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Person-Centered Planning for the Millennium: We're Old Enough to Remember When PCP Was Just a Drug

Abstract
The use of person-centered planning continues to flourish in the human service industry, with numerous authors providing models for implementation. This article steps back to review core values that form the basis for successful person-centered planning and moves ahead to address key system and skill problems and suggest solutions. The conclusion reached is that consistent attention must be devoted to these values throughout the process, that shifts in power relationships must occur, and that more emphasis needs to be paid to specific individual characteristics of the focus person.

Keywords
person-centered planning, human service industry, workforce planning, employment

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Person-centered planning for the millennium: We're old enough to remember when PCP was just a drug.

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ABSTRACT

The use of person-centered planning continues to flourish in the human service industry, with numerous authors providing models for implementation. This article steps back to review core values that form the basis for successful person-centered planning and moves ahead to address key system and skill problems and suggest solutions. The conclusion reached is that consistent attention must be devoted to these values throughout the process, that shifts in power relationships must occur, and that more emphasis needs to be paid to specific individual characteristics of the focus person.

"This is a work of history in fictional form -- that is, in personal perspective, which is the only kind of history that exists."

Joyce Carol Oates

"The supreme value is not the future, but the present. The future is a deceitful time that always says to us, 'Not yet,' and thus denies us. The future is not the time of love, what man truly wants, he wants *now*. Whoever builds a house for future happiness, builds a prison for the present."

Octavio Paz

Introduction

Person-centered planning has risen over the last decade to the level of rubric and mantra within the developmental disabilities field, and in the "transition from school-to-work" literature. Perhaps most surprisingly, it has been embraced *in name* often by the very systems, such as special education and adult day services, that this approach was seen as rising above (Amado & Lyon, 1992; Butterworth, Hagner, Heikkinen, Faris, DeMello, & McDonough, 1993; Butterworth, Steere, & Whitney-Thomas, in press; Mount, 1994; Mount & Zwernik, 1989; Smull & Harrison, 1992). In some systems, it has already devolved to the level of acronym. The authors' involvement in a statewide supported employment systems change effort in which person-centered planning is commonly referred to as "PCP" has led us to the title of this article. Yet, there is no verifiable increase in the perceptions of consumers with disabilities and their family members that the systems guided by this model serve them better (Butterworth, et al., in press; O' Brien & Lovett, 1993) . Indeed, the last few years have seen an exponential increase in membership among a variety of groups formed by people with disabilities and/ or their family members that seek to promote self- advocacy, empowerment, and consumer control of resources because the system is not viewed as doing so (Hagner & Marrone, in press) .

The creation of approaches with varying foci has generated new formats or protocols for providing person-centered planning. These planning processes have been termed lifestyle planning (O'Brien, 1987) , personal futures planning (Mount & Zwernik, 1989) , MAPS (Vandercook, York, & Forest, 1989) , outcome-based planning (Steere, Wood, Panscofar, & Butterworth, 1990), essential lifestyle planning (Smull & Harrison, 1992) , and whole life planning (Butterworth, et al., 1993) . Each of these approaches varies to some degree in focus or emphasis, but all share some broadly defined principles, including:

(a) primary direction from the individual in shaping the planning process,
(b) involvement of family members and friends and a reliance on personal relationships as the primary source of support to the individual,
(c) focus on capacities and assets of the individual rather than on limitations and deficiencies,
(d) emphasis on the settings, services, supports, and routines available in the community at large rather than those designed for people with disabilities, and
(e) planning that tolerates uncertainty, setbacks, false starts, and disagreement (O' Brien & Lovett, 1993) .

The literature on person-centered planning emphasizes why it is important, how it can be effective, how it varies from more formalized planning processes typically set up by providers creating legal or quasi-legal plans (e.g., IEPs, ISPs, IWRPs), and provides the steps to implement the various approaches, including model forms and exemplary practices such as checklists and

interview formats (e.g., see Butterworth, et al., 1993) . What has been less extensively discussed are how core values merge with practices needed to successfully carry out an effective process.

This article articulates core values that form the basis for successful person-centered planning, addresses key problems that must be faced in order to get started and stay focused, and, suggests ways to get beyond implementation barriers whether explicit or not. Person-centered planning is not for all people, for all occasions, to be used in all contexts, nor does it work in solving all problems. But it is an effective way to address many problems of focus and direction that plague people with disabilities. It also provides positive direction for helpers to assist people with disabilities to achieve personally fulfilling lives and careers. The format and direction of each person's planning can be quite flexible, meeting a wide panoply of individual needs, while maintaining adherence to core principles. Person-centered planning can be used to effect results in a variety of life domains -- career development and employment, housing, and developing relationships based on friendship and intimacy. The central tenets of this concept are generalizable to many spheres.

