for us” section of the list. Next, identify those conditions, resources, supports etc., that represent significant gaps between what the item on the list and what actually occurs in your work environment. This is the “what we really need to work on” section of the list.
4. Bring your completed list for debriefing at the beginning of the next Core training session

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Applied Learning Assignment

Between now and the Core 2 training session find as many ways possible in which the hallmarks of person-centered planning might be translated for inmates of the SNU-

- Use the list of hallmarks to develop a draft version of the potential hallmarks of person-centered practices that can applied within the correctional/parole systems
- Please bring your draft to Core 2 training

SNU HALLMARKS for Person-Centered Practices	Strengths (What We Already Have Working For Us in this area)	Gaps (What We Need To Do to get closer to the hallmark)
Initial assessments are comprehensive and lead to effective placement		
Positive profiles are developed and are balanced with specific support needs		
Project members recognize the importance of developing a positive profile which includes the life context, social history, psychological and physical consideration of the individual		
Care, custody and control compliment the development of flexible program options		
Inmates make informed choices about program options		
Skill building, developing self-respect and enhancing personal dignity is the purpose of our work		
An array of meaningful choices is available to the SNU inmate, within and beyond the SNU		

SNU HALLMARKS for Person-Centered Practices

Strengths (What We Already Have Working For Us in this area)

Gaps (What We Need To Do to get closer to the hallmark)

<p>Creative and flexible use of resources is supported by facility and Central Office administration</p>		
<p>Project teams are dedicated to collaborative and on-going commitment to the person</p>		
<p>The inmate is satisfied with his program activities, supports and transition planning services</p>		

REFERENCES, RESOURCES AND SUGGESTED READINGS

REFERENCES

Flynn, R.J., & Lemay, R.A., (1999) A Quarter Century of Normalization and Social Role Valorization: Evolution and Impact

Kendrick, M. (2001) Right Relationships Part 1 and Part 2

Kendrick, M. (2001) The Empowering Value of Life Giving Assumptions About People

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Wolfensberger, W. (1972) Normalization: the principle of normalization in human services

Wolfensberger, W. (1998) A Brief Introduction to Social Role Valorization

NYS Office of Mental Retardation and Developmental Disabilities (1997) Hallmarks of Person-Centered Approach

RESOURCES

<http://www.ilr.cornell.edu/ped/tsal/pcp>



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What is *person-centered planning*?

We're glad you asked! Person-centered planning is a process-oriented approach to empowering people with disability labels. It focuses on the people and their needs by putting them in charge of defining the direction for their lives, not on the systems that may or may not be available to serve them. This ultimately leads to greater inclusion as valued members of both community and society.

Person-centered planning involves the development of a "toolbox" of methods and resources that enable people with disability labels to choose their own pathways to success; the planners simply help them to figure out where they want to go and how best to get there.

In this site you will find:

- an overview of the person-centered planning process
- a self-study course covering the basic processes involved
- a quiz section to help you focus on areas you may need to cover more thoroughly
- a compendium of readings and activities for you to use on your own
- various links and downloadable resources.

... all of which are geared toward facilitating and enhancing your awareness of and appreciation for person-centered planning. We think you will enjoy your visit with us!

SUGGESTED READINGS

The Empowering Value Of "Life-Giving" Assumptions About People

Opening Keynote Presentation For the Congress "Crossing Boundaries" ("Over Grenzen"), Hosted By Stichling Perspectief, Wageningen, Netherlands, September 12-15, 2001

Paper prepared by: Michael J. Kendrick PhD
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<http://kendrickconsulting.org/docs/Life-GivingValues.doc>

"What's Worth Working For? Leadership for Better Quality Human Service"

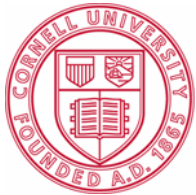
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<http://soeweb.syr.edu/thechp/rsapub.htm>

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