Core Values

The tenets that serve as centerpieces of person - centered planning are:

1. The process should not just be person - centered but person-driven.

Staff should not just take a person-*centered* approach, i.e., focus their efforts on what is seen as best meeting the person's needs, but carry on in a person-*driven and -controlled* mode whereby the individual being helped, not the helper, sets the agenda and where that person's aspirations are equated with his/her needs. Choice and control must serve as the centerpiece of any effective person - driven planning process. *Choice* is the ability to freely *select* from a range of options and requires alternatives while *control* is the ability to *implement* personal decisions regarding what resources are created as well as how supports and resources are used. This concept is reinforced by the theory behind all the planning approaches cited. But too often, in practice, the assumption is made that facilitating the identification of the person's dreams, aspirations, personal quality of life indicators, and preferences will automatically lead helpers to take action towards those goals. The emphasis on describing what the person views as important often overshadows the planning needed to move individuals and systems to change services, funding, relationships, and actions to actually achieve those dreams. As noted by many authors over the years, creating a truly empowering system of supports for people with disabilities is an idea to which much lip service has been paid but which few, if any, people and systems, have been able to create (Bertsch, 1992; Hagner & Marrone, in press; Harp, 1994; Olney & Salamone, 1992; Riger, 1993).

2. The process needs to involve people who are passionate about helping the person with a disability and who have at least begun to develop a relationship with that person - a facilitative advocate.

The role of the facilitator has been touted as one of objectivity (Butterworth, et al., in press) . However, the authors contend that the effective facilitator must not be objective, but be a *facilitative advocate*. That person must be passionate about helping the person with a disability achieve goals. The facilitative advocate must work to see that these aspirations, hopes, and dreams are not thwarted, but supported in their achievement, despite demands or doubts imposed by systems or helpers.

The word "passionate" is not used idly in this context. Synonyms for this term are "ardent," "enthusiastic," and "excited" (Webster's New World Dictionary, 10th Ed.). Neutrality and objectivity, in contrast, are fine characteristics of paid helpers or even peer supporters in their roles as part of more formal processes such as career counseling, vocational evaluation, and plan development for systems. These are not qualities that people need at a time in their growing process that should focus on *their* needs, *their* dreams, *their* hopes, and *their* values. The characteristics mentioned (passion, part of a relationship) should describe the facilitative advocate as well as other participants. There may be a role for a less involved facilitator if that skill isn't available in those already involved, but that does not obviate the need for passionate advocates within the group.

It is well documented that social supports play an integral role in the quality of life and employment success of people, with and without disabilities (Butterworth, et al., in press; Hagner, Cotton, & Goodall, 1992; Institute, 1994; Kiernan & Marrone, in press; Knox & Parmenter, 1993). Person-centered planning often is seen as intervention for people with more significant disabilities, for whom non-professional, community supports can be the hardest to develop. Relationships are an important variable in the mechanics of the planning process precisely because the presence of a strong relationship between participants and the person being helped, whether based on a professional helping bond or personal predilections, increases the likelihood of, in the words of Jesse Jackson "keeping hope alive."

As Byrne, Woodside, Landeen, Kirkpatrick, Bernardo, & Pawlick (1994) stated "... A relationship seems to be the catalyst that allows hope to develop exponentially..." (p.34) Without at least the beginnings of a relationship, it is hard to visualize how the person can be helped when the inevitable barriers, obstacles, and serendipitous problems occur. People with disabilities face real issues that make surmounting adversity more than just an exercise in thinking positively at a brainstorming session, but one that requires putting hope into practice. Hope, in essence, is what person-centered planning seeks to instill in the person being helped and in others who wish to help them succeed. Not a hope of empty verbiage written on the wind, but a hope that enables a person to rise above difficult situations (Frankl, 1965) and involves looking to the future and an action orientation (Lynch, 1965).

3. This type of planning is a way of transforming the power relationship between a dominant helper and a person with a disability who is usually in a subservient role.

Person - centered planning defines a way of proceeding and relating to a person, not a formal process. Proponents generally agree that something needs to distinguish it from the status quo, because people constantly say "we're already doing it". The distinguishing feature is the helper's forsaking a dominant role or even as some have advocated, a "partnership" role (Butterworth, et al., in press; O' Brien & Lovett, 1993). This control must be renounced by not substituting the helper's judgment or authority for the person's expressed desires or as yet unimaginable dreams. But, as noted later on, such a role is not one of passivity.

In this paradigm:

- Staff roles are more, not less, activist in that they offer opinions, advice, suggestions, clarifications in an assertive manner designed to seek agreement -- not limited to a "take it or leave it" approach.
- People are encouraged to seek input from many people in the community (whether involved in the system or not) without being too concerned about "splitting," i.e., the common fear in service systems that clients will drive a wedge between staff from various agencies by either stating different needs to different people and/or complaining about one professional helper to another.

- Staff take a customer satisfaction focus, with client feedback playing a primary role in assessing whether the assistance rendered has helped people achieve goals consistent with their desires (Marrone, 1994).

4. Person - centered planning involves action as well as planning.

The role of the facilitative advocate in the process is to influence the person positively, not merely be a passive receiver of messages. This role is not incompatible with the client driving the planning.

There is often a presumption that good planning naturally leads to actions in service to those plans. This seemingly logical progression of events is not the norm in planning whether viewing the lives of people with disabilities (Ferlenger, 1995; West & Parent, 1992) or looking at the ways people without disabilities plan and act (Hagner & Marrone, 1995; Hahn, 1991; Jenkinson, 1993). Getting people to talk about acting is not synonymous with action. This inaction is often the result of common human foibles -- reluctance to say no to a direct request, disorganization, not enough time, or discouragement of the helper -- not a malicious attempt to sabotage the plan. The effect is nonetheless insidious -- the person ostensibly being helped gets led down the path of frustration, discouragement, and abandonment. In some ways, this problem is exacerbated when the planning process successfully incorporates members of the non-professional community -- an approach that the authors, in concert with other advocates of person - centered planning endorse. It is quite likely that members of the person's natural community support network are more intimately involved with the person than professional helpers and have a greater vested interest in follow-up action to effect change. However, this intimacy and interest do not make them invulnerable to the frailties of the human condition cited above. Furthermore, where the network of participants has been extended to include community members who may not be close relatives or friends (e.g., co-workers, school friends, employers, neighbors), the likelihood increases that they may not want the burden of action beyond meeting participation.

None of the above problems are insoluble. There are preventive measures for inaction and poor follow through that a skilled facilitative advocate can employ -- a topic addressed later in this article. Rather, they serve as indicators of responsibilities that advocates must assume.

5. Person - centered planning is based on positiveness, dreams, and aspirations not deficits, barriers, and problems.

Negative aspects aren't to be ignored, but they should not shape the person's vision. What Butterworth and colleagues call "An Unrestricted Vision for the Future" (Butterworth, et al., in press) shapes all the permutations of this approach. The need for a planning activity that focuses clearly on positiveness, dreams and aspirations of the people to be helped seems simple enough in that almost all service systems require individual planning processes, whether labeled IWRP as in the public vocational rehabilitation community, or IEP as in education, or ISP, as in many adult service agencies. However, too often in practice these processes have concentrated on deficits or barriers (Mount & Zwernik, 1989; Smull & Harrison, 1992) . In essence, person-centered planning takes a "cognitive coping" model as a guide for rehabilitation planning. Turnbull & Turnbull (1993) define cognitive coping as "thinking about a particular situation in ways that enhance a sense of well-being" (p.1). It is the authors' contention that, as simple as this concept appears, it is one of the hardest to implement. Skilled practitioners of person - centered planning must thread a narrow path between a "rose colored glasses" approach and a planning interaction that makes change seem unfeasible because of the seeming multitude of barriers.

The supposed realism of the focus on problems to be overcome is a hallowed tradition in human service and special education program delivery. The rationale is logical enough: to achieve anything, one must overcome the obstacles in the way. However, the amount of negative information contained in case files is often monumental. Rarely, in practice, is it counteracted by an equal amount of attention to strengths, aspirations, and values. Even where a rehabilitative focus on assets is maintained, that focus is steered to the individual's level of adaptive functioning (Kiernan, Marrone, & Van Gelder, in press) , far short of an open-ended approach where the person's hopes, dreams, and values hold sway. Also, very often the client, who ostensibly controls the process, is not treated in this fashion by the human service staff and is planned *for*, often on the basis of information that does not paint the person in a positive light (Olney & Salamone, 1992; Racino, Walker, O'Connor, & Taylor, 1993)

While this positive emphasis takes on an aura of unrealistic platitude, it has major practical implications for rehabilitation practice. A facilitative advocate in a person - centered planning process does not spend an inordinate amount of time identifying deficits and possible remediations. This planning emphasizes the identification of hopes, dreams, and personal quality of life indicators, as well as assets and strengths; considers not just the development of compensatory skills, but identifies alternative strategies and/or develops environmental modifications. In implementing a person-centered plan, individual deficits that may not be remediable are commonly ignored or worked around.

The authors' experience and the voices of many consumers raised over the last decade emphasize the problems inherent in a deficit approach. Person - centered planning is not meant to ignore real problems, but it is meant to create a separate track, distinct from the other more formalized system planning efforts. The discussion and the information presented are totally centered on fashioning an environment where problems are relegated to the background, where deficit remediation is left for another day, where the exigencies of overcoming daily barriers are supplanted by a process energized by positiveness, hopes, dreams, and personal values.

Facilitative advocates help people with disabilities make sensible compromises without sacrificing dreams. Changing plans ought to be not only tolerated but encouraged as a natural, healthy, and expected part of the choice process (Marrone, 1994). What should be nourished is the normal modification of goals through a process that takes into account the context (of culture, situation, age, personal characteristics, etc.), that looks at what triggers key decisions for the person, that supports action based on this framework, and that helps the person with a disability reframe the determination based on the consequences of the initial action steps (Amundson, 1995). What should be avoided are alterations based primarily on external assessments, professional judgment of appropriateness, concern for protecting the person from the consequences of poor decisions, disability label, or current system preferences. Fundamentally, barriers are overcome only after establishing a clear personal vision. It is impractical to ignore these outside realities, but it is unethical to make them the determining factors when a system or an individual helper espouses a philosophy of "person-centeredness."

6. The most important thing to be facilitated is the process (planning, follow-up action, re-planning) not the meeting itself.

As has been stated here and in much of the literature on person centered planning, this procedure is a means to an end, i.e., accomplishment of an outcome that the consumer identifies as important, not the end in itself. Well-run meetings provide a good blueprint for action, but not necessarily good results; poorly run meetings can produce good results but may cause a lack of clarity as to the next steps. As much harm, if not more, is caused by too much planning, even

good planning, as with too little. People with disabilities need exposure to life experiences and interaction with the world that is often denied them.

People who have not partaken of early educational and vocational experiences or whose communication skills are impaired often are "novice decision-makers" (Biersdorff, 1995a) vis a vis life planning. The facilitative advocate must take into account the level of decision-making skill the person with a disability possesses, the function of behavior in communicating, and the inhibiting factor that fear of making a poor choice poses (Biersdorff, 1995a). People with disabilities, often under the guise of protection, are held to standards of skill development before choices are accepted to which others in the community are not (Jenkinson, 1993).

Person-centered planning must serve as a vehicle for beginning or continuing an action - oriented decision process. For most people in our culture, decision-making is not an exercise in problem solving in a vacuum, but a synthesis of planning, action, feedback, and replanning -- which can be seen as "the process of arranging and rearranging information into a choice or an action" (Gelatt, 1989, p.253). Carlsen (1988) describes this concept in another way: "First, there is conflict; then comes the search for new ideas; out of this comes the 'aha' of the new insight; next there is a surging of energy as the individual, freeing self from the original conflict, moves to the final stage of the new integration of the old with the new" (pp.12-13). Whatever the formal definition used, a facilitative advocate in the practice of person - centered planning must be involved in the crucial next phase(s) where actions are taken, analyzed, problems reconceived, and new plans generated. Merely setting the process in motion is no guarantee that any plans will be implemented or that the momentum has been created for this type of assistance to be self-generating. Meeting facilitation is not the centerpiece of person - centered planning; it is merely one tool to be used.

7. Getting multiple perspectives as a way of generating creative brainstorming forms the base of the process.

While a meeting is only a vehicle, it is not easily replaced by individual planning between a helper and the person being aided because what the group process does is get others involved, providing opportunities for positive interaction and better problem-solving (Biersdorff, 1995a; Biersdorff, 1995b; Butterworth, et al., 1993; Ray, Jeff, & Wilcox, 1994). It is common for service providers in the disability field to assume they are acting *ipso facto* in the best interests of the person with a disability and, as a professional, assessing all relevant information regardless of the source. Certainly, using "natural supports" and implementing a "family-centered" approach to planning has attained much currency in the field. So development of a more inclusive, spontaneous planning process, might seem superfluous and even counterproductive to some, if consensus-building among competing interests is required.

If a group meeting is not held, then the facilitative advocate must somehow compensate for the missing pieces. These are making connections with others, bringing people with a positive relationship with the consumer into the mix, and creating a different climate for planning outside the formal organizational structures set up to capture the service or career design process. Person - centered planning *meetings* are meant to create an atmosphere in which these activities can occur easily and naturally. Without the structure of a group process, the facilitative advocate bears the burden of setting up numerous 1 to 1 links among various combinations of helpers, family members, friends, peers, and the person with a disability. Such coordination efforts are quite labor intensive for the helper and always run greater risks of fragmentation than in a group process, working at cross-purposes to the person with a disability's expressed desires, and dressing up more traditional planning/ assessment actions in the guise of person - centered planning.

PRACTICAL OR NOT?

Person - centered planning is seen as a nice concept but impractical for a number of reasons that have been stated to the authors and their colleagues in the course of training and systems change activities on this topic:

- "It's unrealistic to assume people with major problems can be helped without focusing on problem reduction or barriers."
- "It is already being done without the group meetings, the flip charts, and the colored markers."
- "Professionals get paid and trained to solve these problems; what can non-professionals add and who does the quality control?"

These objections reflect a simplistic view of what adherents propose and have been addressed in the section on *Core Values*. Other hesitations expressed to the authors have been:

- "It's a nice idea but too time-consuming and labor intensive for service systems to implement."
- "Often, family members don't want to help and if they do, they often pose problems and infantilize their adolescent or adult child with a disability."
- "It's not relevant to everybody -- all ages, all disability groups, and people from all cultures."
- "It is an unnatural and overly standardized way of doing planning."

The above objections have merit if proponents of this approach do recommend an unvarying methodology and a formulaic response to individual problem-solving to apply in all situations. While the intent of this article is not to refute these criticisms in great detail, some simple counterarguments are offered below.

"...too time-consuming..."
The person centered planning procedure is meant to gather interested parties on behalf of the person with a disability in a manner that leads to immediate action. Building momentum and a community of interest to assist the person takes precedence over having the exactly right mix of people present. Any course that involves more people and more ideas to mediate is obviously more time consuming, but doubtless more relevant to the life of the person's being helped than a generic planning strategy totally under the control of the professional helper. This should likewise create the potential for expanding resources to be brought to bear and shortcut some unproductive avenues of action that may not attend well enough to the focus person's stated wants.

"...family members don't want to help and if they do they often pose problems..."
Some members of family groups, just as members of other groups, may not have the resources or desire to help in the person - centered planning endeavors. However, there is enough practical experience in this model that indicates that the opposite thesis is more likely, i.e., that family members provide vital resources, energy, caring and love that professionals may not be able to muster (Amado, 1992; Amado & Lyon, 1992; Mount, 1994; O' Brien & Lovett, 1993; Turnbull & Turnbull, 1993). Problems that inclusion of family members make by their understandable concerns for the safety, security, and happiness of the person with a disability are counterbalanced, except in the most extreme situations of abuse or dysfunction, by the support offered for the planning and goal achievement process.

"It's not relevant to everybody..."

Person - centered planning cannot be viewed as a mechanistic strategy that serves as a total response to the plethora of life problems that people with disabilities face. To do so, would open up this philosophy appropriately to charges made within a local state Department of Mental Retardation training program that "a process which is person-centered (curiously) uses unvarying and standardized methodologies," and "it does not permit (ironically) other ways of planning preferred by consumers and families" (Kendrick, 1995). It is obvious that adaptations to the methodology must be made to account for factors such as:

- Adolescents and young adults living at home might be more amenable to involving family than older people.
- Adolescents might be more secretive about employment problems vis a vis involving peers than older people who may be comfortable with what is seen as "networking".
- People whose cultures do not value open discussion of what are perceived as intimate family problems might be embarrassed at the concept of a facilitated person centered planning process.
- People with hidden disabilities like mental illness or seizure disorder might be reluctant to expose themselves to disclosure by an open, group problem-solving proceeding.

What the authors see as the core values of person - centered planning discussed elsewhere in this paper do not seem subject to the variables above. The techniques one uses, and must modify to put these into practice effectively with all people -- group vs. individual process, involvement of family and friends, as well as professionals, and choosing a new or previously known facilitative advocate -- serve merely as *accoutrements* to the person-centeredness and empowering core principles espoused above.

There are two generic unstated reasons that the authors believe cause person - centered planning to often be viewed as impractical:

1) Power Issues --

The crux of the power conundrum flows from three domains:

- Professional helpers really believe they know better (Hagner & Marrone, in press; Tyne, 1994; Vash, 1991).
- Professionals are reluctant to give up power (Hagner & Marrone, in press; West & Parent, 1992).
- People don't want what's best for the client enough to advocate strongly enough inside their own systems to overcome the twin barriers of inertia in the face of change and active resistance to the concept of true power redistribution from staff to the clients, who are being served (Hagner & Marrone, in press; Holmes, 1994; Olney & Salamone, 1992).

To the extent that quality services to people with disabilities are secondary to issues of professional convenience and presumed professional competence and knowledge, the person centered and driven planning approach is an unnecessary burden. However, if the goal of the rehabilitation service delivery system is the improvement in concrete measures of quality of life (jobs, housing, relationships based on personal preference and societal inclusion) than to act otherwise is contrary to any acceptable canons of professional ethics and good practice guidelines.

2) Creating Hope And Providing Personal Support Is Underemphasized in Rehabilitation Service Delivery --

There is an overemphasis on functional assessment and problem-solving within the rehabilitation community. Partly, this stems from the laudable intent to differentiate a rehabilitation approach from more traditional medical models (Anderson, 1975; Cavalier, 1986; Whitehead & Marrone, 1986; Wright, 1980) . However, the goals that skills-based, outcome-oriented rehabilitation practitioners seek to reach in partnership with the people with disabilities they serve are unattainable without a concurrent commitment to the more intangible currency of hope and support strategies (Byrne, et al., 1994; Lynch, 1965; Marrone, Balzell, & Gold, 1995; McCrory, 1988; McCrory, 1991; Turnbull & Turnbull, 1993).

Many have recognized the value of social networks to people experiencing major changes (Angers, 1992, Kaplan, 1990; Knox, 1993; Marrone, 1995). People may have existing networks to mobilize for support in areas such as getting a job, transportation, and talking about problems (Angers, 1992; Kaplan, 1990; Knox & Parmenter, 1993; MacDonald-Wilson, Revell, Nguyen, & Peterson, 1991; Silliker, 1993) . Rehabilitation professionals have often emphasized support provided by a paid external source, e.g., a case manager, a job coach or a counselor. Though often essential, they must be provided in conjunction with other more naturalistic supports (Nisbet & Hagner, 1988) .

Participants in the person-driven and centered design process advocated by the authors must accept the value of the nourishment of hope and communicating the perception and reality of support to the person with a disability who is being aided. This relationship-based approach is difficult to maintain in the face of time and budget constraints, professional skepticism (e.g., "You're getting too emotionally involved"), and the fear of losing professional status and the aura of presumed omniscience that flows from it.

PROBLEMS AND SOLUTIONS

The issues cited above as problems are seen by the authors as problems of will and skill in practitioners, not intrinsic to the person-driven planning methodology. However, there are issues that legitimately arise even among the most skilled adherents. The intent of this section is to present some remedies to these possible difficulties. They can be categorized into two areas:

1) Process Problems: Problems that can be addressed through modification of the person-centered planning process itself.

2) System Problems: Difficulties encountered in implementing the concepts of person-centered planning and action in a system that has not traditionally been person-centered.

Solutions to the problems experienced in the process of person-centered planning are relatively simple to develop and implement and require only individual changes in methods. Solutions to system problems encountered are much more problematic, requiring fundamental changes in an inert service system, with radical shifts in professional roles, and equally radical shifts in the role of the consumer of services.

Process Problems

1) Methodology Used

Modifying the person-centered planning process requires some swallowing of traditional professional pride. While person-centered planning has characterized itself as an open, flexible, creative process, some professionals have developed virtual "cottage industries" out of their specific methods of doing person-centered planning. When a particular methodology becomes "the" recognized way of doing person-centered-planning, it becomes a systematized, mandated process, to which it was meant to be an alternative.

If this process is truly going to be person-centered and driven, it needs to be customized to the needs of each individual. Individuals involved in person-centered planning, particularly those who facilitate the process, should familiarize themselves with the variety of methods that have been developed and discuss the various options with the focus person. It should be the focus person who determines how the process should proceed and what methods are used.

2) Dynamics of the Process

No matter how open-minded participants are, it is impossible not to bring pre-conceived notions into the setting, particularly when there is a long history of failure, poor relationships, or simply comfort in a certain role. For example, many individuals are raised to defer to parental authority. When a parent is involved, it is virtually impossible for the focus person and parent to break away from the parent-child roles that have been in place for so long. The same is true for professionals who are used to being deferred to as authority figures by the focus person and family; even the most well-meaning professional has difficulty breaking away from that role.

It may be difficult for the focus person to immediately develop the ability to gain a wider view of the possibilities that exist for them in the community and moreover, quickly determine and voice opinions about what they want for themselves. With the limited exposure and community participation that most individuals with disabilities have lived, and the limited amount of decision-making and control they have been allowed, it can take considerable time for such changes to take place. A real paradigm shift is a gradual process, occurring over years, with struggles and changes in relationships along the way.

The need for shifts in traditional roles and perspectives is one reason that person-centered planning needs to be viewed as more than a meeting. So much of the literature has emphasized the logistics of the person-centered planning meeting, with little emphasis on the long-term, ongoing nature of such a process. As with any project or team, time must be invested in building the knowledge bases of the individuals involved. A sense of trust must ripen. Only over time can the people involved come together and obtain results, and the focus person and others move away from the traditional roles and power paradigms they have occupied.

3) Whom to Involve?

The first meeting can set the tone for the entire person-centered planning process, and decisions about the set-up and whom to invite ought not to be made casually. The first question should be: Is the focus person comfortable with the traditional meeting concept? The problems of alternatives to the traditional group meeting were discussed earlier, but the focus person needs to be made fully aware of what the process entails, and make decisions about how it should continue. While the utopian nature of person-centered planning materials emphasizes the positive supportive nature of involving one's social networks, social networks can also control behavior, induce stress, and stifle aspirations (Brody, 1985; Coyne, Wortman, & Lehman, 1988)

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Certain basic criteria should be adhered to in determining the people to be involved. Some relationship with the focus person needs to be in place, with the concomitant ability to see the focus person in a positive light. The people involved also require the ability to follow through on their commitments. Some people may be invited because they are especially creative in problem-solving, but the authors maintain a strong belief that capability of action must be coupled with imaginative planning for effective person-centered planning. The message must be clear that involvement in this process is much more than simply attending a meeting.

The person-centered planning literature clearly states that the focus person should decide whom to invite. What happens when people who are not action-oriented are invited? Or, who have a very limited view of the person's possibilities for the future? Or who have a negative

history with the individual? What if the person feels an obligation to invite his/her parents (or the parents insist on coming), even though the relationship is problematic? The facilitator needs to discuss with the focus person the purpose of person-centered planning, and the people who would be most helpful to involve. The message needs to be continuously repeated to the focus person, that it is his/her decision. When people are excluded (such as a case manager or parent), the facilitator must work with the focus person on handling these situations with tact and delicacy.

4) Meeting Set-Up

The traditional person-centered planning meeting has been a large meeting involving the various members of the focus person's network. This can be problematic for several reasons. The main authority figures in the individual's life (parents, professionals) are usually well represented, at times making "role release" difficult. If an individual's peer group is present with parents and professionals, some experience shows that the peer group is typically outnumbered, so they tend to defer to the authority figures present; thus, their contributions are limited (Hagner, Helm, & Butterworth, in press).

Several solutions are possible. Every effort should be made to ensure a good balance of representation from the various elements of the focus person's life. If the group is mainly made up of professionals and relatives (i.e., authority figures), then the facilitator should encourage the focus person and others to determine ways of including representatives of under-represented groups, such as lovers, peers, and non-service professional acquaintances. Over time the makeup of the group should be changed as the focus person's needs change, as new relationships are developed, as the focus person becomes more empowered and a better self-advocate, and hopefully as the need for heavy professional representation within the group diminishes. The invitations for the typical person-centered planning meeting are done in such a way as to indicate an informal and casual occasion, clearly something different from the normal service agency planning process. Prior to, or at the first meeting, the expectations for the group should be made clear.

A key role of the facilitative advocate is to ensure that all input is encouraged and considered. This may be difficult when the focus person and his/her peers are put into a setting where individuals to whom they have traditionally deferred are present. Before the whole group meets, information could be gathered through smaller meetings of the people involved. For example, separate meetings can be held with the focus person and his/her peers, with parents and relatives, and with professionals. All of these meetings would be used to gather information. The meeting(s) with the focus person would moreover, serve to facilitate his/her contribution through prepared materials, visual prompts and the like. Input would be received from the various constituencies, and the facilitator could also get a feel for the dynamics and potential conflicts. While this is a more time consuming process, it allows for a freer flow of ideas, and ultimately may be more productive.

5) Empowerment and Self-Advocacy

Person-centered planning relies on the person's empowerment through the endeavor itself. Language, methodologies, people involved, and setting provide an atmosphere where this occurs. All of these changes can be cosmetic if the focus person is not in control and if the process does not ultimately lead to control over one's own life. A critical component is assisting the focus person to learn self-advocacy and empowerment skills. It has been the authors' experience that well intended person-centered planning processes have broken down because the focus person is a poor self advocate with limited decision-making ability, and the process has

been co-opted by professionals. The facilitative advocate should work with the focus person on self-advocacy methods and strategies. Provision of some type of self-advocacy training and peer - support group is an essential component of a person-centered planning process. This type of training should occur before the person-centered planning process begins, and should continue as the process continues. Part of the facilitative advocate's role should be to meet with the focus person after each gathering, discuss what occurred, whether the person is experiencing difficulty in controlling the process, and determine strategies so that the necessary power shift occurs. Strategies might include changing the people involved, altering the structure, or simply encouraging the focus person to speak out more frankly.

The focus person should control the actual meeting, a role that is often usurped by the facilitator, consciously or unconsciously. A skilled facilitative advocate needs to structure the process to avoid this trap by simple procedural safeguards including: the person determines the time, place and setting for the meeting, makes the final decision on whom to invite, and does the actual inviting. The facilitative advocate should discuss this with the focus person prior to the meeting and develop ways to maximize the perception that the focus person is controlling the process. Having the focus person start the meeting and leading the introductions can make a tremendous difference in setting the tone for the meeting. Demonstration of a power shift within the meeting and person-centered planning process should be precursers to larger power shifts within the delivery of services for the individual.

6) Cultural Issues- Class, Race, Gender, Ethnicity, Sexual Identity

One *sine qua non* of person - centered planning is that it be person driven and individually referenced (i.e., flow from the unique needs and expressed desires of the person's being helped). Disability is only one of the factors shaping the individual and may not play a dominant role in self-image. Moreover, the view of disability as all encompassing and the primary shaper of a person is a stereotype that disability advocates seek to shatter.

Webster's 10th Collegiate Dictionary (1993) defines "culture" as: "... 5A: the integrated pattern of human knowledge, belief, and behavior that depends upon man's capacity for learning and transmitting knowledge to succeeding generations; 5B: the customary beliefs, social forms, and material traits of a racial, religious or social group...". The role[s] various elements such as class, religion, race, gender, ethnicity, and sexual identity play in person - centered planning are largely unexplored, since the core concept itself has not been well researched for efficacy or utility. Nevertheless, since culture, by definition, influences "beliefs and behavior," any person - centered planning facilitative advocate must seek to understand how these cultural components converge with and diverge from the process, in order to maintain this concept's viability. The working hypothesis of the authors is that person - centered planning is useful with anyone in our society but techniques must change to be responsive to characteristics arising from a wide panoply of cultural identifiers. General guidelines relating to assisting people from different cultures apply here -- using facilitative advocates from the same language and cultural background as the client, having materials in the person's most comfortable language, asking the person about cultural issues that may be important, rather than assuming based on general knowledge, being non-judgmental about the cultural norms from which the person is working, etc. (Shafer, Middaugh, Rubin, & Jones, 1995) Several questions and possible answers are raised for all facilitators and adherents of the process to consider if high ideals are to be translated into competent execution:

- If some members of an ethnic group are not comfortable with the Western ideal of personal control, choice, and empowerment that person - centered planning is based on, how can the facilitative advocate manage the process in a way that legitimizes a more interdependent and

collective decision-making approach? (One suggestion would be not to move too quickly to action until the person has had a chance to review the planning with key family or social supports away from the meeting place itself.)

- If a person's major role identity is that of a homosexual or bisexual orientation, yet is reticent about "coming out" especially to family, how can many key supports be included in person - centered planning without breaching this confidentiality? (One suggestion would be to conduct two parallel planning processes unconnected except by the person's and the facilitative advocate's presence.)
- If the person getting helped is from a racial minority group and feels victimized by the white majority, how can a white facilitative advocate be helpful? The same question can be applied to issues of gender with the Western history of male domination. (One suggestion would obviously be to move the facilitative advocate role to someone from the same ethnic background or gender; if that is not possible then the advocate must probably remain more passive and less "pushy" than might be the norm for effective facilitation.)
- If the person getting helped is from a poor socio-economic class with no history of monetary and career success in the family, how does a seemingly logical planning process of marshaling resources, identifying goals, and taking action fit into that person's life experience? The authors feel that person - centered planning is based on what might be labeled middle - class values of the American Dream ("You can be whatever you want to be") and what, more technically might be seen as a belief in "self efficacy." This, by no means infers that it lacks potency or legitimacy with others, but must be handled sensitively and expertly to achieve success. (Some suggestions would be: the facilitative advocate offer assistance more aggressively early in the process; getting help from others to support the person rather than pushing the person to do more for him- or herself; spend less time discussing ideal quality indicators and more time taking immediate actions, with short-term benefits accruing to the person.)
- If the person getting helped is female and has a history of being physically and/or sexually abused, how well can a process founded on a concept of power, choice, and control fit the needs of a person who may shy away from exercising this sort of hegemony at this point in her life? (One suggestion would be for the facilitative advocate to be more attuned to the need to slow down and not push the person into making what a facilitator might see as a simple "Yes or No" decision, but a decision that the person being helped invests with major import and approaches with trepidation.)

System Problems- Whose Job Is It?

The challenges that this mode of action presents to consumers, their families, and professionals are addressed thoroughly above. But, if systems are to adapt and mature into this methodology other changes must be confronted:

1) Service System

The service system needs to end the concepts of programs or slots, and of consumers having to earn the right to live and work in the community. For individuals who grow up with a disability, there should be an automatic presumption that when they reach adulthood, they are as ready to assume the trappings of citizenship as others of the same age. The service system should work with people with disabilities on developing positive visions for the future, and ways that future can be realized. For individuals who become disabled as adults, the same is true - once they are stabilized, the system's job is to figure out how the necessary supports can be provided. When developing a plan of support for an individual, disability-specific services

should be the last option, and generic community services considered as the option of choice. Programs for people with disabilities need to encourage risk taking and experimentation. It is time to stop asking the questions and debating, "Can we do it?", because community participation, individual choice, and control over one's life, are fundamental citizenship rights in our society.

2) Funding Agencies

Funders typically reward conformity, consistency, compliance, and a straight-forward systematized approach with a multitude of requirements which they can closely monitor. As much as professionals struggle with a more abstract and less straight-forward way of doing business, funding agencies struggle with it even more. Funding agencies need to use outcomes for consumers, defined as meeting individual choices and needs, as the ultimate litmus test concerning whether funds were well spent. While funding agencies should not be expected to provide funds for whatever whim a consumer and provider agency has, a radical increase in the flexibility and user-friendliness of the funding mechanisms that are available needs to occur. There is a need to stop rewarding conformity and good intentions, and start rewarding creativity and good outcomes.

3) Difficulty of Systemic Implementation

One of the conundrums of implementing the person - centered planning approach on a large organizational scale is that advocates of this methodology want to ensure systemic impact, because it is seen as a good way of interacting with people with disabilities, yet systemization seems inherently equivalent to bastardization of a noble idea. Several authors in the person centered planning literature have voiced disquiet over this dilemma (Butterworth, et al., in press; Mount, 1994; O' Brien & Lovett, 1993) and the authors of this article will add their voices to the chorus of concern. How can a process devoted to individual problem-solving, creative brainstorming, and inclusion of significant others in the person's life, whether they play a professional role in service delivery or not, fit within the confines of a formal service delivery system? It is intriguing and well illustrative of the problem, that the public vocational rehabilitation universe has been the best and longest standing archetype in law, of a goal-oriented, consumer - controlled service planning and delivery. This was first legislated in the Rehabilitation Act of 1973 and later reinforced in the Rehabilitation Amendments of 1992 (Dept. of Education, 1993) . Yet, no public perception exists among disability advocates, rehabilitation providers, or the VR system itself that this has resulted in a truly person - centered planning paradigm among practitioners.

Conclusion

Our perspective presented throughout is that the gap between dream and reality of person - centered planning occurs because:

1] Person - centered planning requires attention to core values;

2] Adhering to these core values requires a fundamental shift in the power relationship between client and staff and the ways systems and staff interact with people with disabilities;

and

3] Not enough attention has been directed to how specific individual characteristics such as age, personality traits, culture, friendship patterns, disability label, personal needs and goals, or system characteristics should appropriately influence the process rather than be seen as diluting its essential purity.

Person - centered planning requires a different way of thinking and acting for professional staff who are usually called upon to give expert advice or arrange for barriers to be removed through a service - delivery paradigm. Administrators wishing to influence helping relationships in systems with this concept must take a grassroots change approach -- emphasizing values, not program standards; not mandating a specific process, but using organizational resources to nurture person-centered planning's development; setting clear expectations that consumer needs drive the process by forgiving errors of commission (i.e., risk-taking and mistakes to meet a stated consumer want) more readily than errors of omission (i.e., not advancing in this fashion because of uncertain outcomes or lack of clear agency approval).

What the authors advocate is indeed an action orientation, but one driven by relationships, not services; guided by hope, not reality-testing; steered by a vision of consumer wants, not by presumed needs. Obstacles are not to be ignored throughout this person - centered planning process, but they are meant to be consigned to a time and place where they can be put in proper perspective in light of a person's aspirations, not have these aspirations weakened through lack of vision or effort on the part of putative helpers.

What usually impedes systems and service providers from implementing something akin to this process is a lack of willingness or resources, not a lack of understanding. Implementation of a truly person - driven and - centered structure of planning necessitates far-reaching changes in organizational structures, funding processes, individual service delivery procedures, and professional roles and relationships. This mode of operating means that people with disabilities have the power to define their own life situation and needs; to make and control their own life decisions independent of service convenience; to develop community ties, participating as full members of society, to get disability supports directed towards meeting individually determined needs; and to be treated as valued customers with input into the operation of service organizations. There is little doubt that changes of this nature would be difficult to achieve, for the same reasons that any large-scale change is difficult and because it entails redistributing power. Sometimes helpers can only do the best they can do, not the best that can be done -- but they should always know the difference. As quickly and enthusiastically as we proponents embrace the term, we must also embrace the vision to implement critical changes in attitudes, service processes, and service structures.

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